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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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December 5, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into an agreement with the Department of Corrections, 105 Pleasant Street, Concord, NH 03301, in an amount not to exceed \$900,000, to provide substance use disorder case management services to the residents of the Shea Farm Transitional Housing Unit and to make available Naloxone kits and related instruction on administration to individuals re-entering the community from any correctional facility or State-run transitional housing effective upon date of Governor and Council approval through June 30, 2019. 100% Federal Funds.

Funds are available in the following account(s) for SFY 2018 and SFY 2019, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

05-95-92-920510-25590000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, STR GRANT

SFY	Class/Account	Class Title	Job Number	Total Amount
SFY18	049-584946	Trnsfr to Agnces-Other than Bldg	92052559	\$450,000
SFY19	049-584946	Trnsfr to Agnces-Other than Bldg	92052559	\$450,000
			Total	\$900,000

EXPLANATION

Approval of this agreement will allow the Department of Corrections to provide opioid use disorder case management services to the residents of the Shea Farm Transitional Housing Unit (hereinafter Shea Farm) and to make available Naloxone kits and related instruction on administration to individuals re-entering the community from any correctional facility or State-run transitional housing. The female residents of Shea Farm who have an opioid use disorder and are re-entering the community will benefit from case management by receiving assistance with establishing support services and treatment appointments and long-term support in maintaining sobriety. Individuals, both

male and female, that are re-entering the community from a correctional facility or State-run transitional housing unit and have a opioid use disorder will be provided the opportunity to obtain a Naloxone kit and training on its use in order to attempt to reduce the number of opioid-related deaths that occur in this population upon re-entry into the community.

The State of New Hampshire was awarded funding authorized by the 21st Century CURES Act through the Substance Abuse and Mental Health Services Administration). The Substance Abuse and Mental Health Services Administration is overseeing the process for states to receive federal funding through the State Targeted Response to the Opioid Crisis Grants Program. New Hampshire's application is a joint effort by several state agencies and proposes to use evidence-based methods to expand treatment, recovery and prevention services to targeted populations, including incarcerated individuals with opioid use disorder who are re-entering the community. These critical funds will strengthen established programs that have had a positive impact on the opioid crisis as well as expanding the capacity for programs that have shown promise in helping individuals battling an opioid misuse issue and combatting the epidemic in New Hampshire. At present, the State is experiencing an increase in the need for population-specific opioid use disorder treatment and recovery support services for individuals re-entering the community from incarceration. Case management for Shea Farm residents re-entering the community and making available Naloxone kits and instruction to all individuals re-entering the community from correctional facilities or State-run transitional housing are two of several projects that will be implemented under the 21st Century CURES Act funding in New Hampshire.

Research consistently shows that the first two weeks following release from incarceration are the highest risk for an overdose event, often with the first 72 hours post-release being the most vulnerable. Due to federal restrictions related to treatment provision within corrections facilities, there is limited access to treatment and budget constraints which impact the Department of Correction's ability to provide targeted case management for all inmates with an Opioid Use Disorder. Treatment Episode Data Set data from 2011 shows that the criminal justice system was the major source of referrals to substance use treatment, with probation or parole treatment admissions representing the largest proportion of criminal justice system referrals.

Individuals re-entering the community from incarceration with substance use issues face many barriers to successful reentry, such as lack of health care, job skills, education, stable housing, and poor connection with treatment providers, which may jeopardize their recovery and increase their probability of relapse and re-arrest. Individuals leaving correctional facilities often have lengthy waiting periods before attaining benefits and receiving services in the community due to waitlists and application processes for such benefits. Women leaving incarceration often have children involved with the Division of Children, Youth, and Families which strains their ability to remain engaged in treatment and recovery following their re-entry into the community.

As referenced in the Project Sharing Agreement, this Agreement has the option to extend for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

Should Governor and Executive Council not authorize this Request, women re-entering the community from Shea Farm with a substance use disorder may be more likely to relapse due to the lack of support, and individuals re-entering the community from a correctional facility or State-run transitional housing who have a opioid use disorder may be more likely to die from an overdose without the Naloxone kit and necessary training on its use.

Area served: Statewide

Source of Funds: 100% Federal Funds Department of Health and Human Services, Substance Abuse and Mental Health Svs Administration, Center for Substance Abuse Treatment. CFDA #93.788 FAIN# TIO80246.

