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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

August 15, 2019

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court, and

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

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control, to amend Fiscal Item #19-146 approved by the Fiscal Committee on July 25, 2019 and Item #14 approved by the Governor and Executive Council on July 31, 2019 by reducing federal funds by \$2,318,846, from \$3,729,727 to \$1,410,881 and extending authorization to accept and expend Public Health Crisis funds from the Centers for Disease Control and Prevention (CDC) in the amount of \$1,410,881 on a pro rata basis from August 31, 2019 through September 30, 2019 effective upon date of Fiscal Committee and Governor and Executive Council approval. This action extends spending authority previously approved by Fiscal Committee (FIS 19-146) on July 25, 2019 and by Governor and Executive Council on July 31, 2019 (Item #14). 100% Federal Funds.

05-95-90-902510-7039-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH CRISIS RESPONSE

SFY 20

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404243	Federal Funds	\$3,729,727	(\$2,318,846)	\$1,410,881
Total Revenue		\$3,729,727	(\$2,318,846)	\$1,410,881
020-500200	Current Expenses	\$15,396	(\$5,000)	\$10,396
037-500166	Technology - Hardware	\$201,120	\$0	\$201,120
038-500175	Technology - Software	\$383,488	(\$2,000)	\$381,488
041-500801	Audit Fund Set Aside	\$3,930	\$0	\$3,930
049-584910	Transfer to Other State Agency	\$97,913	(\$71,475)	\$26,438
049-584921	Transfer to Other State Agency	\$32,970	(\$11,678)	\$21,292
066-500543	Training	\$19,848	\$0	\$19,848
070-500704	In State Travel	\$1,146	\$0	\$1,146
080-500710	Out of State Travel	\$10,960	\$0	\$10,960
102-500731	Contracts for Program Services	\$2,962,956	(\$2,228,693)	\$734,263
Total Expenses		\$3,729,727	(\$2,318,846)	\$1,410,881

EXPLANATION

The Department of Health and Human Services, Division for Public Health Services, Bureau of Infectious Disease Control seeks approval to accept and expend Public Health Crisis Grant federal funds on a pro rata basis from the Centers for Disease Control and Prevention (CDC). This item was originally approved through August 31, 2019 by Fiscal Committee (FIS 19-146) on July 25, 2019 and by Governor and Council on July 31, 2019 (Item #14). This request is to extend pro rata spending by an additional 30 days until September 30, 2019; the balance of the Continuing Resolution period. This request does represent an overall reduction from FIS 19-146. That item had an excess of revenue and expenditures in class 038 software, class 049 transfer to other state agency, and class 102 contract funds. The item included funds that had already been encumbered in SFY 19 and have rolled forward in SFY 20.

Listed below are answers to standard questions required of all Fiscal Committee item requests, related to RSA 9:16-a, "Transfers authorized", RSA 14:30-a, VI "Expenditure of funds over \$100,000 from any Non State Source", or RSA 124:15, "Positions Authorized", or both, and all Emergency requests pursuant to " Chapter 145, subparagraph I, (a), Laws of 2019, making temporary appropriations for the expenses and encumbrances of the State of New Hampshire":

- 1) Is the action required of this request a result of the Continuing Resolution for SFY 20?

Yes, this program was not included in the SFY18-19 budget (HB144) as the Department was awarded funding for the project period on 8/29/2018. As such, this funding is not part of the 3/12th base that the Continuing Resolution is calculated from.

- 2) If this request is retroactive what is the significance and importance of the action being effective from an earlier date?

This request is not retroactive.

- 3) Is this a previously funded and ongoing program established through Fiscal Committee and Governor and Executive Council action?

Yes. This funding was accepted into the state budget with authority to expend at the October 13, 2018 Fiscal Committee meeting (FIS 18-209) and the October 31, 2018 Governor and Executive Council meeting (Item #21), both effective through June 30, 2019. Due to the Continuing Resolution for SFY 20, this funding was accepted into the state budget again with authority to expend at the July 25, 2019 Fiscal Committee meeting (FIS 19-146) and the July 31, 2019 Governor and Executive Council meeting (Item #14), both effective through August 31, 2019.

- 4) Was funding for this program included in the SFY 18-19 enacted Budget or requested and denied?

This funding was not included in the SFY 18-19 as the grant was not awarded until 8/29/18. Funding was allowed through Fiscal Committee and Governor and Executive Council per dates listed in #3 above.

- 5) Is this program in total or in part, included in the vetoed SFY 20-21 Operating Budget proposal currently pending for your department, or was it requested and denied?

This program is included in the vetoed SFY 20-21 Operating Budget proposal.

- 6) Does this program include, either positions or consultants, and if so are the positions filled, vacant, or have offers pending?

This program includes one part-time position that is currently filled and funded through a Memorandum of Understanding with the Office of Professional Licensure and Certification at the Prescription Drug Monitoring Program.

- 7) What would be the effect should this program be discontinued or not initiated as a result of this request being denied?

Immediate impacts of discontinuing this program are layoff of one state employee and cancelling eight state contracts including one multi-million dollar contract. Loss of these contracts would mean that the Department would not have a robust and comprehensive data system to monitor the opioid epidemic to target prevention, treatment, and recovery programming. The state would also lose access to federally funded training and technical assistance for healthcare providers, recovery workers, first responders, and court officers and related professionals. Additionally, our state's inability to spend this emergency funding could affect our ability to receive future funding for this purpose.

Additional funding is required due to the implementation of a Continuing Resolution. Funding would not be available through the Continuing Resolution, as this grant did not begin until after the initial drafting of the SFY 20-21 budget and therefore does not have an "Adjusted/Authorized" amount for SFY 19 to be used as a basis per the Continuing Resolution language. The grant funding does expire and will be lost if not utilized.

The use of these funds has been and will continue to be coordinated across all other opioid-related funding streams. Like many communities across the United States, New Hampshire has experienced a significant increase in opioid-related overdoses and deaths. With the second highest opioid overdose rate in the country in 2015 and 2016, New Hampshire has been particularly hard hit. Data show that no part of the State has been spared from the opioid overdose crisis and its associated health consequences, such as hepatitis C virus infection. These funds will be used to support the state's comprehensive response in New Hampshire.

Funds will be used for:

Class 102 – Contracts for Services will be used for the following activities:

- 1) **New Opioid and Substance Use Disorder Statewide Dashboard:** The centerpiece of the Department's use of these funds will be to establish a statewide opioid and substance use disorder dashboard that will integrate a wide variety of information that is critical to measuring outcomes and the effectiveness of the prevention, treatment, and recovery programs.

The Department currently maintains multiple systems that compile data on a variety of health and social issues that correlate with risk, progression, misuse and addiction to opioids. These systems organize and support various functional areas in delivering services to the citizens, as well as systems that capture information about the health and well-being of the general public. Other NH state agencies and federal partners also capture important opioid related data. Improved use of data assets is essential to the Department's opioid response. In aggregate, these systems maintain a large wealth of data that historically have been limited to serving the purposes of varying Bureaus and Divisions within the Department. Unlocking, consolidating and

bringing these data into a holistic enterprise business intelligence data analytics & dashboard reporting platform, will allow the Department to identify and drive meaningful change.

This grant presents a unique opportunity to organize data into information, identify meaningful social applications and develop realistic, fact-based, evidence-supported policies and programs; focusing the Department on how to best address the current opioid crisis. This opportunity requires coordination, consideration and dedication in order to make use of data and analytical resources by putting in place a holistic solution, which makes use of advanced analytical tools for use by all levels of resource including Department subject matter experts, data scientists/analysts, program managers, executives, and stakeholders outside the Department. Health and Human Services and Department of Information Technology staff will work in concert with the awarded vendor to implement a solution that will be maintained and operated by the State of New Hampshire subsequent to acceptance of the completed work.

Beyond the implementation of opioid related analytic-ready data, tools, and dashboards, the effort will provide an important foundation for the Department in further efforts to improve the integrated use of data to drive decision making. Much of the data needed for the opioid response is data that is also useful for other programmatic decision making, and the analytic platform, tools, and business governance will be reusable for all other Department programs.

