Section A: Population of Focus and Statement of Need (approximately 1 page)

A-1. Populations of Focus and Service Delivery. New Hampshire (NH) intends to increase services for individuals with substance use disorder (SUD) statewide. The continued focus will be on opioid use disorder (OUD), however, NH has seen a concerning increase in stimulant misuse in recent years. The addition of stimulants to the acceptable use of the SOR funds will assist in NH's ability to address the changing needs and complex nature of SUD in the state. While services for SUD will be made available to anyone seeking assistance in NH, special populations will continue to be a priority. These special populations include children and young adults, pregnant and parenting women, Veterans and service members, individuals with or at-risk of HIV/AIDS, older adults caring for a minor child due to Division of Children Youth and Families (DCYF) involvement, incarcerated individuals or those re-entering the community post-incarceration. In coordination with all current state and federal funding, initiatives across NH continue to meet needs, address ongoing challenges and complement the efforts of SOR.

A-2. Extent of the SUD Problem and Resources/Gaps: Although NH has continued to invest in a robust continuum of care resulting in steadily improving outcomes, including reduction in overdose fatalities, regional differences still exist in service capacity and resources to address the epidemic. NH has an additional need to invest in prevention, treatment and recovery services in resource limited areas and to expand outreach efforts to increase awareness of NH's SUD access system funded by SOR and known statewide as the Doorways. Housing continues to be a critical gap, with the majority of Doorway participants reporting unstable housing or homelessness. Addressing substance misuse other than opioids has also been an ongoing challenge for existing SOR contracts with data showing that nearly 1/3 of clients coming to a Doorway for assistance have a problem with a substance other than opioids. The opioid epidemic continues to be one of the worst public health crises in NH's history and this is layered on top of a long history of very high rates of alcohol and binge drinking in the state. In 2018, NH was ranked as having the sixth highest overdose rate in the country at 35.8 per 100,000 population.[1] The striking escalation of opioid and substance misuse is overwhelming community and state systems of care, from emergency departments and law enforcement to child protection and treatment services. In 2018, NH had 471 drug overdose deaths (2019 data pending), 2,357 emergency naloxone administrations (1,966 in 2019) and 5,539 emergency department opioid related visits (5,562 in 2019).[2] Though opioids have been the main cause of the rapid rise in overdose fatalities in NH, in more recent years, drug deaths involving methamphetamines have increased dramatically. Between 2012 and 2015, NH saw less than 6 deaths per year involving methamphetamines, by 2019 that number was more than eight times higher at 50 fatalities. The total number of deaths involving cocaine has seen a similar rise, increasing from 20 fatalities in 2012 to 74 in 2019. The majority of stimulant deaths also involve opioids, further substantiating the complexity of poly-substance use in NH. [3] Additionally, in 2019, 12.9% percent of new HIV diagnoses in NH cited

[1] Centers for Disease Control and Prevention, Drug Overdose Death Data. Available at https://www.cdc.gov/drugoverdose/data/statedeaths.html
[2] New Hampshire Drug Monitoring Initiative, 2019 Overview. Available at https://www.arcgis.com/apps/MapSeries/index.html?appid=fc64bc08d7724f0d8a47c128832a98a2
[3] NH Office of the Chief Medical Examiner, Drug Deaths as of 03/10/2020 (23 cases from 2019 are still pending toxicology)

injection drug use (IVDU) and 82% of confirmed and probable cases of HCV in the state cited IVDU as a risk factor, 68% of whom cited IVDU within the last 6 months.

In addition to the high rates of opioid use among the adult population, NH consistently ranks among the top in the nation for young adult binge drinking. Regular (past month) illicit drug use rates are significantly higher in NH than the nation (11.5 US, 15.5 NH) and in the18-25 year old age group, rates of illicit use follow the same pattern (24 in US, 31.8 in NH). NH also experiences higher than national rates of cocaine use in the past year for the 18-25 year old age group (6.0 in the US, 10.7 in NH).[4] As striking as these data are, the scope of the crisis has wide ranging impacts on NH's children and families, public resources (law enforcement, judicial, corrections), public and private healthcare costs, and economic productivity. As with the rest of the country, NH has seen significant rises in neonatal abstinence syndrome (NAS) and infants born substance exposed may require more complex medical care. In 2019, 3.6% of births occurring in NH had a documented opioid exposure; and in 3.2% of births occurring in NH the infant was monitored for signs and symptoms of prenatal substance exposure.[5] Even while experiencing concerning rates of NAS and recent investments in medication assisted treatment (MAT) for pregnant women, the system's ability to serve pregnant women with SUD remains limited. This disparity is demonstrated by the limited number of pregnant women served (1.21%) by state block grant funded SUD providers in state fiscal year 2019.[6] This impact to families and children is further supported by data from NH's child welfare agency. In 2019, 45% of the assessments received had a substance abuse risk factor and 418 children identified with the characteristic of "Child Born Drug Exposed" were involved in a DCYF referral.[7] Very recent data (Feb-April 2020) from DCYF shows that while overall child protection referrals have dramatically decreased during the COVID-19 emergency, percentage of referrals involving substance misuse have increased.

Section B: Proposed Implementation Approach (approximately 5 pages)

B-1. Goals and Objectives. NH will use SOR resources to meet the State's goals through expanding and enhancing existing prevention, treatment and recovery programs to ensure continued and expanded access to critical services, while also investing in new initiatives that meet critical service gaps. While NH will make investments across the full continuum of prevention, treatment, and recovery, the following underlying goals and objectives are the framework for all of the services that will receive SOR funds. NH strives to make system access simple and client focused, increase and standardize services, strengthen existing prevention, treatment and recovery programs, ensure access to critical services to decrease the number of opioid-related deaths and promote engagement in the recovery process.

