Section A: Population of Focus and Statement of Need

A-1. Populations of Focus and Service Delivery. New Hampshire (NH) intends to increase and standardize services for individuals with opioid use disorder (OUD) statewide. While services for OUD will be made available to anyone seeking assistance in NH, special populations outlined below in A-2 will be made a priority for some of the program designs in this proposal and/or will be embedded as a target population for services within the existing delivery system. These special populations include children and young adults, pregnant women, veterans and service members, individuals with or at- risk of HIV/AIDS, older adults caring for a minor child due to Division for Children, Youth and Families (DCYF) involvement, and individuals re-entering the community from incarceration.

A-2. Extent of the OUD Problem and Resources/Gaps: NH is ranked one of the healthiest states in the nation, but this recognition masks the crippling effects of alcohol and other drug misuse. NH is currently experiencing one of the worst public health crises in its history and is currently ranked as having the third highest overdose rate in the country at 39.0 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 2017, NH had 395 opioid-related deaths, 2,774 emergency naloxone (Narcan) administrations and 6,684 emergency department opioid related visits.[2]

In addition to the high rates of opioid use among the adult population, NH ranks in the top 5 in the nation for binge drinking among 12-20 year olds. According to the 2015-2016 National Survey on Drug Use and Health (NSDUH), illicit drug use among individuals aged 12-17 in NH is higher than New England and the United States. In 2015-2016, 8.98% of NH individuals aged 12-17 reported illicit drug use in the past month.[3] These youth use statistics are even more startling for children with military family members who reported higher rates of alcohol and drug misuse than youth with non-military family members.[4] This is likely exacerbated by the rate of substance use disorders among veterans (12.7%) in NH among those who served in the military since September 2001.[5] As striking as these data are, the scope of the crisis is not conveyed only by numbers, but by data that describe the impact of the crisis on New Hampshire'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). The rate of NAS births per 1,000 live hospital births in NH reached 24.4 per 1,000 in 2015. Babies born with NAS require more complex medical care, with average hospital stays of twelve (12) days. The incidence of NAS is higher among Medicaid enrollees and Medicaid costs reflect these increased costs. In 2013, Medicaid paid for 78 percent of NAS births.[6] Even while experiencing rising rates of NAS and recent investments in MAT for pregnant women, the system's ability to serve pregnant women with substance use disorder

[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, 2017 Overview. Available at https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2017-overview.pdf
[3] Center for Behavioral Health Statistics and Quality (2016). 2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates. Substance Abuse and Mental Health Services Administration, Rockville, MD. https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2016/NSDUHsaePercents2016.pdf
[4] YRBS (2015; 9th – 12th grade): Sample data (n = 14,387)
[5] National Survey on Drug Use and Health, 2013
[6] https://scholars.unh.edu/cgi/viewcontent.cgi?article=1330&context=carsey

remains limited. This disparity is demonstrated by the limited number of pregnant women served (1.7%) by state-funded substance use disorder providers.[7] This impact to families and children is further supported by data from NH's child welfare agency. In 2017, DCYF reported that 67% of children removed from their home were removed a result of substance misuse as a risk factor at the time of referral.

Additionally, while NH has not yet experienced an overall increase in HIV infections, a significant increase has been observed in the proportion of individuals newly diagnosed with HIV who report injection drug use as a risk factor; in 2017, 24% percent of new cases reported injecting drugs, a doubling over the previous 5 years. Most individuals with newly diagnosed hepatitis C virus infection also report a history of injection drug use (85% of 304 cases in 2017).[8]

Section B: Proposed Implementation Approach

B-1. Goals and Objectives. The projects that NH proposes will meet the intent of the FOA specifically by addressing the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.

NH will use SOR resources to meet the goals of the FOA 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.

Goal	Objective	Data Source(s)
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. • By August 2020, the number of DATA waivered prescribers who prescribe at least 10 MAT related medications annually will increase by 15%	• Web Information Technology System • Vendor reporting • SAMHSA DATA Waiver Registry • Medicaid Claims
NH will reduce opioid overdose fatalities	By August 2020, overdose fatalities in NH will decrease by 10-15%.	• New Hampshire Drug Monitoring Initiative

[7] NH Bureau of Drug and Alcohol Services, 2018
[8] NHDHHS unpublished data

		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.