Specifically, the funds will allow the Department to:

- a. Create an Opioid crisis dashboard leveraging multiple data sources to allow for real time information gathering. The Opioid dashboard is targeted to contain data from the following data sets in its initial release in 2019:
 - i. Medicaid and commercial claims data for treatment service access and quality, opioid prescribing, and services resulting from misuse,
 - ii. Child welfare case data for incidence of opioid or other substance misuse as a factor in cases,
 - iii. Data from grant and Governor's Commission funded treatment and naloxone distribution services,
 - iv. Vital records mortality for detailed analysis of overdose deaths, supplemented by data from the Office of the Chief Medical Examiner, and birth data for opioid addictions impact on infants,
 - v. Live hospital emergency department surveillance data for near real-time tracking of emerging issues,
 - vi. Emergency medical service responses tied to overdoses and naloxone administration,
 - vii. Foundational population data (e.g. Census or other population estimates) to allow for calculation of comparable population-based rates.
- b. Develop a system that will support addition of unlimited data related to the opioid crisis, or any other Departmental priority areas or public health crisis (for example, future data derived from the State Opioid Response Hubs, from population surveys, infectious disease, and Community Mental Health Centers);
- c. Enable effective sharing, reuse, and governance of enterprise business intelligence technical services through deployment of a robust and scalable data analytics platform;
- d. Enable the Department to replace its current aging Department data warehouse, which is a collection of unconnected data stores, with a true Enterprise Business Intelligence

platform. The platform will be developed and deployed through a phased approach for meeting the future technology needs of all of the Department's programs by starting with the implementation of the essential technical components and capabilities to meet the Department's functional needs for all Medicaid programs and Opioid response, followed by the expansion of technical and functional capabilities to meet the needs of other Department programs supported by or leveraging Medicaid and Opioid-related data, and by ensuring an agile design, development, and implementation approach to the Department's enterprise platform and opioid dashboard;

- e. Strengthen data sharing, worker collaboration and decision support at all levels of the Department;
- f. Contract with a vendor that will provide services and any needed infrastructure to the Department for:
 - i. Providing guidance to the Department and the Department of Information Technology on the optimal system infrastructure to meet known, expected, and future interoperability needs, integrated reporting, and shared analytics requirements of the Department and eventually other State agencies,
 - ii. Provide project management strategies to implement solutions in a short timeline,
 - iii. Design and provide implementation tools for a State managed data governance and management model,
 - iv. Provide on-site user training and complete up-to-date operational, technical, and user documentation,
 - v. Inventory and migrate existing data warehouse and reporting environments,
 - vi. Purchase of any needed hardware and software or hosted services,
 - vii. Full support for the system, including assistance to the Department of Information Technology during engagement,
- g. Implement a data analytics platform for business intelligence and dashboard reporting that will facilitate analysis that will ultimately lead to:
 - i. Strengthening the outcomes and value of services provided by the Department,
 - ii. Improving the care and well-being of individuals and families by enabling integrated analysis of intra-Departmental and State data,
 - iii. Promoting a Department organizational structure that encourages working across traditional boundaries and embraces change,
 - iv. The data analytics platform for business intelligence and dashboard reporting will support the Department in achieving these objectives through:
 - 1. Data cleansing,
 - 2. Integrating opioid-related data sets,
 - 3. Integrating other Department data,
 - 4. Improving system performance,
 - 5. Creating semantic interoperability between disparate data sets,
 - 6. Creating hardware and software architecture principals that will allow future scalability for additional data,

7. Data governance;

- h. Create a modern information system that is required to support the Department's response to the Opioid Crisis and improve Departmental program efficiency, effectiveness, outcomes and quality of service.
- 2) Implement an innovative, 1-on-1 outreach education technique that uses a train-the-trainer model to support clinicians in providing evidence-based care to their patients on safe opioid prescribing, reducing harm to patients with substance use disorder, and opioid withdrawal management. This program will use an evidence-based approach to changing clinician behavior through highly interactive dialogues that address individual clinician needs and experience.
- 3) Implement log monitoring software to detect data quality issues to improve real-time emergency department data quality completeness, timeliness, and validity. This system collects emergency department data in real-time (typically within 15 minutes of the visit) and is one of the primary systems being used to monitor opioid-related overdoses.
- 4) Expand county correctional institutions HIV and hepatitis C virus testing, referral to treatment, and education to inmates in Belknap, Hillsborough, and Merrimack counties. Identifying people who are infected with these viruses and linking them to treatment will help to prevent further transmission of these infections in the community.
- 5) Organize a statewide opioid conference to provide education, training, and sharing of best practices among healthcare service providers, mental health providers, pharmacists, emergency medical providers, fire, and police.
- 6) Fund community organizations to implement community-based programs that offer or refer individuals to HIV and hepatitis C virus testing and provide education on safe injection practices, naloxone access, and link people to infectious disease, mental health, and substance use disorder treatment and care. The purpose of these services is to reduce infectious disease transmission and other harms (overdose and death) that may come to people who inject drugs or have other types of substance use disorder.
- 7) Conduct a vulnerability assessment that uses data for drug overdose deaths, emergency department data, drug-related arrest data (if available), and prescription drug monitoring program data to identify areas most impacted by opioid overdoses and other health consequences of drug use and use assessment findings to direct prevention and intervention services to support action. This activity is a requirement of the grant.

Class 020 – Current Expenses will be used to print provider and public educational materials for grant-related events and meetings, for paid advertising across social media accounts, and to purchase promotion materials, brochures, and general office supplies needed to support grant objectives.

Class 037 – Technology–Hardware will be used to purchase two application servers, 2 database servers, and 25 terabytes of storage expansion to support hosting of the opioid dashboard enterprise solution.

Class 038 – Technology-Software will be used to purchase software licenses for: 1) VMware licensing to support database and application server arrays that host the opioid dashboard enterprise solution; 2) Tableau server and desktop software to support data dashboard infrastructure and to enhance data analysis and data visualization capability to inform targeted opioid interventions; 3) ArcGIS mapping software to analyze opioid related geographic data; 4) Hootsuite and Istock.com subscriptions to

schedule and manage social media messaging and access images for use in messaging initiatives; and 5) social media monitoring software that will allow the Department to monitor the effectiveness of the multimedia overdose prevention campaigns and to better adapt and target prevention messaging in response to results of the monitoring.

Class 041 – Audit Fund Set Aside per State requirements.

Class 049 – Transfer to Other State Agency will be used to provide funding to the following agencies via Memorandums of Agreement: 1) the New Hampshire Judicial Branch to support training of counselors and drug court staff to promote evidence-based counseling therapies and to provide scholarships to drug court counselors to attend the New England Association of Drug Court Professionals Annual conference; and 2) the Office of Professional Licensure and Certification to enhance reporting capability from the Prescription Drug Monitoring Program by conducting an audit of data reported to the system to assess and improve quality and completeness of data.

Class 066 – Employee Training will be used to pay for employee training related to 1) Tableau data visualization software and the statistical software packages R and SAS, which are software tools are critical to the Department's ability to analyze, interpret, and disseminate opioid-related data for use in prevention and treatment initiatives; and 2) Cultural competency and harm reduction training for staff working with people with substance used disorder.

Class 070 – In-State Travel Reimbursement will be used to pay for travel to grant-related meetings including contract monitoring meetings, training opportunities, and public education events.

Class 080 – Out-of-State Travel Reimbursement will be used to pay for travel to opioid-related out-of-state meetings or conferences in support of grant objectives. This would include sending key Department staff involved in the opioid response to regional and national training or meetings to learn and share best practices.

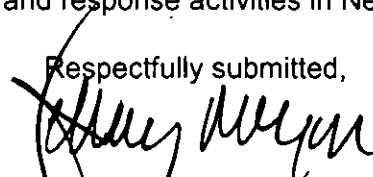
In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Division offers the following information: The funds are provided for a specified purpose by the CDC as defined in the Notice of Grant Award and cannot be used to offset general funds.

These funds will not change program eligibility levels. This program is for the State's response to a public health crisis and is not a new program that pertains to any eligibility for benefits.

Area Served: Statewide

Source of Funds: These funds are 100% Federal from the US Centers for Disease Control and Prevention to fund opioid public health crisis prevention and response activities in New Hampshire.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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Lisa M. Morris
Director

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June 27, 2019

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court, and

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

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control, to retroactively accept and expend federal funds in the amount of \$3,729,727 from the Centers for Disease Control and Prevention (CDC) to fund the Public Health Crisis Fund effective upon date of approval by the Fiscal Committee and Governor and Council for the period July 1, 2019 through September 30, 2019, and further authorize the funds to be allocated as follows. 100% Federal Funds.