Goal	Objective	Data Source(s)

[4] National Survey on Drug Use and Health, 2018
[5] NH Division of Public Health Services, Maternal and Child Health Section, 2019
[6] NH Bureau of Drug and Alcohol Services, 2019
[7] NH DCYF Annual Data Book, 2019 Available at https://www.dhhs.nh.gov/dcyf/documents/data-book-2019.pdf

Individuals seeking access to services for OUD will receive access to MAT and other clinically appropriate services	• Increase referral of individuals with OUD to MAT services, as measured by 80% of individuals served with SOR funds being referred to MAT if indicated as clinically appropriate • Increase the number of individuals with OUD accessing MAT, as measured by 50% of individuals with OUD served with SOR funds receiving at least three (3) MAT-related services.	• Web Information Technology System • Vendor reporting • SAMHSA DATA Waiver Registry • Medicaid Claims
Individuals seeking services for SUD will have timely and clinically appropriate access to screening, assessment and referral	• Increase the number of individuals accessing Doorway services by 15% by August 2022	• Doorway vendor reporting
NH will reduce opioid overdose fatalities	By August 2022, overdose fatalities in NH will decrease by 10%.	• DMI Report • EMS Data • Hospital Data • Medical Examiner Data

These goals will help to address the overdose fatality rates that have been described in Section A.2. The programs that have been selected for this funding will also help to address the disparate outcomes and risk factors that are highlighted in A.2 related to special populations.

During 2019, 7,367 de-duplicated individuals were served by the Doorways. These figures included 3,247 clinical evaluations and 5,070 treatment referrals. Naloxone distribution numbered 9,262 kits. NH expects to continue to experience these levels going forward. The public information and education campaign is intended to be statewide with the ability to reach the general public, estimating that approximately one million individuals will be exposed to the messaging in some form each year. The messaging will shift from general access messages to identifying more localized services, methodologies to reach NH's most vulnerable populations and addressing primary prevention including stimulant misuse. Based on these projections, the minimum number of individuals served over the two year grant period will be 2,030,000.

B-2. Implementation of Required Activities and Sustainability Plan. NH has utilized previous SOR funds to invest in a system re-structure that applies a systematic approach to fill critical gaps and streamline functionality and access for the clients served. NH's ultimate focus with this re-structure has been to create a sustainable access and delivery system that is both coordinated and integrated with client-centered services at its core. NH's new system went live on January 1, 2019. The Doorways apply NH's regional access point model to serve as a more comprehensive, 24/7 physical and telephonic statewide access and referral center with nine physical locations and statewide coverage through telehealth services in rural and underserved areas. The locations

of Doorways are strategically aligned with regional hospitals that are able to support whole-health connections for the client and regionally situated to ensure that no one in NH has to travel more than sixty minutes to begin the process towards recovery.

The Doorways receive referrals from a crisis call center structure through 2-1-1 and through existing referring networks, along with allowing consumers and providers to directly contact the Doorway for services. The Doorways are responsible for providing screening, evaluation, supported referrals, and care coordination for the clients throughout their experiences along the continuum of care. Referrals from the Doorways are to services across all ASAM levels of care. This high-touch care coordination allows for more integrated care with the clients' physical and mental health needs. To avoid duplication, the Doorways locations are coordinated with hospitals in regions of the Integrated Delivery Networks (IDNs) funded by NH's CMS 1115(a) Transformation Waiver, which are regional networks of providers responsible for providing integrated care that addresses an individual's physical and behavioral health needs. This alignment ensures that the Doorway is leveraging community partners that are made up of existing provider services that are already in place through the IDNs and through other state contracts. Additionally, the Doorways manage a flexible needs fund that service delivery providers across the continuum can access to ensure the individuals whole-health needs are met. This fund covers costs to support the individual's needs around recovery housing, transportation, non-reimbursable services supported by evidence and other needs that enable an individual's full participation in treatment and recovery services. The Doorways are also required to have staff with expertise in assisting special populations, including Veterans and service members, individuals with or at-risk of infectious disease and HIV/AIDS, pregnant women, and individuals post-opioid overdose. The Doorways are also responsible for distribution of naloxone and training on its administration for individuals being served by the Doorway, its related community partners, and for the general public.

Over the last two years, NH has rapidly deployed more than $55M in SOR funding to address the initiatives and priorities outlined in the state's first proposal. Since that time, services being implemented have worked closely with the Department to identify continued service gaps and target populations that remain challenged as a result of both financial and service capacity barriers. Additional SOR funds enable NH to address these barriers. The Doorway model has enabled the state to hear directly from entities working with OUD clients on accessing services to support recovery. NH's allocation of these SOR resources is largely based on direct feedback from Doorways and community partners that have been working to assist clients in overcoming specific barriers to recovery. NH intends to use these new SOR funds to enhance existing investments to build capacity even further and to create sustainability of these services long term. The Doorways will be expanding in-person 24/7 coverage in high volume regions through this funding based on documented need over the previous SOR project period. Additional needs identified through the implementation of the previous SOR funding will also be addressed, including overnight respite, stimulant misuse and expanding recovery support services. These initiatives are outlined below in more detail.

Access to care*:* The establishment of 9 access points (Doorways) throughout the state has continued to simplify access in NH. Based on learnings over the last year, this funding will support Doorways expanding 24/7 access in-person in high volume locations. NH has implemented a one-stop shop model to manage crisis calls and promote information access

through a centralized website and 2-1-1 call center. The Doorway website https://www.thedoorway.nh.gov/ and the 2-1-1 call line will continue to be supported through this SOR funding with enhancements based on continued learning and needs assessment. The state is moving towards an integrated crisis response system including mental health and SUD across the lifespan. SOR funds will compliment NH's work to create Mobile Crisis Response Teams (MCRT) including continuing current SOR investment in adding SUD specific resources to the MCRT in the state's largest city. Funds will also assist in enhancing telehealth availability throughout treatment settings with a focus on rural and underserved areas. Most recently, COVID-19 has been dramatically impacting telehealth services for SUD. DHHS projects telehealth will be utilized more extensively and effectively post COVID-19 based on providers and clients gaining a clearer understanding of the opportunity it presents for continuity of care.

