



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

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Helen E. Hanks
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July 11, 2019

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court
State House
Concord, New Hampshire 03301

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

REQUESTED ACTION

1. Pursuant to RSA 14:30-a, VI, authorize the NHDOC to retroactively accept and expend funds in the amount of \$336,304.00 received from the NH Department of Health and Human Services (DHHS), to provide State Opioid Response (SOR) funding for substance use disorder case management services, medication assisted treatment, treatment referrals, transitional services to community resources upon release, and post re-entry community care for the population of the NHDOC, upon Fiscal Committee and Governor and Executive Council approval for the period of July 1, 2019 through September 30, 2019. 100% Transfer From Other Agency (DHHS)
2. Pursuant to RSA 124:15, and contingent on the approval of requested action number one, authorize the NH Department of Corrections (NHDOC) to retroactively amend FIS 19-032 approved by the Fiscal Committee on February 8, 2019, and the Governor and Executive Council on February 20, 2019, Item #57, by extending two (2) full-time temporary Program Coordinator positions, Labor Grade 26, in class 059, for the purpose of Re-Entry Care for the NHDOC, Division of Community Corrections, in support of the federally funded State Opioid Response (SOR) grant, upon Fiscal Committee and Governor and Executive Council approval for the period of July 1, 2019 through September 30, 2019. 100% Transfer From Other Agency (DHHS).
3. Pursuant to RSA 124:15, and contingent on the approval of requested action number one, authorize the NH Department of Corrections (NHDOC) to retroactively amend FIS 18-003 approved by the Fiscal Committee on February 16, 2018 and the Governor and Executive Council on March 7, 2018, Item #35, by extending one (1) full time temporary Program Coordinator position, Labor Grade 26, in class 059 for the purpose of Re-Entry Care for the NHDOC, Division of Community Corrections in support of the federally funded SOR Grant, upon Fiscal Committee and Governor and Executive Council approval for the period of July 1, 2019 through September 30, 2019. 100% Transfer From Other Agency (DHHS).

Funds to support this request are anticipated to be available in the following account in FY 2020 upon the availability and continued appropriation of funds in the future operating budget.

Funds are to be budgeted in an account, State Targeted Response, Accounting Unit 02-46-46-460010-19650000 as follows:

Account	Description	FY 2020	Requested Action	FY 2020 Adjusted Authorized
020-500200	Current Expense	-	550.00	550.00
030-500311	Equipment	-	625.00	625.00
042-500620	Additional Fringe Benefits	-	5,249.00	5,249.00
059-500117	Salary Temporary Employee	-	52,582.00	52,582.00
060-500611	Benefits	-	28,474.00	28,474.00
066-500546	Employee Training	-	2,035.00	2,035.00
070-500704	In-State Travel	-	620.00	620.00
100-500726	Prescription Drug Expenses	-	241,489.00	241,489.00
102-500731	Contracts for Program Service	-	4,680.00	4,680.00
Total Appropriations		-	336,304.00	336,304.00
001-484995	Transfer From Other Agency	-	(336,304.00)	(336,304.00)
Total Funds		-	(336,304.00)	(336,304.00)

EXPLANATION

These requested actions are retroactive due to the Continuing Resolution. The SOR grant funds were included in the FY 2020 agency budget. The retroactive nature of this request, both the authorization of funding and the extension of positions, is required for the continuation of the program. This request represents 3/12 of the FY 2020 award.

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 FY 2020?*

Yes, this requested action is a result of the Continuing Resolution. The original State Targeted Response (STR) grant established one position at the February 16, 2018 Fiscal Committee meeting, FIS 18-003, and Governor and Executive Council's approval on March 7, 2018, Item #35, effective through June 30, 2019. The FY 2019 State Opioid Response (SOR) grant budget included two additional positions, which were established via the Fiscal Committee on February 8, 2019, FIS 19-032, and Governor and Executive Council's approval on February 20, 2019, Item #57, effective through June 30, 2019.

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

The SOR grant supports three full time temporary Re-Entry Care Program Coordinators, funding for training residents in peer recovery coaching, funding to purchase medications for medically assisted treatment for those with opioid use disorder and the purchase and distribution of naloxone for individuals with opioid use disorder released from NHDOC facilities. This action is retroactive as these are actively filled positions and staff are already providing advancements to the Department's delivery system.

3. *Is this a previously funded and ongoing program established through Fiscal Committee and Governor and Executive Council action? (If so, include as an attachment the original documents as approved and cite the specific dates of authorization and end dates for each action as part of your answer to this question.)*

Yes, this is a previously funded and ongoing program established through Fiscal Committee and Governor and Executive Council as follows:

- The request to accept and expend the STR sub grant and establish the Program Coordinator position was approved by Fiscal Committee, FIS 18-003, on February 16, 2018, and Governor and Executive Council on March 7, 2018; Item #35, effective through June 30, 2019.
- In FY 2019 the NHDOC received additional funding to combat the opioid crisis administered through NHDHHS, the State Opioid Response (SOR) grant.
- The SOR funding augmented the STR funding by supporting two additional Re-Entry Care Program positions for the individuals with opioid use disorder being released from NHDOC facilities, and continues to support the one Program Coordinator position originally supported by STR funding when the STR funding expired on June 30, 2019. The SOR funding enhances NHDOC's existing Medication Assisted Treatment (MAT) program, which utilizes pharmaceuticals in treating residents with opioid use disorder, to address the MAT needs aligned to community models of care, and provide MAT training for qualified Departmental contracted medical providers. The SOR funding also provides for training of residents incarcerated in peer recovery coaching. The SOR sub grant to accept and expend, and establish two additional Program Coordinator positions was approved by the Fiscal Committee, FIS 19-032, on February 8, 2019, and the Governor and Executive Council on February 20, 2019, Item #57, effective through June 30, 2019. The SOR project period is through September 29, 2020.

4. *Was funding for this program included in the FY 2018-2019 enacted Budget or requested and denied?*

The SOR sub grant was not included in the FY 2018-2019 budget as these funds were not anticipated at the time the budget was established. The funding was requested and approved by Fiscal Committee and Governor and Executive Council in February 2019.

5. *Is this program in total or in part, included in the vetoed FY 2020-2021 Operating Budget proposal currently pending for your department, or was it requested and denied?*

The SOR funding was included in the Department's FY 2020-2021 Operating Budget.

6. *Does this program include, either positions or consultants, and if so are the positions filled, vacant, or have offers pending? (Please provide details for each position and note whether consultant contracts have been awarded.)*

The SOR sub grant supports three full time temporary Re-Entry Care Program Coordinator positions. All three positions, LG 26, are currently filled. The Re-Entry Care Program Coordinator position for female residents was filled in May 2018, and the two additional Re-Entry Care Program Coordinator positions in support of the male residents releasing from NH DOC facilities with substance use disorder were filled in June 2019.

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

If this funding is not approved, we will lay off the three Re-Entry Care Program Coordinators; discontinue the assertive case management that they provide for those released with substance use disorder as we have no other staff to take on these responsibilities. We will discontinue the harm reduction program of providing education and distribution of naloxone to those released with opioid use disorder (found to be effective in reducing overdose deaths in justice populations post release) as we do not have additional staff to fulfill this role. We will

not achieve our goals as outlined in the SOR MOU (Attached) to support both men and women as they transition to community supervision to increase reintegration and decrease the rates of violations associated with substance use while not causing safety issues.

We do not have additional funding allocated in our current budget for the enhancement of our existing Medication Assisted Treatment (MAT) program which specifically has utilized the injectable Vivitrol and oral Naltrexone as primary pharmaceuticals in treating residents with opioid use disorder. We recognized the need to expand the pharmaceutical interventions we use to address MAT needs aligned to community models of care (e.g buprenorphine). Medication Assisted Treatment (MAT) trainings for qualified Departmental contracted providers, Psychiatrists and Nurse Practitioners, to adhere to the State's overall plan as submitted to and accepted by the Substance Abuse and Mental Health Services Administration (SAMHSA) are also included as part of this request. Through these trainings, providers who are eligible to prescribe MAT medications will receive the required education and training as well as assistance with receiving the necessary Federal Drug Enforcement Agency waiver for writing prescriptions. As MAT uses a diverse set of professionals inclusive of licensed alcohol drug counselors and other clinical staff, recognizing that medication is not a sole intervention, we have included training dollars to advance their education on the role they play in motivating residents with substance use disorder to engage in their treatment inclusive of group therapies, medication compliance and other techniques to target relapse prevention.

Individuals that have an opioid use disorder and are re-entering the community from a NHDOC facility will benefit from the advancement of all of these proposed services (MAT, harm reduction principals and assertive case management) through a more cohesive and community aligned approach, the goal being to help people be healthier citizens focused on their sobriety.