05-95-90-902510-7039-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH CRISIS RESPONSE

SFY 20

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404243	Federal Funds	\$0	\$3,729,727	\$3,729,727
Total Revenue		\$0	\$3,729,727	\$3,729,727
020-500200	Current Expenses	\$0	\$15,396	\$15,396
037-500166	Technology - Hardware	\$0	\$201,120	\$201,120
038-500175	Technology - Software	\$0	\$383,488	\$383,488
041-500801	Audit Fund Set Aside	\$0	\$3,930	\$3,930
049-584910	Transfer to Other State Agency	\$0	\$97,913	\$97,913
049-584921	Transfer to Other State Agency	\$0	\$32,970	\$32,970
066-500543	Training	\$0	\$19,848	\$19,848
070-500704	In State Travel	\$0	\$1,146	\$1,146
080-500710	Out of State Travel	\$0	\$10,960	\$10,960
102-500731	Contracts for Program Services	\$0	\$2,962,956	\$2,962,956
Total Expenses		\$0	\$3,729,727	\$3,729,727

EXPLANATION

Retroactive approval is requested to fund the part time position as of July 1, 2019. The funding and authority for this position expired on June 30, 2019. This funding is not available under the Continuing Resolution

On August 29, 2018, an award totaling \$3,935,954 was made to the state by the U.S. Centers for Disease Control and Prevention (CDC). The purpose of the award is to build capacity and capability to collect, analyze, and report data relative to the opioid overdose epidemic and increase prevention activities. These funds came to New Hampshire through a specific "public health crisis" funding mechanism established by the Congress to rapidly provide funding to state health departments during an emergency. In response to the federally-declared public health emergency for opioid overdoses, these funds were made available to New Hampshire to enhance surveillance for opioid overdoses and implement prevention and response initiatives. These funds were originally accepted into the state budget on October 31, 2018. This request is to accept and expend the remaining grant award funds in the amount of \$3,729,727 for use in SFY 20. This grant ends on November 30, 2019 so all remaining grant funds are requested to be added at this time in order to expend them before the end date.

Listed below are answers to standard questions required of all Fiscal Committee Item requests, related to RSA 9:16-a, "Transfers authorized", RSA 14:30-a, VI "Expenditure of funds over \$100,000 from any Non State Source", or RSA 124:15, "Positions Authorized", or both, and all Emergency requests pursuant to " Chapter 145, subparagraph I, (a), Laws of 2019, making temporary appropriations for the expenses and encumbrances of the State of New Hampshire":

- 1) Is the action required of this request a result of the Continuing Resolution for SFY 20?

Yes, this program was not included in the SFY18-19 budget (HB144) as the Department was awarded funding for the project period as of 9/1/2018. As such this funding is not part of the 3/12th base that the Continuing Resolution is calculated from.

- 2) If this request is retroactive what is the significance and importance of the action being effective from an earlier date?

This request is retroactive to July 1, 2019 because there is one currently-filled part time position, via a Memoranda of Understanding with Office of Professional Licensure and Certification at the Prescription Drug Monitoring Program.

- 3) Is this a previously funded and ongoing program established through Fiscal Committee and Governor and Executive Council action?

Yes. This funding was accepted into the state budget with authority to expend at the October 13, 2018 Fiscal Committee meeting and the October 31, 2018 Governor and Executive Council meeting.

- 4) Was funding for this program included in the FY. 18-19 enacted Budget or requested and denied?

No. These funds were not awarded to New Hampshire until August 29, 2018 and, as such, were not included in the SFY 18-19 budget request.

- 5) Is this program in total or in part, included in the vetoed FY 20-21 Operating Budget proposal currently pending for your department, or was it requested and denied?

This program is included in the vetoed FY 20-21 Operating Budget proposal currently pending for the Department.

- 6) Does this program include, either positions or consultants, and if so are the positions filled, vacant, or have offers pending?

This program includes one part-time position that is currently filled and funded through a Memorandum of Understanding with the Office of Professional Licensure and Certification at the Prescription Drug Monitoring Program.

- 7) What would be the effect should this program be discontinued or not initiated as a result of this request being denied?

Immediate impacts of discontinuing this program are layoff of one state employee and cancelling eight state contracts including one multi-million dollar contract. Loss of these contracts would mean that the Department would not have a robust and comprehensive data system to monitor the opioid epidemic to target prevention, treatment, and recovery programming. The state would also lose access to federally funded training and technical assistance for healthcare providers, recovery workers, first responders, and court officers and related professionals. Additionally, our state's inability to spend this emergency funding could affect our ability to receive future funding for this purpose.

The use of these funds has been and will continue to be coordinated across all other opioid-related funding streams. Like many communities across the United States, New Hampshire has experienced a significant increase in opioid-related overdoses and deaths. With the second highest opioid overdose rate in the country in 2015 and 2016, New Hampshire has been particularly hard hit. Data show that no part of the State has been spared from the opioid overdose crisis and its associated health consequences, such as hepatitis C virus infection. These funds will be used to support the state's comprehensive response in New Hampshire.

The specific allocation of the funds remaining for SFY 20 is outlined below.

Class 102 – Contracts for Services totals \$2,962,956 in available funds that will be used to:

- 1) **New Opioid and Substance Use Disorder Statewide Dashboard:** The centerpiece of the Department's use of these funds will be to establish a statewide opioid and substance use disorder dashboard that will allow for the integration of a wide variety of information that is critical to measuring outcomes and the effectiveness of the prevention, treatment, and recovery programs. The remaining budgeted contract amount for the statewide dashboard is \$2,570,724.

The Department currently maintains multiple systems that compile data on a variety of health and social issues that correlate with risk, progression, misuse and addiction to opioids. These systems organize and support various functional areas in delivering services to the citizens, as well as systems that capture information about the health and well-being of the general public. Other NH state agencies and federal partners also capture important opioid related data. Improved use of data assets is essential to the Department's opioid response. In aggregate, these systems maintain a large wealth of data that historically have been limited to serving the

purposes of varying Bureaus and Divisions within the Department. Unlocking, consolidating and bringing these data into a holistic enterprise business intelligence data analytics & dashboard reporting platform, will allow the Department to identify and drive meaningful change.

This grant presents a unique opportunity to organize data into information, identify meaningful social applications and develop realistic, fact-based, evidence-supported policies and programs; focusing the Department on how to best address the current opioid crisis. This opportunity requires coordination, consideration and dedication in order to make use of data and analytical resources by putting in place a holistic solution, which makes use of advanced analytical tools for use by all levels of resource including Department subject matter experts, data scientists/analysts, program managers, executives, and stakeholders outside the Department. Health and Human Services and Department of Information Technology staff will work in concert with the awarded vendor to implement a solution that will be maintained and operated by the State of New Hampshire subsequent to acceptance of the completed work.

Beyond the implementation of opioid related analytic-ready data, tools, and dashboards, the effort will provide an important foundation for the Department in further efforts to improve the integrated used of data to drive decision making. Much of the data needed for the opioid response is data that is also useful for other programmatic decision making, and the analytic platform, tools, and business governance will be reusable for all other Department programs.

Specifically, the funds will allow the Department to:

- a. Create an Opioid crisis dashboard leveraging multiple data sources to allow for real time information gathering. The Opioid dashboard is targeted to contain data from the following data sets in its initial release in 2019:
 - i. Medicaid and commercial claims data for treatment service access and quality, opioid prescribing, and services resulting from misuse,
 - ii. Child welfare case data for incidence of opioid or other substance misuse as a factor in cases,
 - iii. Data from grant and Governor's Commission funded treatment and naloxone distribution services,
 - iv. Vital records mortality for detailed analysis of overdose deaths, supplemented by data from the Office of the Chief Medical Examiner, and birth data for opioid addictions impact on infants,
 - v. Live hospital emergency department surveillance data for near real-time tracking of emerging issues,
 - vi. Emergency medical service responses tied to overdoses and naloxone administration,
 - vii. Foundational population data (e.g. Census or other population estimates) to allow for calculation of comparable population-based rates.
- b. Develop a system that will support addition of unlimited data related to the opioid crisis, or any other Departmental priority areas or public health crisis (for example, future data derived from the State Opioid Response Hubs, from population surveys, infectious disease, and Community Mental Health Centers);
- c. Enable effective sharing, reuse, and governance of enterprise business intelligence technical services through deployment of a robust and scalable data analytics platform;