Prevention: NH's investment in prevention will include continued Naloxone training and distribution. SOR funds will be used to implement a public education campaign, adjusting to target more local resources, reaching vulnerable populations and geographic areas with a dearth of services and primary prevention messaging including stimulants which have not been a part of prior messaging. Given the well-documented link between childhood trauma and SUD, and the rising rates of removals of children resulting from SUD involvement, these funds will also support ongoing prevention projects including Strength to Succeed (STS), a program serving DCYF families with SUD as part of an assessment or open case. Additionally, funds will be used to expand training opportunities for older adults that are caring for a minor child due to DCYF involvement using the Parenting a Second Time Around curriculum. STS has expanded from serving families with children from the age of 0-6 to 0-10. SOR resources will also be used to expand the availability of prevention strategies through the Community-based Adverse Childhood Experiences Crisis Team Project in various areas throughout the state.

Treatment: NH will continue to expand access to MAT through multiple settings for the general population as well as specialty programs for pregnant women and incarcerated individuals. Ongoing SOR funding will continue financial assistance for MAT providers and additionally will support improving expanded prescribers' abilities to provide MAT services and the Doorways' provision of MAT. NH has significantly increased the number of waivered prescribers over the last two years and is now expanding its focus with these funds to ensure new prescribers fully utilize their waivers to deliver MAT services following the training period – full utilization by providers is an important component of the State's plan to increase access to treatment.

In addition to MAT, NH understands the importance of ensuring access to all ASAM levels of care. Maintaining and expanding access to post-assessment treatment services at clinically appropriate levels allows NH to establish a robust and effective continuum of care. NH is expanding availability of these needed services through ongoing support of treatment providers across ASAM levels. Additionally, SOR funds will support ongoing training, technical assistance, and educational opportunities to support the implementation of evidence-based programs and be expanded to include evidence-based trainings addressing stimulant misuse. Treatment investments continue to serve specialty populations including existing projects serving individuals re-entering the community from corrections, pregnant women and new parents with SUD. This next iteration of SOR will allow NH to strengthen expertise at the Doorways to serve specialty populations including Veterans, service members and individuals with or at-risk of infectious disease, including HIV/AIDS, and solidify referral protocols for testing.

Recovery: Continuation and expansion of peer recovery support services provided at Recovery Community Organizations (RCOs) to support non-reimbursable services and operational costs associated with service expansion including, but not limited to, certified recovery support workers, family supports, addressing housing needs and workforce readiness.

Housing: Housing is a primary concern for NH including the availability of short-term respite needs as a critical component of a successful Doorway system. NH will maintain support for, and expansion of, recovery housing including the supportive services offered at these facilities.

NH will use the GPRA data collection and FOA follow-up requirements to identify the outcomes of each initiative funded with SOR resources to inform sustainability plans using the SAMHSA Block Grant as well as other State and Federal resources upon SOR grant end. This funding support for data collection, evaluation and ongoing technical assistance is critical to address challenges in the development of this system and creating long term sustainability. The Doorways are building sustainability through third-party billing which was an early challenge but is gaining momentum. NH will dedicate resources for evaluation of SOR programs to measure success, analyze outcomes, and inform future planning for NH. All of the projects NH proposes will meet the state's system goals and the intent of the FOA by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery services for SUD.

B-3. Implementation Timeline

YEAR ONE Key Activities	Time Frame	Responsible Staff	Milestone
Work completed ahead of award notification to ensure fidelity to rapid service expectations			
RFPs for new or continuing projects created and posted	August-September 2020	SOR Project Director DHHS Staff	RFP written and Posted to State Website
RFP Review and Selection	September-October 2020	SOR Project Director DHHS Staff	Review team meets, formal selection notice sent
Sole source contracts amended and prepared for execution	September-October 2020	SOR Project Director DHHS Staff	Contract amendments completed
Work completed following notice of award			
DHHS formally accepts federal funds	September 2020 October 2020 (Fiscal Committee meeting)	DHHS Commissioner DHHS Commissioner	Federal funding received NH Fiscal Committee approves fund acceptance
State completes cooperative agreements	October 2020	DHHS Staff	Agreements executed

DHHS staff attend SAMHSA meetings and webinars and receive TA	October 2020 + on-going	SOR Project Director, DHHS Staff Opioid Coordinator	Attendance and participation
Contracts for vendors presented to Governor and Council and funds dispersed	November 2020	DHHS Commissioner	Funds received by vendors
Vendors continue delivering services or begin delivering new services	November 2020	Vendors	Eligible service activities evidenced
Data collection and reporting processes are implemented or continue where already in place as required	November 2020 + on-going	SOR Project Director DHHS Staff Vendors	Quarterly reports submitted
Annual report submitted to SAMHSA	September 2021	SOR Project Director DHHS Staff Opioid Coordinator	Report completed and submitted
YEAR TWO Key Activities	**Time Frame**	**Responsible Staff**	**Milestone**
Vendors continue delivering services	On-going	Vendors	Eligible service activities evidenced
Data Collection and Reporting	Monthly	SOR Project Director DHHS Staff Opioid Coordinator Vendors	Data collected and reported
Final Report to SAMHSA	September 2022	SOR Project Director DHHS Staff Opioid Coordinator	Report completed and submitted

Section C: Proposed Evidence-Based Service/Practice (approximately 2 pages)

C-1. Evidence Based Practices. For the treatment projects, MAT will be the preferred service for individuals presenting with an OUD. NH will only support programs that utilize medications approved by the Food and Drug Administration (FDA), and MAT programs that are clinically driven and tailored to meet each patient's needs using ASAM criteria for placement of care and continuous treatment planning. Currently, all Doorways refer to MAT when clinically appropriate, however, continued SOR funding will assist in Doorways additional provision of MAT services on-site.

Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice. Recovery support services incorporate a full range of social, legal, and other services that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people in and seeking recovery and their families. Recovery support services also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and

peer-operated services. These SOR grant funds will not only continue to support Recovery Community Organizations across the state but allow NH to expand support to additional RCOs, thereby increasing access to peer supports through more physical locations, as well as, additional services.

Nurturing Families is NH's current evidence-based program being used for the Strength to Succeed project, which has seen over 500 parents/caregivers and over 800 children since implementation. NH is also utilizing the award-winning Parenting a Second Time Around (PASTA) curriculum to provide grandparents and other kinship caregivers with information, skills, and resources designed to enhance their abilities to provide effective care for the young relatives they are parenting.

All Recovery Housing contracts state that the house must be in compliance with National Alliance for Recovery Residences (NARR) standards. As part of NH's focus on evidence-based practices, NH has worked with the recently established NH Coalition of Recovery Residences, the state NARR affiliate, and this organization is certifying houses across the state.

NH will continue to expand targeted Naloxone distribution using a harm reduction model to people who use drugs and family members in community settings, as well as in criminal justice and treatment facilities (both inpatient and outpatient). NH will target individuals who are about to be released from supervision and/or cease treatment to receive overdose response training and naloxone kits prior to their exit from the program or facility as supported by the CDC's evidence-based strategies for preventing opioid overdose.[8]

Any program supported by SOR funds will be required to be identified as clinical best practice in accordance with ASAM, listed as an appropriate intervention on the SAMHSA Evidence-Based Practices Resource Center, published in a peer-reviewed journal and found to have positive effects, based on a theoretical perspective that has validated research, or supported by a documented body of knowledge generated from similar services that indicate effectiveness.

Section D: Staff and Organizational Experience (approximately 1 page)

D-1. Experience of the Department. DHHS manages contracts, training resources, public information dissemination and collaborative initiatives with other state agencies and with community organizations. The Department is well-positioned to facilitate the expansion and enhancement of MAT as evidenced by the extensive work the state has initiated over the last several years to develop a statewide approach to MAT. The Bureau of Drug and Alcohol Services (BDAS) and SOR staff have managed several Federal grants and implemented large projects that focus on increasing MAT in FQHCs across the state, hospital-owned primary care practices, hospital emergency departments, several providers with regional reach, providers targeting pregnant and postpartum women, and a pre-release program with the Department of Corrections (DOC), as well as efforts to train additional waivered prescribers and track how many clients prescribers are serving. BDAS is also well-positioned to engage existing Recovery Community Organizations (RCOs) and support additional RCOs with program expansion due to the extensive work that continues to build a recovery service system in NH. Investments in a statewide Peer Recovery Support Services (PRSS) facilitating organization and PRSS

[8] https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf).

Community of Practice enable BDAS to utilize existing infrastructures to roll out the recovery projects and engage a multitude of RCO representatives in one location. SOR prevention-targeting efforts have included public messaging and programs working with children and families, additionally, BDAS has a long history of prevention work and oversees work with Substance Misuse Prevention Coordinators in all thirteen public health regions across the state. DHHS has a current Request for Proposals posted for expanding treatment and recovery housing options utilizing state general funds. Further, DHHS's ability to successfully implement the projects in this proposal are evident in its qualified and experienced staff, its strong relationships with the collaborating divisions and other state agencies (DCYF, DPHS, DOC), its relationship with the specialty substance use disorder treatment providers, the behavioral health system, and its key role and active participation with the NH Governor's Commission on Alcohol and Drug Abuse. NH DHHS is successfully utilizing the SOR funding it has been awarded and is positioned to quickly deploy this additional funding to build on the foundation and continue, enhance, and expand projects to address needs and gaps in the NH system of care.

D-2 Staff Positions and Key Personnel. State Opioid Coordinator – Annette Escalante has served as the Director Bureau of Drug and Alcohol Services for two years, with extensive experience working with clients and managing provider agencies. She oversees prevention, treatment and recovery efforts and is a member of the Management Team for the Division of Behavioral Health. Ms. Escalante is also the Executive Director of the Governor's Commission on Alcohol and Other Drugs (members include multiple state agency heads and subject matter experts), which provides direction and funding for multiple initiatives and monitors coordination among the various efforts and funding streams to address the opioid crisis. She also supervises the SOR Project Director, informing and coordinating SOR efforts with BDAS programs. 20% FTE in-kind.

SOR Project Director - Don Hunter is the SOR Executive Project Manager and provides day-to-day management of ongoing and new SOR activities and staff. Within DHHS, he has worked in the areas of Medicaid, managed care, mental health, long term services, and drug and alcohol services (including the STR Grant). 100% FTE **Key Personnel**

SOR Project Coordinator – Barry Sandberg is the SAMHSA point of contact for SOR-related items and oversees project activities. His background includes planning, program, and management experience in the public and nonprofit sectors, including health care, elder affairs, corrections, and HIV/AIDS. 100% FTE **Key Personnel**

SOR Contracts and Program Manager – Amanda Spreeman is responsible for implementation and maintenance of contract and procurement projects for SOR funded initiatives, as well as ongoing contract management and monitoring of SOR projects. She coordinates contract oversight with existing Bureau of Drug and Alcohol Services staff to avoid duplication in oversight and communications with vendors around SOR specific expectations. 100% FTE.

SOR Data Coordinator – NH SOR team is recruiting for this position, which recent became vacant and is responsible for overseeing the collection, utilization and management of the data generated by SOR services. The data coordinator is key to ensuring compliance to onboarding vendors to SPARS and ensuring accurate use and reporting of the GPRA interviews. 100% FTE.

SOR Finance Manager – Melissa Girard is responsible for overseeing the financial reporting and invoicing management for SOR services. The Finance Manager is key to ensuring compliance with Federal financial expectations and collaborating with the Project Director on meeting reporting deadlines and deliverables for expenditure of funds. 100% FTE.

