

93.243-1

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES:
PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE:
DISCRETIONARY – STRATEGIC PREVENTION FRAMEWORK
(SPF)**

State Project/Program: **PRESCRIPTION DRUG PREVENTION (SPF-RX)
PARTNERSHIPS FOR SUCCESS (SPF-PFS)
NC GRANTS TO PREVENT PRESCRIPTION DRUG/OPIOID
OVERDOSE-RELATED DEATHS (PDO)**

**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

Federal Authorization: Children’s Health Act of 2000 Section 516 of the Public Health
Service Act of 2000, Section 520A-J,581,582, Public Law 106-
310; Public Health Service Act, Title V, Section 509,516,42
U.S.C.290bb.

State Authorization: NC General Statutes 122C; Developmental Disabilities, and
Substance Abuse Act 1985

**N. C. Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Use Services**

Agency Contact Person – Program

Jessica Dicken
(984) 236-5090
jessica.dicken@dhhs.nc.gov

Agency Contact Person – Financial

Rachel Durbin
(984) 236-5149
rachel.durbin@dhhs.nc.gov

Address Confirmation Letters To:

SFY 2025 audit confirmation reports for
payments made to Counties, Local
Management Entities (LMEs), Managed Care
Organizations (MCOs), Boards of Education,
Councils of Government, District Health
Departments and DHHS Grant Subrecipients
will be available by mid-October at the following
web address:
[https://www.ncdhhs.gov/about/administrati
ve-offices/office-controller/audit-
confirmation-reports](https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports)

At this site, click on the link entitled “Audit
Confirmation Reports (State Fiscal Year 2024-
2025). Additionally, audit confirmation reports
for Nongovernmental entities receiving
financial assistance from DHHS are found at
the same website except select “Non-
Governmental Audit Confirmation Reports
(State Fiscal Years 2024-2025).”

The Auditor should not consider the Supplement to be “safe harbor” for identifying audit procedures to apply in a particular engagement, but the Auditor should be prepared to justify departures from the suggested procedures. The Auditor can consider the Supplement a “safe harbor” for identification of compliance requirements to be tested if the Auditor performs reasonable procedures to ensure that the requirements in the Supplement are current.

The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

Auditors may request documentation of monitoring visits by the State Agencies.

This compliance supplement must be used in conjunction with the OMB 2025 Compliance Supplement which will be issued in the summer. This includes “Part 3 - Compliance Requirements,” for the types that apply, “Part 6 - Internal Control,” and “Part 4 - Agency Program” requirements if the Agency issued guidance for a specific program. The OMB Compliance Supplement is Section A of the State Compliance Supplement.

I. PROGRAM OBJECTIVES:

To carry out the state plan by providing comprehensive substance abuse prevention and treatment services, the Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSUS) was awarded two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to reduce and prevent the prescription drug misuse and abuse in the state. DMHDDSUS also received an additional grant from SAMHSA to reduce the number of alcohol, cannabis and prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older. These grants target specific geographical areas and populations and were awarded based on several criteria using a data-driven selection process.

Primary prevention programs are those programs and services that are directed at individuals who have not been determined to require treatment for substance abuse. These comprehensive primary prevention programs give priority to target population subgroups that are at risk of developing a pattern of substance abuse.

This compliance supplement pertains to the three programs funded by SAMHSA:

- Prescription Drug Prevention (SPF-Rx)
- Partnerships for Success (SPF-PFS) 2018 No Cost Extension and 2024 Year 1
- Prescription Drug/Opioid Overdose-Related Deaths (PDO)

Strategic Prevention Framework - Prescription Drug Prevention (SPF Rx)

The purpose of the SPF Rx grant is to strengthen existing efforts to prevent prescription drug misuse and abuse by employing culturally relevant, evidence-based strategies and interventions. The program is designed to raise awareness about the dangers of sharing medications and working with pharmaceutical and medical communities on the risks of overprescribing. The SPF Rx program will also raise community awareness and bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. The NC-SPF-Rx Initiative prevention activities target youth

ages 12-17 and adults 18 and older. Seven counties were awarded based on data indicators – Robeson, Scotland, Columbus, Mitchell, Caldwell, Wilkes, and Surry.