- d. Enable the Department to replace its current aging Department data warehouse, which is a collection of unconnected data stores, with a true Enterprise Business Intelligence platform. The platform will be developed and deployed through a phased approach for meeting the future technology needs of all of the Department's programs by starting with the implementation of the essential technical components and capabilities to meet the Department's functional needs for all Medicaid programs and Opioid response, followed by the expansion of technical and functional capabilities to meet the needs of other Department programs supported by or leveraging Medicaid and Opioid-related data, and by ensuring an agile design, development, and implementation approach to the Department's enterprise platform and opioid dashboard;
- e. Strengthen data sharing, worker collaboration and decision support at all levels of the Department;
- f. Contract with a vendor that will provide services and any needed infrastructure to the Department for:
 - i. Providing guidance to the Department and the Department of Information Technology on the optimal system infrastructure to meet known, expected, and future interoperability needs, integrated reporting, and shared analytics requirements of the Department and eventually other State agencies,
 - ii. Provide project management strategies to implement solutions in a short timeline,
 - iii. Design and provide implementation tools for a State managed data governance and management model,
 - iv. Provide on-site user training and complete up-to-date operational, technical, and user documentation,
 - v. Inventory and migrate existing data warehouse and reporting environments,
 - vi. Purchase of any needed hardware and software or hosted services,
 - vii. Full support for the system, including assistance to the Department of Information Technology during engagement,
- g. Implement a data analytics platform for business intelligence and dashboard reporting that will facilitate analysis that will ultimately lead to:
 - i. Strengthening the outcomes and value of the services provided by the Department,
 - ii. Improving the care and well-being of individuals and families by enabling integrated analysis of intra-Departmental and State data,
 - iii. Promoting a Department organizational structure that encourages working across traditional boundaries and embraces change,
 - iv. The data analytics platform for business intelligence and dashboard reporting will support the Department in achieving these objectives through:
 1. Data cleansing,
 2. Integrating opioid-related data sets,
 3. Integrating other Department data,
 4. Improving system performance,

5. Creating semantic interoperability between disparate data sets,
 6. Creating hardware and software architecture principals that will allow future scalability for additional data,
 7. Data governance;
- h. Create a modern information system that is required to support the Department's response to the Opioid Crisis and improve Departmental program efficiency, effectiveness, outcomes and quality of service.
- 2) Implement an innovative, 1-on-1 outreach education technique that uses a train-the-trainer model to support clinicians in providing evidence-based care to their patients on safe opioid prescribing, reducing harm to patients with substance use disorder, and opioid withdrawal management. This program will use an evidence-based approach to changing clinician behavior through highly interactive dialogues that address individual clinician needs and experience. The remaining budgeted contract amount is \$149,033.
 - 3) Implement log monitoring software to detect data quality issues to improve real-time emergency department data quality completeness, timeliness, and validity. This system collects emergency department data in real-time (typically within 15 minutes of the visit) and is one of the primary systems being used to monitor opioid-related overdoses. The remaining budgeted contract amount is \$30,000.
 - 4) Expand county correctional institutions HIV and hepatitis C virus testing, referral to treatment, and education to inmates in Belknap, Hillsborough, and Merrimack counties. Identifying people who are infected with these viruses and linking them to treatment will help to prevent further transmission of these infections in the community. The remaining budgeted contract amount is \$58,221.
 - 5) Organize a statewide opioid conference to provide education, training, and sharing of best practices among healthcare service providers, mental health providers, pharmacists, emergency medical providers, fire, and police. The remaining budgeted contract amount is \$45,000.
 - 6) Fund community organizations to implement community-based programs that offer or refer individuals to HIV and hepatitis C virus testing and provide education on safe injection practices, naloxone access, and link people to infectious disease, mental health, and substance use disorder treatment and care. The purpose of these services is to reduce infectious disease transmission and other harms (overdose and death) that may come to people who inject drugs or have other types of substance use disorder. The remaining budgeted contract amount is \$53,432.
 - 7) Conduct a vulnerability assessment that uses data for drug overdose deaths, emergency department data, drug-related arrest data (if available), and prescription drug monitoring program data to identify areas most impacted by opioid overdoses and other health consequences of drug use and use assessment findings to direct prevention and intervention services to support action. This activity is a requirement of the grant. The remaining budgeted contract amount is \$56,546.

Class 020 – Current Expenses will be used to print provider and public educational materials for various grant-related events and meetings (\$11,036), for paid advertising across social media accounts

(\$3,500), and to purchase promotion materials, brochures, and general office supplies needed to support grant objectives (\$860). Funds remaining for current expenses are \$15,396.

Class 037 – Technology–Hardware will be used to purchase two application servers (\$74,960), 2 database servers (\$69,160), and 25 terabytes of storage expansion (\$57,000) to support hosting of the opioid dashboard enterprise solution. Funds remaining for equipment are \$201,120.

Class 038 – Technology-Software will be used to purchase software licenses for: 1) VMware licensing to support database and application server arrays that host the opioid dashboard enterprise solution (\$69,938); 2) Tableau server and desktop software to support data dashboard infrastructure and to enhance data analysis and data visualization capability to inform targeted opioid interventions (\$282,470); 3) ArcGIS mapping software to analyze opioid-related geographic data (\$2,000); 4) Hootsuite and Istock.com subscriptions to schedule and manage social media messaging and access images for use in messaging initiatives (\$1,080); and 5) social media monitoring software that will allow the Department to monitor the effectiveness of the multimedia overdose prevention campaigns and to better adapt and target prevention messaging in response to results of the monitoring (\$28,000). Funds remaining for software are \$383,488.

Class 041 – Audit Fund Set Aside per State requirements in the amount of \$3,930.

Class 049 – Transfer to Other State Agency totals \$130,833 in available funds that will be used to provide funding to the following agencies via Memorandums of Agreement: 1) the New Hampshire Judicial Branch to support training of counselors and drug court staff to promote evidence-based counseling therapies and to provide scholarships to drug court counselors to attend the New England Association of Drug Court Professionals Annual conference (\$97,913); and 2) the Office of Professional Licensure and Certification to enhance reporting capability from the Prescription Drug Monitoring Program by conducting an audit of data reported to the system to assess and improve quality and completeness of data (\$32,970).

Class 066 – Employee Training will be used to pay for employee training related to 1) Tableau data visualization software and the statistical software packages R and SAS (\$6,248), which are software tools are critical to the Department's ability to analyze, interpret, and disseminate opioid-related data for use in prevention and treatment initiatives; and 2) Cultural competency and harm reduction training for staff working with people with substance used disorder (\$13,600). Funds remaining for employee training are \$19,848.

Class 070 – In-State Travel Reimbursement will be used to pay for travel to grant-related meetings including contract monitoring meetings, training opportunities, and public education events. Funds remaining for in-state travel are \$1,146.

Class 080 – Out-of-State Travel Reimbursement will be used to pay for travel to opioid-related out-of-state meetings or conferences in support of grant objectives. This would include sending key Department staff involved in the opioid response to regional and national training or meetings to learn and share best practices. Funds remaining for out-of-state travel are \$10,960.

In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Division offers the following information: The funds are provided for a specified purpose by the CDC as defined in the Notice of Grant Award and cannot be used to offset general funds.

The Honorable Mary Jane Waliner, Chairman
His Excellency, Governor Christopher T. Sununu
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These funds will not change program eligibility levels. This program is for the State's response to a public health crisis and is not a new program that pertains to any eligibility for benefits.

Area Served: Statewide

Source of Funds: These funds are 100% Federal from the US Centers for Disease Control and Prevention to fund opioid public health crisis prevention and response activities in New Hampshire.

Attached are the Notice of Grant Award and the Prior Fiscal and Governor and Executive Council approvals.

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

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

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FIS 18 209

September 26, 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

[Signature]
Approved by Fiscal Committee Date 10/19/18

G&C Approval Date: 10/31/2018
G&C Item Number: 21

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control, to accept and expend federal funds in the amount of \$3,535,326 from Centers for Disease Control and Prevention (CDC) to fund the Public Health Crisis Fund effective upon date of approval by the Fiscal Committee and Governor and Council, through June 30, 2019, and further authorize the funds to be allocated as follows. Grant funds awarded for periods after SFY 2019 will be included in the operating budgets for SFY 2020 and SFY 2021. 100% Federal Funds.