SOR Program Auditor – Susan Ryan performs audit and quality improvement functions for all SOR funded initiatives. This position is also responsible for aiding in ongoing contract development and compliance, maintenance and oversight of expectations with State and Federal deliverables and regulations, and coordination with the SOR Data Coordinator to ensure that data required for these funds are appropriately collected and reported timely. 100% FTE.

Section E: Data Collection and Performance Measurement (approximately 1 page)

E-1 Collection and Utilization of Data. NH will continue to follow the same data collection, reporting and monitoring protocols for initiatives supported with additional SOR funds. NH uses the Web Information Technology System (WITS) for program management, evaluation, data collection, and reporting purposes. WITS is an Electronic Health Record with Meaningful Use Certification, focused on Behavioral Health and related safety net programs and used for SUD treatment for all levels of care, with Treatment Episode Data Set (TEDS) and National Outcomes Measurement (NOMs) reporting, management of data sharing through a 42 CFR Part 2 compliant consent and referral module, Opiate Treatment Programs (OTPs), prevention programs, Federal grant management, including full integration with GPRA reporting systems and support of Block Grant and SOR reporting requirements. With this system, NH is able to collect and report on data at the client, program, and provider levels. Although some DHHS providers do not use the full WITS system (they use another proprietary system embedded in the larger organization), they are still contractually obligated to report the full NOMS/TEDS data through WITS. All SOR treatment and recovery support vendors will utilize WITS for data entry or arrange to report to SAMSHA directly if they are already using another system that is deemed appropriate. The WITS system, along with data being collected through contract requirements and other state agencies, will allow for the reporting of all required performance measures. These include required client-level data on diagnoses, demographic characteristic, substance use, services received, types of MAT received, length of stay in treatment, employment status, criminal justice involvement, and housing. WITS' current version of the Discretionary Services GPRA tool supports data collection for the SOR program, including the intake, 6 month, and discharge GPRA interviews. The system includes an automated, nightly upload of all completed GPRA data to the SPARS system. WITS also includes a follow-up due screen and related alerts to ensure that the State can monitor the GPRA follow ups that are coming due, as well as monitor compliance with the grant's completion requirements. WITS also allows the tracking of a client that is placed into any program of care, including the evidence based criteria that are used for SOR programs. NH will update the WITS system to accommodate additional data elements that are required post-award.

In early 2020 DHHS completed implementation of a daily data interface of treatment service and GPRA data from WITS to the DHHS Enterprise Business Intelligence data warehousing environment. As part of this integration linkage to Medicaid member and claims data is performed on an ongoing basis to allow for identification of MAT service users and evidence of misuse of opioids. An additional data table and load process have been created to store monthly summary Doorway data. The integration of data into the DHHS enterprise environment will also allow develop of interactive program dashboards utilizing the existing enterprise Tableau server. Data collection will continue with entry into the WITS or comparable system by vendors and by the SOR Project Staff. All data will be reviewed and analyzed by SOR staff and DHHS analysts.

NH SOR BUDGET AND JUSTIFICATION

FEDERAL REQUEST

A. PERSONNEL

PERSONNEL					
Position	**Name**	**Key Staff**	**Annual Salary/Rate**	**Level of Effort**	**Cost**
(1) State Opioid Coordinator	Annette Escalante	No	In-kind cost	20%	$ -
(2) SOR Program Director	Don Hunter	Yes	$	100%	$ 90,773.00
(3) SOR Project Coordinator	Barry Sandberg	Yes	$	100%	$ 62,930.00
(4) SOR Data Coordinator	Currently Vacant	No	$	100%	$ 64,032.00
(5) SOR Program Auditor	Susan Ryan	No	$	100%	$ 52,590.00
(6) SOR Finance Manager	Melissa Girard	No	$	100%	$ 57,198.00
(7) SOR Contracts and Program Manager	Amanda Spreeman	No	$	100%	$ 60,470.00
FEDERAL REQUEST					**$ 387,993.00**

1. The State Opioid Coordinator is responsible for ensuring coordination among the various streams of federal funding coming to the state to address the opioid crisis. This position works closely with the Project Director, SOR Project Staff, DHHS and other state agencies' leadership, and the Governor's Office towards a coordinated response to the crisis.
2. The SOR Project Director provides daily oversight of the grant. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings. This position is considered key staff for the SOR projects.
3. The SOR Program Coordinator aids in implementation and oversight of project services and activities, including aiding in training, communication and information dissemination to sub-recipients. This position is considered key staff for the SOR projects.
4. The SOR Data Coordinator is responsible for overseeing the collection, utilization and management of the data generated by SOR services. The data coordinator ensures compliance by onboarding vendors to ensure accurate use and reporting of the GPRA interview, as well as maintaining oversight of the 80 percent follow up rate requirements.

5. The SOR Program Auditor performs audit and quality improvement functions for all SOR funded initiatives. This position assists ongoing contract development and compliance, maintenance and oversight of expectations with State and Federal deliverables and regulations, and coordination with the SOR Data Coordinator to ensure that data required for these funds are appropriately collected and reported in a timely manner.
6. The SOR Finance Manager oversees the financial reporting and invoicing management for SOR services. The Finance Manager ensures compliance with Federal financial expectations and collaborates with the Project Director on meeting reporting deadlines and deliverables for expenditure of funds. The Finance Manager also aids in sustainability planning for SOR funded initiatives to ensure continued service access once the grant period ends.
7. The SOR Contracts and Program Manager is responsible for implementation and maintenance of contract and procurement projects for SOR funded initiatives, as well as ongoing contract management and monitoring of SOR projects. The SOR Contracts Manager coordinates contract oversight with Bureau of Drug and Alcohol Services staff to avoid duplication in oversight and communications with vendors around SOR specific expectations.