The MAT medication enhancement will have to either be discontinued or paid for out of general funds. This will likely cause an over expenditure that will result in a fiscal request to cover the overages in pharmaceutical costs. Federal dollars would then not be available for use in the future, as it would be supplanting.

In a publication from December 1, 2011, the Legal Action Center overviews the Legality of Denying Access to Medication Assisted Treatment in the Criminal Justice System (https://lac.org/wp-content/uploads/2014/12/MAT_Report_FINAL_12-1-2011.pdf). Our Department needs to continue to advance practices to support safe and healthy outcomes for those incarcerated and returning to NH communities. The SOR funds allow us to pilot practices, study outcomes and plan for future budgeting.

Research reviewed included:

The Role of Intensive Case Management Services in Reentry: The Northern Kentucky Female Offender Reentry Project; (July 16, 2014) Danielle McDonald and Staci L. Arlinghaus – Women & Criminal Justice Volume 24, 2014 – Issue 3: Women, Punishment, and Mental Health

Case Management in the Criminal Justice System; (February 1999) Jeremy Travis – National Institute of Justice

Intensive Case Management Improves Substance Abuse and Employment Outcomes of Female Welfare Recipients: Preliminary Findings; (September 202) Jon Morgan, Kimberly Blanchard, Katharine McVeigh, Annette Riordan and Barbara McCrady – Mount Sinai School of Medicine

Research Findings and Best Practices in Substance Abuse Treatment for Offenders: A Review of Literature; (August 2002) Sandy Pearce and Douglas Holbrook – North Carolina Department of Corrections Office of Research and Planning.

The requested revised appropriations are to be expended as follows:

Class 020 – Supplies	Office Supplies and other operating expenses to manage the program
Class 030 – Equipment	Equipment related to MAT activities
Class 042 – Addt'l Fringe Benefits	Additional Fringe Benefits: To pay post-retirement expenses
Class 059 – Salary Temp. Employees	Salary for three Full-Time Temporary Program Coordinator, Position #9T2934, #9T2935, and #9T2889, LG 26
Class 060 – Benefits	Benefits for the Full-Time Temporary positions
Class 066 – Training	Educational training materials for agency staff and residents
Class 070 – In-State Travel	In-State Travel for grant related educational training
Class 100 – Prescription Drug Expenses	Purchase of medications
Class 102 – Contract for Program Serv.	Contract Program Services for training to contracted clinical staff


The following information is provided in accordance with the comptroller's instructional memorandum dated September 12, 1981.

- 1) *List of personnel involved:* Three full-time temporary Re-Entry Care Program Coordinators.
- 2) *Nature, Need, and Duration:* This grant will be in effect for FY 2019, FY 2020 and FY 2021. There is an option to extend for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval of the Fiscal Committee and Governor and Executive Council.
- 3) *Relationship to existing agency programs:* Maintains the current services and case management support services to the Department's population with opioid use disorder. All service recipients will receive substance use disorder case management services, medication assisted treatment, treatment referrals, transitional services to community resources, and post re-entry community care for up to twelve (12) months. Individuals identified as at-risk for overdose upon release will be offered a Naloxone kit and instructions on the administration of Naloxone to potentially reduce the rate of overdose fatalities post release.
- 4) *Has a similar program been requested of the legislature and denied?* Yes, but not denied.
- 5) *Why wasn't funding included in the agency's budget request?* Funding is included as part of the FY 2020-2021 biennial budget.
- 6) *Can portions of the grant funds be utilized?* Grant funds are being utilized for three positions.
- 7) *Estimate the funds required to continue the position:* If grant funds are not made available, these positions will not continue.

The State Opioid Response grant award budget does not include Indirect Cost as this cost is not identified as part of the sub grant award. Audit Fee Set Aside is not included in the grant budget as it is the responsibility of the direct recipient of the federal grant (DHHS) to include Audit Fee Set Aside as part of their agency's budget.

This Agreement includes an option to extend for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval of the Governor and Executive Council.

Respectfully Submitted,



Helen E. Hanks
Commissioner

Fiscal Situation

Fiscal Situation

**NH Department of Health and Human Services, Division for Behavioral Health
MOU 2019-BDAS-01-OPIOI
Grant Period February 20, 2019-September 29, 2020**

State Opioid Response Grant (SOR)

FY 2019 Funding	535,149.00
FY 2020 Funding	1,345,217.00
FY 2021 Funding	<u>507,223.00</u>
Total SOR grant funding per MOU	\$ 2,387,589.00
Total FY 2020 SOR Sub Grant	1,345,217.00
Less: FY 2020 Current Appropriations	<u>0.00</u>
FY 2020 Authorization Available	1,345,217.00
Less: FY 2020 This Request	<u>336,304.00</u>
FY 2020 Remaining Funds Available	\$ 1,008,913.00

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

AND

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

MOU-2019-BDAS-01-OPIOI

1. GENERAL PROVISIONS

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



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

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

2. DURATION

- 2.1. Effective Date: This MOU is effective upon Governor and Executive Council Approval.
- 2.2. Duration: The duration of this Agreement is from the date of Governor and Council approval to September 29, 2020. DHHS and DOC may execute a new MOU prior to the end date.
- 2.3. Modification and Extension: DHHS and DOC may modify this MOU by mutual written agreement at any time, contingent upon Governor and Council approval if required. The parties may extend this MOU for up to two (2) years, subject to continued availability of funds, satisfactory performance of services, and Governor and Executive approval.
- 2.4. Termination: Either party may unilaterally terminate this Agreement upon written notice to the other party, in which case the termination shall be effective thirty (30) days after the date of that notice or at a later date specified in the notice.

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

3. RESPONSIBILITIES OF DOC

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

DOC agrees to:

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

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



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

- 3.12 Purchase supplies, including general office supplies, postage, laptops, software and office equipment to better enhance targeted case management techniques for the purpose of reintegration. DOC agrees that the funding available for this purpose is \$25,146.00 through September 29, 2020 through the SOR grant.
- 3.13 Meet the following performance measures initially set forth in the Project Sharing Agreement referenced in Section 1.2 above:
- 3.13.1 **Goal:** Re-entry services for PUDC with an OUD exiting incarceration:
- a) **Objective 1:** At 6 and 12 months post-release, 80% of PUDC with an OUD will remain in the community.
 - b) **Objective 2:** At 6 and 12 months post-release, 80% of PUDC with an OUD will demonstrate increased recovery capital, e.g. involvement with recovery supports, safe sober housing; improved family connections, etc.
- 3.13.2 **Goal:** Naloxone distribution and training and relevant education to PUDC when released to the community.
- a) **Objective 1:** By September 2019, 100% of PUDC with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered one Naloxone kit.
 - b) **Objective 2:** By September 2019, 100% of PUDC with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered instruction on the administration of Naloxone.

Section II – Medication Assisted Treatment (MAT) Services

DOC agrees to:

- 3.14 Use medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of OUD for PUDC.
- 3.15 Provide MAT to individuals with OUD in correctional facilities as part of their treatment plan inside the institution and also to prepare for re-entry into the community.
- 3.16 Provide training to DOC provider, clinical staff and PUDC in MAT services.

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



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

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

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

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



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

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

a) **Objective 1:** At 6 and 12 month intervals post-participation in MAT, 80% of PUDC in MAT will remain treatment compliant.

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

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

(a) **Objective 1:** 100% referral rate of PUDC from the MAT treatment group to the Re-entry Program Coordinator.

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

4. RESPONSIBILITIES OF DHHS

DHHS agrees to:

4.1. Administer and manage the State Targeted Response to the Opioid Crisis Grant ("STR") and the State Opioid Response Grant ("SOR") under the terms and conditions of the grants as approved by SAMHSA.