05-95-90-902510-7039-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH CRISIS RESPONSE

SFY 19

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404243	Federal Funds	\$0	\$3,535,326	\$3,535,326
Total Revenue		\$0	\$3,535,326	\$3,535,326
020-500200	Current Expenses	\$0	\$12,418	\$12,418
038-500175	Software	\$0	\$39,920	\$39,920
041-500801	Audit Fund Set Aside	\$0	\$3,578	\$3,578
049-584910	Transfer to Other State Agency	\$0	\$136,478	\$136,478
049-584920	Transfer to Other State Agency	\$0	\$110,000	\$110,000
049-584921	Transfer to Other State Agency	\$0	\$118,864	\$118,864
049-584932	Transfer to Other State Agency	\$0	\$45,000	\$45,000
066-500543	Training	\$0	\$35,118	\$35,118
070-500704	In State Travel	\$0	\$1,784	\$1,784
080-500710	Out of State Travel	\$0	\$6,960	\$6,960
102-500731	Contracts for Program Services	\$0	\$3,025,206	\$3,025,206
Total Expenses		\$0	\$3,535,326	\$3,535,326

EXPLANATION

On August 29, 2018, with only very short notice, an award totaling \$3,935,954 was made to the state by the U.S. Centers for Disease Control and Prevention (CDC). The purpose of the award is to build capacity and capability to collect, analyze, and report data relative to the opioid overdose epidemic and increase prevention activities. These funds are coming to New Hampshire through a specific "public health crisis" funding mechanism established by the Congress to rapidly provide funding to state health departments during an emergency. In response to the federally-declared public health emergency for opioid overdoses, these funds are being made available to New Hampshire to enhance surveillance for opioid overdoses and implement prevention and response initiatives.

The use of these funds has been and will continue to be coordinated across all other opioid-related funding streams. Like many communities across the United States, New Hampshire has experienced a significant increase in opioid-related overdoses and deaths. With the second highest opioid overdose rate in the country in 2015 and 2016, New Hampshire has been particularly hard hit. Data shows that no part of the State has been spared from the opioid overdose crisis and its associated health consequences, such as hepatitis C virus infection. These funds will be used to support the state's comprehensive response in New Hampshire. This request to accept and expend funds is for \$3,535,326 of the grant award dollars. The remaining \$400,628 of the grant will be included in the Department's state fiscal year 2020 budget. These funds must be invoiced no later than August 31, 2019.

The specific allocation of the funds for SFY 19 is outlined below.

Class 102 – Contracts for Services totals \$3,025,206 in available funds that will be used to:

- 1) **New Opioid and Substance Use Disorder Statewide Dashboard:** The centerpiece of the Department's use of these funds will be to establish a statewide opioid and substance use disorder dashboard that will allow for the integration of a wide variety of information that is critical to measuring outcomes and the effectiveness of the prevention, treatment, and recovery programs. The budgeted contract amount for the statewide dashboard is \$2,278,642.

The Department currently maintains multiple systems that compile data on a variety of health and social issues that correlate with risk, progression, misuse and addiction to opioids. These systems organize and support various functional areas in delivering services to the citizens, as well as systems that capture information about the health and well-being of the general public. Other NH state agencies and federal partners also capture important opioid related data. Improved use of data assets is essential to the Department's opioid response. In aggregate, these systems maintain a large wealth of data that historically have been limited to serving the purposes of varying Bureaus and Divisions within the Department. Unlocking, consolidating and bringing these data into a holistic enterprise business intelligence data analytics & dashboard reporting platform, will allow the Department to identify and drive meaningful change.

This grant presents a unique opportunity to organize data into information, identify meaningful social applications and develop realistic, fact-based, evidence-supported policies and programs; focusing the Department on how to best address the current opioid crisis. This opportunity requires coordination, consideration and dedication in order to make use of data and analytical resources by putting in place a holistic solution, which makes use of advanced analytical tools for use by all levels of resource including Department subject matter experts, data scientists/analysts, program managers, executives, and stakeholders outside the Department. Health and Human Services and Department of Information Technology staff will work in

concert with the awarded vendor to implement a solution that will be maintained and operated by the State of New Hampshire subsequent to acceptance of the completed work.

Beyond the implementation of opioid related analytic-ready data, tools, and dashboards, the effort will provide an important foundation for the Department in further efforts to improve the integrated use of data to drive decision making. Much of the data needed for the opioid response is data that is also useful for other programmatic decision making, and the analytic platform, tools, and business governance will be reusable for all other Department programs.

Specifically, the funds will allow the Department to:

- a. Create an Opioid crisis dashboard leveraging multiple data sources to allow for real time information gathering. The Opioid dashboard is targeted to contain data from the following data sets in its initial release in 2019:
 - i. Medicaid and commercial claims data for treatment service access and quality, opioid prescribing, and services resulting from misuse,
 - ii. Child welfare case data for incidence of opioid or other substance misuse as a factor in cases,
 - iii. Data from grant and Governor's Commission funded treatment and naloxone distribution services,
 - iv. Vital records mortality for detailed analysis of overdose deaths, supplemented by data from the Office of the Chief Medical Examiner, and birth data for opioid addictions impact on infants,
 - v. Live hospital emergency department surveillance data for near real-time tracking of emerging issues,
 - vi. Emergency medical service responses tied to overdoses and naloxone administration,
 - vii. Foundational population data (e.g. Census or other population estimates) to allow for calculation of comparable population-based rates.
- b. Develop a system that will support addition of unlimited data related to the opioid crisis, or any other Departmental priority areas or public health crisis (for example, future data derived from the State Opioid Response Hubs, from population surveys, infectious disease, and Community Mental Health Centers);
- c. Enable effective sharing, reuse, and governance of enterprise business intelligence technical services through deployment of a robust and scalable data analytics platform;
- d. Enable the Department to replace its current aging Department data warehouse, which is a collection of unconnected data stores, with a true Enterprise Business Intelligence platform. The platform will be developed and deployed through a phased approach for meeting the future technology needs of all of the Department's programs by starting with the implementation of the essential technical components and capabilities to meet the Department's functional needs for all Medicaid programs and Opioid response, followed by the expansion of technical and functional capabilities to meet the needs of other Department programs supported by or leveraging Medicaid and Opioid-related data, and by ensuring an agile design, development, and implementation approach to the Department's enterprise platform and opioid dashboard;

- e. Strengthen data sharing, worker collaboration and decision support at all levels of the Department;
- f. Contract with a vendor that will provide services and any needed infrastructure to the Department for:
 - i. Providing guidance to the Department and the Department of Information Technology on the optimal system infrastructure to meet known, expected, and future interoperability needs, integrated reporting, and shared analytics requirements of the Department and eventually other State agencies,
 - ii. Provide project management strategies to implement solutions in a short timeline,
 - iii. Design and provide implementation tools for a State managed data governance and management model,
 - iv. Provide on-site user training and complete up-to-date operational, technical, and user documentation,
 - v. Inventory and migrate existing data warehouse and reporting environments,
 - vi. Purchase of any needed hardware and software or hosted services,
 - vii. Full support for the system, including assistance to the Department of Information Technology during engagement,
- g. Implement a data analytics platform for business intelligence and dashboard reporting that will facilitate analysis that will ultimately lead to:
 - i. Strengthening the outcomes and value of the services provided by the Department,
 - ii. Improving the care and well-being of individuals and families by enabling integrated analysis of intra-Departmental and State data,
 - iii. Promoting a Department organizational structure that encourages working across traditional boundaries and embraces change,
 - iv. The data analytics platform for business intelligence and dashboard reporting will support the Department in achieving these objectives through:
 - 1. Data cleansing,
 - 2. Integrating opioid-related data sets,
 - 3. Integrating other Department data,
 - 4. Improving system performance,
 - 5. Creating semantic interoperability between disparate data sets,
 - 6. Creating hardware and software architecture principals that will allow future scalability for additional data,
 - 7. Data governance;
- h. Create a modern information system that is required to support the Department's response to the Opioid Crisis and improve Departmental program efficiency, effectiveness, outcomes and quality of service.