The NC SPF-Rx Initiative aligns itself with SAMHSA's Strategic Initiative 1, focusing on Goals 1: Prevention of Substance Misuse and Mental Illness. SPF-Rx has two priorities: 1) educate and raise community awareness about the dangers of sharing medications and 2) work with medical communities on the risk of overprescribing to young adults. Other prevention resources are directed towards prescription drug misuse among adults 18 years and older. The Initiative addresses the main goals of preventing the onset and reducing the progression of substance use and related problems in high need/high-capacity communities through strengthening prevention capacity/infrastructure and leveraging, redirecting and aligning the state-wide funding streams and resources for prevention. The accomplishment of these goals is done within a culturally responsive prevention system, relevant and consistent data systems, and implementation of evidence-based/informed strategies to improve the health and well-being of North Carolina citizens.

The SPF Rx grant program directly supports the goals of SAMHSA's Strategic Initiative. NC SPF-Rx promotes the adoption of evidence-based/informed strategies (programs, practices and policies) to deliver appropriate prevention outcomes and to establish an effective infrastructure to build resilience and prevent prescription drug abuse and misuse.

Building on SAMHSA's Strategic Initiative Goal 1: Prevention of Substance Abuse and Mental Illness, the following goals are addressed in a conceptual model that will produce the overall outcomes for the project and implement in the five-year timeline.

The goals and objectives for the SPF-Rx are:

Goals and Objectives:

Goal 1: Raise community awareness and educate about the dangers of sharing medications.

Objectives:

- (1.1) Increase awareness and educate about risks associated with sharing medications
- (1.2) Increase awareness and educate about secured storage of prescription drugs
- (1.3) Increase awareness and educate about proper disposal of expired and/or no longer needed prescription drugs.

Goal 2: Work with the medical communities on the risks associated with overprescribing to young adults.

Objectives:

- (2.1) Increase awareness about the safer prescribing practices
- (2.2) Decrease the young adult prescribing rate
- (2.3) Increase the registration and utilization of Prescription Drug Monitoring Program (PDMP)

The counties designated for implementation of the SPF-Rx grant were targeted because of a high need to address the priority problem of nonmedical use of prescription drugs to reduce the consequences of the nonmedical use of prescription drugs focusing on individuals in the targeted age groups. To strengthen the evaluation of prevalence and

consequence data to prevent and reduce nonmedical use of prescription drugs and to reduce community risk factors and strengthen protective factors associated with nonmedical use of prescription drugs by employing the following strategies:

nonmedical use of prescription drugs by employing the following strategies:

- **Deployment of evidence-based community-wide prevention programs.** This includes Youth 2 Youth (youth development prevention programming)
- **Work with schools to provide prevention programming for middle school, high school and college students.** Schools are collaborating with the project and agree to help evaluate the impact on young people.
- **Educate parents, teachers, faith leaders and other adult leaders** to ensure their ability to engage in productive conversations about prescription drug misuse during teachable moments while working with youth. This includes medication, safety training and resources.
- **Prescriber and dispenser training** These include face to face and/or virtual training, online modules, and academic detailing. Training should be made available to physicians, pharmacists, dentists, and any other healthcare professionals who prescribe or dispense an opioid.
- **Media campaign and community awareness** via print, radio, TV and social media to increase awareness about the existence of and dangers associated with prescription drug misuse and abuse and the steps taken in the community to deal with those dangers.
- **NC Lock Your Meds (LYM) Campaign Communities** may choose to implement the existing NC LYM campaign. This campaign is focused on education regarding the dangers of improperly storing and disposing of prescription medications. Communities will utilize tangible campaign materials including medication lockboxes, medication disposal kits, and rack cards. They will also have access to campaign TV and radio public service ads, and digital and print ads.
- **Increase proper disposal of medication by installing** permanent prescription drug drop boxes, education on proper disposal, distributing medication disposal kits, and holding medication take back events.