4.2. Provide funding to DOC upon receipt of approved invoices and subject to DOC's compliance with the terms and conditions of this MOU as follows:

4.2.1. Up to a maximum of \$110,003 in SFY 2019 and \$345,217 in SFY 2020, and \$107,223 in SFY 2021 from grant funds for activities related to re-entry services and providing Naloxone kits to individuals re-entering the community; and

4.2.2. Up to a maximum of \$400,000 in SFY 2019 and \$1,000,000 in SFY 2020 and \$400,000 in SFY 2021 from grant funds for activities related to MAT



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

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

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

5.1 Systems of Records:

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

5.2 Data Elements Involved:

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

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

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

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




6. APPROVALS




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

1/2/19
Date



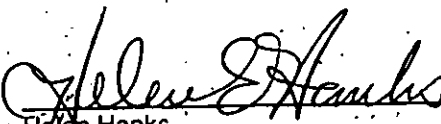
Jeffrey A. Meyers
Commissioner
NH Department of Health and Human Services

1/2/19
Date



Heidi Guinan
Deputy Director of Forensic Services
Division of Medical & Forensic Services
NH Department of Corrections

12/27/18
Date



Helen Hanks
Commissioner
NH Department of Corrections

12/28/18
Date

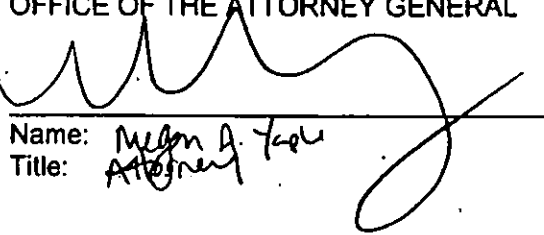
Memorandum of Understanding Between DHHS and DOC
MOU-2019-BDAS-01-OPIOI



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

OFFICE OF THE ATTORNEY GENERAL

1/3/19
Date


Name: Melon A. Telle
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date.

Name:
Title:



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF CORRECTIONS
 DIVISION OF ADMINISTRATION

Helen E. Hanks
 Commissioner

PO BOX 1806
 CONCORD, NH 03302-1806

Robin H. Maddaus
 Director

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 TDD Access: 1-800-735-2964
 www.nh.gov/nhdoc

January 17, 2019

The Honorable Mary Jane Wallner, Chairman
 Fiscal Committee of the General Court
 State House
 Concord, New Hampshire 03301

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

FISCAL COMMITTEE
 PENDING
 APPROVED Feb 8, 2019
 ITEM # FTS 19-032

G&C
 Pending
 Approved Feb 20, 2019
 Item # 57

REQUESTED ACTION

1. Pursuant to RSA 14:30-a, VI, authorize the NH Department of Corrections (NHDOC) to amend Fiscal Item 18-003 originally approved by the Fiscal Committee on February 16, 2018 and Governor and Executive Council on March 7, 2018, Item # 35 to reallocate grant funds in the amount of \$8,020.00 from the federally funded State Targeted Response (STR) Grant, and establish a new expenditure class code, as outlined below, effective upon Fiscal Committee and Governor and Executive Council approval through June 30, 2019. 100% Transfer From Other Agency (DHHS)
2. Pursuant to RSA 14:30-a, VI, authorize the NHDOC to accept and expend funds in the amount of \$535,149.00 received from the NH Department of Health and Human Services (DHHS), to provide State Opioid Response (SOR) funding for substance use disorder case management services, medication assisted treatment, treatment referrals, transitional services to community resources upon release, and post re-entry community care for the male population of the NHDOC, upon Fiscal Committee and Governor and Executive Council approval through June 30, 2019. 100% Transfer From Other Agency (DHHS)
3. Pursuant to RSA 124:15, and contingent on the approval of requested action number two, authorize the NHDOC to establish (2) full-time temporary Program Coordinator positions, Labor Grade 26; in class 059; for the purpose of Re-Entry Care for the NHDOC, Division of Community Corrections in support of the federally funded SOR Grant, upon Fiscal Committee and Governor and Executive Council approval through June 30, 2019. 100% Transfer From Other Agency (DHHS).

Funds are to be budgeted in an account, State Targeted Response, Accounting Unit 02-46-46-460010-19650000 as follows:

Account	Description	SFY 2019 Current Authorized	Requested Action 1 (Reallocate)	Requested Action 2 (Add'l Funds)	SFY 2019 Adjusted Authorized
020-500200	Current Expense.	300,000.00	-	2,496.00	302,496.00
030-500311	Equipment	-	-	12,500.00	12,500.00
037-500173	Computer Hardware	-	-	4,750.00	4,750.00
038-500175	Computer Software	-	-	2,400.00	2,400.00
039-500180	Telecommunications Data	-	-	3,000.00	3,000.00
042-500620	Additional Fringe Benefits	-	8,020.00	6,396.00	14,416.00
059-500117	Salary Temporary Employee	81,100.00	-	64,675.00	145,775.00
060-500611	Benefits	68,900.00	(8,020.00)	38,932.00	99,812.00
066-500546	Employee Training	-	-	8,140.00	8,140.00
070-500704	In-State Travel	-	-	2,481.52	2,481.52
100-500726	Prescription Drug Expenses	-	-	369,559.28	369,559.28
102-500731	Contracts for Program Service	-	-	19,819.20	19,819.20
Total Appropriations		450,000.00	-	535,149.00	985,149.00
001-484995	Transfer From Other Agency	(450,000.00)	-	(535,149.00)	(985,149.00)

EXPLANATION

Part of this item was originally approved by the Fiscal Committee on February 16, 2018, Item # FIS 18-003 and Governor and Executive Council on March 7, 2018, Item # 35.

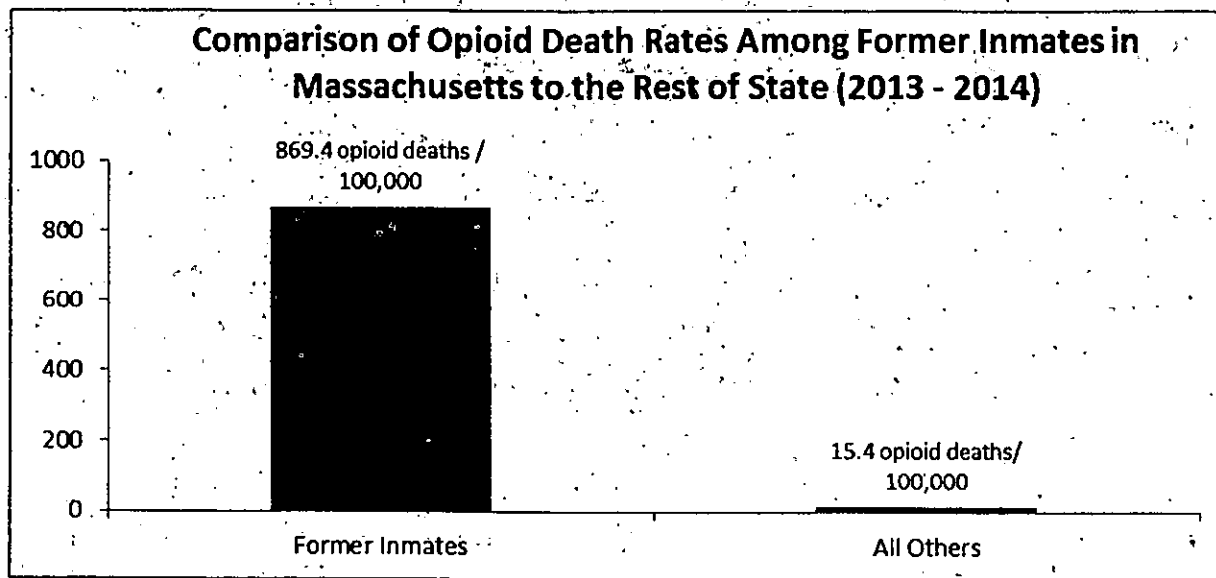
The NHDOC is requesting permission to reallocate appropriation from the existing State Targeted Response (STR) funds from class 060, Benefits, to class 042, Additional Fringe Benefits, to the original full-time temporary Program Coordinator position that provides case management and re-entry care to the female population with opioid use disorder of the New Hampshire Correctional Facility for Women (NHCF-W) and Shea Farm Traditional Housing Unit (Shea Farm).

The NHDOC is requesting permission to accept funds from the SOR grant being administered through the DHHS. The SOR funds will augment the existing STR funds to include adding assertive case management services for the men being released from our facilities with substance use disorders targeting opioid use disorders. These assertive case managers will follow the men post release from our facilities while on parole as a targeted intervention to ensure continuity of compliance and treatment for up to 12 months' post release. As our Probation Parole Officers (PPO) focus on safety and other support of the client, these grant positions will work specifically to include but not limit to appointment compliance and connectivity to ongoing resources as needed while reviewing any risk factors that may begin to surface promulgating other needs (e.g. adjustments in housing). The goal is to support both men and woman as they transition to community supervision to increase reintegration and decrease the rates of violations associated with substance use while not causing safety issues.

The NHDOC is also seeking to continue to provide Naloxone kits and related instruction on administration available voluntarily to individuals with an opioid use disorder re-entering the community from NHDOC facilities. Providing overdose prevention, recognition, and response education to people with opioid use disorder and their families is a harm reduction intervention that saves lives (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>). Heroin and other opioid overdoses are particularly amenable to intervention as risk factors are well-understood and there is a safe antidote – naloxone. Naloxone reverses the effects of an opioid overdose, is safe and easy to use, and has already saved thousands of lives. Naloxone is just one of the many harm reduction tools to prevent overdose deaths. Harm reduction is a set of practical strategies aimed at reducing the negative consequences associated with drug use.