- 2) Implement an innovative, 1-on-1 outreach education technique that uses a train-the-trainer model to support clinicians in providing evidence-based care to their patients on safe opioid prescribing, reducing harm to patients with substance use disorder, and opioid withdrawal management. This program will use an evidence-based approach to changing clinician behavior through highly interactive dialogues that address individual clinician needs and experience. The budgeted contract amount is \$143,723.
- 3) Implement log monitoring software to detect data quality issues to improve real-time emergency department data quality completeness, timeliness, and validity. This system collects emergency department data in real-time (typically within 15 minutes of the visit) and is one of the primary systems being used to monitor opioid-related overdoses. The budgeted contract amount is \$30,000.
- 4) Expand county correctional institutions HIV and hepatitis C virus testing, referral to treatment, and education to inmates in Belknap, Hillsborough, and Merrimack counties. Identifying people who are infected with these viruses and linking them to treatment will help to prevent further transmission of these infections in the community. The budgeted contract amount is \$60,000.
- 5) Organize a statewide opioid conference to provide education, training, and sharing of best practices among healthcare service providers, mental health providers, pharmacists, emergency medical providers, fire, and police. The budgeted contract amount is \$45,000.
- 6) Fund community organizations to implement community-based programs that offer or refer individuals to HIV and hepatitis C virus testing and provide education on safe injection practices, naloxone access, and link people to infectious disease, mental health, and substance use disorder treatment and care. The purpose of these services is to reduce infectious disease transmission and other harms (overdose and death) that may come to people who inject drugs or have other types of substance use disorder. The budgeted contract amount is \$381,295.
- 7) Provide training and technical assistance to community-based organizations implementing community-based programs (as described in #6 above). The budgeted contract amount is \$30,000.
- 8) Conduct a vulnerability assessment that uses data for drug overdose deaths, emergency department data, drug-related arrest data (if available), and prescription drug monitoring program data to identify areas most impacted by opioid overdoses and other health consequences of drug use and use assessment findings to direct prevention and intervention services to support action. This activity is a requirement of the grant. The budgeted contract amount is \$56,546.

Class 020 – Current Expenses will be used to print provider and public educational materials for various grant-related events and meetings (\$10,000), for paid advertising across social media accounts (\$1,636), and to purchase general office supplies needed to support grant objectives (\$782).

Class 038 - Software will be used to purchase software licenses for: 1) ArcGIS mapping software to analyze opioid related geographic data (\$10,000); 2) Tableau software to enhance data analysis and data visualization capability to inform targeted opioid interventions (\$840); 3) Hootsuite and Istock.com subscriptions to schedule and manage social media messaging and access images for use in messaging initiatives (\$1,080); and 4) social media monitoring software that will allow the Department to monitor the effectiveness of the multimedia overdose prevention campaigns and to better adapt and

target prevention messaging in response to results of the monitoring (\$28,000). Additionally, funds will be used to purchase one-year subscriptions of stock images and a social media management platform.

Class 041 – Audit Fund Set Aside per State requirements in the amount of \$3,578.

Class 049 – Transfer to Other State Agency totals \$410,342 in available funds that will be used to provide funding to the following agencies via Memorandums of Agreement: 1) Department of Justice to reinstitute the Office of the Chief Medical Examiner's access to comprehensive toxicology testing on suspected opioid overdose cases through a contracted laboratory (\$110,000); 2) Department of State to fund the Division of Vital Records Administration to add questions on all birth records regarding maternal exposure to opioids during pregnancy and monitoring for Neonatal Abstinence Syndrome or withdrawal symptoms (\$45,000); 3) the New Hampshire Judicial Branch to support training of counselors and drug court staff to promote evidence-based counseling therapies and to provide scholarships to drug court counselors to attend the New England Association of Drug Court Professionals Annual conference (\$136,478); and 4) the Office of Professional Licensure and Certification to enhance reporting capability from the Prescription Drug Monitoring Program by enhancing reporting capabilities of the information technology system and by conducting an audit of data reported to the system to assess and improve quality and completeness of data (\$118,864).

Class 066 – Employee Training will be used to pay for employee training related to mapping, data analysis, and data visualization. Data analysts and epidemiologists will receive training in Tableau data visualization software, Rhapsody data integration software, and the statistical software packages R and SAS. These software tools are critical to the Department's ability to analyze, interpret, and disseminate opioid-related data for use in prevention and treatment initiatives. Funds available for employee training are \$35,118.

Class 070 – In-State Travel Reimbursement will be used to pay for travel to grant-related meetings including contract monitoring meetings, training opportunities, and public education events. Funds available for in-state travel are \$1,784.

Class 080 – Out-of-State Travel Reimbursement will be used to pay for travel to opioid-related out-of-state meetings or conferences in support of grant objectives. This would include sending key Department staff involved in the opioid response to regional and national training or meetings to learn and share best practices. Funds available for out-of-state travel are \$6,960.

In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Division offers the following information: The funds are provided for a specified purpose by the CDC as defined in the Notice of Grant Award and cannot be used to offset general funds.

These funds will not change program eligibility levels. This program is for the State's response to a public health crisis and is not a new program that pertains to any eligibility for benefits.

Area Served: Statewide

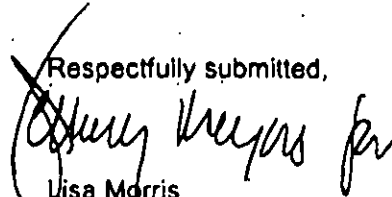
Source of Funds: These funds are 100% Federal from the US Centers for Disease Control and Prevention to fund opioid public health crisis prevention and response activities in New Hampshire.

The Honorable Neal M. Kurk, Chairman
His Excellency, Governor Christopher T. Sununu
Page 7 of 7

Attached is the Notice of Grant Award. These funds were not added to the operating budget because they are new and were not anticipated at the time the budget was developed.

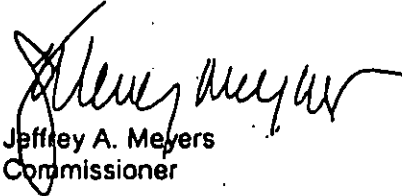
In the event that these Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Lisa Morris
Director

Approved by:



Jeffrey A. Meyers
Commissioner

**AWARD HISTORY
PUBLIC HEALTH CRISIS RESPONSE
1NUG0TP921963**

A	Public Health Crisis Response 1NUG0TP921963-01-00		
B	Award Ending 8/31/2019	3,935,954	
C	Expended through 8/30/18		enter as negative number
D	Unobligated Balance Unable to Spend		enter as negative number
E	Award Balance 8/1/18	\$ 3,935,954	
F	SFY 19 Appropriation **		enter as negative number
	SFY 20 Budgeted	(400,628)	
G	Balance Forward		enter as negative number
H	Available to Accept in SFY 19	3,535,326	
I	Amount Requested this Action	<u>3,535,326</u>	

** SFY 19 Appropriation

010-890-70390000	Current	OYR	Total	This Action	Revised Budget
J PUBLIC HEALTH CRISIS RESPONSE				3,935,954	3,935,954

1. DATE ISSUED MM/DD/YYYY 08/29/2018
 2. CFOA NO. 91.754
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Centers for Disease Control and Prevention
 CDC Office of Financial Resources
 2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 SEC391(A)317(K)OPHS42U.S.C.SEC241A 247B

14. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 1 NU90TP921963-01-00
 Formerly
 5. ACTION TYPE New

6. PROJECT PERIOD From 09/01/2018 Through 08/31/2019

7. BUDGET PERIOD From 09/01/2018 Through 08/31/2019

8. TITLE OF PROJECT (OR PROGRAM)
 New Hampshire's Public Health Crisis Response Plan

9A. GRANTEE NAME AND ADDRESS
 HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
 Attention: State of New Hampshire
 29 Hazen Dr
 Concord, NH 03301-6510

9B. GRANTEE PROJECT DIRECTOR
 Ms. Denise Marie Krol
 29 Hazen Drive
 Public Health Services
 Concord, NH 03301-6504
 Phone: 603-271-6493

10A. GRANTEE AUTHORIZING OFFICIAL
 Ms. Lisa Morris
 29 Hazen Drive
 CONCORD, NH 03301-3057
 Phone: 603-271-0895

10B. FEDERAL PROJECT OFFICER
 Ms. Noelle Anderson
 1600 Clifton Rd NE
 Atlanta, GA 30329-4010
 Phone: 404.773.4630

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (8-pluse Direct Assistance)

I Federal Assistance from the Federal Awarding Agency Only 1

II Total project costs including grant funds and all other financial participation 1

a. Salaries and Wages	85,000.00
b. Fringe Benefits	12,750.00
c. Total Personnel Costs	97,750.00
d. Equipment	0.00
e. Supplies	67,080.00
f. Travel	165,217.00
g. Construction	0.00
h. Other	97,355.00
i. Contractual	3,022,538.00
j. TOTAL DIRECT COSTS	3,649,940.00
k. INDIRECT COSTS	286,014.00
l. TOTAL APPROVED BUDGET	3,935,954.00
m. Federal Share	3,935,954.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11a)	3,935,954.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Awards (This Budget Period)	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	3,935,954.00
13. Total Federal Funds Awarded to Date for Project Period	3,935,954.00

14. RECOMMENDED FUTURE SUPPORT
 (Show by the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAMS INVOLVED SHALL BE IDENTIFIED ACCORDING TO ONE OF THE FOLLOWING ALTERNATIVES:

1. SERVICE UNIT
 2. ADDITIONAL COSTS
 3. UNIT COSTS
 4. OTHER AS SEEN UNDER I Budget Detail
 5. OTHER (See Remarks)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY OR THE AWARDING AGENCY'S REPRESENTATIVE TO THE GRANTEE AND GOVERNMENTS INCLUDING STATE, COUNTY, OR CITY REPRESENTATIVES TO THE FOLLOWING:

a. The grant program is planned.
 b. The grant program is approved.
 c. The grant is subject to the terms and conditions of the award under FEDERAL CO.
 d. Federal administrative requirements, and policies and procedures applicable to this grant.