Strategic Prevention Framework- Partnerships for Success (SPF-PFS) (2018 NCE and 2024 Year 1)

The purpose of this project is to prevent the onset and reduce the progression of underage alcohol use, vaping, marijuana use, and their related consequences in counties and populations of high need across North Carolina. Evidence-based prevention programs, policies, and practices will be implemented for youth and young adults from ages 9 to 20. In addition to the required target of underage alcohol use, North Carolina plans to address vaping and marijuana, as North Carolina has rates higher than the national average for both substances (YRBS, 2017), and North Carolina continues to struggle to maintain the retail violation rate under 20% for tobacco sales to minors. The NC SPF-PFS has proposed a two-pronged approach, with focused subrecipient grants for ten communities showing great need related to underage alcohol use, as well as substance use prevention capacity building efforts for institutions of higher education. Both focal populations will receive guidance and support in implementing the Strategic Prevention Framework, and in implementing evidence-based programs, policies, and practices for preventing underage drinking, vaping, and marijuana use. Efforts are being undertaken to provide additional tailored support to participating military

communities and historically black colleges, the former of which historically have higher rates of alcohol misuse, and the latter of which experience greater consequences due to substance misuse. This project is continuing through a No Cost Extension until September 2025.

The goals and objectives for the SPF-PFS are:

Goals and Objectives:

Goal 1: To prevent the onset and reduce the progression of underage alcohol use, vaping, marijuana use, and their related problems in counties and populations of high need.

Objective 1-1: NC will implement evidence-based prevention programs, policies, and practices in 10 high need counties, including at least one county with a military base.

Objective 1-2: NC will build infrastructure to deploy evidence-based prevention programs, policies, and practices for underage alcohol use, vaping, and marijuana use among members of The NC Higher Education Coalition, and historically Black colleges or universities.

Goal 2: Strengthen NC's prevention infrastructure capacity to fully utilize the SPF to facilitate local and state-level changes in substance abuse and its consequences.

Objective 2-1: NC will strengthen the prevention infrastructure at the state and community levels by increasing data availability and training in its use statewide, including availability and use of the *NC Prevention Survey* and the NC SUPPORT data dashboard.

Objective 2-2: NC will build upon and extend current established partnerships to facilitate the use of data-based decisions, coordination of services, and implementation of evidence-based prevention programs, policies, and practices.

Goal 3: To utilize evaluation results of NC's SPF-PFS project to make prevention efforts more effective.

Objective 3-1: NC will evaluate the project, producing quarterly process and annual outcome reports.

Objective 3-2: Working with SEOW, NC will utilize reports to identify challenges and their associated solutions, as well effective strategies to be disseminated statewide.

Objective 3-3: Working with SEOW, NC will utilize quarterly and annual reports to facilitate local evaluation, leveraging of resources, and sustainability of effective evidence-based prevention programs, policies, and practices.

Strategic Prevention Framework- Partnerships for Success (SPF-PFS) (Year 1-2024)

The purpose of this new project is to prevent the onset and reduce the progression of high-risk drinking behaviors and/or underage alcohol use, prescription medication misuse,

cannabis product use, and their related consequences. Applicants must address alcohol use and in addition, may also choose to address cannabis product use or prescription medication misuse. The SPF-PFS project also includes the enhancement of quality mental health promotion, social-emotional health, and resilience for youth and young adults 12-25.

An important focus is decreasing health disparities and advancing equity through evidence-based and evidence-informed prevention policies, programs, and practices. NC SPF-PFS will focus on expanding individual and population-based primary substance use prevention and mental health promotion strategies in historically marginalized and/or underserved communities. This is defined as populations who have historically and systematically been denied access to services, resources, and power relationships, which has resulted in adverse outcomes across the spectrum. This can be identified based on race, ethnicity, socioeconomic status, geography, religion, language, sexual identity, and disability status (NC DHHS, 2021). Communities who are historically marginalized and/or underserved also include those experiencing disparities associated with social determinants of health (SDOH).

The goals and objectives for the Year 1 2024 SPF-PFS are:

Goals and objectives:

Goal 1: Increase perceptions of harm of alcohol, prescription medication misuse, and cannabis products, among youth and young adults 12-25 in historically marginalized and/or underserved communities.

Objective 1-1: 10% increase in perceptions of underage drinking harms among youth ages 12-20 by 2028.

Objective 1-2: 10% increase in perceptions of binge drinking harms by young adults ages 21-25 by 2028.

Objective 1-3: 10% increase in perceptions of cannabis products, CBD, Delta 8/10/P, and synthetic marijuana harms youth and young adults ages 12-25 by 2028.

Objective 1-4: 10% increase in perceptions of prescription medication misuse harms by youth and young adults ages 12-25 by 2028.

Goal 2: Decrease easy access to alcohol and prescription medications among youth and young adults 12-25 in marginalized and/or underserved communities.

