



Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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December 27, 2018

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, to enter into an amendment to an existing agreement with the Department of Corrections (DOC) (Vendor Number 177896), 105 Pleasant Street, Concord, NH 03301, for opioid use disorder (OUD) case management re-entry services, 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, and to provide medication assisted treatment to individuals with Opioid Use Disorder in correctional facilities, by increasing the price limitation by \$2,387,589 from \$900,000 to an amount not to exceed \$3,287,589, effective upon the date of Governor and Council approval through September 29, 2020. The original agreement was approved by the Governor and Executive Council on December 20, 2017 (Item #17.) 100% Federal Funds.

Funds are available in the following account(s) for SFY 2019 through June 30, 2019 for the STR grant and through June 30, 2019 for the SOR grant, and are anticipated to be available in SFY 2020 and SYF 2021 through the SOR grant, upon the availability and continued appropriation of funds in the future operating budgets, with the authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without approval from the Governor and Executive Council, if needed and justified.

**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	Current Amt.	Increase/ Decrease	Revised Amount
SFY18	049-584946	Transfer to Other State Agencies	92052559	\$450,000	\$0	\$450,000
SFY19	049-584946	Transfer to Other State Agencies	92052559	\$450,000	\$0	\$450,000
SYF20	049-584946	Transfer to Other State Agencies	92052559	\$0	\$0	\$0
			Sub total	\$900,000		\$900,000

**05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,  
 HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID  
 RESPONSE GRANT**

SFY	Class/Account	Class Title	Job Number	Current Amt.	Increase/D ecrease	Total Amount
2019	049-584946	Transfer to Other State Agencies	92057040	\$0	\$535,149	\$535,149
2020	049-584946	Transfer to Other State Agencies	92057040	\$0	\$1,345,217	\$1,345,217
2021	049-584946	Transfer to Other State Agencies	92057040	\$0	\$507,223	\$507,223
			Subtotal	\$0	\$2,387,589	\$2,387,589
			Total	\$900,000	\$2,387,589	\$3,287,589

**EXPLANATION**

Approval of this amendment to the agreement will allow the Department of Corrections to continue to provide opioid use disorder (OUD) case management services to the female residents of the Shea Farm Transitional Housing Unit, and to continue to make available Naloxone kits and related instruction to individuals re-entering the community from any correctional facility or State-run transitional housing, as outlined in the current agreement. This amendment replaces the original agreement in its entirety to modify the scope of services, add additional funding, extend the completion date, and change the title from "Project Sharing Agreement" to "Memorandum of Understanding." Approval of this amendment to the agreement will also allow the Department of Corrections to expand the scope of work to provide re-entry care coordination services to men re-entering the community from incarceration, and to provide crucial medication assisted treatment (MAT) to individuals (male and female) with OUD in correctional facilities as part of their treatment plan and to prepare for re-entry into the community.

This continuation and expansion of services is being funded through an expanded investment in critical services gaps for people with OUD identified in the Department's proposal for the State Targeted Response (STR) to the Opioid Crisis Grants Program. New Hampshire's projects are a joint effort by several state agencies and use evidence-based methods to expand treatment, recovery, and prevention services to targeted populations. The recently awarded State Opioid Response (SOR) grant proposal included funds to expand the services initially provided through the STR funds, which enables the Department to 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.

In 2017, the State of New Hampshire experienced four hundred eighty-eight (488) deaths from drug overdoses. Research consistently shows that the first two weeks following release from incarceration present 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 OUD. 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. Without the services offered through this Memorandum of Understanding, individuals in corrections and/or leaving correctional facilities would be more likely to have their OUD go untreated, which could lead to increased likelihood of re-arrest and return to the correctional setting.

The MAT services provided under this agreement will further the individual's likelihood of successful re-entry into the community, since they are given critical medication and behavioral health services to achieve recovery while they are still working towards their re-entry plans. Funds in this agreement will be used to provide MAT services to eligible individuals under this agreement and will also ensure that DOC staff are adequately trained and prepared to provide these services to their population, which increases the sustainability of the program beyond the grant terms.

This Memorandum of Understanding has the option to extend for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, written agreement of the parties and approval of the Governor and Executive Council.

Notwithstanding any other provision of the agreement to the contrary, no services shall continue after September 29, 2020, and the Department shall not be liable for any payments for services provided after September 29, 2020.