Information learned from the experience in our neighboring State of Massachusetts, through the passage of Chapter 55, has provided extensive research on opioid abuse including specific data on inmate populations (<http://www.mass.gov/chapter55/>). When a person is released from prison in Massachusetts, their ability to re-enter society is being threatened by the opioid crisis just as in New Hampshire. The risk of opioid-related death following release from incarceration is more than 50 times greater than for the general public. What's more concerning is that the threat is immediate. Fatal overdoses during the first month after release are six times higher than for all other post-incarceration periods.

Among people incarcerated in Massachusetts, who both were released and died between 2013 and 2014, opioid-related overdose was the cause of death for 40% of these people. The risk of death for people aged 18–24 in this group is roughly 10 times higher than for individuals 45 or older. While some people receive substance use treatment while incarcerated, the data from there study did not include how, when, or for how long that treatment takes place. NHDOC's request to maintain the voluntary opportunity for individuals to receive naloxone upon release who have opioid use disorders continues to be based on this relevant data and a harm reduction model.



In addition, funding from the SOR grant will enhance our existing Medication Assisted Treatment (MAT) program which specifically has utilized the injectable Vivitrol and oral Naltrexone as primary pharmaceuticals in treating residents with opioid use disorders. We recognize the need to expand the pharmaceutical interventions we use to address MAT needs aligned to community models of care (e.g buprenorphine). Medication Assisted Treatment (MAT) trainings for qualified Departmental contracted providers, Psychiatrists and Nurse Practitioners to adhere to the State's overall plan as submitted to and accepted by the Substance Abuse and Mental Health Services Administration (SAMHSA) are also included as part of this request. Through these trainings, providers who are eligible to prescribe MAT medications will receive the required education and training as well as assistance with receiving the necessary Federal Drug Enforcement Agency waiver for writing prescriptions. As MAT uses a diverse set of professionals inclusive of licensed alcohol drug counselors and other clinical staff, recognizing that medication is not a sole intervention, we have included training dollars to advance their education on the role they play in motivating residents with substance use disorder to engage in their treatment inclusive of group therapies, medication compliance and other techniques to targeted on relapse prevention.

Individuals, both male and female, that have an opioid use disorder and are re-entering the community from a NHDOC facility will benefit from the advancement of all of these proposed services through a more cohesive and community aligned approach MAT, harm reduction principals and assertive case management that will the goal of helping people by healthier citizens focused on their sobriety.

Research reviewed included:

The Role of Intensive Case Management Services in Reentry: The Northern Kentucky Female Offender Reentry Project; (July 16, 2014) Danielle McDonald and Staci L. Arlinghaus – Women & Criminal Justice Volume 24, 2014 – Issue 3: Women, Punishment, and Mental Health

Case Management in the Criminal Justice System; (February 1999) Jeremy Travis – National Institute of Justice

Intensive Case Management Improves Substance Abuse and Employment Outcomes of Female Welfare Recipients: Preliminary Findings; (September 202) Jon Morgan, Kimberly Blanchard, Katharine McVeigh, Annette Riordan and Barbara McCrady – Mount Sinai School of Medicine

Research Findings and Best Practices in Substance Abuse Treatment for Offenders: A Review of Literature; (August 2002)
Sandy Pearce and Douglas Holbrook – North Carolina Department of Corrections Office of Research and Planning

The requested revised appropriations are to be expended as follows:

Class 020 – Supplies	Office Supplies and other operating expenses to manage the program.
Class 030 – Equipment	New Equipment: Office equipment for staff, training/education equipment
Class 037 – Computer Hardware	Computer Hardware: Laptops for data retention of grant activities.
Class 038 – Computer Software	Computer Software: Software for laptops to perform grant related tasks.
Class 039 – Telecommunications	Data lines and telephone services for staff offices.
Class 042 – Addtl Fringe Benefits	Additional Fringe Benefits: To pay post-retirement expenses.
Class 059 – Salary Temporary Employees	Salary for two (2) Full-Time Temporary Program Coordinator, Position #9T2934 & #9T2935, LG 26.
Class 060 – Benefits	Benefits for the Full-Time Temporary positions.
Class 066 – Training	Educational training materials for agency staff.
Class 070 – In-State Travel	In-State Travel for grant related educational training.
Class 100 – Prescription Drug Expenses	Purchase of medications.
Class 102 – Contract for Program Services	Contract Program Services for training to contracted clinical staff.

The following information is provided in accordance with the comptroller's instructional memorandum dated September 12, 1981.

- 1) *List of personnel involved:* Two (2) full-time temporary Re-Entry Care Program Coordinators.
- 2) *Nature, Need, and Duration:* This grant would be in effect for SFY19, SFY 20 and SFY 21. There is an option to extend for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval of the Governor and Executive Council.
- 3) *Relationship to existing agency programs:* While maintaining the current services to the female population of NHCF-W and Shea Farm, this additional funding will extend case management support services to the male population with opioid use disorder of the NHDCC correctional facilities. All service recipients will receive substance use disorder case management services, medication assisted treatment, treatment referrals, transitional services to community resources, and post re-entry community care for up to twelve (12) months. For those individuals identified as at-risk for overdose upon release, they will be offered a Naloxone kit and instructions on the administration of Naloxone to potentially reduce the rate of overdose fatalities post release.
- 4) *Has a similar program been requested of the legislature and denied?* Yes, but not denied.
- 5) *Why wasn't funding included in the agency's budget request?* The grant funds to support the positions were unanticipated at the time the budget was created.
- 6) *Can portions of the grant funds be utilized?* Grant funds are being utilized for this position.

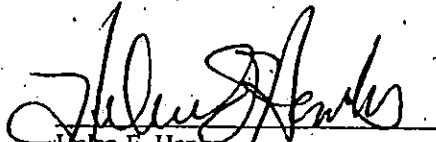
7) *Estimate the funds required to continue the position:* If grant funds are not made available, these positions will not continue.

The State Opioid Response grant award budget does not include Indirect Costs as this cost is not identified as part of the sub grant award. Audit Fee Set Aside is not included in the grant budget as it is the responsibility of the direct recipient of the federal grant (DHHS) to include Audit Fee Set Aside as part of their agency's budget.

This Agreement includes an option to extend for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval of the Governor and Executive Council.

In the event that these grant funds no longer become available additional state general funds will not be requested to support this program.

Respectfully Submitted,



Helen E. Hanks
Commissioner

Fiscal Situation

SFY 2019 Authorized State Targeted Response (STR) Grant (March 7, 2018 – June 30, 2019)	\$ 450,000.00
SFY 2019 State Opioid Response (SOR) Grant	<u>\$ 535,149.00</u>
Total SFY 2019 Award Balance	\$ 985,149.00
Less 2019 Appropriation	\$ 450,000.00
Total Funds Available	<u>\$ 535,149.00</u>
Amount of This Request	\$ 535,149.00

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

AND

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

MOU-2019-BDAS-01-OPIOI

1. GENERAL PROVISIONS

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



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

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

2. DURATION

- 2.1. Effective Date: This MOU is effective upon Governor and Executive Council Approval.
- 2.2. Duration: The duration of this Agreement is from the date of Governor and Council approval to September 29, 2020. DHHS and DOC may execute a new MOU prior to the end date.
- 2.3. Modification and Extension: DHHS and DOC may modify this MOU by mutual written agreement at any time, contingent upon Governor and Council approval if required. The parties may extend this MOU for up to two (2) years, subject to continued availability of funds, satisfactory performance of services, and Governor and Executive approval.
- 2.4. Termination: Either party may unilaterally terminate this Agreement upon written notice to the other party, in which case the termination shall be effective thirty (30) days after the date of that notice or at a later date specified in the notice.

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

3. RESPONSIBILITIES OF DOC

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

DOC agrees to:

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

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



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



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

- 3.12 Purchase supplies, including general office supplies, postage, laptops, software and office equipment to better enhance targeted case management techniques for the purpose of reintegration. DOC agrees that the funding available for this purpose is \$25,146.00 through September 29, 2020 through the SOR grant.
- 3.13 Meet the following performance measures initially set forth in the Project Sharing Agreement referenced in Section 1.2 above:
- 3.13.1 Goal: Re-entry services for PUDC with an OUD exiting incarceration:
- a) Objective 1: At 6 and 12 months post-release, 80% of PUDC with an OUD will remain in the community.
 - b) Objective 2: At 6 and 12 months post-release, 80% of PUDC with an OUD will demonstrate increased recovery capital, e.g. involvement with recovery supports, safe sober housing, improved family connections, etc.
- 3.13.2 Goal: Naloxone distribution and training and relevant education to PUDC when released to the community.
- a) Objective 1: By September 2019, 100% of PUDC with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered one Naloxone kit.
 - b) Objective 2: By September 2019, 100% of PUDC with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered instruction on the administration of Naloxone.