NH intends to serve an estimated number of 5,000 individuals per year with treatment and recovery support services and 13,000 individuals per year with naloxone and overdose prevention services. The media campaign is intended to be statewide with the ability to reach the general public, estimating that approximately 1M individuals will be exposed to the messaging in some form. It is expected that year two will result in more individuals served due to year one of the grant being condensed into ten months for services given the expected time that will be used in year one to contract with vendors and deploy resources to the community. Based on these projections, the minimum number of individuals served over the two year grant period will be 2,036,000.

B-2. Implementation of Required Activities and Sustainability Plan. NH's proposal includes a robust system that will meet all of the required activities outlined in Section I-2 of the FOA. NH intends to use a combination of contract amendments with existing vendors and competitive procurement processes to establish the services outlined below. All services will be required to be "shovel ready" ensuring that the expectation of service delivery within the third month of grant award is met.

Over the last three years, NH has invested more than $30M in the substance use disorder delivery system, including several investments in new initiatives. NH sees SOR funds as an opportunity to leverage lessons learned from those system investments. NH will use these resources to invest in a re-structure that applies a systematic approach to fill critical gaps and streamlines functionality and access for the clients served. NH's ultimate focus with this re-structure is to create a sustainable access and delivery system that is both coordinated and integrated with client-centered services at its core. It is understood that taking the first step to ask for help for substance use disorder is often the hardest. The model NH proposes utilizing SOR resources for is intended to make that first step the easiest. The long term goal for this system is to be able to adapt current systems to a NH specific hub and spoke model for delivery of all services, including those for mental health and child-serving agencies.

The underlying system that supports all of the investments NH will make with these funds is a NH specific hub and spoke model for access and delivery of OUD services. The hub will apply NH's regional access point model to serve as a more comprehensive, 24/7 statewide access and referral hub with a minimum of nine physical locations and statewide coverage through telehealth services in rural and underserved areas. The locations of these hubs will be situated to ensure that no one in NH has to travel more than sixty minutes to begin the process towards recovery. The hub will receive referrals from a new crisis call center structure and through existing referring networks, along with allowing consumers and providers to directly contact the hub for services. The hub will be responsible for providing screening, evaluation, closed loop

referrals, and care coordination for the client throughout their experience along the continuum of care. Referrals from the hub will be to services across all ASAM levels of care. This high-touch care coordination will allow for more integrated care with the clients' physical and mental health needs. To avoid duplication, the hub locations will be coordinated with hospital systems 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 will ensure that the hub is leveraging spokes that are made up of existing provider services that are already in place through the IDNs and through other state contracts. Additionally, the hub will 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 will cover costs to support the individual's needs around recovery housing, transportation, non-reimbursable services supported by evidence, medication co-pays, deductible costs, and other needs that enable an individual's full participation in treatment and recovery services. The hub will also be 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. All services that these funds support will be required to have a formal information sharing and referral agreement with the hub to ensure that the client is not lost to the system and that the hub can continue to address the clients' needs through care coordination and referral agreements with existing human service agencies. The hub will also be responsible for distribution of naloxone and training on its administration for individuals being served by the hub, its related spoke providers, and for the community at large.

In addition to establishing the hub, NH will invest in expanding existing spokes and adding new spokes to support clients across the continuum while also ensuring that service capacity exists to rapidly serve clients seeking help. Treatment and recovery related efforts include:

- **One stop shop for information/access**: Implementation of a one-stop shop model to manage crisis calls and promote information access through a centralized website.
- **Expanding MAT services**: Expanding access to MAT in multiple settings and various specialty populations including Opioid Treatment Programs, emergency departments, hospital based primary care offices, and office and community based MAT providers for the general population as well as specialty programs for pregnant women and incarcerated individuals.
- **Ensuring access to residential levels of care**: Maintaining and expanding access to residential treatment services through room and board reimbursements for Medicaid eligible individuals with OUD in facilities offering ASAM Levels of Care 3.1-3.5.
- **Ensuring access to transitional living**: Supporting access to transitional living for individuals with OUD.
- **Increasing prescribers for MAT**: Expansion of MAT through additional trainings of DATA waivered prescribers. This includes establishing a tracking system for trained prescribers to ensure that services are delivered following training.
- **Expanded services to specialty populations**: Expansion of existing State Targeted Response (STR) to the Opioid Crisis projects serving individuals re-entering the community from corrections, pregnant women and new parents with OUD.

- **Increasing access to peer recovery support services**: Expansion of peer recovery support services provided at recovery community organizations to support non-reimbursable services and operational costs associated with service expansion.
- **Increasing access to recovery housing**: Expansion of recovery housing options and supportive services offered at these facilities.
- **Creating mobile crisis and telehealth service options**: Creation of mobile crisis response teams and telehealth services through the hub for individuals with OUD.
- **Increasing opportunities for employment**: Investment in vocational training and workforce readiness initiatives for individuals in recovery moving towards employment.