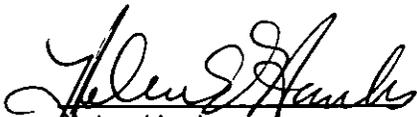
Should the Governor and Executive Council not authorize this Request, individuals re-entering the community from DOC facilities with an OUD may be more likely to relapse due to the lack of support and MAT, and individuals re-entering the community from a correctional facility or DOC transitional housing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

Area served: Statewide

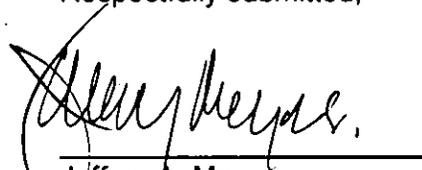
Source of Funds: 100% Federal Funds Department of Health and Human Services, Substance Abuse and Mental Health Svcs Administration, Center for Substance Abuse Treatment. CFDA #93.788 FAIN# TIO80246 and FAIN # TIO81685.

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

Respectfully submitted,



Helen Hanks  
Commissioner, Department of Corrections

  
Jeffrey A. Meyers  
Commissioner

**MEMORANDUM OF UNDERSTANDING BETWEEN  
THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
DIVISION FOR BEHAVIORAL HEALTH**

**AND**

**THE STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS**

**MOU-2019-BDAS-01-OPIOI**

**1. GENERAL PROVISIONS**

- 1.1. This Memorandum of Understanding (MOU) is between the New Hampshire Department of Health and Human Services (DHHS), Division for Behavioral Health, 129 Pleasant Street, Concord, NH 03301 and the New Hampshire Department of Corrections ("DOC"), 105 Pleasant Street, Concord, New Hampshire 033001, and sets forth the roles and responsibilities of DHHS and DOC related to collaboration on the State Targeted Response to the Opioid Crisis Grant ("STR") and the State Opioid Response Grant ("SOR").
- 1.2. On December 20, 2017 (Item #17), the Governor and Executive Council approved a Project Sharing Agreement between DHHS and DOC to provide opioid use disorder (OUD) case management services to female residents of the Shea Farm Transitional Housing Unit, and to make available Naloxone kits to individuals re-entering the community from any DOC correctional facility or DOC transitional housing.
- 1.3. This MOU replaces the above-referenced Project Sharing Agreement in its entirety, in order to modify and enhance the scope of services, add additional funding, and extend the completion date to September 29, 2020.
- 1.4. This MOU outlines how the DOC and its Agents will provide Opioid Use Disorder (OUD) case management service to Persons Under Departmental Control (also referred to herein as PUDC) to assist with referrals and enhance the successful transition to community resources, and how Naloxone kits and related instruction on administration will be provided to individuals re-entering the community.
- 1.5. Through the current STR grant and Project Agreement referenced above, DOC established a Reentry Care Coordinator that assists the female population, and their families, with treatment referrals, community connection to resources, and Naloxone kit instruction and delivery. This MOU expands the current program offerings by establishing two (2) additional Reentry Care Coordinator positions to aid the DOC male population with an equivalent service. This MOU also extends the Reentry Care Coordinator that assists the female population for an additional year following the expiration of current STR grant. The target population is individuals with a history of OUD or who are at high risk of OUD overdose.
- 1.6. Additionally, this MOU outlines how the DOC and its Agents will provide medication assisted treatment (MAT) services, including the purchase of medication for PUDC, to assist with referrals and enhance the successful transition to community



resources, and to provide training and equipment to staff and PUDC on effective MAT interventions. Services will be provided to PUDC within correctional facilities as well as to those PUDC who have reentered the community and are under the continued supervision of DOC staff through the Division of Field Services.

- 1.7. In connection with the performance of this MOU, DHHS and DOC shall comply with all applicable laws and regulations.

## 2. DURATION

- 2.1. Effective Date: This MOU is effective upon Governor and Executive Council Approval.
- 2.2. Duration: The duration of this Agreement is from the date of Governor and Council approval to September 29, 2020. DHHS and DOC may execute a new MOU prior to the end date.
- 2.3. Modification and Extension: DHHS and DOC may modify this MOU by mutual written agreement at any time, contingent upon Governor and Council approval if required. The parties may extend this MOU for up to two (2) years, subject to continued availability of funds, satisfactory performance of services, and Governor and Executive approval.
- 2.4. 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.

In the event of an early termination of this MOU for any other reason than the completion of services, the DOC shall deliver to DHHS, not later than thirty (30) days after the termination, a "Termination Report" describing in detail all activities performed and the MOU funds used up to and including the date of termination. In the event the services and/or prescribed outcomes described within this MOU are not met to the satisfaction of DHHS, DHHS reserves the right to terminate this MOU and any remaining funds will be forfeited. Such termination shall be submitted in writing to DOC and will require DOC to deliver a final Termination Report as described above.

