

Jeffrey A. Meyers Commissioner

> Katja S. Fox Director

#### STATE OF NEW HAMPSHIRE

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301 603-271-9544 1-800-852-3345 Ext. 9544 Fax: 603-271-4332 TDD Access: 1-800-735-2964

May 4, 2018

The Honorable Neal M. Kurk, Chairman Fiscal Committee of the General Court, and

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

Approved by Piscal Committee Date

#### REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services to accept and expend the Supplemental Medication-Assisted Treatment (MAT) Grant federal funds from the Department of Health and Human Services, Substance Abuse and Mental Health Service Administration in the amount of \$250,000 effective upon date of Fiscal Committee and Governor and Executive Council approval, through June 30, 2019, and further authorize the funds to be allocated as follows. 100% Federal Funds.

# 05-95-92-920510-69350000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, MAT GRANT

		Current Authorized	Increase/ (Decrease)	Revised Modified
Class/Object	Class Title	Budget	Amount	Budget
SFY 2019				
000-400146	Federal Funds	\$1,000,000	\$250,000	\$1,250,000
	General Funds	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Revenue		\$1,000,000	\$250,000	\$1,250,000
020-500200	Current Expenses	\$1,250	\$0	. \$1,250
030-500311	Equipment New Replacement	\$0	\$0	\$0
040-500800	Indirect Costs	\$1,419	\$0	\$1,419
041-500801	Audit Fund Set Aside	\$1,000	\$250	\$1,250
042-500620	Additional Fringe Benefits	\$5,381	\$0	\$5,381
059-500117	Temp Full Time	\$52,629	\$0	\$52,629
060-500601	Benefits	\$27,431	\$0	\$27,431
070-500704	In-State Travel Reimbursement	\$750	\$0	\$750
080-500710	Out Of State Travel	\$2,500	\$0	\$2,500
102-500731	Contracts for Program Svcs	<u>\$907,640</u>	<u>\$249,750</u>	<b>\$1,157,390</b>
Total Expense		\$1,000,000	\$250,000	\$1,250,000

The Honorable Neal M. Kurk, Chairman Fiscal Committee of the General Court, and His Excellency, Governor Christopher T. Sununu and the Honorable Council May 4, 2018 Page 2 of 2

#### **EXPLANATION**

The Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services seeks approval to accept and expend the Supplemental MAT Grant federal funds in the amount of \$250,000 from the Substance Abuse and Mental Health Service Administration (SAMHSA). This request represents a supplemental award to the original grant.

The Medication Assisted Treatment grant (MAT) is being used to maintain the expansion of Opioid Use Disorder treatment in the high risk, high need communities of Nashua and Manchester. Funds support contracts with federally qualified health centers to provide MAT treatment services, care coordination and recovery supports. The MAT model of care includes delivery of primary, behavioral, and substance use disorder care which is integrated and meets physical health, substance use disorder and co-occurring mental health service needs.

Funds will be used for:

Class 041 Audit fund set aside expense.

Class 102 Contract payments to providers.

Area served: Manchester and Nashua

Source of Funds: 100% Federal from Substance Abuse and Mental Health Service Administration.

In the event that federal funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,

Katja S. Fox Director

Approved by

Jeffrey A. Meyer: Commissioner

# Bureau of Drug and Alcohol Services

# MAT Grant

## Fiscal Situation

## 010-095-092-920510-69350000

SFY 2019 Appropriation	\$1,000,000
Supplemental Award (5/1/18 – 4/30/19)	\$ 250,000
Balance to Accept in SFY 2019	\$1,250,000

#### Notice of Award



MAT-PDOA

Issue Date: 04/27/2018

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

**Grant Number:** 1H79Tl026792-01

FAIN: Tl026792 Program Director: Lindy Keller

Project Title: NH MAT-PDOA Enhancement of MAT Services in Hospital Settings and Safe Stations

#### **Grantee Address**

NH state Dept/Public Health Bureau of Drug and Alcohol Svc Div Community Based Care Svcs 105 Pleasant Street, 3rd Floor North

Concord, NH 033013852

#### **Business Address**

Director

NH Dept of HHS Bureau of Drug & Alc. Serv. 105 Pleasant St, Main Building

Concord, NH 03301

**Budget Period:** 05/01/2018 – 04/30/2019 **Project Period:** 05/01/2018 – 04/30/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$250,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NH state Dept/Public Health in support of the above referenced project. This award is pursuant to the authority of Section 509 of the Public Health Service Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at <a href="www.samhsa.gov">www.samhsa.gov</a> (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours, Eileen Bermudez Grants Management Officer Division of Grants Management