B. FRINGE BENEFITS

PERSONNEL				
Position	**Name**	**Rate**	**Total Salary Charged to Award**	**Total Fringe Charged to Award**
State Opioid Coordinator	Annette Escalante	In-Kind cost	$0	$0
SOR Project Director	Don Hunter	63.51%	$90,773.00	$57,650.00
SOR Program Coordinator	Barry Sandberg	63.51%	$62,930.00	$39,967.00
SOR Data Coordinator	Vacant, to be hired within 60 days of anticipated award	63.51%	$64,032.00	$ 40,667.00
SOR Program Auditor	Susan Ryan	63.51%	$52,590.00	$33,400.00
SOR Finance Manager	Melissa Girard	63.51%	$57,198.00	$36,326.00

SOR Contracts and Program Manager	Amanda Spreeman	63.51%	$60,470.00	$38,405.00
FEDERAL REQUEST				**$246,415.00**

NH Department of Health and Human Services Fringe benefits are comprised of:

Fringe Category	**Rate**	**Details**
Health Insurance	33.49%	-
Dental Insurance	1.93%	-
Retirement	11.93%	-
Social Security	6.20%	-
Medicare	1.45%	-
Additional Fringe	8.51%	Used to reimburse the general fund for payments to retiree's health insurance. Required for all pension covered positions that are paid from sources other than general funds
Total	**63.51%**	

The fringe benefit rate for full-time employees for years one and two is calculated at 63.51%.

C. TRAVEL

TRAVEL				
Purpose	**Destination**	**Item**	**Calculation**	**Travel Cost Charged to the Award**
(1) Local travel	Various NH locations	Mileage	3,400 miles x $0.575/mile	$1,955
FEDERAL REQUEST				**$1,955**

1. Local travel is needed to attend SOR-related local meetings, project activities, site visit audits of sub-recipients, and training events. Local travel rate is based on organizations policies/procedures for privately owned vehicle reimbursement.

D. EQUIPMENT

NH does not intend to utilize SOR funding for equipment.

E. SUPPLIES

SUPPLIES		
Item(s)	**Rate**	**Cost**
(1) General Office Supplies	$250/month x 12 months	$ 3,600.00
(2) Postage	$20/month x 12 months	$ 240.00
(3) Software	$490/license X 2	$ 980.00
FEDERAL REQUEST		**4,820.00**

1. Office supplies are needed for general administration and operation of SOR projects.
2. Postage is needed for general administration and operation of SOR projects.
3. Software is needed for project work, management, oversight and any SOR related presentations and communications.

F. CONTRACTS

Name	**Service**	**Rate**	**Other**	**Cost**
Access				
(1) Regional Doorways for 24/7 access Reallocate Doorway funding to support enhancing 24/7 access in-person in high volume locations	Core services: screening, assessment, service referral, care coordination, recovery monitoring, Naloxone distribution, GPRAs (Includes flexible needs fund for non-reimbursable services)	5,000 individuals served per year 13,000 naloxone kits/year @ $75/kit and $1 shipping	Amend contracts with existing qualified vendors with any needed scope revisions effective date no later than Dec 2020 (Vendors named in justification below)	$10,120,000
(2) One stop website for information and access to Doorway system	Information and Education	Includes costs for website maintenance	Website created under first SOR grant and will need	$50,000

(https://www.thedoorway.nh.gov/)			maintenance costs only	
(3) Call center through 2-1-1 for SUD information and service referral	Information and Referral to Treatment Services	Includes costs for staffing, supplies, training, and call-center operations and includes flex funds for respite beds and transportation needed outside of Doorway operating hours	Sole Source contract with existing qualified vendor (Granite United Way)	$476,000
(4) Mobile Crisis Services and Supports for Opioid Use Disorder	Opioid mobile crisis response teams for individuals with substance use disorder	Includes costs for continued delivery of mobile crisis services	Contract amendments with existing qualified vendor (Mental Health Center Greater Manchester)	$500,000
Prevention				
(5) Public outreach campaign including focus on more localized resources, most vulnerable populations and to include primary prevention for stimulants in messaging.	Media and marketing services	Historical cost for ad-buys, messaging development, print materials	Procurement for services with contract effective date no later than Dec 2020	$250,000
(6) Adverse Childhood Experience Response Program	Prevention Services	Includes costs for continued delivery and possible expansion of community-based prevention programming.	Contract amendment with existing qualified vendor/s	$240,000
(7) Strength to Succeed programming targeted to families with SUD	Prevention Services	Includes costs of continued delivery and possible expansion of community-based prevention programming.	Contract amendments with existing qualified vendors	$1,423,800
(8) Department of Corrections - Naloxone distribution and education	Overdose Prevention	Includes costs for education and distribution of naloxone kits to those released to community from DOC including	MOU with the Department of Corrections	$600,000

		probationers, parolees and their family		
Treatment				
(9) Facilitating Organization (FO) for Pregnant/Postpartum Women (PPW) for Medication Assisted Treatment (MAT)	Treatment services	Integrated Medication Assisted Treatment services to pregnant, postpartum and parenting women diagnosed with SUD to continue to expand services to cover broader area of the state	Procurement for services with contract effective date no later than Dec 2020	$120,000
(10) MAT Expansion in the Community and for PPW	Treatment services	Includes costs for staffing, supplies, training, medication payments for un/underinsured	Contract amendment with existing qualified vendor/s	$1,824,000
(11) MAT Waiver Tracking & Provider Engagement	Tracking system and outreach to engage providers to use waiver	Includes costs for tracking system and staffing for engagement	Contract amendment with existing qualified vendor (NH Medical Society)	$30,000
(12) MAT induction for individuals in corrections	Treatment services	Includes costs for staffing, training, equipment, and medication purchase	MOU with the Department of Corrections	$1,007,500
(13) Room and Board coverage for Medicaid Eligible Clients with OUD or stimulant use receiving ASAM Levels of Care 3.1-3.5	Treatment services	$100 per diem	Contract amendments with existing qualified vendors	$4,600,000
Recovery				
(14) Peer recovery supports for pregnant women/parents	Treatment and Recovery Services	Includes costs for staffing, supplies, training, service reimbursements for un/underinsured	Contract amendments with existing qualified vendors or procurement for services with contract effective date no later than	$720,000