In addition to expanding and enhancing the services available for treatment and recovery supports, NH proposes a significant investment in the expansion and dissemination of a public messaging campaign around the risk of opioids, safe medication storage, and accessing help for those who are affected by OUD. SOR funds will be used to re-boot and expand the "Anyone Anytime" campaign that NH launched in 2014 and will expand the campaign to target specific prevention messaging for children and young adults related to OUD risks. This re-boot will also serve to ensure public awareness of new access points through the hub and the crisis call center directing individuals there to seek assistance.

Additional prevention projects will be conducted to invest in expansion of the current STR prevention project that serves DCYF families with OUD/SUD as part of an open case. NH will expand the eligible population of those served by the project with SOR resources to include DCYF assessments. Given the rising rates of removals of children resulting from OUD/SUD involvement, SOR funds will also 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. SOR resources will also be used to expand the availability of community based prevention strategies throughout school settings and for at-risk children such as the Adverse Childhood Experiences Response Team (ACERT) through Project Launch in various areas throughout the state.

Surrounding all of the SOR investments will also be an education and training initiative that will provide training, technical assistance, and educational opportunities to support the implementation of evidence-based programs funded through SOR resources, as well as direct training opportunities for key areas and professionals where training gaps exist. These targeted trainings include designing systems around trauma-informed care, addressing overprescribing in key professions (eg. dental offices), and strategies for addressing parenting needs and child development in the context of OUD.

NH sees value in the GPRA data collection and follow-up requirements in this FOA which will allow the state to identify the outcomes of each initiative funded with SOR resources to inform sustainability plans using the SAMHSA Block Grant and other State and Federal resources upon SOR grant end.

B-3. Implementation Timeline

YEAR ONE Key Activities September 2018 - August 2019	Time Frame	Responsible Staff	Milestone

Work completed ahead of award notification to ensure fidelity to rapid service expectations			
RFPs for new projects created and posted	August-September 2018	A. Shockley (Project Director) DHHS Staff	RFP written and Posted to State Website
RFP Review and Selection	September-October 2018	A. Shockley (Project Director) DHHS Staff	Review team meets, formal selection notice sent
Sole source contracts amended and prepared for execution	September-October 2018	A. Shockley (Project Director DHHS Staff	Contract amendments completed
Work completed following notice of award			
DHHS formally accepts federal funds	September 2018 October 2018(Fiscal Committee meeting)	DHHS Commissioner DHHS Commissioner	Federal funding received NH Fiscal Committee approves fund acceptance
State completes cooperative agreements	October 2018	DHHS Staff	Agreements executed
DHHS staff attend SAMHSA meetings and webinars and receive TA	October 2018 + on-going	A. Shockley (Project Director), DHHS Staff Opioid Coordinator	Attendance and participation
Contracts for vendors presented to Governor and Council and funds dispersed	November 2018	DHHS Commissioner	Funds received by vendors
Vendors begin delivering services	November 2018	Vendors	Eligible service activities evidenced
Data collection and reporting processes are implemented as required	November 2018 + on-going	A. Shockley (Project Director) DHHS Staff Vendors	Quarterly reports submitted
Mid-year progress report submitted to SAMHSA	March 2019	A. Shockley (Project Director) DHHS Staff Opioid Coordinator	Report completed and submitted
Annual report submitted to SAMHSA	September 2019	A. Shockley (Project Director) DHHS Staff Opioid Coordinator	Report completed and submitted
YEAR TWO Key Activities September 2019 - September 2020	**Time Frame**	**Responsible Staff**	**Milestone**

Vendors continue delivering services Data collected and reported	On-going On-going	Vendors A. Shockley (Project Director) DHHS Staff Opioid Coordinator	Eligible service activities evidenced through data
Mid-year progress report submitted to SAMHSA	March 2020	A. Shockley (Project Director)	Mid-year progress report submitted to SAMHSA
Final Report to SAMHSA	September 2020	A. Shockley (Project Director) DHHS Staff Opioid Coordinator	Report completed and submitted

Section C: Proposed Evidence-Based Service/Practice

C-1. Evidence Based Practices. For the treatment services in B-2, MAT will be the preferred service for individuals presenting with an OUD. NH will only support programs that utilize medications that are 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. Two medications, methadone and buprenorphine have been found to be safe for use in pregnancy and will be the two approved medications for the MAT service expansion for this population.

Recovery support services have been identified by SAMHSA as a critical service to help individuals with OUD manage their condition successfully. 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 include culturally and linguistically appropriate services that assist individuals and families working toward recovery from mental health and/or substance use problems. They 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 (EBP) such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services.

The current EBP being used for the STR prevention project is the Nurturing Families program, which was identified through technical assistance with SAMHSA during implementation of that STR project. This curriculum will be used for the expansion of the program to assessments. An additional curriculum selected for the expansion of the STR prevention project with DCYF is Parenting a Second Time Around (PASTA). PASTA is a parenting program designed for relative caregivers who are not the biological parents of the children in their care. PASTA provides grandparents and other kinship caregivers with information, skills, and resources designed to enhance their ability to provide effective care for the young relatives they are parenting. Outcome evaluations from states that have implemented the PASTA program have found that 10 out of 23 measures of parenting attitudes, behaviors, and knowledge improved significantly

between control and treatment groups, highlighting significant positive effects for caregivers participating in the PASTA Program.

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 or related services that indicate effectiveness.

Section D: Staff and Organizational Experience

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 enhance/expand MAT in NH as evidenced by the extensive work the state has initiated over the last several years to develop a statewide approach to initiate and expand office based opioid treatment. Currently the Department's Bureau of Drug and Alcohol Services (BDAS) manages several Federal MAT grants and implements three other large MAT projects that focus on increasing MAT in FQHCs across the state; hospital owned primary care practices; and hospital emergency departments. BDAS is also well positioned to engage the existing RCOs with program expansion due to the extensive work that has been done to build a recovery service system in an immensely short period of time. Investments in a statewide PRSS facilitating organization and PRSS 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. Further, DHHS's capability 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.

D-2 Staff Positions and Key Personnel. *SOR Project Director, Abby Shockley, MPH,* is the Senior Policy Analyst, Substance Use Services for the Division for Behavioral Health. Abby's work focuses on several of the Department's most significant substance use disorder initiatives, including a substance use disorder policy analysis, Medicaid SUD benefits, and Medicaid 1115(a) Waivers. Abby coordinates activities across the Department and with other State and federal agencies, and develops and strengthens relationships with external stakeholders in support of the Department's goals and public policies in the area of substance use services. Ms. Shockley currently serves as the Project Director for the STR grant through SAMHSA and will serve as the SOR Project Director by overseeing all aspects of SOR implementation at 40% FTE in-kind.

State Opioid Coordinator. The State Opioid Coordinator will be responsible for ensuring coordination among the various streams of federal funding coming to the state to address the opioid crisis. Given that the state has a multitude of leadership level positions working towards a coordinated response to the opioid crisis, this position will serve as a high-level grants coordinator to ensure consistency in goals, objectives, and measurements across multiple funding

streams throughout the state. This position will work closely with the Project Director, DHHS leadership and the Governor's Office to ensure a coordinated response to the crisis. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

SOR Data Coordinator. The SOR Data Coordinator will be responsible for overseeing the collection, utilization and management of the data generated by SOR services. The data coordinator will be key to ensuring compliance to onboarding vendors to SPARS and ensuring accurate use and reporting of the GPRA interview, as well as maintain oversight of the 80 percent follow up rate requirements. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

SOR Finance Manager. The SOR Finance Manager will be responsible for overseeing the financial reporting and invoicing management for SOR services. The Finance Manager will be key to ensuring compliance with Federal financial expectations and collaborating with the Project Director on meeting reporting deadlines and deliverables for expenditure of funds. The Finance Manager will also aid in sustainability planning for SOR funded initiatives to ensure continued service access once the grant period ends. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

SOR Project Coordinator. The SOR Project Coordinator will be responsible for overseeing the project implementation alongside the Project Director. The state will hire a Program Specialist IV as a project coordinator. The successful candidate will hold a minimum of a Bachelor's degree in behavioral health service, health care quality assurance or related degree and have a minimum of five years' experience in healthcare, behavioral health, SUD treatment, or project management. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

SOR Program Auditor. The SOR Program Auditor will serve audit and quality improvement functions for all SOR funded initiatives. This position will be 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. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

SOR Contracts and Program Manager. The SOR Contracts and Program Manager will be 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 will coordinate contract oversight with existing Bureau of Drug and Alcohol Services staff to avoid duplication in oversight and communications with vendors around SOR specific expectations. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

Section E: Data Collection and Performance Measurement

E-1 Collection and Utilization of Data **.** 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, which is focused on Behavioral Health and related safety net programs. WITS in the State of NH is used for substance use disorder 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, Impaired Driver Care Management Programs (IDCMP) service providers and Opiate Treatment Programs (OTPs), prevention programs, Federal grant management, including full integration with GPRA reporting systems and support of Block Grant reporting requirements, and voucher management system contract management of providers.