## 3. RESPONSIBILITIES OF DOC

### Section I – Re-entry Services and Naloxone Kits and Instruction

DOC agrees to:

- 3.1. Use the funding provided by DHHS to assist male and female PUDC with OUD by providing re-entry services through care coordination.
- 3.2. Continue to fund, hire and manage one (1) full-time (37.5 hour) Re-entry Care Coordinator position through the term of this MOU that will be based primarily at Shea Farm. DOC will apply current funding from the STR grant to this position through June 30, 2019 and will apply SOR grant funds from July 1, 2019 through September 29, 2020, and that funding available for this purpose is \$112,871.



- 3.3. Create two (2) full-time (37.5 hour) Re-entry Care Coordinator positions to be hired and managed by DOC for the term of this MOU who will be based primarily at the New Hampshire State Prison for Men, with periodic coverage options to include the Northern NH Correctional Facility, Calumet House, North End House, and Transitional Work Center. DOC agrees that the total funding available for this purpose is \$449,572.
- 3.4. Hire, train, and manage the Re-entry Coordinators to accomplish the performance measures outlined in this MOU, Section 3.13.
- 3.5. Ensure that all Re-entry Care Coordinators implement comprehensive service plans to assist PUDC in accessing appropriate relapse prevention, treatment, recovery, and ancillary services that will support their rehabilitative goals and reduce the risk for recidivism.
- 3.6. Provide training and education for correctional staff on providing instructions to PUDC on the administration of Naloxone.
- 3.7. Assist eligible PUDC with OUD and their residential companions through voluntary distribution of naloxone and providing education on how to use Naloxone, if need arises, once released from DOC facilities or a transitional housing unit to the community.
- 3.8. Follow the referral process for distributing Naloxone kits to PUDC as follows:
  - 3.8.1 Identify a PUDC through the diagnosis of an OUD. The PUDC may also self-identify and request a Naloxone kit.
  - 3.8.2 Forward all referrals to the case manager assigned to the PUDC being released.
  - 3.8.3 Ensure that the case manager arranges to meet with the PUDC and their community support person, if they choose, to provide education on how to use the Naloxone kit as well as how to obtain additional kits if needed.
  - 3.8.4 Upon discharge, ensure that the case manager or other authorized correctional staff provides the Naloxone kit as the PUDC processes out of the DOC facility.
  - 3.8.5 Ensure the distribution of the Naloxone kits for PUDC is documented.
- 3.9. Establish formal agreements with Regional Hub(s) for substance use services, in accordance with 42 CFR Part 2, to determine a process for ensuring that each client served has a Government Performance and Results Modernization Act (GPRA) interview completed at intake, three (3) months, six (6) months, and discharge, either by the client's Regional Hub or the DOC staff.
- 3.10. Collect and submit aggregate data and aggregate reports on the data elements identified in Section 5 to DHHS on a quarterly basis.
- 3.11. Ensure that the Re-entry Care Coordinators will continue to support the re-entry efforts of PUDC with an OUD or history of overdose for twelve (12) months following release through face-to-face and telephone contact,



including providing follow up at three (3) and six (6) months following release.

3.12 Purchase supplies, including general office supplies, postage, laptops, software and office equipment to better enhance targeted case management techniques for the purpose of reintegration. DOC agrees that the funding available for this purpose is \$25,146.00 through September 29, 2020 through the SOR grant.

3.13 Meet the following performance measures initially set forth in the Project Sharing Agreement referenced in Section 1.2 above:

3.13.1 **Goal:** Re-entry services for PUDC with an OUD exiting incarceration:

- a) **Objective 1:** At 6 and 12 months post-release, 80% of PUDC with an OUD will remain in the community.
- b) **Objective 2:** At 6 and 12 months post-release, 80% of PUDC with an OUD will demonstrate increased recovery capital, e.g. involvement with recovery supports, safe sober housing, improved family connections, etc.

3.13.2 **Goal:** Naloxone distribution and training and relevant education to PUDC when released to the community.

- a) **Objective 1:** By September 2019, 100% of PUDC with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered one Naloxone kit.
- b) **Objective 2:** By September 2019, 100% of PUDC with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered instruction on the administration of Naloxone.

## Section II – Medication Assisted Treatment (MAT) Services

DOC agrees to:

3.14 Use medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of OUD for PUDC.

3.15 Provide MAT to individuals with OUD in correctional facilities as part of their treatment plan inside the institution and also to prepare for re-entry into the community.