Objective 2-1: 10% increase in secure home alcohol storage as evidenced by youth and young adult reports that alcohol is securely stored in the home by 2028.

Objective 2-2: 10% decrease in underage people reporting buying alcohol as evidenced by reports by youth and young adults 12-25 that they successfully purchased alcohol by 2028.

Objective 2-3: 10% increase in secure storage of prescription medications in the home as evidenced by reports by youth and young adults 12-25 that prescription medications are stored securely in the home by 2028.

Goal 3: Reduce the onset and progression of alcohol, prescription medication misuse, and cannabis products among youth and young adults 12-25 in historically marginalized and/or underserved communities.

Objective 3-1: 10% decrease in past 30-day alcohol use among underage youth ages 12-20 by 2028.

Objective 3-2: 10% decrease in past 30-day binge drinking by young adults ages 21-25 by 2028.

Objective 3-3: 10% decrease in past 30-day use of cannabis products, CBD, Delta 8/10/P, and synthetic marijuana by youth and young adults ages 12-25 by 2028.

Objective 3-4: 10 % decrease in past 30-day misuse of prescription medications by youth and young adults 12-25 by 2028.

Goal 4: Promote social emotional health and resilience and impact indicators of mental health among youth and young adults 12-25 in marginalized and/or underserved communities.

Objective 4-1: Increase by 10% the reported feelings of connectedness to family, friends, school, and community by youth and young adults 12-25 by 2028.

Objective 4-2: 0% increase in resiliency in youth and young adult ages 12-25 as evidenced by reported feelings that they can solve difficult problems, are confident that they can deal with unexpected events, think of a solution if in trouble, and handle whatever comes their way by 2028.

Objective 4-3: 10% increase in youth and young adults ages 12-25 perceiving their mental health as “very good” or “good” by 2028.

Objective 4-4: Increase the awareness of youth and young adults ages 12-25 of the new 988 Suicide and Crisis Lifeline by 20% by 2028.

Objective 4-5: Increase educational and public health workers’ use of screening protocols for youth and adults ages 12-25 at risk for suicidal ideation and suicidal behaviors by 30% by 2028.

Goal 5: Increase the prevention infrastructure capacity in underserved communities to utilize the Strategic Prevention Framework to implement data-driven substance misuse prevention and mental health promotion strategies.

Objective 5-1: Increase the infrastructure and capacity in underserved communities to use data in decision making, be able to identify disparities, identify and implement evidence-based strategies that meet community needs, and evaluate efforts and make midcourse corrections, as measured by successful completion of PFS project implementation activities and deliverables, by 2028.

NC Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)

The purpose of this program is to reduce the number of prescriptions for drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone first responders. The NC PDO has proposed a comprehensive approach, with focused subrecipient grants for eleven communities showing great need related to prescription drug/opioid overdose-related death prevention. Subrecipient communities will receive guidance and support in implementing evidence-based programs, policies, and practices for preventing prescription drug misuse and opioid overdose-related deaths. Efforts are being undertaken to provide additional tailored support from the North Carolina Harm Reduction Coalition to increase community capacity to implement harm reduction efforts.

The goals and objectives for PDO are:

Goals and Objectives:

Goal 1: To reduce the rate of opioid overdose in high-need communities

Objective 1.1: Decrease the rate of opioid-related emergency department visits by 10% by 2026

Objective 1.2: Decrease the rate of opioid related deaths by 10% by 2026

Goal 2a: Identify and train first responders and others in the use of naloxone in high-need communities

Objective 2a.1: Increase the number of first responders trained on the use of naloxone by 20% by 2026

Objective 2a.2: Increase the number of public health professionals, substance misuse coalition members, and other community members trained in the use of naloxone by 20% by 2026

Goal 2b: Supply naloxone for first responders and others in high-need communities

Objective 2b.1: Increase naloxone availability by at least 20% per year through purchasing naloxone

Objective 2b.2: Distribute naloxone to at least 25% of locations with attempted reversals each year

Goal 2c: Refer individuals to treatment and recovery services in high-need communities

Objective 2c.1: Increase the percentage of individuals referred to treatment after a successful reversal by 20% by 2026

Objective 2c.2: Increase the percentage of individuals receiving treatment after a successful reversal by 10% by 2026

Goal 3a: Work with medical professionals on the risks of overprescribing to young adults in high-need communities

Objective 3a.1: Increase the number of medical professionals trained on the risks of overprescribing by 10% by 2026