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 currently use the full WITS system because they are already using another proprietary system embedded in the larger organization, they are still contractually obligated to report the full NOMS/TEDS data through WITS which is a requirement of the Federal Block Grant that the State of NH is a recipient of. We anticipate that all treatment and recovery support vendors for the SOR projects will utilize WITS for data entry as part of their contract requirements or will arrange to report on NOMS/TEDS and GPRA data if they are already using another system that is deemed appropriate by the Department. The existing WITS system, along with data being collected through contract requirements and other state agencies, will allow for the annual progress report and reporting of all required performance measures, including 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 as required in the FOA.

NH intends to use a portion of the allowable data collection funds to invest in WITS modifications to meet the GPRA requirements of the FOA. WITS' current version of the Discretionary Services GPRA tool supports data collection for the SOR program. This includes the intake, 3 month, 6 month, and discharge GPRA interviews. The system currently includes an automated, nightly upload of all completed GPRA data to the SPARS system, and it is assumed that SAMHSA will allow the same upload for SOR GPRA data. 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 overall compliance with the grant's rules regarding 80% completion of follow ups within the specified timeframe. WITS will also allow the tracking of a client that is placed into any program of care, including the evidence based criteria that are used for that particular program of care and NH will require entry of evidence based criteria into WITS for SOR programs. The WITS system will also be updated to implement a regular data interface of treatment service data from WITS to the DHHS Enterprise Data Warehouse to allow linkage to Medicaid data. NH will also update the WITS system following notice of award to accommodate the need for any additional data elements that are required post-award.

Data collection will take place in the form of entry into the WITS or comparable system by vendors and through contract management conducted by the SOR Project Staff. All data will be reviewed and analyzed the SOR Data Coordinator and SOR Project Director.

NH SOR BUDGET AND JUSTIFICATION

FEDERAL REQUEST

A. PERSONNEL

PERSONNEL					
Position	**Name**	**Key Staff**	**Annual Salary/Rate**	**Level of Effort**	**Cost**
(1) SOR Project Director/Senior Policy Analyst	Abby Shockley	Yes	In-kind cost	40%	$0
(2) Program Specialist IV/ SOR Program Coordinator	TBD	No	$60,332	100%	$60,332
(3) Business Systems Analyst/ SOR Data Coordinator	TBD	No	$74,963	100%	$74,963
(4) Internal Auditor II/ SOR Program Auditor	TBD	No	$50,583	100%	$50,583
(5) Business Administrator II/ SOR Finance Manager	TBD	No	$57,822	100%	$57,822
(6) Program Specialist IV/ SOR Contracts and Program Manager	TBD	No	$60,332	100%	$60,332
FEDERAL REQUEST					**$304,032.00**

1. The SOR Project Director will provide 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.
2. The SOR Program Coordinator will aid in implementation and oversight of project services and activities, including aiding in training, communication and information dissemination to sub-recipients.
3. The SOR Data Coordinator will be responsible for overseeing the collection, utilization and management of the data generated by SOR services. The data coordinator will be key to ensuring compliance to onboarding vendors to SPARS and ensuring accurate use and reporting of the GPRA interview, as well as maintain oversight of the 80 percent follow up rate requirements.

4. The SOR Program Auditor will serve audit and quality improvement functions for all SOR funded initiatives. This position will be 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 in a timely manner.
5. The SOR Finance Manager will be responsible for overseeing the financial reporting and invoicing management for SOR services. The Finance Manager will be key to ensuring compliance with Federal financial expectations and collaborating with the Project Director on meeting reporting deadlines and deliverables for expenditure of funds. The Finance Manager will also aid in sustainability planning for SOR funded initiatives to ensure continued service access once the grant period ends.
6. The SOR Contracts and Program Manager will be 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 will coordinate contract oversight with existing Bureau of Drug and Alcohol Services staff members 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**
SOR Project Director/Senior Policy Analyst	Abby Shockley	N/A	-	-
Program Specialist IV/ SOR Program Coordinator	Vacant, to be hired within 60 days of anticipated award	76.25%	$60,332	$46,003
Senior Management Analyst/ SOR Data Coordinator	Vacant, to be hired within 60 days of anticipated award	76.25%	$74,963	$57,159