3.16 Provide training to DOC provider, clinical staff and PUDC in MAT services.



- 3.17 Coordinate with the Regional Hub(s) for re-entry care coordination and GPRA data collection at the time intervals referenced in 3.9 above for PUDC receiving MAT under this MOU.
- 3.18 Ensure that the MAT process used by DOC is as outlined in the Policy Procedure Directive 6.08, with is attached hereto and incorporated by reference herein as Attachment 1.
- 3.19 Estimate, per PUDC, the cost per Medication scenario below, dependent on clinical profile based on costs as of October 3, 2018:
- 3.19.1 Medication scenario #1 provide Naltrexone 50 mg tabs, recommended 1 tab per day @ 55 cents per tab x 30 days = \$19.94;
  - 3.19.2 Medication scenario #2 Vivitrol injection, recommended 1 injection per month, \$1,155.99 per injection = \$1,155.99 per month per PUDC;
  - 3.19.3 Medication scenario #3 Replacement Therapy: Buprenorphine 8mg tabs 12-32 mg per day @ \$1.52 per tab x 30 days = average \$45.60;
  - 3.19.4 Medication scenario #4 Sublocade injection, recommended 1 injection per month, the cost is unavailable at this time per specialty pharm @ 866-258-3905
  - 3.19.5 Medication scenario #5 Acamprosate 3 tabs per day @ 43cents per tab = \$38.58 per month;
  - 3.19.6 Medication scenario #6 Disufirm 1 tab per day @ \$2.06 per tab = \$61.74 per month;
- 3.20 Ensure that medication is provided with a 14-30 day supply at release from custody for all individuals leaving DOC facilities dependent on transition services and insurance coverage established.
- 3.21 Collect and submit aggregate data and reports as identified by DHHS and within specified time requirements.
- 3.22 Purchase equipment and supplies to better enhance targeted case management techniques for the purpose of reintegration.
- 3.23 Assist PUDC in applying for health insurance coverage.
- 3.24 Meet the following performance measures:
- 3.24.1 Goal: DOC medical providers and clinical staff will receive training in the prescribing of medications to treat opioid use disorder, delivery of services and the benefits of medication-assisted treatment.
    - a) Objective 1: Within 3 months of the effective date of this MOU 50% of DOC provider staff will be trained in buprenorphine prescribing practices and seek a DEA licensing waiver for such



medications pursuant to NH Bureau of Drug and Alcohol Services (Guidance Document on Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire Second Edition).

- b) Objective 2: Within 6 months of the effective date of this MOU, 100% of DOC provider staff will be trained in buprenorphine prescribing practices and seek DEA licensing waiver pursuant to NH Bureau of Drug and Alcohol Services (Guidance Document on Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire Second Edition).
- c) Objective 3: Within 3 to 6 months of the effective date of this MOU, DOC provider and clinical staff will be trained in MAT practices and benefits.
- d) Objective 4: Within 3 to 6 months of the effective date of this MOU, PUDC will be identified to provide peer recovery support services and trained in peer recovery support practices. DOC will target training at a minimum of 30 PUDCs for these supports across all sites.
- e) Objective 5: Within 6 months of the effective date of this MOU, DOC will schedule and facilitate a public benefits education to PUDCs in a series of trainings across all facilities.

3.24.2 **Goal**: Increase participation and compliance with MAT for PUDC as appropriate to their behavioral health needs and healthcare needs (e.g. pregnant woman with opioid use disorder).

- a) Objective 1: By December of 2019, of those PUDCs whose behavioral health treatment includes MAT as a part of their treatment plan, the participation rate will be 60% of those identified who consent to receiving MAT.
- b) Objective 2: By March of 2019, PUDC receiving medication assisted treatment will have 80% medication compliance as monitored through their medication administration record.
- c) Objective 3: By March of 2019, 90% of all PUDC receiving MAT that are released will be connected with a community provider and support network, including their preferred Regional Hub.
- d) Objective 4: Ongoing measurement will occur through the grant of participation and MAT medication compliance rates with the goal of 100% participation in both areas.
- e) Objective 5: MAT PUDCs will 100% be referred to the Re-entry Program Coordinators for continuity of care prior to release from



incarceration and will continue to be tracked under this Agreement established between DHHS and DOC.

3.24.3 **Goal:** To establish a collaborative team inclusive of the prescribing provider, clinical staff, assigned probation parole officer (if applicable) and re-entry program coordinator, who will provide support services in developing a re-entry plan for PUDC integration into the community.

- a) **Objective 1:** At 6 and 12 month intervals post-participation in MAT, 80% of PUDC in MAT will remain treatment compliant.
- b) **Objective 2:** At 6 and 12 month intervals post-release, 80% of PUDC in MAT will demonstrate increased recovery capital, e.g. involvement with recovery supports, safe sober housing, improved family connections, etc., as observed by the preferred Regional Hub care coordination staff.