Section II – Medication Assisted Treatment (MAT) Services

DOC agrees to:

- 3.14 Use medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of OUD for PUDC.
- 3.15 Provide MAT to individuals with OUD in correctional facilities as part of their treatment plan inside the institution and also to prepare for re-entry into the community.
- 3.16 Provide training to DOC provider, clinical staff and PUDC in MAT services.



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



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

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

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

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



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

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

a) **Objective 1:** At 6 and 12 month intervals post-participation in MAT, 80% of PUDC in MAT will remain treatment compliant.

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

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

(a) **Objective 1:** 100% referral rate of PUDC from the MAT treatment group to the Re-entry Program Coordinator.

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

4. RESPONSIBILITIES OF DHHS

DHHS agrees to:

4.1. Administer and manage the State Targeted Response to the Opioid Crisis Grant ("STR") and the State Opioid Response Grant ("SOR") under the terms and conditions of the grants as approved by SAMHSA.

4.2. Provide funding to DOC upon receipt of approved invoices and subject to DOC's compliance with the terms and conditions of this MOU as follows:

4.2.1. Up to a maximum of \$110,003 in SFY 2019 and \$345,217 in SFY 2020, and \$107,223 in SFY 2021 from grant funds for activities related to re-entry services and providing Naloxone kits to individuals re-entering the community; and

4.2.2. Up to a maximum of \$400,000 in SFY 2019 and \$1,000,000 in SFY 2020 and \$400,000 in SFY 2021 from grant funds for activities related to MAT



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

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

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

5.1 Systems of Records:

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

5.2 Data Elements Involved:

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

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

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




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

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

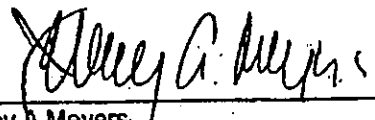


6. APPROVALS




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

1/2/19
Date



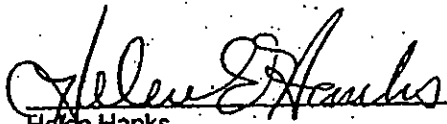
Jeffrey A. Meyers
Commissioner
NH Department of Health and Human Services

1/2/19
Date



Heidi Guinan
Deputy Director of Forensic Services
Division of Medical & Forensic Services
NH Department of Corrections

12/21/18
Date



Helen Hanks
Commissioner
NH Department of Corrections

12/28/18
Date

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



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

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



State Of New Hampshire
DIVISION OF PERSONNEL
Department of Administrative Services
State House Annex – 28 School Street
Concord, New Hampshire 03301

CHARLES M. ARLINGHAUS
Commissioner
(603) 271-3201

CAROL B. JERRY
Acting Director
(603) 271-3261

September 5, 2018

Ella Fredette
Human Resources Administrator
Department of Corrections
P.O. Box 1806
Concord, NH 03302-1806

Regarding: Request to establish a full-time temporary Program Coordinator, labor grade 26

Dear Ms. Fredette:

The Division of Personnel approves of your request dated August 29, 2018 to establish a full-time temporary Program Coordinator (Re-Entry Care), labor grade 26 in the Division of Community Corrections, and have assigned the position number of 9T2934 pending approval of funding.

This position number will be inactive until you receive funding approval from the Fiscal Committee per RSA 124:15, and the Position Profile Form (PPF) is subsequently approved by the Department of Administrative Services Budget Office for funding.

It will be your responsibility to bring the request for funding before the Fiscal Committee. You may use this letter as confirmation of our decision. Once you have obtained Fiscal Committee approval, please notify the Classification Section with documentation. Thank you.

Very truly yours,

Marianne R. Rechy
Classification & Compensation Administrator

Cc: Carol B. Jerry, Acting Director of Personnel

SUPPLEMENTAL JOB DESCRIPTION

(proposed #1)

Classification: Program Coordinator Function Code: 7119-046

POSITION TITLE: Correctional Line Program Coordinator- Re-Entry Care Date Established: _____

Position Number: _____ Date of Last Amendment: _____

SCOPE OF WORK: Responsible for developing, coordinating and facilitating Service programs on behalf of the Division of Community Corrections. This includes coordinating, supervising, monitoring, and delivering evidence based direct services throughout the NH Department of Corrections' facilities and establishing linkages with community based treatment programs for offenders; working in close and immediate contact with individuals under departmental control and individuals being supervised by parole on a daily basis while maintaining security.

ACCOUNTABILITIES:

- Oversees and manages program services to ensure a smooth transition for identified persons under departmental control (PUDC) with Substance Use Disorders (SUD) releasing from the State Prison and Transitional Housing Unit with focus on getting those identified individuals resources and connections in the community that will reduce their risk of overdose and recidivism.
- Works in collaboration with DHHS toward the goals of the "State Targeted Response to the Opioid Crisis (STR)" grant and assists in the facilitation of the education of naloxone distribution for all clients identified with an opioid substance use disorder who are preparing for release into the community.
- Maintains statistics and documentation related to SUD population to track individual outcomes associated with opioid overdoses, recidivism rates and other factors in meeting grant goals and objectives.
- Identifies at risk individuals and provides and coordinates education around overdose and naloxone to those individuals who are being released into the community with SUD.
- Provide targeted case management for PUDCs transitioning into the community with substance use disorders (SUD), assists individuals with aftercare planning, and makes recommendations for identified service needs for successful re-entry into the community.
- Monitors and provides continued coordination of identified services for up to 12 months post release, to maintain on-going support for individuals with SUD.
- Develops connections with outside resources, services and programs in order to create partnerships with the Department of Corrections and help facilitate better access to outside programs, services and employment.
- Consults with various Divisions, i.e. Community Corrections, Mental Health Unit of the Division of Medical & Forensic Services, Classification, Field Services, and the Parole Board to assure continuity of care and a seamless case plan.

MINIMUM QUALIFICATIONS:

Education: Bachelor's degree from a recognized college or university with a major study in psychology, social services, education, nursing, public administration and services or a related field. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience: Six years' clinical or professional experience working in social services or corrections administration and involved with substance abuse treatment, education and prevention with responsibility for program implementation, direct service delivery, planning or program implementation; two years of which must have been in a supervisory, administrative or coordinating position or equivalent experience.

License/Certifications: Must possess a valid driver's license.

Special Requirements: Successful completion of the Corrections Academy and continuing Certification as correctional line personnel as established by the certifying authority.

DISCLAIMER STATEMENT: The supplemental job description lists typical examples of work and is not intended to include every job duty and responsibility specific to a position. An employee may be required to perform other related duties not listed on the supplemental job description provided that such duties are characteristic of that classification.

SIGNATURES:

The above is an accurate reflection of the duties of my position.

Employee's Name and Signature

Date Reviewed

Supervisor's Name and Title: Administrator I #19564

The above job description accurately measures this employee's job.

Supervisor's Signature

Date Reviewed

Division of Personnel

Date Approved

Ella Fredette
Human Resource Administrator

Date



State Of New Hampshire
DIVISION OF PERSONNEL
Department of Administrative Services
State House Annex - 28 School Street
Concord, New Hampshire 03301

CHARLES M. ARLINGHAUS
Commissioner
(603) 271-3201

CAROL B. JERRY
Acting Director
(603) 271-3261

September 5, 2018

Ella Fredette
Human Resources Administrator
Department of Corrections
P.O. Box 1806
Concord, NH 03302-1806

Regarding: Request to establish a full-time temporary Program Coordinator, labor grade 26

Dear Ms. Fredette:

The Division of Personnel approves of your request dated August 29, 2018 to establish a full-time temporary Program Coordinator (Re-Entry Care), labor grade 26 in the Division of Community Corrections, and have assigned the position number of 9T2935 pending approval of funding.

This position number will be inactive until you receive funding approval from the Fiscal Committee per RSA 124:15, and the Position Profile Form (PPF) is subsequently approved by the Department of Administrative Services Budget Office for funding.

It will be your responsibility to bring the request for funding before the Fiscal Committee. You may use this letter as confirmation of our decision. Once you have obtained Fiscal Committee approval, please notify the Classification Section with documentation. Thank you.