If the grant is subject to other administrative policies applicable to the grant, the terms and conditions of the award shall be subject to the grant terms and conditions as set forth in the award document.

REMARKS (Other Terms and Conditions Attached) Yes No

GRANTS MANAGEMENT OFFICIAL: Sullivan Phillips

17. OBJ CLASS	43. 51	18a. VENDOR CODE	1026000618B3	18b. ESN	026000618	19. DUNS	011040545	20. CONG. DIST.	02
21. a.	8-939039R	b.	18NU90TP921963OPCE	c.	TP	d.	\$3,646,134.00	e.	75-1819-0952
22. a.	8-9390ATW	b.	18NU90TP921963OPOE	c.	TP	d.	\$200,000.00	e.	75-1819-0952
23. a.	8-9390AUA	b.	18NU90TP921963OPPE	c.	TP	d.	\$89,800.00	e.	75-1819-0952

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 08/29/2018
GRANT NO. 1 NU90TP921963-01-00	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

State of New Hampshire

1 NU90TP921963-01-00

1. New Hampshire Terms and Conditions
2. CSEL Technical Review
3. NCHHSTP Technical Review
4. NCIPC Technical Review

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number TP18-1802, entitled Cooperative Agreement for Emergency Response: Public Health Crisis Response - 2018 Opioid Crisis Cooperative Agreement, and application dated December 07, 2017, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$3,935,954 is approved for the Year 01 budget period, which is September 1, 2018 through August 31, 2019. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC will provide substantial involvement beyond regular performance and financial monitoring during the project period. Substantial involvement means that applicants can expect federal programmatic partnership in carrying out the effort under the award. CDC will work in partnership with awardees to ensure the success of the cooperative agreement by:

- Providing cross-site and awardee-specific surveillance technical assistance such as providing tools to identify drug poisonings using ICD-9-CM, ICD-10, text searches and ICD-10-CM, if implemented during the award period;
- Providing technical assistance to revise annual work plans;
- Assisting in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise and resources;
- Collaborating with awardees to develop evaluation plans that align with CDC evaluation activities; Providing technical assistance on awardee's evaluation and performance measurement plan; Providing technical assistance to define and operationalize performance measures;
- Facilitating the sharing of information among grantees;

- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- Coordinating communication and program linkages
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Substance Abuse and Mental Health Services Administration (SAMHSA); and the HHS Office of the National Coordinator for Health Information Technology (ONC)
- Translating and disseminating lessons learned through publications, meetings, surveillance measures and other means on promising and best practices to expand the evidence base.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, October 1, 2018, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By October 1, 2018 the recipient must submit a revised budget for the following:

Salaries: All vacant staff positions (Assistant Pharmacy Inspector, Pharmacists/Inspector) must be filled in a timely manner. All vacant staff positions must be filled in a timely manner. Costs are proposed to support positions identified as "To Be Determined" (TBD) at a 100% for a proposed 12 months. Grant funds must match the effort. To fund the position for a proposed 12 months would be considered forward funding and would therefore lead to an unobligated balance. Please notify OGS if the position has been filled since the submission of the application or if the position will be filled by the budget period start date of September 01, 2018. If the position remains vacant please notify OGS of the anticipated start date and reduce the proposed 12 months by to number of months it will take to fill the position and apply the difference to support current activities. If not, CDC may use these unobligated funds to offset subsequent year's funding.

Supplies: \$54,200 All proposed expenditures should be specified, as appropriate, number needed, unit cost of each item and total amount requested.

- Printing materials, paper, other supplies (\$11,860)
- Social Media (\$28,000)
- Tableau Software and Training (\$14,340)

Contractual Costs: Contractual costs (\$25,000) missing key itemized elements.

Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Financial Management Requirements and Exceptions

1. This is one-time funding, and funds must be spent/expended within the performance and budget period. There is no provision for the payment of unliquidated obligations following the last day of the budget/performance period.
2. Recipients are required to coordinate activities funded under this guidance with all other CDC-funded and federally funded opioid prevention activities to ensure alignment and reduce duplication. Specifically, recipients are encouraged to coordinate plans as applicable with the single state agencies for substance use disorder services in their jurisdictions.
3. Public Health Crisis NOFO activities are structured within the six domains listed below. Recipients are expected to align budgets and work plans with respective domains outlined below. The Department of Health and Human Services and CDC will provide ongoing oversight and monitoring of this cooperative agreement funding during the performance period.

Direct Assistance

Direct assistance (DA) is not available through this cooperative agreement.

Overlap in projects, budget items, or commitment of effort:

- Funds cannot be used for items covered by other federal sources.
- Funds cannot be used to match funding on other federal awards.

Unallowable Costs

- Research
- Purchase of naloxone
- Purchase of syringes
- Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity
- Clinical care (except as allowed by law)
- Publicity and propaganda (lobbying)
 - o Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body.

beyond normal, recognized executive relationships. See Section VI. Revised Work Plan and Budget Narrative Submission for more information.

See http://www.cdc.gov/grants/additional_requirements/index.htm#ar12 for detailed guidance on this prohibition and http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 6, 2017.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Corey D. Taylor, Grants Management Specialist
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2960 Brandywine Rd
Atlanta GA 30341
Email: WVE3@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

Additional Reporting Requirements: Recipients must report fiscal and programmatic progress to determine if programs are meeting the timelines, goals, and objectives in their approved work plans.

Fiscal reports as defined in REDCap will be required on a monthly basis. CDC may adjust the frequency of these reports as necessary. For instance, jurisdictions functioning at the performance levels projected in approved work plans may move to quarterly reporting. Performance reports are required on a quarterly basis.

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS (1-800-447-8477)) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Corey D. Taylor, Grants Management Specialist
Centers for Disease Control and Prevention, OFR, OD, Environmental, Occupational Health
& Injury Prevention Services Branch
2960 Brandywine Road, Mail Stop
E01 Atlanta, GA 30341-4146

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

This award contains funding from multiple components. The grant document number identified at the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

Component: NCIPC
Document Number: 1 NU90TP921963OPCE

Component: CSELS
Document Number: 1 NU90TP921963OPOE

Component: NCHSTP
Document Number: 1 NU90TP921963OPPS

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS AND ANTICIPATIONS

The final programmatic report format required is the following.

Final Performance Progress and Monitoring Report (PPMR): This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/ReportInq.html>

CDC Staff/Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Corey D. Taylor, Grants Management Specialist
Centers for Disease Control and Prevention
Centers for Disease Control and Prevention OD, Environmental, Occupational Health & Injury
Prevention Services Branch
2980 Brandywine Rd
Atlanta GA 30341
Telephone: 770-488-2730
Email: WVE3@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Noelle Anderson, MPH
Public Health Advisor
Division of State and Local Readiness (DSLRL)
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention
1600 Clifton Road, MS D-28
Telephone: 404-772-4830
E-Mail: MNAnderson@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Shicann M. Phillips, Grants Management Officer
Centers for Disease Control and Prevention
OD/Environmental, Occupational Health & Injury Prevention Services Branch
2960 Brandywine Road, MS: E-01
Atlanta, Georgia 30341
Telephone: 770-488-2809
Email: JBQ7@cdc.gov

CSELS - CIO Work Plan Review Checklist And Technical Review

Applicant

New Hampshire

CSELS - Work Plan Review Checklist and Technical Review

Work Plan Title: State Capacity Building to Enhance Syndromic Surveillance for Opioid Conditions

Work Plan Review Checklist

1. Indicate whether the requirements below for this jurisdiction's (New Hampshire) work plan were met or not.

	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (New Hampshire), select the domain(s) for which activities were proposed?