Objective 3a.2: Increase PDMP utilization by 10% by 2026

Objective 3a.3: Decrease in high risk prescribing among young adults ages 18-25 years old by 10% by 2026

Goal 3b: Raise awareness about the dangers of sharing medications in high-need communities

Objective 3b.1: Increase secure medication storage by 10% by 2026

Objective 3b.2: Increase safe medication disposal by 10% by 2026

The counties designated for implementation of the PDO grant were identified due to above average rates of opioid-related emergency department visits AND deaths, above averages rates of opioid pills dispensed per person OR percent of opioid-related deaths due to heroin or fentanyl, and at least four reported community naloxone reversals to demonstrate capacity to distribute naloxone within the community. Subrecipient communities may use PDO funding to support one or more of the following implementation strategies:

Prescriber and dispenser training These include face to face and/or virtual training, online modules, and academic detailing. Training should be made available to physicians, pharmacists, dentists, and any other healthcare professionals who prescribe or dispense an opioid.

Paramedicine Communities may develop or expand paramedicine programming.

Naloxone distribution to community groups and first responders. Community level prevention and risk reduction will take place through collaboration with NCHRC and will utilize its existing community network and the community outreach works that service them to increase its reach in these high need communities

Linkage to treatment/recovery services Communities may work to create or enhance referral systems to link individuals to treatment/recovery services following a non-fatal opioid-related overdose and to conduct follow-up activities to determine whether referred individuals engage in treatment/recovery services.

NC Lock Your Meds Campaign Communities may choose to implement the existing NC LYM campaign. This campaign is focused on education regarding the dangers of improperly storing and disposing of prescription medications. Communities will utilize tangible campaign materials including medication lockboxes, medication disposal kits, and rack cards. They will also have access to campaign TV and radio public service ads, and digital and print ads.

All grantees are required to comply with the NC Department of Health and Human Services and DMHDDSUS records retention schedules and policies. These include Functional Schedule for State Agencies, Records Retention and Disposition Schedule – DMH/DD/SUS Local Government Entity (APSM 10-6), Records Retention and Disposition Schedule - DMH/DD/SUS Provider Agency (APSM- 10-5) and the DHHS Records Retention and Disposition Schedule for Grants. Financial records shall be maintained in accordance with established federal and state guidelines.

The records of the contractor shall be accessible for review by the staff of the North Carolina Department of Health and Human Services and the Office of the State Auditor for the purpose of monitoring services rendered, financial audits by third party payers, cost finding, and research and evaluation.

Records shall be retained for a period of three years following the submission of the final Financial Status Report or three years following the submission of a revised final Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving these funds has been started before expiration of the three-year retention period, the records must be retained until the completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later. The grantee shall not destroy, purge or dispose of records related to these funds without the express written consent of DHHS-DMH/DD/SUS.

The agency must comply with any additional requirements specified in the contract or with any other performance-based measures or agreements made after the initiation of the contract including but not limited to findings requiring a plan of correction or remediation to bring the program into compliance.

II. PROGRAM PROCEDURES

Strategic Prevention Framework - Prescription Drug Prevention (SPF Rx)

Dispenser Webinar: Dispenser webinars focus on the risks of over prescribing to young adults and how pharmacists can use the Prescription Drug Monitoring Program (PDMP) to prevent and reduce prescription medication misuse. Training content also refers to SAMHSA's Opioid Overdose Prescription Toolkit and CDC's Policy Guidelines for Prescribing Opioids for Chronic Pain. Topics include Patient Counseling, STOP Act and Role of Pharmacist, Chronic Pain and Addiction, New CDC Guidelines, Treatment of Opioid Disorders and Needle Exchange Programs. Pharmacists can earn free credits to go towards their licensures.

Regional “Safer Prescribing” Trainings: The safer prescriber trainings provide a primer in basic knowledge and skills related to chronic pain management for prescribing clinicians, academic medicine clinicians and/or those otherwise new to chronic pain management. The training content includes information and guidelines from the SAMHSA's Opioid Overdose Prescription Toolkit and CDC's Policy Guidelines for Prescribing Opioids for Chronic Pain. Training material has been updated to include North Carolina's STOP Act, which has been done with the partnership of the local Area Health Education Centers (AHEC). Participants are eligible to receive CME and/or CEU to help renewal of licensures.