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

Respectfully submitted,



Katja S. Fox

Director

Approved by:



Jeffrey A. Meyers

Commissioner

**PROJECT SHARING AGREEMENT BETWEEN
STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

AND

**STATE OF NEW HAMPSHIRE DEPARTMENT OF
CORRECTIONS**

FOR

STATE TARGETED RESPONSE TO THE OPIOID CRISIS GRANT PROJECTS

DHHS PROJECT SHARING AGREEMENT No. 2017-001

1. PURPOSE, LEGAL AUTHORITY, AND DEFINITIONS

1.1 Purpose

- 1.1.1 This Project Sharing Agreement, hereinafter the "Agreement," establishes the terms, conditions, safeguards, and procedures under which the State of New Hampshire Department of Health and Human Services (DHHS) will receive (upon request and subject to the provisions of this Agreement and applicable law) aggregate data, as well as, to outline how the State of New Hampshire Department of Corrections (DOC) and its Agents will provide substance use disorder case management services to the residents of the Shea Farm Transitional Housing Unit (hereinafter "Shea Farm") by providing referrals and enhancing the successful transition of clients to community resources. The DOC shall also make Naloxone kits, and related instruction on administration, available to individuals re-entering the community from any correctional facility or State-run transitional housing.
- 1.1.2 On July 28, 2017, DOC and DHHS entered into a Master Memorandum of Understanding, the purpose of which is, in part, to provide services to the parties shared population. This Agreement is intended to be in accord with and carry out the purposes of the Master Memorandum of Understanding, which is hereby incorporated by reference.
- 1.1.3 Furthermore, DOC is contractually limited to providing DHHS with Data received under this agreement for achieving outcomes as defined by the States Targeted Response to the Opioid Crisis (STR) grant which include, but are not limited to:

- 1.1.3.1 **Goal:** Re-integration of women being released from Shea Farm into the community.

- 1.1.3.1.1 **Objective 1:** At six (6) and twelve (12) month post-release, eighty percent (80%) of women will remain in the community.

- 1.1.3.1.2 **Objective 2:** At six (6) and twelve (12) month post-release, eighty percent (80%) of women will demonstrate increased recovery capital which may include, but is not limited to involvement with recovery supports, safe sober housing, and improved family connections.

1.1.3.2 **Goal:** Prevention of overdose deaths of people released from New Hampshire Correctional Facilities during the high-risk initial weeks post release.

1.1.3.2.1 **Objective 1:** By May, 2018, 100% of individuals re-entering the community from Correctional Facilities or State-run transitional housing identified as at-risk for overdose will be offered one naloxone kit.

1.1.3.2.2 **Objective 2:** By May, 2018, 100% of individuals re-entering the community from Correctional Facilities or State-run transitional housing identified as at-risk for overdose who accept a naloxone kit will be offered instruction on the administration of naloxone.

1.2 Legal Authority

This Agreement supports the responsibilities of DHHS and DOC and is permissible pursuant to NH RSA 21-H:8, XI and NH RSA 318-B:15. This Agreement shall be established so as to ensure compliance with all applicable state and federal confidentiality and privacy laws.

1.3 Definitions

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

1.3.1 "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, benefits and personal information including without limitation, Substance Abuse Treatment Records, Protected Health Information and Personally Identifiable Information.

2. DESCRIPTION OF THE DATA TO BE DISCLOSED

2.1 DOC shall utilize data provided by DHHS only for the following purposes:

2.1.1 To assist incarcerated women residing at Shea Farm by providing certain re-entry services through care coordination.

2.1.2 To provide one (1) Naloxone kit, along with instruction on its use, to individuals released from Correctional Facilities or State-run transitional housing to the community.

2.1.3 The target populations are individuals with a history of opioid use disorder (OUD) or other substance use disorders (SUD) who are at high risk of substance use, OUD, overdose events and/or fatalities.

2.1.4 DHHS data that is being requested is the minimum necessary to carry out the stated use of the data, as defined in the Privacy Rule and in accordance with all applicable confidentiality laws.

2.1.5 The referral process for distributing naloxone kits will be as follows:

2.1.5.1 The individual with an OUD will be identified by staff which may include medical, behavioral health, program, or security staff. The individual may also self-identify themselves and request a Naloxone kit.

2.1.5.2 All referrals will be forwarded to Correctional staff or subcontractors assigned to the individual.

2.1.5.3 DOC Correctional staff or subcontractor will arrange to meet with the individual and their community support person, if the individual chooses, to provide education on how to use the Naloxone kit as well as how to obtain additional kits if needed.

2.1.5.4 Upon discharge, the Correctional staff or subcontractor will provide the Naloxone kit.

2.1.5.5 Distribution of the kits will be documented in the Corrections Information System (CORIS system).

2.2 Systems of Records

2.2.1 DHHS will not be providing data to DOC.

2.2.2 DOC will provide data to DHHS from the following systems of records:

2.2.2.1 CORIS

2.2.2.2 Techcare Electronic Health Record

2.2.3 Number of Records Involved and Operational Time Factors: The approximate number of records is one thousand (1,000) per year for two (2) years.

2.3 Data Elements Involved

2.3.1 DOC general demographic non-identifiable data elements of individuals served include, but are not limited to:

2.3.1.1 Age

2.3.1.2 Race*

2.3.1.3 Ethnicity*

2.3.1.4 Gender (M, F, Trans)

2.3.1.5 Number of naloxone kits distributed

2.3.1.6 Number of naloxone administration trainings provided

*Race and Ethnicity may be reported as one data element if DOC is unable to differentiate each category separately without significant systems changes.

3. REPORTING

Near-real time aggregate reports on the data elements identified in Section 2.3 will be submitted to DHHS by DOC on a quarterly basis.