Very truly yours,

Marianne R. Rechy
Classification & Compensation Administrator

Cc: Carol B. Jerry, Acting Director of Personnel

SUPPLEMENTAL JOB DESCRIPTION

(proposed #2)

Classification: Program Coordinator Function Code: 7119-046

POSITION TITLE: Correctional Line Program Coordinator- Re-Entry Care Date Established: _____

Position Number: _____ Date of Last Amendment: _____

SCOPE OF WORK: Responsible for developing, coordinating and facilitating Service programs on behalf of the Division of Community Corrections. This includes coordinating, supervising, monitoring, and delivering evidence based direct services throughout the NH Department of Corrections' facilities and establishing linkages with community based treatment programs for offenders; working in close and immediate contact with individuals under departmental control and individuals being supervised by parole on a daily basis while maintaining security.

ACCOUNTABILITIES:

- Oversees and manages program services to ensure a smooth transition for identified persons under departmental control (PUDC) with Substance Use Disorders (SUD) releasing from the State Prison and Transitional Housing Unit with focus on getting those identified individuals resources and connections in the community that will reduce their risk of overdose and recidivism.
- Works in collaboration with DHHS toward the goals of the "State Targeted Response to the Opioid Crisis (STR)" grant and assists in the facilitation of the education of naloxone distribution for all clients identified with an opioid substance use disorder who are preparing for release into the community.
- Maintains statistics and documentation related to SUD population to track individual outcomes associated with opioid overdoses, recidivism rates and other factors in meeting grant goals and objectives.
- Identifies at risk individuals and provides and coordinates education around overdose and naloxone to those individuals who are being released into the community with SUD.
- Provide targeted case management for PUDCs transitioning into the community with substance use disorders (SUD), assists individuals with aftercare planning, and makes recommendations for identified service needs for successful re-entry into the community.
- Monitors and provides continued coordination of identified services for up to 12 months post release, to maintain on-going support for individuals with SUD.
- Develops connections with outside resources, services and programs in order to create partnerships with the Department of Corrections and help facilitate better access to outside programs, services and employment.
- Consults with various Divisions, i.e. Community Corrections, Mental Health Unit of the Division of Medical & Forensic Services, Classification, Field Services, and the Parole Board to assure continuity of care and a seamless case plan.

MINIMUM QUALIFICATIONS:

Education: Bachelor's degree from a recognized college or university with a major study in psychology, social services, education, nursing, public administration and services or a related field. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience: Six years' clinical or professional experience working in social services or corrections administration and involved with substance abuse treatment, education and prevention with responsibility for program implementation, direct service delivery, planning or program implementation; two years of which must have been in a supervisory, administrative or coordinating position or equivalent experience.

License/Certifications: Must possess a valid driver's license.

Special Requirements: Successful completion of the Corrections Academy and continuing Certification as correctional line personnel as established by the certifying authority.

DISCLAIMER STATEMENT: The supplemental job description lists typical examples of work and is not intended to include every job duty and responsibility specific to a position. An employee may be required to perform other related duties not listed on the supplemental job description provided that such duties are characteristic of that classification.

SIGNATURES:

The above is an accurate reflection of the duties of my position.

Employee's Name and Signature

Date Reviewed

Supervisor's Name and Title: Administrator I #19564

The above job description accurately measures this employee's job.

Supervisor's Signature

Date Reviewed

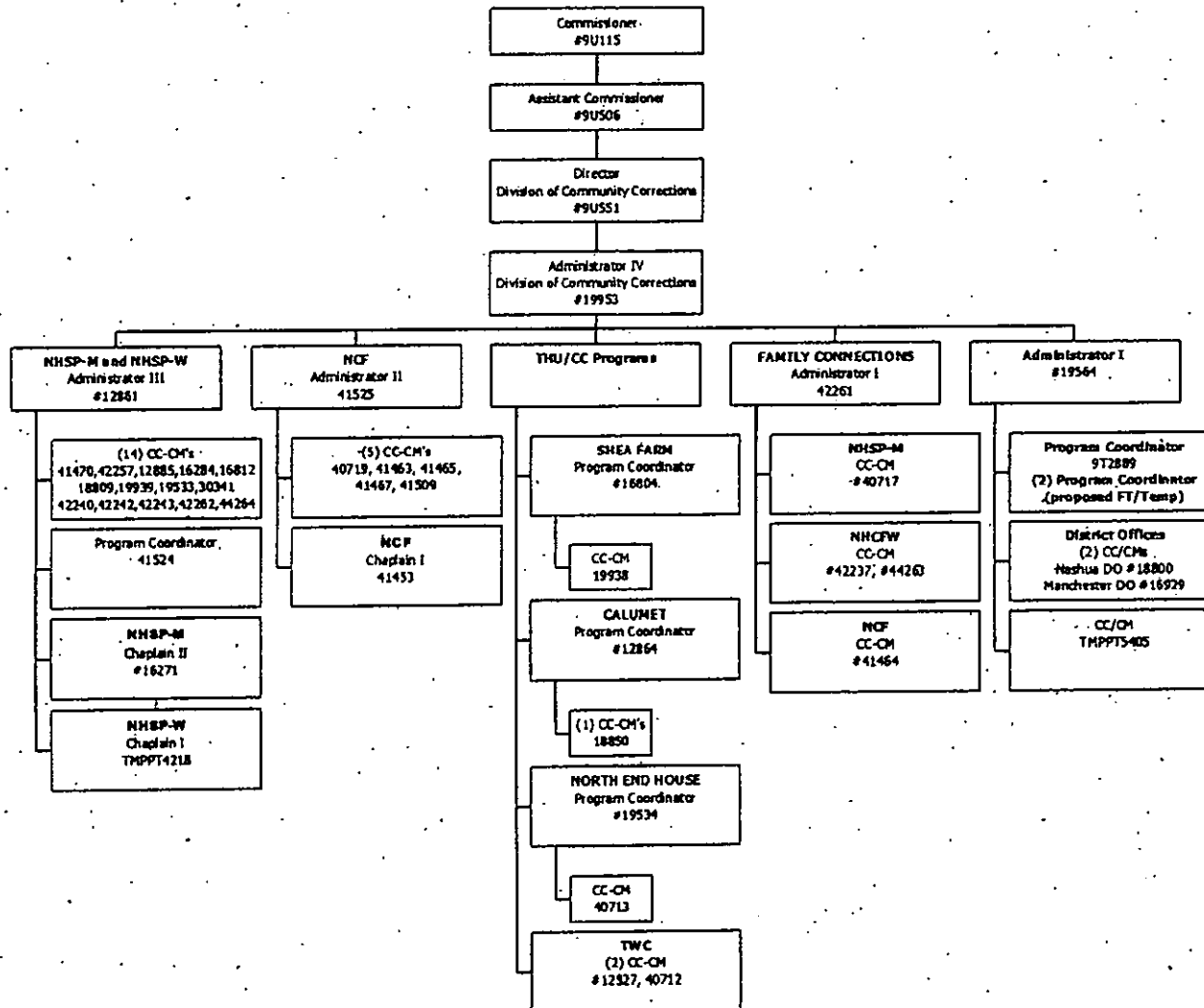
Division of Personnel

Date Approved

Ella Fredette
Human Resource Administrator

Date

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
DIVISION OF COMMUNITY CORRECTIONS



Div. Of Comm. Corrections
proposed August 28, 2018

KAM



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

PO BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 1-888-908-6609
TDD Access: 1-800-735-2964
www.nh.gov/nhdoc

Helen E. Hanks
Commissioner

Robin H. Maddaus
Director

December 27, 2017

FISCAL COMMITTEE
PENDING
APPROVED February 16, 2018
ITEM # FIS 18-003

The Honorable Neal M. Kurk, Chairman
Fiscal Committee of the General Court
State House
Concord, New Hampshire 03301

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

G & C

Pending
Approved March 7, 2018
Item # Item # 95

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the NH Department of Corrections to accept and expend funds in the amount of \$900,000.00 received from the NH Department of Health and Human Services, which will provide funding for substance use disorder case management services to the residents of the Shea Farm Transitional House and funding will also provide any individual reentering the community from a New Hampshire Department of Corrections facility the accessibility to and instruction on administering Naloxone, upon Fiscal Committee and Governor and Executive Council approval through June 30, 2019. 100% Transfer From Other Agency (DHHS)

- 2. Pursuant to RSA 124:15, and contingent on the approval of request action number one, authorize the NH Department of Corrections to establish (1) full-time temporary Program Coordinator, Labor Grade 26, in class 059, for the purpose of Re-Entry Care for the NH Department of Corrections, Division of Community Corrections in support of the federally funded State Targeted Response to the Opioid Crisis sub-grant, upon Fiscal Committee and Governor and Executive Council approval through June 30, 2019. 100% Transfer From Other Agency (DHHS).