Lock Your Meds Campaign

The “Lock Your Meds” campaign is a national, multi-media prescription medication misuse campaign that has been customized for North Carolina. The campaign brings awareness to the issue of youth prescription medication misuse, and how family and friends are often

suppliers of misused prescriptions. The campaign emphasizes the importance of securely storing currently used medications and properly disposing of no longer needed medications. The distribution of the LYM campaign will go through the entirety of the grant. The SPF-Rx project has expanded the reach of the campaign from the thirteen Partnership for Success (PFS) communities to the entire state, with higher intensity implementation in the seven SPF-Rx communities.

SPF-Rx Training & Technical Assistance:

The SPF-Rx Project manager and evaluators provide on-going coordinated training and technical assistance to the seven targeted areas by enhancing their ability to implement activities focused on evidence-based policies, practices, and programs. A quality improvement approach will be used over the duration of this grant to monitor progress on performance goals, as well as identify areas for process improvement. The project team will work with partners across the state to ensure that the planning and design of educational materials, training events, and summits/conferences are conducted in a fashion that ensures that cultural and linguistic needs of participants are met for the target populations.

Strategic Prevention Framework- Partnerships for Success (SPF-PFS)

NC has been awarded ten high-need counties sub-recipient awards through a competitive request for proposal. All counties applying for the high need sub-recipient grants will commit to completing all steps of the Strategic Prevention Framework, including the implementation of evidence-based prevention programs, policies, and practices. All communities will be required to address underage alcohol use but may elect to also address vaping OR marijuana use depending upon the needs of their community. NC will monitor sub-recipient progress to ensure that on-going capacity building efforts are responsive to community need, readiness and resources and adapt if indicated. NC will ensure all sub-recipient communities align evidence-based programs, policies, and practices with the impact statement of health disparities, and that sustainability is considered in decision-making and supported through training and technical assistance efforts.

NC Higher Education Coalition and Collegiate Recovery Community:

At the college level, NC will leverage the resources of the member campuses of the NC Higher Education Coalition and the Collegiate Recovery Community to better address underage drinking, vaping, and marijuana use among transition age youth and young adults. Together, NC, The NC Higher Education Coalition and the campus recovery community will partner to support a college drinking, vaping, and marijuana use prevention summit in year one, and then to develop a strategic plan for the prevention of underage drinking, vaping, and marijuana use among college students in year two, and to support the implementation of evidence-based prevention programs, policies, and practices for institutions of higher education in subsequent years. NC will ensure that the menu of options selected will include creating and modifying university policy and systems to address priority substance issues. The NC Higher Education Coalition, and the recovery community will include the NC's twelve historically black colleges in this partnership to ensure that the strategies selected for inclusion into the plan include those that are culturally appropriate and effective for this sub-population who experience a disproportionate share of the consequences from substance abuse. NC will draw upon college partnerships identified above and build upon the momentum they have started to develop a statewide strategic plan for the NC institutions of higher education. They will support and promote the work on individual campuses to ensure best practice in university policy change and that strategies for addressing their high priority issues are implemented

NC's Prevention Survey:

The first statewide survey to collect data on both substances use and its precursors was piloted Spring 2017, via phone and on-line, with one to two hundred 12–18-year-olds for each of the seven Local Management Entities/Managed Care Organizations. Due to the nature of the timeline and mode, questions on tobacco and marijuana use were limited. We will extend that survey to a biennial survey that provides county level estimates for 12–20-year-olds across the state, and to more fully capture tobacco, including vaping, and marijuana use. The survey will utilize address-based sampling to select participants, and use a tiered, multi-mode process to collect the data, thereby maximizing the number of surveys and response rate in the most cost-efficient manner possible. We will also explore having multiple survey forms to expand the array of questions we ask without increasing the length of the survey.

NC SUPPORT:

Spring 2017 NC also launched a data dashboard, NC SUPPORT (Substance Use Programs, Policies, Outcomes, Risks, and Trends). NC SUPPORT is NCs epidemiological profile. It currently makes available administrative data, such as data on retail alcohol sales, alcohol outlets, alcohol-related law enforcement charges, and alcohol-related deaths. It organizes data both by county and by risk indicator, including trend lines and maps graphically representing the data. An important role for the SEOW will be to vet new sources of data for inclusion in NC SUPPORT. Currently there is only one tobacco measure and no marijuana measures. The SEOW will work to minimize data gaps, both by expanding risk indicators from administrative data, as well as adding data from the Prevention Survey. Adding Prevention Survey data to NC SUPPORT will greatly increase the ability of counties to obtain consumption, consequence, and intervening variable data, the latter of which has been extremely limited in NC.