3.24.4 **Goal:** At release to the community, PUDC will be referred to their preferred Regional Hub(s) and monitored at the intervals as outlined in this Agreement for SOR and STR Re-entry Coordination to reduce risk of overdose, increase treatment compliance, and increase community re-integration.

- (a) **Objective 1:** 100% referral rate of PUDC from the MAT treatment group to the Re-entry Program Coordinator.
- (b) **Objective 2:** 100% application rate to Medicaid or other appropriate health benefits by NHDOC case managers for insurance coverage and barrier removal in order to establish ease of access for PUDC prior to release from NHDOC facilities to community MAT services and support of the Hub(s).

#### 4. RESPONSIBILITIES OF DHHS

DHHS agrees to:

- 4.1. Administer and manage the State Targeted Response to the Opioid Crisis Grant ("STR") and the State Opioid Response Grant ("SOR") under the terms and conditions of the grants as approved by SAMHSA.
- 4.2. Provide funding to DOC upon receipt of approved invoices and subject to DOC's compliance with the terms and conditions of this MOU as follows:
  - 4.2.1. Up to a maximum of \$110,003 in SFY 2019 and \$345,217 in SFY 2020, and \$107,223 in SFY 2021 from grant funds for activities related to re-entry services and providing Naloxone kits to individuals re-entering the community; and
  - 4.2.2. Up to a maximum of \$400,000 in SFY 2019 and \$1,000,000 in SFY 2020 and \$400,000 in SFY 2021 from grant funds for activities related to MAT



services in order for DOC to provide training and education and to purchase equipment, supplies and medication outlined in this MOU.

- 4.3. Provide completed data reports to SAMHSA on a semi-annual basis.
- 4.4. Collaborate with DOC to obtain data and information necessary for monitoring the SAMHSA grants and developing and writing any required reports.
- 4.5. Attend and/or participate in any SAMHSA-required meetings, trainings or presentations.
- 4.6. Provide technical assistance on clinical programming and reporting requirements to DOC.

**5. IT IS FURTHER UNDERSTOOD AND AGREED BETWEEN DHHS AND DOC:**

**5.1 Systems of Records:**

- 5.1.1 DHHS and DOC will not be exchanging confidential data under this MOU.
- 5.1.2 DOC will provide de-identified aggregate data to DHHS from the following systems of records:
  - 5.1.2.1 PUDC Corrections Information System (CORIS)
  - 5.1.2.2 Techcare Electronic Health Record.

**5.2 Data Elements Involved:**

DOC general demographic non-identifiable data elements of individuals served to include:

- Age
- Race\*
- Ethnicity\*
- Gender (M, F, Trans)
- Diagnoses
- Services received
- Types of MAT received/referred to
- Length of stay in treatment, if applicable
- Employment status
- Criminal justice involvement
- Housing status
- Number of naloxone kits distributed
- Number of naloxone administration trainings provided



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

- 5.3 The maximum amount of funds available from the SOR grant for reimbursement under this MOU from DHHS to DOC:
- 5.3.1 Shall not exceed \$2,387,589, as described in Section 3.12 above and sections 5.3.2 and 5.3.3 below.
  - 5.3.2 Shall not exceed \$110,003 in State Fiscal Year 2019 and \$345,217 in SFY 2020, and \$107,223 in SFY 2021 with one hundred percent (100%) of those costs covered by funds provided by the SOR grant for reentry services and Naloxone services described in Section 3 of this MOU.
  - 5.3.3 Shall not exceed \$400,000 in State Fiscal Year 2019 and \$1,000,000 in State Fiscal Year 2020, and \$400,000 in State Fiscal Year 2021 with one hundred percent (100%) of those costs covered by SOR grant funding for MAT services.
- 5.4 If federal funding no longer becomes available or if this MOU is terminated early, DHHS will not be required to provide funding to sustain any of the Care Coordinator positions referenced in Section 3.
- 5.5 Notwithstanding any provision of this agreement to the contrary, all obligations of DHHS hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. DHHS shall not be required to transfer funds from any other source in the event that funds become unavailable.
- 5.5.2 DHHS may adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without approval from the Governor and Executive Council, if needed and justified.
- 5.6 DOC shall take appropriate steps to accept and expend the funds provided within the project period. DOC agrees to submit monthly invoices to DHHS for costs incurred. Invoices must include line items with dates, description of services and associated costs.
- 5.6.1 Invoices shall be mailed or emailed to:
- Department of Health and Human Services
  - Division for Behavioral Health
  - 129 Pleasant Street
  - Concord, NH 03301
  - [Melissa.Girard@dhhs.nh.gov](mailto:Melissa.Girard@dhhs.nh.gov)
- 5.7 DHHS agrees to pay DOC within thirty (30) days of receipt of the approved invoices.