Funds are to be budgeted in an account, State Targeted Response, Accounting Unit 02-46-46-460010-196500000 as follows:

Grant Title: State Targeted Response		SFY 2018	REQUESTED	SFY 2018
Account:	Description:	CURRENT	ACTION	ADJUSTED
020-500200	Current Expense	0.00	300,000.00	300,000.00
059-500116	Salary Temporary Employees	0.00	81,100.00	81,100.00
060-500611	Benefits	0.00	68,900.00	68,900.00
Appropriations		0.00	450,000.00	450,000.00
Source of Funds:				
001-484995	Transfer From Other Agency	-	(450,000.00)	(450,000.00)
Total Funds		-	(450,000.00)	(450,000.00)

Grant Title: State Targeted Response		SFY 2019	REQUESTED	SFY 2019
Account:	Description:	CURRENT	ACTION	ADJUSTED
020-500200	Current Expense	0.00	300,000.00	300,000.00
059-500116	Salary Temporary Employees	0.00	81,100.00	81,100.00
060-500611	Benefits	0.00	68,900.00	68,900.00
Appropriations		0.00	450,000.00	450,000.00
Source of Funds:				
001-484995	Transfer From Other Agency	-	(450,000.00)	(450,000.00)
Total Funds		-	(450,000.00)	(450,000.00)

EXPLANATION

The Department of Corrections is requesting permission to accept funds from the State Targeted Response grant being administered through the Department of Health and Human Services. Funds in this agreement will be utilized for a two prong approach, 1. to provide opioid use disorder case management services to the residents of the Shea Farm Transitional Housing Unit (hereinafter Shea Farm) and to provide continued support for up to twelve (12) months after release, and 2. to make Naloxone kits, and related instruction on administration, available to individuals with an opioid use disorder re-entering the community from NH Department of Corrections facilities. The female residents of Shea Farm who have an opioid use disorder and are being released into the community will benefit from case management that will provide assistance with establishing support services and treatment appointments and will also provide more long-term support to assist the released individuals in maintaining sobriety. Individuals, both male and female, that are re-entering the community from a NH Department of Corrections facility housing unit and have an opioid use disorder will be provided the opportunity to obtain a Naloxone kit and training on its use in order to reduce the number of opioid-related deaths that occur in this population upon re-entry into the community.

The goal of this collaboration is to provide case management services for the women re-entering the community from Shea Farm with a substance use disorder who may be more likely to relapse due to the lack of support, as well as provide individuals re-entering the community from a NH Department of Corrections facility, who have an opioid use disorder, with Naloxone kits and the necessary training on its use with the goal of preventing the number of deaths due to overdose.

The requested revised appropriations are to be expended as follows:

- | | |
|--|--|
| Class 020 – Supplies | Purchase of Naloxone kits |
| Class 059 – Salary Temporary Employees | Salary for a Full-Time Temporary Program Coordinator, Position #9T2889, LG 26. |
| Class 060-Benefits | Benefits for the Full-Time Temporary position. |

The following information is provided in accordance with the comptroller's instructional memorandum dated September 12, 1981.

- 1) List of personnel involved: One (1) full-time temporary Re-Entry Care Program Coordinator.
- 2) Nature, Need, and Duration: This grant would be in effect for SFY18 and SFY19. There is an option to extend for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.
- 3) Relationship to existing agency programs: This funding will enhance the current case management services by providing extended support for an additional up to twelve (12) months after release for individuals being released from Shea Farm. The NH Department of Corrections will be able to purchase Naloxone kits which could potentially reduce the rate of overdose fatalities post release.
- 4) Has a similar program been requested of the legislature and denied? No.
- 5) Why wasn't funding included in the agency's budget request? The grant funds to support the position were unanticipated at the time the budget was created.

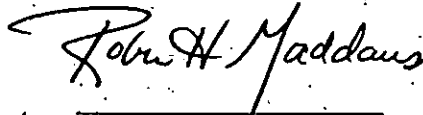
- 6) Can portions of the grant funds be utilized? Grant funds are being utilized for this position.
- 7) Estimate the funds required to continue the position: If grant funds are not made available, the position will not continue.

The State Targeted Response grant award budget does not include Indirect Costs as this cost is not identified as part of the sub grant award. Audit Fee Set Aside is not included in the grant budget as it is the responsibility of the direct recipient of the federal grant (NHDHHS) to include Audit Fee Set Aside as part of their agency's budget.

This Agreement includes an option to extend for up to one (1) additional year upon mutual agreement of parties, contingent upon satisfactory delivery of services, available funding, and Governor and Executive Council approval.

In the event that these grant funds no longer become available additional state general funds will not be requested to support this program.

Respectfully Submitted,



for: Helen E. Hanks
Commissioner

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

AND

**STATE OF NEW HAMPSHIRE DEPARTMENT OF
CORRECTIONS**

FOR

STATE TARGETED RESPONSE TO THE OPIOID CRISIS GRANT PROJECTS

DHHS PROJECT SHARING AGREEMENT No. 2017-001

1. PURPOSE, LEGAL AUTHORITY, AND DEFINITIONS

1.1. Purpose

1.1.1 This Project Sharing Agreement, hereinafter the "Agreement," establishes the terms, conditions, safeguards, and procedures under which the State of New Hampshire Department of Health and Human Services (DHHS) will receive (upon request and subject to the provisions of this Agreement and applicable law) aggregate data, as well as, to outline how the State of New Hampshire Department of Corrections (DOC) and its Agents will provide substance use disorder case management services to the residents of the Shea Farm Transitional Housing Unit (hereinafter "Shea Farm") by providing referrals and enhancing the successful transition of clients to community resources. The DOC shall also make Naloxone kits, and related instruction on administration, available to individuals re-entering the community from any correctional facility or State-run transitional housing.

1.1.2 On July 28, 2017, DOC and DHHS entered into a Master Memorandum of Understanding, the purpose of which is, in part, to provide services to the parties shared population. This Agreement is intended to be in accord with and carry out the purposes of the Master Memorandum of Understanding, which is hereby incorporated by reference.

1.1.3 Furthermore, DOC is contractually limited to providing DHHS with Data received under this agreement for achieving outcomes as defined by the States Targeted Response to the Opioid Crisis (STR) grant which include, but are not limited to:

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

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

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

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

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

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

1.2 Legal Authority

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

1.3 Definitions

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

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

2. DESCRIPTION OF THE DATA TO BE DISCLOSED

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

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

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

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

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

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

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

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

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

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

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

2.2 Systems of Records

2.2.1 DHHS will not be providing data to DOC.

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

2.2.2.1 CORIS

2.2.2.2 Techcare Electronic Health Record

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

2.3 Data Elements Involved

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

2.3.1.1 Age

2.3.1.2 Race*

2.3.1.3 Ethnicity*

2.3.1.4 Gender (M, F, Trans)

2.3.1.5 Number of naloxone kits distributed

2.3.1.6 Number of naloxone administration trainings provided

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

3. REPORTING

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

4. REIMBURSEMENT

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

5. OBLIGATIONS OF DHHS

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

6. OBLIGATIONS OF DOC

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

7. APPROVAL AND DURATION OF AGREEMENT

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

8. PERSONS TO CONTACT

8.1 DHHS contact program and policy:

Division for Behavioral Health

Senior Policy Analyst, Substance Use Services

DHHS-Contracts@dhhs.nh.gov

8.2 DHHS contact for Data Management or Data Exchange issues:

DHHSChiefInformationOfficer@dhhs.nh.gov

8.3 DHHS contacts for Privacy issues:

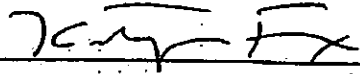
DHHSPrivacyOfficer@dhhs.nh.gov

8.4 DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

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

9. APPROVALS



Katja Fox
Director
NH DHHS, Division for Behavioral Health

12/5/17

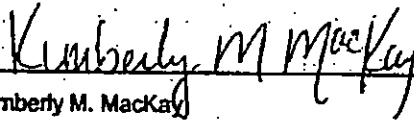
Date



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

12/7/17

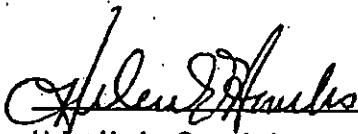
Date



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

11/21/2017

Date



Helen Hanks, Commissioner
New Hampshire Department of Corrections

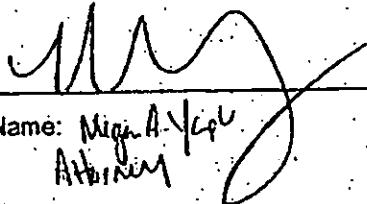
11/21/17

Date

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

OFFICE OF THE ATTORNEY GENERAL

12/7/17
Date


Name: Miquel A. Yip
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



State Of New Hampshire
DIVISION OF PERSONNEL
Department of Administrative Services
State House Annex - 28 School Street
Concord, New Hampshire 03301

CHARLES M. ARLINGHAUS
Commissioner
(603) 271-3201

SARA J. WILLINGHAM
Director
(603) 271-3261

July 14, 2017

Ella Fredette
Human Resources Administrator
Department of Corrections
P.O. Box 1806
Concord, NH 03302-1806

Regarding: Request to establish a full-time temporary Program Coordinator, labor grade 26

Dear Ms. Fredette:

The Division of Personnel approves of your request dated July 10, 2017 to establish a full-time temporary Program Coordinator (Re-Entry Care), labor grade 26 in the Division of Community Corrections, and have assigned the position number of 9T2889 pending approval of funding.