See additional information below

# SECTION I – AWARD DATA – 1H79Tl026792-01 Award Calculation (U.S. Dollars) Contractual \$249,750 Other \$250,000 Direct Cost \$250,000 Approved Budget \$250,000 Federal Share \$250,000

AMOUNT OF THIS ACTION (FEDERAL SHARE)

Cumulative Prior Awards for this Budget Period

\$250,000

\$0

SUMMARY TOTALS FOR ALL YEARS		
YR	AMOUNT	
1	\$250,000	

<sup>\*</sup>Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

**CFDA Number:** 

93.243

EIN:

1026000618B3

**Document Number:** 

18TI26792A

Fiscal Year:

2018

IC	CAN		
TI	C96N093		

**Amount** \$250,000

<u>IC</u>	CAN	2018	
I	C96N093	 \$250,000	

TI Administrative Data: PCC: PDOAS / OC: 4145

#### SECTION II - PAYMENT/HOTLINE INFORMATION - 1H79TI026792-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

#### SECTION III - TERMS AND CONDITIONS - 1H79TI026792-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by

#### reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

#### Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV - TI Special Terms and Conditions - 1H79TI026792-01

#### REMARKS

#### Remarks

- 1. This award approves supplemental funds in the amount of \$250,000 to the Targeted Capacity Expansion: Medication Assisted Treatment (MAT) Prescription Drug and Opioid Addiction/(PDOA) award 5H79Tl026741 (FAIN: Tl026741) to develop, implement, and evaluate innovative service delivery models. Recipients will collaborate with the SAMHSA's National Mental Health and Substance Use Policy Laboratory on evaluations of innovative medication-assisted treatment (MAT) and recovery support services models.
- 2. This award reflects approval of the budget submitted on March 27, 2018 as part of the application.

#### **Key Staff**

Key staff (or key staff positions, if staff has not been selected) are listed below:

Lindy Keller, Project Director @ 5% level of effort (in-kind)

Any changes in key staff including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project requires prior approval. Reference the Prior Approval Standard Term for additional information and instructions.

#### SPECIAL TERMS

#### **Special Terms**

Data reporting and evaluation will occur in collaboration with the Mental Health and Substance
Page-3

Use Policy Lab. Recipients should expect to work closely with SAMHSA on reviewing data reporting and analyses.

Data are to be collected at baseline, 3, 6, and 12 months.

Additional data elements including but not limited to the following will also need to be collected:

- Type of treatment provided
  - Type of medication (buprenorphine products: Suboxone, Subutex, Zubsolv, Bunavail, Probuphine, Sublocade; methadone; Vivitrol)
  - Other treatment modalities (e.g., contingency management, cognitive behavioral therapy, group or individual counseling, etc.)
- Length of time retained in treatment, including use of medications (i.e., days of medication)
- Number of nonfatal overdoses
- · Number of drug-related emergency department visits
- Fatal overdose
- All-cause mortality

#### STANDARD TERMS AND CONDITIONS

#### Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for grants awarded in Fiscal Year 2018 (https://www.samhsa.gov/sites/default/files/grants/fy-2018-standard-termsconditions.pdf) and the following award terms applicable to your award type

New Grant (PDF | 627 KB)

SAMHSA's Terms and Conditions Webpage is located at: <a href="https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-termsconditions">https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-termsconditions</a>.

#### Annual Federal Financial Report (SF-425)

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. The annual FFR should reflect only cumulative actual federal funds authorized and disbursed, any non-federal matching funds (if identified in the FOA), unliquidated obligations incurred, the unobligated balance of the federal funds for the award, as well as program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found: http://www.samhsa.gov/grants/grants-management/reporting-requirements.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx

#### **Programmatic Progress Reports**

Submission of an annual Programmatic Report is due no later than: May 1, 2019.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

#### Progress reports must be must be submitted through the eRA Commons system.

Please contact your Government Program Official (GPO) for program specific submission information. Additional information on reporting requirements is available at <a href="https://www.samhsa.gov/grants/grants-management/reporting-requirements">https://www.samhsa.gov/grants/grants-management/reporting-requirements</a>

#### **Compliance with Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

#### CONTACTS:

Kim Thierry, Program Official

Phone: (240) 276-2907 Email: kim.thierry@samhsa.hhs.gov Fax: (240) 276-2970

Andrew Payne, Grants Specialist

Phone: (240) 276-1238 Email: Andrew.Payne@samhsa.hhs.gov Fax: (240) 276-1430