6. APPROVALS

  
\_\_\_\_\_  
Katja Fox  
Director  
Division for Behavior Health  
NH Department of Health and Human Services

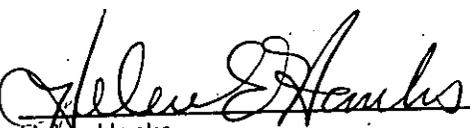
1/2/19  
Date

  
\_\_\_\_\_  
Jeffrey A. Meyers  
Commissioner  
NH Department of Health and Human Services

1/2/19  
Date

  
\_\_\_\_\_  
Heidi Guinen  
Deputy Director of Forensic Services  
Division of Medical & Forensic Services  
NH Department of Corrections

12/27/18  
Date

  
\_\_\_\_\_  
Helen Hanks  
Commissioner  
NH Department of Corrections

12/28/18  
Date

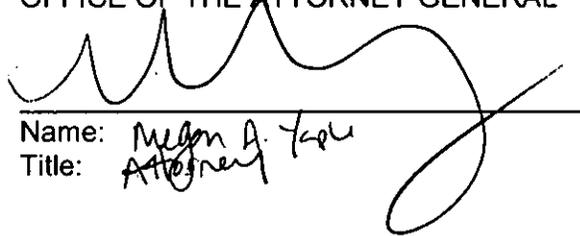
Memorandum of Understanding Between DHHS and DOC  
MOU-2019-BDAS-01-OPIOI



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

OFFICE OF THE ATTORNEY GENERAL

1/3/19  
Date

  
Name: Megan A. Cole  
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:

ATTACHMENT I

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.08</u>
SUBJECT: <b>MEDICATION ASSISTED TREATMENT PROGRAM – SUBSTANCE USE DISORDERS</b>  PROPONENT: <u>Paula Mattis, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>10/1/2018</u>  REVIEW DATE <u>10/1/2020</u>  SUPERSEDES PPD# <u>6.08</u>  DATED <u>12/4/2015</u>
ISSUING OFFICER:   <hr/> <i>Helen E. Hanks, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____  APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

The purpose of Medication Assisted Treatment (MAT) Program is to provide treatment for Persons Under Departmental Control (PUDC) of the NH Department of Correction (NHDOC) diagnosed with opioid use disorders and alcohol use disorders. This is to include treatment while a person under departmental control is housed in a NHDOC Facility, as well as specific pre-release treatment and post-release successful transition to community resources.

II. **APPLICABILITY:**

To all PUDCs receiving MAT and correctional staff involved in substance use disorder treatment services within the Department of Corrections.

III. **POLICY:**

This program involves prison-based residential and non-residential substance disorder treatment models in NHDOC Facilities, as well as collaboration and successful transition to community-based treatment resources. The goal of this program is to promote abstinence, harm reduction, and continuity of care, for opioid- and alcohol-addicted persons under departmental control.

IV. **DEFINITIONS:**

- A. Medication Assisted Treatment (MAT) is an evidence-based treatment that uses FDA-approved medications, in combination with counseling and other behavioral therapies, to provide a whole person approach in the treatment of substance use disorders. It is designed to increase adherence, improve outcomes, and assist with long term abstinence and harm reduction.
- B. Outpatient Substance Use Treatment Programs are defined as substance use treatment provided in the general prison housing settings, in the outpatient mental health clinic and other transitional housing units.

- C. Modified Residential Substance Use Treatment is defined as substance use treatment provided in specifically identified treatment units in our prison housing settings (e.g. Focus Unit, Wellness, and Residential Treatment Unit).
- D. Naltrexone is a non-addictive opioid antagonist that blocks the effects of opioid medications. It also reduces alcohol craving in alcohol dependence
- E. Vivitrol is an extended release injectable form of naltrexone
- F. Buprenorphine is an oral combination opioid and opioid blocker that largely blocks the euphoria from other narcotics if these are ingested.
- G. Sublocade is an extended release injectable form of Buprenorphine
- H. Disulfiram is an oral medication that inhibits the body from metabolizing alcohol normally, usually causing a toxic reaction when alcohol is consumed, with vomiting, sweating, headache, palpitations and other physical distress resulting almost immediately.
- I. Acamprosate is an oral medication designed to maintain the chemical balances in the brain that are disrupted by alcoholism, improving recovery.