This position number will be inactive until you receive funding approval from the Fiscal Committee per RSA 124:15, and the Position Profile Form (PPF) is subsequently approved by the Department of Administrative Services Budget Office for funding.

It will be your responsibility to bring the request for funding before the Fiscal Committee. You may use this letter as confirmation of our decision. Once you have obtained Fiscal Committee approval, please notify the Classification Section with documentation. Thank you.

Very truly yours,

Jennifer J. Elberfeld
Classification & Compensation Administrator

Cc: Sara J. Willingham, Director of Personnel

SUPPLEMENTAL JOB DESCRIPTION

Classification: Program Coordinator Function Code: 7119-046

POSITION TITLE: Correctional Line Program Coordinator- Re-Entry Care Date Established: _____

Position Number: _____ Date of Last Amendment: _____

SCOPE OF WORK: Responsible for developing, coordinating and facilitating Service programs on behalf of the Division of Community Corrections. This includes coordinating, supervising, monitoring, and delivering evidence based direct services throughout the NH Department of Corrections' facilities and establishing linkages with community based treatment programs for offenders; while working in close and immediate contact with individuals under departmental control and individuals being supervised by parole on a daily basis while maintaining security.

ACCOUNTABILITIES:

- Oversees and manages program services to ensure a smooth transition for identified women with Substance Use Disorders (SUD) releasing from the State Prison and Transitional Housing Unit with focus on getting those identified individual's resources and connections in the community that will reduce their risk of overdose and recidivism.
- Works in collaboration with DHHS toward the goals of the "State Targeted Response to the Opioid Crisis (STR)" grant and assists in the facilitation of the education of naloxone distribution for all clients identified with an opioid substance use disorder who are preparing for release into the community.
- Maintains statistics and documentation related to SUD population to track individual outcomes associated with opioid overdoses, recidivism rates and other factors in meeting grants goals and objectives.
- Identifies at risk individuals and provides and coordinates education around overdose and naloxone to those individuals who are being released into the community with SUD.
- Provide targeted case management for women transitioning into the community with substance use disorders (SUD) and assists individuals with aftercare planning and makes recommendations for identified service needs for successful re-entry into the community.
- Monitors and provides continued coordination of identified services for up to 12 months post release, to maintain on-going support for individuals with SUD.
- Develops connections with outside resources, services and programs in order to create partnerships with the Department of Corrections and help facilitate better access to outside programs, services and employment.
- Consults with various Divisions i.e. Community Corrections, Mental Health Unit of the Division of Medical & Forensic Services, Classification, Field Services, and the Parole Board to assure continuity of care and a seamless case plan.

MINIMUM QUALIFICATIONS:

Education: Bachelor's degree from a recognized college or university with a major study in psychology, social services, education, nursing, public administration, and human services or a related field. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience: Six years' clinical or professional experience working in social services, corrections administration, involved with substance abuse treatment, education and prevention with responsibility for program implementation, direct service delivery, planning or program implementation, two years of which must have been in a supervisory, administrative or coordinating position or equivalent experience.

License/Certifications: Must possess a valid driver's license.

Special Requirements: Successful completion of the Corrections Academy and continuing Certification as correctional line personnel as established by the certifying authority.

DISCLAIMER STATEMENT: The supplemental job description lists typical examples of work and is not intended to include every job duty and responsibility specific to a position. An employee may be required to perform other related duties not listed on the supplemental job description provided that such duties are characteristic of that classification.

SIGNATURES:

The above is an accurate reflection of the duties of my position.

Employee's Name and Signature

Date Reviewed

Supervisor's Name and Title: Administrator I #19564 (proposed)

The above job description accurately measures this employee's job.

Supervisor's Signature

Date Reviewed

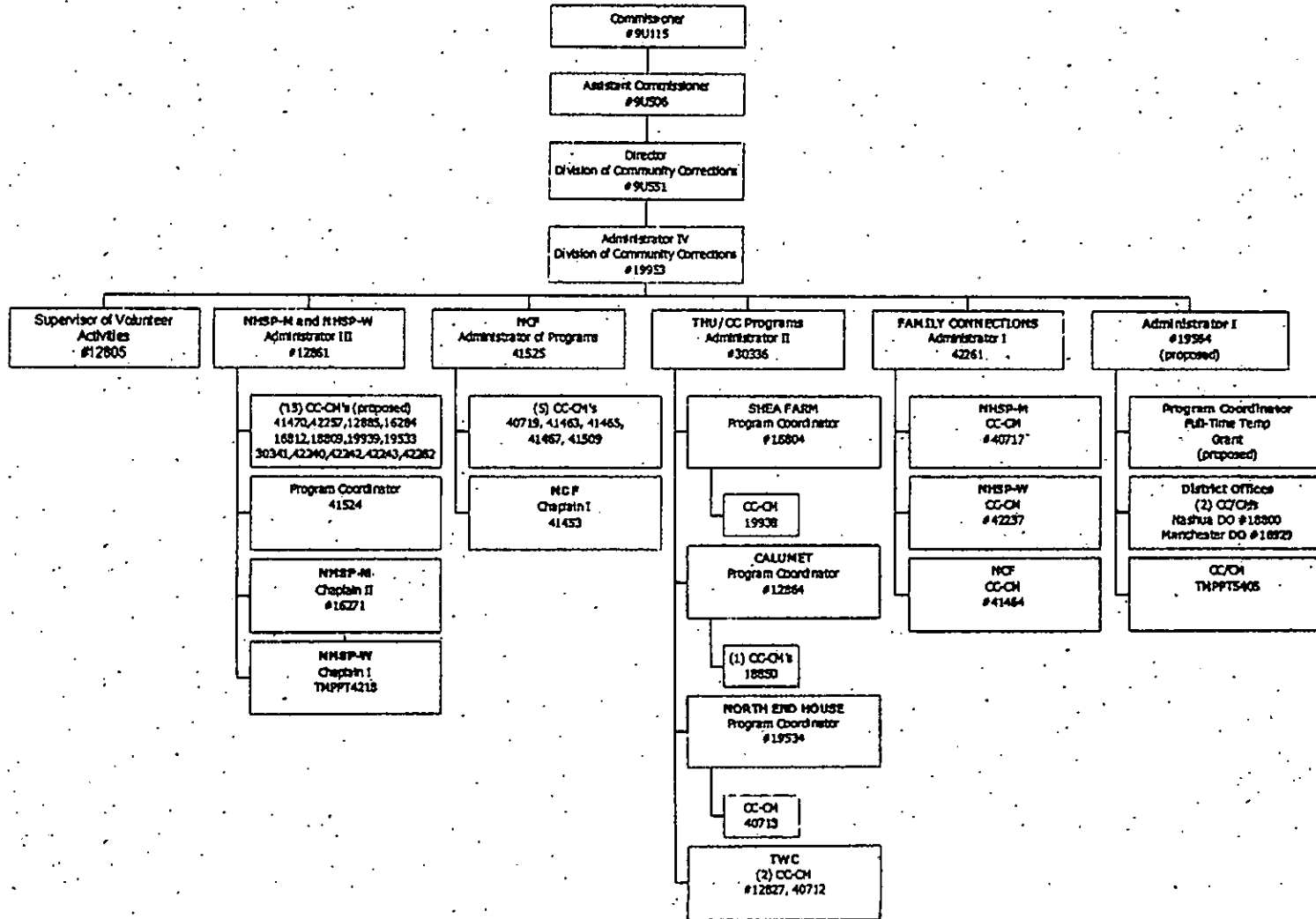
Division of Personnel

Date Approved

Ella Fredette
Human Resource Administrator

Date

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
DIVISION OF COMMUNITY CORRECTIONS



Div. Of Comm. Corrections
proposed July 2017