			Dec 2020 to support population of PPW with additional recovery supports	
(15) Peer Recovery Support Services at Recovery Community Organizations (RCO), expansion of services and locations throughout the state	Recovery services	Includes costs for staffing, supplies, training, recovery support reimbursements for un/underinsured	Contract amendments with existing qualified vendor or procurement for services with contract effective date no later than Dec 2020 to develop capacity and enhance services at RCOs	$1,360,000
(16) State EHR maintenance for data collection	Maintenance to Web Information Technology System to ensure adequate data collection software for GPRA and follow-up requirements	Includes maintenance costs	Contract amendment with existing qualified vendor Included as part of 2% allowable for data collection costs	$50,000
(17) Care Coordinators working with people re-entering the community post incarceration	Recovery services	Includes costs for staffing, supplies, training	MOU with the Department of Corrections	$367,301
Housing				
(18) Expand access to recovery housing-funding evidence based support	Recovery Housing	Includes costs for staffing, supplies, training, recovery support	Contract amendments with existing qualified	$417,200

services delivery at recovery housing		reimbursements for un/underinsured	vendors or procurement for services with contract effective date no later than Dec 2020	
(19) Provide safe and secure space and non-clinical, non-medical supervision to individuals in crisis due to their substance use who are seeking treatment services.	Respite Housing	Includes costs for staffing, supplies, training, and respite services.	Contract amendments with existing qualified vendors and procurement for services with new vendor with contract date no later than Dec 2020	$2,220,000
Other/Misc.				
(20) Technical Assistance	UNH (master agreement) - Institute for health Policy and Practice to provide technical assistance to Medicaid and other programs	Includes historical costs for staffing, supplies and technical assistance services with increase to account for expansion of TA to include evaluation and outcomes across SOR projects.	Amend contract with existing vendor (UNH Institute on Health Policy and Practice)	$250,000
(21) Vocational training and workforce readiness initiative for people in recovery and coordinated with Recovery Friendly Workplace	Recovery services	Includes estimated costs for staffing, supplies, training	Contract with qualified vendor(s)	$250,000
(22) Expand education and training available to support evidence-based implementation of funded programs and key training needs,	Training and Education	Includes historical costs for staffing and training for a minimum of 5 trainings/year	Contract amendment with existing qualified vendor	$200,000

including trauma-informed trainings, treatment for stimulant use disorders				
FEDERAL REQUEST				**$27,075,801**

JUSTIFICATION:

1. NH will amend contracts with existing qualified vendors to continue to provide Doorway services that include statewide coverage for client assessment, evaluation, referral, care coordination, financial assistance, service availability tracking, telehealth services, MAT induction and naloxone distribution. Costs are based on actual annual cost of naloxone purchase and historical expenses of Doorways and projected costs to expand in-person availability 24/7 in high volume areas. Sub-recipients include Concord Hospital, Catholic Medical Center, Southern NH Medical Center, Cheshire Medical Center, Dartmouth Hitchcock, Androscoggin Valley Hospital, Littleton Regional Hospital, Wentworth Douglass Hospital, and Lakes Region General Hospital.
2. Maintenance cost for existing public facing website (moving to be maintained by DHHS internally) that aids in consumer navigation of services for SUD. Website ensures access to immediate assistance that will coordinate with the Doorways (1) and 2-1-1 crisis call center (3) to ensure timely access to care. Costs based on organizational history of expenses related to website maintenance.
3. Existing qualified sub-recipient (Granite United Way) to ensure access to immediate assistance through a crisis call center through 2-1-1 that will coordinate with the Doorways (1) to ensure timely access to care. Costs based on historical contract with sub-recipient.
4. Existing qualified sub-recipient (Mental Health Center of Greater Manchester) to provide mobile crisis services and supports to individuals who are in crisis related to their opioid use or post opioid overdose. Costs based on organizational history of expenses related to mobile response team implementation for similar populations.
5. Procurement for sub-recipient(s) to develop public education campaign including localized resources, primary prevention messaging including stimulants, as well as, targeting outreach to vulnerable populations. Costs based on organizational history of expenses for similar campaign.
6. Existing qualified sub-recipients to provide evidence-based prevention services for children up to age 18 who are exposed to adverse childhood experiences as a result of substance misuse. Costs based on organizational history of expenses.
7. Existing qualified sub-recipients to provide targeted prevention programming for DCYF-involved families with SUD. Costs based on organizational history of expenses.

8. The MOU with the sub-recipient (NH Department of Corrections) to provide naloxone and training for naloxone administration to those released to community from DOC including probationers, parolees and their family. Cost based on actual spending in current contract. These services will coordinate with the Doorways (1) and the project for re-entry care coordination (17).
9. Existing qualified sub-recipients to provide comprehensive Medication Assisted Treatment (MAT). These funds will increase access to MAT for pregnant women with OUD. Funding will be used for direct patient treatment and recovery services for patients who are uninsured or under insured. Costs based on organizational history of expenses for provision of MAT services.
10. NH will amend contracts with existing qualified sub-recipients to continue and expand MAT and opioid treatment programs. These funds will cover care coordination and data collection expenses to meet grant and contract requirements as well as funding for direct patient MAT services for clients. Funding for direct services will be limited to those who are underinsured or uninsured. Costs based on historical expenses for MAT expansion efforts.
11. Existing qualified sub-recipient (NH Medical Society) to engage DATA waivered prescribers with the goal of increasing waiver utilization post training. Costs based on historical contract with sub-recipient.
12. The MOU with the sub-recipient (NH Department of Corrections) to expand MAT induction for individuals in the care of corrections department. These services will coordinate with the Doorways (1) and the project for re-entry care coordination (17). Funding will be used for direct patient treatment and MAT services for patients who are uninsured or under insured and for services that are often not covered by traditional payer systems for those who are incarcerated. Costs based on organizational history of expenses related to MAT provision at the correctional facility.
13. Existing qualified sub-recipients (multiple substance use disorder treatment vendors) to maintain and expand residential levels of care (ASAM Levels 3.1-3.5) for individuals with SUD. Costs based on organizational history of expenses for residential treatment services.
14. Sub-recipients to expand peer recovery support and education services for individuals who are pregnant and/or are parents of children up to age ten by adding more service locations around the state and training more individuals in the delivery of the Sober Parenting Journey curriculum, allowing for the program to reach beyond the service locations.
15. Qualified sub-recipient to provide Facilitating Organization services to support Recovery Community Organizations (RCOs) to provide peer recovery support services. Funds will also be used to stand up new RCOs throughout the state. Costs based on organizational history of expenses.

16. Maintenance to electronic health record and data collection system that enables sub-recipients to meet SOR GPRA and follow-up requirements. Costs based on organizational historical experience in maintaining WITS system.
17. The MOU with the sub-recipient (NH Department of Corrections) to provide SUD case management to individuals re-entering the community from any correctional facility or State-run transitional housing. These services will coordinate with the Doorways (1) and the DOC naloxone distribution (8). Costs based on organizational expenses related to care coordination at the correctional facility.
18. Existing qualified sub-recipients and procurement for additional sub-recipients to expand access to legitimate recovery housing services. Funds used for services that are often not covered by traditional payer systems. Facilities will be prohibited from using funds for brick and mortar investments. Costs based on local recovery housing estimates.
19. Existing qualified sub-recipients to provide crisis respite beds to Doorway (1) clients during waiting period for appropriate level of care. Cost based on current contracts for services.
20. Existing qualified consultants (the University of NH, Institute for Health Policy and Practice) to provide technical assistance, data analysis, and program evaluation to support and improve SOR projects.
21. Qualified sub-recipients to expand access to vocational training opportunities and workforce readiness initiatives for individuals entering or in recovery. Costs based on organizational estimate of expenses.
22. Procurement for single sub-recipient to expand access to a menu of education and training opportunities for prevention, treatment and recovery trainings related to SUD and evidence-based SUD services and interventions including stimulants. Training services necessary to ensure adequate implementation of SOR funded initiatives. Costs based on organizational history of training initiatives.

G. CONSTRUCTION

NH does not intend to utilize SOR funding for construction

H. OTHER COSTS

FEDERAL REQUEST

JUSTIFICATION

ACTIVITY:	SERVICES PROVIDED UNDER CONTRACT	RATE	OTHER	COST

(1) State Audit set-aside	Mandatory NH Department of Administrative Services Audit Cost @ .1% of Federal Request	0.10%	RSA 124:16 requires all agencies which receive federal funds to set-aside a percentage (.1%) of the amount received to pay for financial and compliance audits	$ 28,200.00
(2) Data collection stipends	Incentive stipends provided to providers to ensure data collection and patient follow up requirements met		Included as part of 2% allowable for data collection	$ 25,000.00
(3) Telecommunications (phone, cell phone, conference calls)	Phone, cell phone, conference calls for SOR project staff	$200/month x 5 employees x 12 months		$ 12,000.00
FEDERAL REQUEST				**$ 65,200.00**

1. Required 0.10% set aside for state of New Hampshire Department of Administrative Services audit.
2. The data incentive is needed to meet program goals in order to encourage client follow up to achieve the required 80% follow up rate at 6 months.
3. Monthly telephone costs reflect the telecommunications needs for SOR project staff and are attributed to communications for the SOR SAMHSA project only.

I. TOTAL DIRECT CHARGES

Federal Request- Total Direct Charges **$27,782,184**

J. INDIRECT COST RATE

CALCULATION:	**INDIRECT COST CHARGED TO THE AWARD**
(1) Organizations indirect cost allocation plan	$350,000.00
FEDERAL REQUEST	**$350,000.00**

1. The NH DHHS's current departmental cost allocation plan is effective July 1, 2007. The Department submitted a PACAP amendment dated September 30, 2019 for approval to the US DHHS Division of Cost Allocation for approval (submission letter and email

acknowledging receipt attached). Based on the approved DHHS cost allocation plan, costs are allocated to benefiting programs or grants based on methods contained in the plan. Allocated costs include: division administration, program administration, finance, human resources, rent, statewide cost allocation, etc. On grant applications, the allocated costs are shown as a value based on previous cost allocation analysis.

Proposed Project Period

a. Start Date: 09/30/2020 b. End Date: 09/29/2022

BUDGET SUMMARY

Category	**Year 1**	**Year 2***	**Year 3***	**Year 4***	**Year 5***	**Total Project Costs**
Personnel	387,993.00	395,753.00	403,668.00	411,741.00	419,976.00	2,019,131.00
Fringe	246,415.00	251,343.00	256,370.00	261,497.00	266,727.00	1,282,352.00
Travel	1,955.00	1,955.00	1,955.00	1,955.00	1,955.00	9,775.00
Equipment	-	-	-	-	-	-
Supplies	4,820.00	4,820.00	4,820.00	4,820.00	4,820.00	24,100.00
Contractual	27,075,801.00	27,075,801.00	27,075,801.00	27,075,801.00	27,075,801.00	135,379,005.00
Other	65,200.00	65,200.00	65,200.00	65,200.00	65,200.00	326,000.00
Total Direct Charges	27,782,184.00	27,794,872.00	27,807,814.00	27,821,014.00	27,834,479.00	139,040,363.00
Indirect Charges	350,000.00	357,000.00	364,140.00	371,422.00	378,851.00	1,821,413.00
Total Project Costs	**28,132,184.00**	**28,151,872.00**	**28,171,954.00**	**28,192,436.00**	**28,213,330.00**	**140,861,776.00**

***FOR REQUESTED FUTURE YEAR**

1. NH anticipates slight changes in the line items for some contracts and supplies in the budget between year one and year two. The year two budget estimate is $28,151,872.

2. A COLA adjustment has been built into the year two budget expectations for personnel.

TOTAL: FEDERAL REQUEST **$28,132,184**
Each year for two years