V. PROCEDURES:

A. Medication Assisted Treatment Training

All Substance Use Treatment staff, participating in MAT shall receive training on methods to educate persons under departmental control on the following:

- a. Eligibility Criteria;
- b. Motivational Interviewing
- c. Opioid Epidemic;
- d. Overview of Opioid and Alcohol Dependence;
- e. MAT Treatment foundation, philosophy, and types of Medications used in MAT;
- f. Overview of MAT PPD;
- g. Orientation to approved MAT Clinical Treatment Guidelines, as established in the References Section of this policy.
- h. Tracking of individuals throughout entry, active participation, follow up care in the MAT Program and referral to Re-entry Program Coordinator's for continuity of care.

B. Participant Screening/Assessment

- 1. The Ohio Risk Assessment System (ORAS) is administered on all new admissions at the DOC's reception and diagnostic units. PUDCs who score moderate/high in the Substance Use Domain will be referred by the counselor/case manager to a LADC clinician for further screening of need for both substance use disorder programming as well as MAT Program referral. In addition, referrals for these services may be generated by any clinical staff throughout the PUDC's incarceration.
- 2. All referrals will include a urinalysis facilitated by nursing staff and results documented in the PUDCs electronic health record with triage to the referring LADC. Any positive results identified by nursing will be triaged according to PPD 6.86 Detoxification.
- 3. Candidates who are referred and are interested in participating in the Medication-Assisted Treatment Program will be assessed by a licensed alcohol and drug counselor to determine the person's under departmental control stage of change, as per the Prochaska Stage of Change Model.
- 4. Appropriate referrals will be administered the Drug Abuse Screening Test (DAST), Texas Christian University Drug Screen II (TCU5), or others diagnostic/screening tools to assess need. Any PUDC who scores in the moderate or severe range will be recommended to the Department's residential and/or outpatient substance use treatment program after the completion of the Addictions Severity Index (ASI) affirming the results. A clear diagnosis will be determined and documented in the electronic health record. A multidisciplinary approach will be taken for treatment of any identified coexisting mental health disorders.

5. After review of all available information on the PUDC meeting the assessed level of need, substance use treatment staff shall add a Special Needs code of SUD-MAT in the electronic health records, document in a progress note their recommendations and send an alert in the electronic medical record to the Administrator of Forensic Services and/or the Psychiatric Medical Director regarding the recommendations. The reviewing administrator will then determine final recommendations for treatment. Participation for inclusion will include:
  - a. Meets current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for a substance use disorder
  - b. Willingness to engage productively in psychosocial interventions for substance use treatment.
  - c. Assessed as possessing a commitment to achieving demonstrable harm reduction, with a goal of total abstinence from illegal substances as well as misuse of prescribed medications and alcohol.
6. A treatment plan will be developed by the LADAC in coordination with the psychiatric or medical provider assigned and documented into the electronic health record for all PUDCs who enter the MAT Program. This will include documentation on: substance use disorder diagnosis, current stage of change, motivational strategies to be utilized appropriate for identified stage of change, integration into current psycho-social substance use treatment services, as well as identification and treatment plan integration for treatment of other identified mental health diagnoses. If there is an existing treatment plan, substance use treatment and MAT will have separate identifiable goals as part of the plan. Eligibility for inclusion at the screening stage will include:
7. Medical Evaluation
  - a. Medical Provider Staff will meet with the PUDC to identify and diagnose any medical contraindications to MAT. If there are medical contraindications, these will be addressed and continued referral, when appropriate, will be made to the Administrator of Forensic Services or Psychiatric Medical Director through an alert in the electronic medical record. These will be reviewed daily for any new alerts. A psychiatric or medical provider will be assigned by the Chief Medical Officer (CMO) or Psychiatric Medical Director (PMD) to provide the medication interventions of the MAT, and will follow the established guidelines and seek consultation with the CMO or PMD. The assigned psychiatric or medical provider will also coordinate treatment with the assigned clinical staff for treatment integration as necessary.
  - b. Informed consent will be obtained, and any MAT will be prescribed according to clinical guidelines approved by the CMO, psychiatric medical director and Director of Medical and Forensic Services, in accordance with established National MAT guidelines concerning oral naltrexone, injectable naltrexone, oral buprenorphine, injectable buprenorphine. (Attachments A through D). Informed consent for additional or other MAT medication interventions will be done with the medication informed consent process in the EHR.
  - c. When the treating psychiatric or medical provider begins the medication assisted treatment through initiating a prescription, they will notify the Administrator of Forensic Services and the psychiatric medical director that MAT has been initiated through an alert in electronic health record.
  - d. The CMO and/or PMD will quarterly review a random sample of MAT patients to ensure adherence to the clinical guidelines as referenced in the reference section, as appropriate to the medication intervention section, and report findings in the Quality Review (QI) meeting on a quarterly basis.