Military Bases:

In addition to college campuses, NC has also selected communities that house military bases as a population of focus due to the large number of these communities in the state, and due to the increased risk factors associated with active military service. North Carolina is home to the nation's third largest military population and seven military bases. They have unique needs related to substance use prevention, which have not been addressed in NC within recent history. NC will work with various military and veterans' groups to develop specific strategies for these important communities and disseminate them through training and infrastructure development efforts. The PFS subrecipient community is continuing prevention work with the local military base during the No Cost Extension.

Training and Technical Assistance

A quality improvement approach will be used over the duration of this grant to monitor progress on performance goals, as well as identify areas for process improvement. The project team will work with partners across the state to ensure that the planning and design of educational materials, training events, and summits/conferences are conducted in a fashion that ensures that the cultural and linguistic needs of participants are met for the target populations.

Strategic Prevention Framework – Partnerships for Success 2024

North Carolina implemented the SPF-P program during 2024. Counties deemed eligible by the NC PFS Evaluation Team based on SAMHSA-required data are the following: Bertie, Bladen, Duplin, Edgecombe, Greene, Halifax, Herford, Hoke, Lenoir, Martin, Nash, Northampton, Robeson, Sampson, Scotland, Tyrrell, Washington, and Wayne. A statewide Disparity Impact

Statement has been submitted to SAMHSA. Subrecipient grants were awarded in 2024. Subrecipients were selected from SAMHSA-approved evidence-based/informed prevention strategies/interventions that include but are not limited to the following: NC Talk it Up. Lock it Up!, NC Lock Your Meds, alcohol retailer education, Project Toward No Drug Abuse, Strong African-American Families, Botvin's Life Skills, Screening/Brief Intervention/Referral to Treatment (SBIRT), Second Step, Restorative Healing Circles, Conscious Discipline, promotion of 988 suicide and crisis lifeline, Teen Mental Health First Aid, Reconnect for Resilience, Community Resilience Model, AFFIRM Training for LGBTQ+ behavioral health providers, local policy initiatives approved on an individual basis, and additional strategies/interventions will be considered on a case-by-case basis based on data.

NC Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)

NC has awarded eleven high need counties sub-recipient awards through a competitive request for proposal. All counties applying for the high need sub-recipient grants will commit to utilizing a multi-phased approach that educates the public about the dangers of sharing medications, raises awareness among pharmaceutical and medical communities on the risks of overprescribing, and implements overdose death prevention strategies, such as naloxone distribution and the purchase of naloxone for first responders, if necessary, in communities of high need. Recipients will develop a naloxone distribution plan and a training course for first responders and others on the use of naloxone tailored to meet the needs of their communities. The PDO grant program will also work to strengthen the capacity of communities to develop policies and practices that prevent, and allow for appropriate responses to, prescription drug/opioid-related overdoses, including post-overdose referral to treatment and recovery services. NC will monitor sub-recipient progress to ensure that on-going efforts are responsive to community need, readiness and resources and adapt if indicated. NC will ensure all sub-recipient communities align evidence-based programs, policies, and practices with the naloxone distribution and education plan and health disparities impact statement, and that sustainability is considered in decision-making and supported through training and technical assistance efforts.

Training and Technical Assistance

A quality improvement approach will be used across the duration of this grant to monitor progress on performance goals, as well as identify areas for process improvement. The project team will work with partners across the state to ensure that the planning and design of educational materials, training events, and summits/conferences are conducted in a fashion that ensures that cultural and linguistic needs of participants are met for the target populations.

III. COMPLIANCE REQUIREMENTS

If the Matrix indicates “Y,” the auditor must determine if a particular type of compliance requirement has a direct and material effect on the federal program for the auditee. For each compliance requirement subject to the audit, the auditor must use the OMB 2025 Compliance Supplement, Part 3 (which includes generic details about each compliance requirement other than Special Tests and Provisions) and Part 4 (which includes any program-specific requirements) to perform the audit.