4. REIMBURSEMENT

No funds, other than specified in Sections 5, Obligations of DHHS, and 6, Obligations of DOC, will be exchanged under this Agreement for any work to be performed by the DOC to carry out the requirements of this Agreement. The parties agree to absorb their respective costs associated with this Agreement.

5. OBLIGATIONS OF DHHS

- 5.1 Provide funding to DOC in the amount of \$300,000 for the Re-entry Care Coordinator position as outlined in this project sharing agreement.
- 5.2 Provide funding to DOC in the amount of \$600,000 in order for DOC to purchase, disseminate, and educate regarding Naloxone kits.
- 5.3 Provide completed data reports to SAMHSA on a semi-annual basis.
- 5.4 Manage the STR grant under the terms and conditions of the grant as approved by SAMHSA.
- 5.5 Provide technical assistance on clinical programming and reporting requirements to DOC.

6. OBLIGATIONS OF DOC

- 6.1 Create a full-time (37.5 hour) Re-entry Care Coordinator position to be hired and managed by the DOC for the two (2) year term of this funding. Funding available for this purpose is \$150,000 per year for two (2) years beginning in SFY18 for a total funding of \$300,000. If federal funding becomes unavailable for this grant or if this contract is terminated before the two (2) year time period, DHHS will not be required to provide funding to sustain this position.
 - 6.1.1 The Re-entry Care Coordinator shall assist women leaving incarceration by establishing support services and treatment appointments and by helping the women to overcome barriers to accessing those services.
 - 6.1.2 The Re-entry Care Coordinator shall continue to support the re-entry efforts of the women for twelve (12) months following release from Shea Farm through face-to-face or telephone contact, including providing follow up at three (3) and six (6) months following release.
- 6.2 Hire and train the Re-entry Care Coordinator to accomplish the goals outlined in the STR proposal, Section 1.1.3.1.
- 6.3 Determine residents of Shea Farm who have an SUD or OUD, and are therefore eligible for services funded through the STR grant.
- 6.4 Assist eligible justice-involved individuals by distributing Naloxone and providing education on how to use Naloxone upon release from a New Hampshire Correctional Facility or transitional housing. Funding available for this purpose is \$300,000 per year for two (2) years beginning in SFY18 for a total funding of \$600,000.
- 6.5 Train and educate correctional staff and subcontractors regarding providing instructions to individuals on the administration of Naloxone.
- 6.6 Collect and submit aggregate data and reports as identified by DHHS on a quarterly basis within time requirements.

7. APPROVAL AND DURATION OF AGREEMENT

- 7.1 **Effective Date:** This Project Sharing Agreement is effective upon Governor and Executive Council approval.
- 7.2 **Duration:** The duration of this Agreement is from the date of approval by the Governor and Executive Council through June 30, 2019. Parties to this Agreement may execute a new agreement prior to the end date of this Agreement.
- 7.3 **Modification and Extension:** The parties may modify or extend this Agreement for up to one (1) year at any time by a written modification, agreed upon by both parties, as approved by the Governor and Executive Council, subject to the continued availability of funds and satisfactory performance of services.
- 7.4 **Termination:** Either party may unilaterally terminate this Agreement upon written notice to the other party, in which case the termination shall be effective thirty (30) days after the date of that notice or at a later date specified in the notice.

8. PERSONS TO CONTACT

8.1 DHHS contact program and policy:

Division for Behavioral Health
Senior Policy Analyst, Substance Use Services
DHHS-Contracts@dhhs.nh.gov

8.2 DHHS contact for Data Management or Data Exchange issues:

DHHSChiefInformationOfficer@dhhs.nh.gov

8.3 DHHS contacts for Privacy issues:

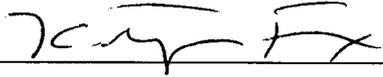
DHHSPrivacy.Officer@dhhs.nh.gov

8.4 DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

8.5 The contact person for the State Agency/Partner can be found on the State Agency/Partner's signature page.

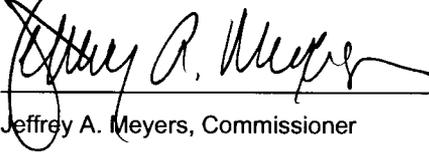
9. APPROVALS



Katja Fox
Director
NH DHHS, Division for Behavioral Health

12/5/17

Date



Jeffrey A. Meyers, Commissioner
New Hampshire Department of Health and Human Services

12/7/17

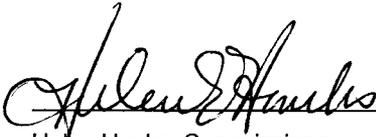
Date



Kimberly M. MacKay
Director
NH DOC, Division of Community Corrections

11/21/2017

Date



Helen Hanks, Commissioner
New Hampshire Department of Corrections

11/21/17

Date

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

OFFICE OF THE ATTORNEY GENERAL

12/7/17

Date

Name: Megan A. Yocco
Title: Attorney

I hereby certify that the foregoing Project Sharing Agreement 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: