I. PURPOSE:
To establish guidelines for the approval/disapproval of externally proposed research conducted within the New Hampshire Department of Corrections (NHDOC) and the use and dissemination of research findings. To define recidivism for the purpose of evaluating individuals under departmental control and custody and agency programs.

II. APPLICABILITY:
To all employees and approved researchers.

III. POLICY:
It is the policy of the NHDOC that:
A. Relevant research will be encouraged, supported and used;
B. NHDOC will review and approve all externally proposed research proposals/designs;
C. No projects can be implemented without being approved utilizing the procedures specified in IV below.
D. Individuals under NHDOC care and custody are prohibited from engaging in medical or pharmaceutical testing for experimental or research purposes.
E. All research involving human subjects will conform to state and federal regulations regarding the protection of human subjects.

IV. PROCEDURE:
A. All requests for approval of research projects will be forwarded to the Administrator of the Business and Information Technology (BIU)
B. The BIU Administrator will apply, at a minimum, the following criteria in determining whether the proposed research will be approved. The research:
   1. Has legitimate research value;
   2. Is based on data that are available or obtainable without placing an undue burden on the agency;
   3. Is grounded in sound research principles;
   4. Is objective rather than subjective;
5. Is empirically-based and will contribute knowledge and/or best practices in corrections and related fields;
6. Will be conducted by individuals not personally connected with individuals under NHDOC care and custody or staff involved in the research project;
7. Not cause undue disruption to the Department or its employees; and
8. Has been approved by an appropriate Institutional Review Board (IRB)

C. If the foregoing is essentially satisfied, the BIU Administrator may approve the project if no departmental assets are to be used. If the project requires departmental assets, the BIU Administrator will consult with the Assistant Commissioner and the affected Division Director or Warden prior to making a recommendation to the Commissioner.

D. When a project is approved, a Memorandum of Understanding (MOU) will be entered into by all parties which will delineate the role and responsibilities of each party, authorize appropriate access, sign Prison Rape Elimination Act agreement, submit to a background check and specify source and use of data. In addition, the researcher(s) will sign and submit a statement of assurance as part of the research agreement with the Department (Attachment 1). The MOU will be reviewed by the Department’s contract staff to determine if Governor & Council approval is required.

E. As a condition of approval for all projects, the researcher agrees to provide the BIU Administrator not less than 60 days to review a draft of the final research findings prior to their submission for publication or public presentation.

F. No projects submitted by an attorney, legal staff or law firm will be approved without certification that the data will not be used in a law suit in which the State is an adversary, unless the project is discussed with the Office of the Attorney General and no objection is raised.

G. A distinction should be made between system review and program review. In a system review, it is the overall performance of the Department, Division or Bureau in achieving its goals and objectives, which is the object of measurement. In a program review, effectiveness of a particular program is the goal of measurement.

H. Recidivism is measured pursuant to the standards established by the Association of State Correctional Administrator (ASCA) Performance-Based Measures System Counting Rules. It is generally defined as the return of an offender to a New Hampshire State Prison within three years of their release from prison, regardless of their supervision status at the time of their release.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards
  2-CO-1F-09 thru 1F-10; 2-CO-F-12 thru 1F-15
Standards for Adult Correctional Institutions
Fourth Edition Standards
  4-4109; 4-4111; 4-4113
Standards for Adult Community Residential Services
Fourth Edition Standards
  4-ACRS-7D-12
Standards for Adult Probation and Parole Field Services
Third Edition Standards
  3-3113 thru 3-3116

Other
Code of Federal Regulations; Title 45; Part 46; and Title 42; Part 2
Hanks/jc
Attachments
STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE COMMISSIONER  
PO BOX 1806  
CONCORD, NH 03302-1806  
603-271-5600 FAX: 603-271-5643  
TDD Access: 1-800-735-2964  

William Wrenn, Commissioner

RESEARCH AGREEMENT.

I. ALL AGREEMENTS REGARDING ACCESS MUST BE IN WRITING

II. IN ACCORDANCE WITH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURES:

   A. I HAVE READ AND AGREE TO ABIDE BY THE DEPARTMENT OF CORRECTIONS POLICIES ON ACCESS TO INDIVIDUALS UNDER THEIR CARE AND CUSTODY’S INFORMATION.

   B. I AGREE TO REQUEST AND PRESERVE THE CONFIDENTIALITY OF STAFF AND INDIVIDUALS THROUGHOUT AND AFTER THIS PROJECT, AND TO ADHERE TO TITLE 45, PART 46: PROTECTION OF HUMAN SUBJECTS, CODE OF FEDERAL REGULATIONS.

   C. I AGREE TO PROVIDE THE DEPARTMENT OF CORRECTIONS WITH A DRAFT COPY OF THE RESEARCH FINDINGS FOR PURPOSES OF REVIEW AND COMMENT NOT LESS THAN 60 DAYS PRIOR TO THE PUBLICATION OR SUBMISSION OR FINDINGS TO ANY OUTSIDE ENTITY, PUBLIC OR PRIVATE.

