**North Dakota Behavioral Health Division**

**Partnership Agreement for Naloxone Distribution**

This Partnership Agreement is made and entered into by and between the North Dakota Behavioral Health Division (BHD) and [*AGENCY NAME*].

It is mutually agreed that BHD will provide naloxone to [*AGENCY NAME*] for distribution if the following requirements are met:

* Agency must adopt a policy that addresses the storage, inventory, distribution, record-keeping and data reporting back to BHD.
* Staff, volunteers, community organizations and other entities distributing naloxone acting on behalf of the agency are required to receive opioid overdose prevention and treatment training.
* Community organizations may distribute naloxone to individuals who have received training on recognition of opioid overdose and appropriate use of naloxone. For more training resources, please visit: [www.hhs.nd.gov/opioids/resources](http://www.hhs.nd.gov/opioids/resources)
* When applicable, the community organization may utilize a tracking sheet (see Appendix A) and retain a list of individuals who completed training and the date they completed the training aligning to the agency’s retention guidelines.
* Agencies must provide BHD with required data for state and federal reporting which includes but is not limited to:
  + Total number of people trained to distribute naloxone
  + Total number of naloxone doses distributed locally
  + Number of overdose reversals
* Upon request, agencies must meet with BHD staff to review inventory and distribution procedures at any time while BHD is supplying naloxone to the agency.

Failure to follow approved procedures or report timely or accurate data may result in the termination of this partnership agreement.

[*Agency Name*] Behavioral Health Division

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix A: Narcan Distribution Tracking Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE: | DISTRIBUTED BY: | | | | |
|  | | | | | |
| Name (please print) | Email | Please Check Below | | | |
|  |  | I am over 18 |  | I have received training |  |
|  |  | I am over 18 |  | I have received training |  |
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*Use a separate page for all new distribution dates*.