Internal Auditor II/ SOR Program Auditor	Vacant, to be hired within 60 days of anticipated award	76.25%	$50,583	$38,570
Business Administrator II/ SOR Finance Manager	Vacant, to be hired within 60 days of anticipated award	76.25%	$57,822	$44,089
Program Specialist IV/ SOR Contracts Manager	Vacant, to be hired within 60 days of anticipated award	76.25%	$60,332	$46,003
FEDERAL REQUEST				**$231,824.00**

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

Fringe Category	**Rate**	**Details**
Health Insurance	46.10%	-
Dental Insurance	3%	-
Retirement	12.15%	-
Social Security	6.2%	-
Medicare	1.45%	-
Additional Fringe	7.35%	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	**76.25%**	

The fringe benefit rate for full-time employees for years one and two is calculated at 76.25%.

C. TRAVEL

TRAVEL				

Purpose	Destination	Item	Calculation	Travel Cost Charged to the Award
(1) Local travel	Various NH locations	Mileage	6,800 miles x $0.545/mile	$3,750
FEDERAL REQUEST				**$3,750**

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	$188/month x 12 months	$2,256
(2) Postage	$20/month x 12 months	$240
(3) Laptops	$1,250/each x 5	$6,250
(4) Software	$780/each x 5	$3,900
(5) Office equipment (desk/chairs)	$2,500/each x 5	$12,500
FEDERAL REQUEST		**$25,146.00**

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. Laptop computers are needed for project work, management, oversight and any SOR related presentations and communications.
4. Software is needed for project work, management, oversight and any SOR related presentations and communications.
5. Office equipment is needed for general administration and operation of SOR projects.

F. CONTRACTS

Name	Service	Rate	Other	Cost
(1) Contract for State	Position will	Base salary plus	Included as	$150,000

Opioid Coordinator Staff	ensure coordination among various streams of federal funding coming into the state to address the opioid crisis	contractor supply, travel and equipment costs	part of 5% administrative cost allowance	
(2) HUB FOR 24/7 access, screening, assessment, referral and care coordination (Includes flexible needs fund for non-reimbursable services, MAT in hospitals/Emergency Departments, telehealth services, and naloxone distribution)		5,000 individuals served per year 13,000 naloxone kits/year @ $75/kit and $1 shipping	Sole source contract with existing qualified vendor(s) or procurement for service with contract effective date no later than Dec 2018	$8,830,300
(3) MAT Expansion in the Community and for Pregnant women	Treatment services	Includes estimated costs for staffing, supplies, training, medication payments for un/underinsured	Procurement for service with contract effective date no later than Dec 2018	$1,000,000
(4) MAT Waiver Training and Tracking	Training	Includes estimated costs for a minimum of 10 trainings and software purchase for tracking system	Procurement for service with contract effective date no later than Dec 2018	$27,000
(5) Anyone Anytime re-boot (including prevention component, lock it up campaign, and marketing for one stop shop for info and service access)	Media and marketing services	Historical cost for ad-buys, messaging development, print materials	Contract amendment with existing qualified vendor	$500,000
(6) Room and Board coverage for	Treatment		Contract amendments	$3,497,900

Medicaid Eligible Clients with OUD receiving ASAM Levels of Care 3.1-3.5	services	$100 per diem	with existing qualified vendors	
(7) Transitional Living payments for BDAS Eligible Clients	Transitional living	$75 per diem	Contract amendments with existing qualified vendors	$300,000
(8) State Targeted Response (STR) Expansion, includes expanded DYCF, DOC re-entry services, recovery supports for pregnant women/parents	Treatment and Recovery Services	Includes historical costs for staffing, supplies, training, service reimbursements for un/underinsured	Contract amendments with existing STR vendors	$2,450,444
(9) Peer Recovery Support Services at RCOs, includes funds for recovery housing vouchers	Recovery services	Includes estimated costs for staffing, supplies, training, recovery support reimbursements for un/underinsured	Procurement for service with contract effective date no later than Dec 2018.	$1,000,000
(10) Re-structured crisis call center through 211 for OUD information and service referral	Information and Treatment Services	Includes historical and estimated costs for staffing, supplies, training, and call-center operations	Sole Source contract with existing qualified vendor (Granite United Way)	$500,000
(11) One stop shop website for information and service access	Information and Education	Includes historical and estimated costs for website development and maintenance	Procurement for site with website available no later than Dec 2018	$150,000
(12) Expand access to recovery housing-funding evidence based support services delivery at recovery housing	Recovery services	Includes estimated costs for staffing, supplies, training, recovery support reimbursements for un/underinsured	Procurement for services with contract effective date no later than Dec 2018.	$500,000

(13) Expand community based prevention strategies throughout school settings and for at-risk children	Prevention	Includes historical and estimated costs for implementation of community-based prevention programming.	Procurement for services with contract effective date no later than Dec 2018	$300,000
(14) MAT induction for individuals in corrections	Treatment	Includes historical costs for staffing, training, equipment, and medication purchase.	MOU with the Department of Corrections	$1,000,000
(15) Vocational training stipends, workforce readiness initiative coordinated with Recovery Friendly Workplace	Recovery services	Includes estimated costs for staffing, supplies, training, stipend payments and reimbursement for non-covered clinical services.	Procurement for services with contract effective date no later than Dec 2018	$250,000
(16) Mobile crisis response for OUD	Treatment and recovery services	Includes estimated costs for staffing, supplies, training, and reimbursement for non-covered clinical and recovery support services	Procurement for services with contract effective date no later than Dec 2018	$1,200,000
(17) Expand education and training available to support evidence-based implementation of funded programs and key training needs, including trauma-informed trainings, overprescribing around key professionals (eg: dentists), and addressing parenting/child development for programs serving children, grandfamilies.	Training and Education	Includes historical costs for staffing and training for a minimum of 8 trainings/year	Procurement for services with contract effective date no later than Dec 2018	$301,229
(18) State EHR	Enhancement	Includes quoted cost from	Contract	$155,000

Enhancement for data collection	to Web Information Technology System to ensure adequate data collection software for GPRA and follow-up requirements	vendor for upgrades to system	amendment with existing qualified vendor Included as part of 2% allowable for data collection costs	
FEDERAL REQUEST				**$22,111,873**

JUSTIFICATION:

1. The contract for the position of State Opioid Coordinator will fill the required key staff position. This position will responsible for ensuring coordination among the various streams of federal funding coming to the state to address the opioid crisis. This position will work closely with the Project Director, SOR Project Staff, DHHS leadership and the Governor's Office to ensure a coordinated response to the crisis. Based on the applicants, this position will be either a contractor or a state employee. If it is determined that this position be a state employee, a budget amendment will be submitted for approval.
2. NH will sole source to existing qualified sub-recipient(s) to provide hub services that include statewide coverage for client assessment, evaluation, referral, care coordination, financial assistance, service availability tracking, telehealth services, MAT induction in hospitals and ERs, and naloxone distribution. Costs are based on review of similar organizational history of expenses and actual annual cost of naloxone purchase. If sole source vendors are unable to be identified within 30 days of grant submission, NH will procure for a sub-recipient to serve as the hub.
3. Procurement for multiple sub-recipients to expand medication assisted treatment 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 who are underinsured or uninsured and will also provide financial assistance for medication co-pays and service deductibles for eligible patients. Costs based on organizational history of expenses for MAT expansion efforts.
4. Procurement for single sub-recipient to ensure expanded DATA Waiver trainings and tracking of trained prescribers. Costs based on organization history of expenses for sponsoring trainings.

5. Existing qualified sub-recipient (NH Center for Excellence) to expand and develop public education and outreach through the Anyone Anytime media campaign. Costs based on organizational history of expenses for campaign.
6. 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 OUD. Costs based on organizational history of expenses for residential treatment services.
7. Existing qualified sub-recipients (multiple substance use disorder treatment vendors) to support access to transitional living services for individuals with OUD. Costs based on organizational history of expenses for covering transitional living.
8. Existing qualified sub-recipients (Granite Pathways, Gorham Family Resource Center, Harbor Homes, Mary Hitchcock Memorial Hospital, Dept. of Corrections) to expand existing scopes of work for State Targeted Response to the Opioid Crisis grant funded initiatives. These funds will increase access to MAT for pregnant women with OUD, re-entry care coordination for men leaving corrections, expand recovery supports for pregnant women, and expand prevention programming to child welfare involved families with OUD. Funding will be used for direct patient treatment and recovery services for patients who are uninsured or under insured and for services that are often not covered by traditional payer systems. Funding will also be used for provision of support services to enhance outcomes for the family unit (parenting education, childcare provision etc.) are key to the projects' success. Costs based on organizational history of expenses for STR projects.
9. Procurement for multiple sub-recipients to expand access to peer recovery support services (PRSS) and access to legitimate recovery housing facilities. Funds used for services that are often not covered by traditional payer systems, including vouchers for recovery housing. Costs based on organizational history of expenses for expansion of PRSS.
10. Existing qualified sub-recipient (Granite United Way) to ensure access to immediate assistance through a crisis call center through 211 that will coordinate with the Hub (2) to ensure timely access to care. Costs based on organizational history of expenses related to call-center operations.
11. Procurement for a single sub-recipient to design and maintain a public facing website that aids in consumer navigation of services for OUD. Website will ensure access to immediate assistance that will coordinate with the Hub (2) and crisis call center (10) to ensure timely access to care. Costs based on organizational history of expenses related to website development
12. Procurement for multiple 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 organizational estimates of recovery housing costs through review of national literature and local recovery housing estimates.