- Domain 1
 Domain 2
 Domain 3
 Domain 4
 Domain 5
 Domain 6

3. Indicate the recommended funding for this jurisdiction's (New Hampshire) work plan.

a. The funding for this project is:
 (select one option, then enter the funding amount in the pop-ups below.)
 (After selecting an option, a pop-up for you to enter the funding amount will appear below.)

- Fully approved.
 Partially approved, with an approved but unfunded amount.
 Not approved for funding.

Fully Funded Amount

200000

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- Yes
 No

Please list the restrictions noted for this award below.

TBD is listed as the name of the contractor listed to develop the dashboard - all other required information is provided. Recommend \$120,000 be restricted from the contract line item until contractor name is provided.

5. Bulleted list of work plan strengths:

jurisdiction's activities demonstrate plan to identify and improve data quality issues, utilize advance analytics and visualization methods, and participate in data sharing. Planned activities include:

- Working to increase the number of facilities onboarded, but data quality issues need to be addressed first to ensure high quality data from facilities
- Identified there are eight NH hospitals that are either in production or onboarding in the HIDTA counties, Hillsborough and Rockingham
- Data quality improvement plan includes Chief Complaints, Diagnosis Codes, and Priority 1 data elements
- In collaboration with the NH Hospital Association to improve hospital data quality issues directly with hospital partners
- Plans to participate in regional data sharing workshops to strengthen syndromic surveillance practices
- Plans to fund Rhapsody training to increase the timeliness of the improvement of their data quality and purchase the log monitoring analytic software to increase visibility to the incoming data in order to detect and improve hospital ED transmission and data formatting and content issues
- Plans to purchase the ArcGIS to create map-based reports, including hotspot analysis, identification of high risk populations geo-spatially, and overlaying Social Vulnerability factors with Opioid Overdose rates to better understand disproportionate impact of the crisis on different communities
- Getting the emergency department syndromic surveillance data into larger opioid dashboard to achieve increase capacity to use advanced analytics and visualization methods to report timely and comprehensive data on the opioid epidemic in NH.

Other comments: CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures and outcomes.

6. Bulleted list of work plan weaknesses:

There are no weaknesses requiring a jurisdictional response.

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

The budget is reasonable and justified.

CIO Technical Review

Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (New Hampshire) approved budget narrative.

Friendly Reminders

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

William MacKenzie

User ID Director, Deputy Director, or CIO Management Official approving work plans

wrm0

CIO Approval Date

08-09-2018 16:22:47

NCHHSTP - CIO Work Plan Review Checklist And Technical Review

Applicant

New Hampshire

NCHHSTP - Work Plan Review Checklist and Technical Review

Work Plan Title: Jurisdiction-level vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis

Work Plan Review Checklist

1. Indicate whether the requirements below for this jurisdiction's (New Hampshire) work plan were met or not.

	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (New Hampshire), select the domain(s) for which activities were proposed?

- Domain 1
- Domain 2
- Domain 3
- Domain 4
- Domain 5
- Domain 6

3. Indicate the recommended funding for this jurisdiction's (New Hampshire) work plan.

a. The funding for this project is:
(select one option, then enter the funding amount in the pop-up(s) below.)
(After selecting an option, a pop-up for you to enter the funding amount will appear below.)

- Fully approved.
- Partially approved, with an approved but unfunded amount.
- Not approved for funding.

Fully Funded Amount

89800

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- Yes
- No

5. Bulleted list of work plan strengths:

Strengths:

- Strong justification of need to respond to opioid crisis, based on surveillance data for overdose and HCV.
- Provides evidence that the state has the capacity to conduct and oversee statewide vulnerability assessment (VA), including ability to conduct hotspot mapping.
- Provides description of possible data sources to include in the VA

Comments:

CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.

6. Bulleted list of work plan weaknesses:

Weaknesses Requiring a Jurisdictional Response:

- Add activity to align with budget narrative to support community based organization as part of community harm reduction program in a community identified as vulnerable through this project; services should include opioid overdose prevention, linkage to substance use disorder treatment, and prevention for associated infections (HIV/HCV) from unsterile injection drug use.

Other Weaknesses:

- Provide breakdown of detailed activities with associated timeframe
- Include stakeholder involvement (e.g., identifying indicators, and developing MOUs for data sharing).

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

- Budget aligns with project activities and scope.
- Clarify that funds under Contract Type, Contractual, amount requested \$25,000 will not be used for unallowable costs (e.g., purchase of naloxone, HIV/HCV test kits or reagents) and will focus on prevention and intervention services to address the opioid overdose/use disorder crisis as well as harm reduction to prevent bloodborne infections.

CIO Technical Review

Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (New Hampshire) approved budget narrative.

Friendly Reminders

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Michael Melneck

User ID Director, Deputy Director, or CIO Management Official approving work plans

MIM2

CIO Approval Date

08-08-2018 18:49:32

NCIPC - CIO Work Plan Review Checklist And Technical Review

Applicant

New Hampshire

NCIPC - Work Plan Review Checklist and Technical Review

Work Plan Title: NCIPC: 2018 Opioid Overdose Crisis Cooperative Agreement Supplement

Work Plan Review Checklist

1. Indicate whether the requirements below for this jurisdiction's (New Hampshire) work plan were met or not.

	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TR18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (New Hampshire), select the domain(s) for which activities were proposed?

- Domain 1
- Domain 2
- Domain 3
- Domain 4
- Domain 5
- Domain 6

3. Indicate the recommended funding for this jurisdiction's (New Hampshire) work plan.

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below.)

- Fully approved.
- Partially approved, with an approved but unfunded amount.
- Not approved for funding.

Fully Funded Amount

3146154

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- Yes
- No

5. Bulleted list of work plan strengths:

- CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.
- NH plans to complete an Opioid-Related Surge Assessment by disseminating a needs assessments to the 26 acute care hospitals in NH and will work to outline the institutions needs and interests in surge support.
- NH plans to hold a statewide Opioid Conference for SUD service providers, mental health providers, pharmacists, primary and specialty care physicians and other health care providers, EMS, fire, and police to provide information on community resources for opioid addiction.
- NH plans to update the Prescription Drug Monitoring Program (PDMP) system with the capability to match patient and prescriber history and patient to pharmacist history.
- NH will conduct several initiatives in county jails, including gaps in accessing naloxone, mental services, and comprehensive health services; linkage to care, referral to recovery services; and provide informational harm reduction messages and educational materials to inmates and their family members.
- NH plans to conduct trainings with community organizations across the state on how to improve their harm reduction messaging and services.
- NH plans to provide financial support to the state's Office of the Chief Medical Examiner in regaining access to comprehensive toxicology testing through NMS Labs on suspected opioid overdose cases.
- NH will put a contract in place to extend their recently created enterprise business intelligence platform, which is used to build the opioid dashboard. The extension of this platform in both hardware and software will use descriptive and predictive analytics to build dashboards that drive actionable insights around enhancing prevention efforts for those at highest risk of addiction, increasing access to and efficacy of available treatments, and monitoring prescribing behaviors.
- NH plans to purchase a full license for a social media analytics software solution, which will enable social listening and track and monitor national, regional and New Hampshire news and social media to assess accuracy of messaging to the public on opioid campaigns.
- NH plans to add external facing opioid data to the existing Misuse of Alcohol and Drugs dashboard in the NH Health WISDOM data portal.
- NH will promote the media safety and naloxone availability public awareness campaigns on its social media platforms (Facebook, Twitter, and Instagram).
- NH plans to use funds to develop a resource, tentatively titled, Compassionate Care for Opioid Withdrawal: Pharmacology and Non-Pharmacologic Options, which is an academic detailing program. It will be piloted across three NH counties.
- To improve the support and linkage for drug courts and public health services, NH will provide funding to train drug court counselors and staff to promote evidence based counseling therapies and to provide scholarships to drug court counselors to attend the New England Association of Drug Court Professionals (NEADCP) Annual conference.

6. Bulleted list of work plan weaknesses:)

none noted

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

The budget narrative is in line with the proposed activities in each domain.

CIO Technical Review

Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (New Hampshire) approved budget narrative.

Friendly Reminders

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Daniel Cameron

User ID Director, Deputy Director, or CIO Management Official approving work plans

dxcl

CIO Approval Date

08-08-2018 13:34:00