#### 8. Concurrent Psychosocial Treatment and Drug Screens

1. The PUDC shall be required to attend all scheduled substance use counseling sessions during the course of MAT which shall be no less than one clinical encounter every two weeks.
2. The PUDC will be required to attend all MAT provider appointments, which shall be no less than one encounter per month
3. The PUDC will acknowledge these requirements in 1 and 2 above by signing the MAT Counseling Attendance Agreement (Attachment A).
4. The counseling sessions with LADC Professional staff shall focus on assessment of motivational state, commitment to treatment and supportive/reinforcing counseling to strengthen commitment to recovery.
5. The MAT provider appointments shall focus on assessment of general and mental health status, side effects, review of abstinence through review of CORIS drug screens, review of medically ordered drug screens, assessment of physiologic responses to treatment (cravings, triggers), as well as documentation of stage of change
6. Substance use treatment staff may discharge a PUDC from the program if he/she fails to meaningfully participate in recommended programming after consultation with the Administrator of Forensic Services and/or the Psychiatric Medical Director and through documentation of justification.
7. Urine or saliva scan drug screens will be performed in accordance with approved MAT clinical guidelines, the PUDC's treatment plans, and as clinically or behaviorally indicated.
8. The nursing staff shall coordinate the collection of the urine drug screen. LADC staff will collect saliva scans. Both nursing and LADC staff will document in progress notes the action of doing the screens and outcome of the screen in the HER.
9. The treatment team for this population may include counselor/case managers, LADC staff, mental health clinicians, psychiatric and medical staff, and other disciplines as indicated by the individual case.
10. Security staff will be consulted as to behavior and unit observations.
11. All treatment plans will be updated every three (3) months.
12. Discharge planning and/or release planning will focus on a continuum of care with outside resources. The person under departmental control counselor/case manager shall make arrangements as indicated below. This will include, but not limited to the following referrals and interventions:
  - a. Referral to the State Targeted Response (STR) Program Coordinator
  - b. Referral for continued MAT services, as clinically appropriate and recommended by the current MAT provider
  - c. Referral to mental health treatment resources as clinically appropriate and recommended by mental health treatment staff for the purpose of integrated care with above treatment modalities

#### REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

National Commission on Correctional Healthcare  
STANDARDS FOR HEALTH SERVICES IN PRISONS: 2008

**P-D-02: MEDICATION SERVICES (essential)**

**P-G-08: OFFENDERS WITH ALCOHOL AND OTHER DRUG PROBLEMS (important)**

Other

Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders  
<http://store.samhsa.gov/shin/content//SMA14-4854/SMA14-4854.pdf>

Medication-Assisted Treatment, Substance Abuse and Mental Health Services Administration  
(SAMHSA)  
<https://www.samhsa.gov/medication-assisted-treatment>

Guidance Document on Best Practices: Key Components for delivering Community Based Medication  
Assisted Treatment Services for Opioid Use Disorders in New Hampshire, second edition  
<https://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf>

ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving  
Opioid Use

<http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/national-practice-guideline.pdf?sfvrsn=22>

MATTIS/lb



Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-6110 1-800-852-3345 Ext. 6738  
Fax: 603-271-6105 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

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.

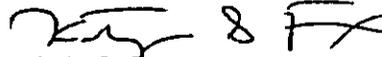
Should Governor and Executive Council not authorize this Request, women re-entering the community from Shea Farm with a substance use disorder may be more likely to relapse due to the lack of support, and individuals re-entering the community from a correctional facility or State-run transitional housing 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.

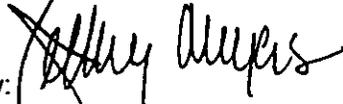
Respectfully submitted,



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:**

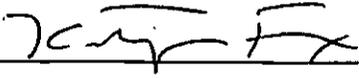
DHHSPrivacy.Officer@dhhs.nh.gov

### **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

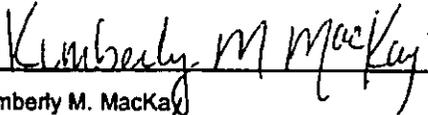
Date



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

12/7/17

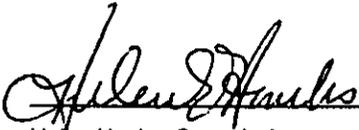
Date



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

11/21/2017

Date



Helen Hanks, Commissioner  
New Hampshire Department of Corrections

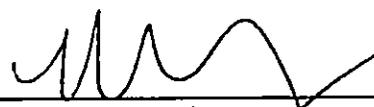
11/21/17

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. York  
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: