

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

239 North Lamar Street
1101 Robert E. Lee Building
Jackson, Mississippi 39201



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Wendy Bailey - Executive Director

NARCAN Memorandum of Understanding

This Memorandum of Understanding (MOU) is entered into between:

Mississippi Department of Mental Health (DMH) Bureau of Behavioral Health Services, and _____
Tupelo Police Dept. / Chief John Quaka (recipient) on the 10th (day) of _____
January (month), 2024 (year).

Purpose

The purpose of this MOU is to specify the obligations of both entities with respect to the delivery, training, distribution, storage, deployment, and reporting of NARCAN®.

Obligations

DMH shall:

- Deliver 105 units of NARCAN® to Chief John Quaka (recipient) on the 22nd (day) of January (month), 2024 (year).
- Provide both electronic and paper forms of an inventory tracking system (**Monthly NARCAN® Reporting Form**) for the purpose of capturing data related to the distribution, deployment, and reporting of NARCAN®.
- Provide online or in-person training on the proper administration and storage of NARCAN® to specified personnel as determined by _____ (recipient) either prior to or at the time of NARCAN® delivery.

Chief John Quaka

(recipient) shall:

- Attest to training of agency personnel prior to their personal possession of NARCAN®.
- Monitor agency personnel in possession of NARCAN® for adherence to the proper safeguarding and storage of inventory including but not limited to the following guidelines:
 - ❖ Store NARCAN® Nasal Spray at room temperature between 59°F to 77°F (15°C to 25°C). NARCAN® Nasal Spray may be stored for short periods up to 104°F (40°C)
 - ❖ Do not freeze NARCAN® Nasal Spray
 - ❖ Keep the NARCAN® Nasal Spray in its box until ready to use and protect from light
 - ❖ Replace NARCAN® Nasal Spray before the expiration date on the box
 - ❖ Keep NARCAN® Nasal Spray and all medicines out of the reach of children

- Designate the following individual as the Point of Contact for the purpose of completing and delivering the **Monthly NARCAN® Reporting Form** (see attached)

Sgt. Patrick Johnson / patrick.johnson@tupeloms.gov 662-841-6491

(Point of Contact name, email and phone #).

- The **Monthly NARCAN® Reporting Form** should be delivered electronically via email by *the 10th business day of each month*, and any related questions should be addressed to:

- Maggie.Roberts@dmh.ms.gov, 601-359-6221

- Redistribute NARCAN® among agency personnel as necessary to ensure that first-in-first-out inventory management is followed to reduce inventory loss of NARCAN® due to product expiration.

Term

The term of this MOU will remain in effect until the lesser of two (2) years from the date of signature or until the NARCAN® inventory is depleted.

Early Termination of MOU

BADS (Bureau of Alcohol and Drug Services) reserves the right to terminate the MOU at its sole discretion and demand return of all remaining NARCAN® inventory if the **Monthly NARCAN® Reporting Form becomes more than 90 days delinquent**. In the event that early termination is determined, BADS agrees to give fourteen (14) calendar days written notice to the Point of Contact who will be responsible for obtaining all remaining NARCAN® and delivering to:

Chuck Oliphant
Bureau of Behavioral Health Services
Mississippi Department of Mental Health
239 North Lamar St.,
1101 Robert E. Lee Building
Jackson, MS 39201

Signatories:

This agreement will become effective on the signature date below.

(Signature)

(Date)

Maggie Roberts for Chuck Oliphant
Bureau of Behavioral Health Services
Mississippi Department of Mental Health

(Signature)

(Date)

(Title)

(Agency)