13. Procurement for multiple sub-recipients to expand access to evidence-based prevention strategies in schools and for at-risk children. Funds will support implementation of a plan for core prevention curriculums and community based initiatives staffing and service costs (eg: ACERT). Costs based on organizational history of and estimated expenses related to prevention program implementation.
14. The MOU with the Department of Corrections is necessary to expand MAT induction for individuals re-entering the community from corrections. These services will coordinate with the Hub (2) and the expansion of the STR project for re-entry care coordination (8). 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.
15. Procurement for multiple sub-recipients to expand access vocational training opportunities and workforce readiness initiatives for individuals entering or in recovery. Costs based on organizational estimate of expenses based on multiple reviews of similar services nationwide and local estimates from existing programs.
16. Procurement for multiple sub-recipients to expand access mobile response teams coordinated with the Hub (2) for individuals with OUD in crisis to enable successful patient outcomes. Costs based on organizational history of expenses related to mobile response team implementation for similar populations.
17. Procurement for single sub-recipient to expand access to a menu of education and training opportunities for prevention, treatment and recovery trainings related to OUD and evidence-based OUD services and interventions. Training services necessary to ensure adequate implementation of SOR funded initiatives. Costs based on organizational history of expenses related workforce development and training initiatives.
18. Existing qualified sub-recipient to ensure necessary updates to electronic health record and data collection system that enables sub-recipients to meet SOR GPRA and follow-up requirements. Costs based on quote for changes of system from current vendor (FEI).

G. CONSTRUCTION

NH does not intend to utilize SOR funding for construction

H. OTHER COSTS

FEDERAL REQUEST

ACTIVITY:	SERVICES PROVIDED UNDER CONTRACT	RATE	OTHER	COST
(1) State Audit set-aside	Mandatory NH Department of Administrative Services Audit Cost @ .001% of Federal Request	.001%	RSA 124:16 requires all agencies which receive federal funds to set-aside a percentage (.001%) of the amount received to pay for financial and compliance audits	$22,897
(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	$170,825
(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
FEDERAL REQUEST				**$205,722.00**

JUSTIFICATION

1. Required .001% 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 3 and 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 **$22,882,347**

J. INDIRECT COST RATE

CALCULATION:	**INDIRECT COST CHARGED TO THE AWARD**
(1) Organizations indirect cost allocation plan The NH DHHS submitted a departmental cost allocation plan to the US DHHS Division of Cost Allocation for approval, effective July 1, 2007. 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.	$15,000
FEDERAL REQUEST	**$15,000**

Proposed Project Period

a. Start Date: 09/30/2018 b. End Date: 09/29/2020

BUDGET SUMMARY

Category	**Year 1**	**Year 2***	**Year 3***	**Year 4***	**Year 5***	**Total Project Costs**
Personnel	$304,032	$304,728	$318,845	$318,845	$333,528	$1,579,977

Fringe	$231,824	$232,354	$243,119	$243,119	$254,315	$1,204,731
Travel	$3,750	$3,750	$3,750	$3,750	$3,750	$18,750
Equipment	0	0	0	0	0	0
Supplies	$25,146	$2,996	$2,996	$2,996	$2,996	$37,130
Contractual	$22,111,873	$21,998,098	$21,973,216	$21,973,216	$21,947,337	$110,003,740
Other	$205,722	$340,421	$340,421	$340,421	$340,421	$1,567,406
Total Direct Charges	$22,882,347	$22,747,647	$22,882,347	$22,882,347	$22,882,347	$114,277,035
Indirect Charges	$15,000	$15,000	$15,000	$15,000	$15,000	$75,000
Total Project Costs	$22,897,347	$22,897,347	$22,897,347	$22,897,347	$22,897,347	$114,486,735

***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. This is the result of several year one costs including start up investments that are not expected to be carried over into year two. The year two budget estimate is $22,897,347

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

TOTAL: FEDERAL REQUEST **$22,897,347**
Each year for two years