   D. I UNDERSTAND ALL INDIVIDUALS PARTICIPATION IN RESEARCH ACTIVITIES IS VOLUNTARY AND SIGNED CONSENTS WILL BE ATTAINED.

   E. I UNDERSTAND THE DEPARTMENT OF CORRECTIONS PROHIBITS INDIVIDUALS FROM PARTICIPATING IN MEDICAL, PHARMACEUTICAL, OR COSMETIC TESTING FOR EXPERIMENTAL OR RESEARCH PURPOSES.

   F. I AGREE TO SUBMIT STATUS REPORTS ON THE PROGRESS OF RESEARCH ACTIVITIES IN A TIMELY FASHION, AS MAY REASONABLE BE REQUESTED BY THE DEPARTMENT OF CORRECTIONS.

III. I UNDERSTAND THAT VIOLATIONS OF ANY OF THE ABOVE PROCEDURES ON MY PART, OR THE PART OF MY STAFF COULD RESULT IN ADVERSE ACTION.

TITLE OF RESEARCH PROJECT __________________________________________________________

INSTITUTIONAL AFFILIATION __________________________________________________________

PROJECT START AND END DATES ______________________________________________________

DATE ______________ PRIMARY INVESTIGATOR ________________________________

DATE ______________ COMMISSIONER _____________________________________________

DATE ______________ ADMINISTRATOR OF BIU ________________________________________
DATA AGREEMENT APPLICATION
AND
APPLICATION GUIDELINES

APPLICATION GUIDELINES

In order to enter into a “Data Agreement” with the NH Department of Corrections, the requestor shall submit the following information in writing and on agency or organization letterhead.

1. Short description or abstract of the study; statement indicating a request for data and identification of funding source for the study.

2. Information regarding the Principal Investigator (PI) in charge of the research, including:
   a. Name, address and phone number;
   b. Organizational affiliation;
   c. Professional qualifications; and
   d. Name and phone number of agency or organization of affiliation.

3. Names and qualifications of additional research staff, if any, who will have access to the data.

4. Research protocol, including:
   a. A summary of the background purposes and origin of the research study;
   b. A statement of the general problem or issue to be addressed by the research;
   c. A description of the research design and methodology including either the topics of exploratory research or the specific research hypotheses to be tested;
   d. The procedures that will be followed to maintain the confidentiality of any data or copies of records provided to the investigator; and
   e. The intended research completion date.

5. Data or statistical tables being requested:
   a. Any time period of the data or statistical tables;
   b. Specific data items or field of information required, if applicable;
   c. Medium in which the data or statistical tables are to be supplied; and
   d. Any special format or layout of data requested by the principal investigator.

6. Attached and signed “Data Use Agreement”, signed by the principal investigator that contains the following:
   a. Agreement to not use or further disclose the information to any person or organization other than as described in the application and as permitted by the Data Use Agreement without the written consent of the agency;
   b. Agreement to not use or further disclose the information as otherwise required by law;
   c. Agreement to not seek to ascertain the identity of individuals revealed in the limited data set and/or statistical tables; and
   d. Agreement not to publish or make public the contents of cells unless:
      1) Otherwise provided by law;
      2) The information is a public record; and
      3) The agreement to report to the agency any use or disclosure of the information is contrary to the agreement of which the principal investigator becomes aware;

7. A date on which the data set and/or statistical tables will be returned to the agency and/or all copies in the possession of the requestor will be destroyed.
DATA REQUEST AGREEMENT

Please initial acknowledgement after each of the following criteria

The NH Department of Corrections will release limited data sets and statistical tables and sign the Data Use Agreement on behalf of the state when:

_____  a. The application submitted is complete;
_____  b. Adequate measures to ensure the confidentiality of any person is documented; and
_____  c. The investigator and research staff are qualified as indicated by:
        ____  1) Documentation of training and previous research, including prior publications; and
        ____  2) Affiliation with a university, private research organization, medical center, state agency, or other institution which will provide sufficient research resources.

The NH Department of Corrections will respond to the request within 10 days of receipt of the written application. If the application is denied, the Department shall send the requestor a letter identifying the specific criteria which is the basis of the denial. Should release be denied due to other laws, the letter shall identify the specific state or federal law or regulation prohibiting the release. Otherwise, the agency head shall provide the requested data or set a date on which the data shall be provided.

Any person violating any provision of a signed Data Use Agreement shall be guilty of a violation

Nothing shall exempt any requestor from paying fees otherwise established by law for obtaining copies of limited data sets or statistical tables. Such fees shall be based on the cost of providing the copy in the format requested. The agency head shall provide the requestor with a written description of the basis for the fee.

___________________________________  ______________________
Data Requestee Signature            Date

___________________________________  ______________________
Administrator of BIU Signature      Date

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
OFFICE OF THE COMMISSIONER
PO BOX 1806
CONCORD, NH 03302-1806
603-271-5600  FAX: 603-271-5643
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William Wrenn,
Commissioner

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___________________________________  __________________
Data Requestee Signature               Date

___________________________________  __________________
Administrator of BIU Signature         Date