If there is no program listed on the “Matrix” in Part 2 or Part 4, the State has determined the Type that is applicable. If a Type is determined direct and material, the auditor should refer to the requirements found in Part 3 and listed in this supplement.

CC	A	B	C	E	F	G	H	I	J	L	M	N
Cross Cutting Requirements	Activities Allowed or Unallowed	Allowable Costs/Cost Principles	Cash Management	Eligibility	Equipment Real Property Management	Matching Level of Effort, Embarking	Period of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
N	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y

A. ACTIVITIES ALLOWED OR UNALLOWED

Allowable activities under this grant are those activities that are aligned with the Program Objectives and Program Procedures for each grant as outlined above.

B. ALLOWABLE COSTS/COST PRINCIPLES

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the cost principles described in the N. C. Administrative Code at 09 NCAC 03M.0201. (Note: Pending the change in reference from OMB Circular A-87 to 2 CFR, Part 200 Subpart E – Cost Principles.)

Certain expenditures are considered non-allowable and are not included in the cost allocation. Fixed assets and moveable assets costing \$5,000 or more must be reported on the cost finding as assets. (Moveable assets costing less than \$5,000 may be directly expensed.)

Funds must be expended or earned in accordance with the Performance Agreement between the DMHDDSUS and the LME-MCO, including amendments via individual allocation letters.

Funds designated for substance abuse may be used for planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention and treatment programs and activities to deal with substance abuse (42 U.S.C. 300x-3(a)(1) 1989 Revision).

SPECIAL CONDITIONS:

1. The award of these funds shall not be used by a county or LME-MCO as a basis to supplant any portion of a county's commitment of local funds to the area authority or LME-MCO.
2. If these funds shall be used to support a new service for which a license and/or accreditation is required, such licensure/accreditation shall be completed prior to the delivery of services.
3. If these funds shall be used for a new service which does not have an established reimbursement rate, a new Service Objective Form must be submitted and approved by the Division before any payments are made.
4. The funds provided shall not be used to supplant Federal or non-Federal funds for services or activities which promote the purposes of the grant or funding.
5. The funds provided shall not be utilized to supplement any reimbursement for services or staff activities provided through the NC Medicaid Program.
6. The funds provided shall not be utilized to supplement any reimbursement for services or staff activities supported through the Division's payment of other UCR or non-UCR funds, without the prior written approval of the DMH/DD/SUS Assistant Director of Budget and Finance and the Chief of Community Wellness, Prevention and Health Integration.
7. The funds provided shall be fully utilized, monitored, and settled in compliance with the conditions of the current Contract Agreement between the LME-MCO and DMH/DD/SUS, with the full adherence of the LME-MCO and its sub-recipient contractors to all applicable State and federal laws, rules, regulations, policies, guidelines, standards, agreements, protocols, plans, and communications.
8. Funds shall be used in accordance with SAMHSA's standard funding restrictions:
 - Funds shall not be used for substance use or other treatment services covered by Medicaid reimbursement.
 - No purchases are allowed for any one item above \$5,000 without prior written permission from DMH/DD/SUS.
 - Funds shall not be used for facility purchase, construction or renovation.
9. Funds shall be used in accordance with cost principles describing allowable and unallowable expenditures for nonprofit organizations in accordance with OMB Circular A-122.
10. SPF-Rx, SPF-PFS and PDO funds are prohibited to be used to make, or to allow to be made, any cash payments to any recipients or intended recipients of health or behavioral health services.
11. Agencies or organizations receiving federal funds are required to receive prior written approval from the Community Wellness, Prevention, and Health Integration Section Chief regarding the use of evidence-based program incentives, including the specification of the type(s) and equivalent dollar value(s) of any such nominal incentives offered, and the manner of utilization of any such approved incentives for clients, recipients, students, or other persons. The provision of cash is strictly prohibited, as is the provision of gift cards, which are cash equivalents. Programs are strictly prohibited from utilizing any incentive items that could potentially be converted to cash, or that could be used for the purchase of any age-restricted product, such as

- tobacco, alcohol, drugs, weapons, or lottery tickets or any sexually oriented materials or contraceptives.
12. SPF-Rx, SPF-PFS and PDO funds are prohibited to be used for the purchase or improvement of land, purchase, construction or permanent improvement (other than minor remodeling) of any building or other facility, or purchase of major equipment, including medical equipment.
 13. SPF-Rx, SPF-PFS and PDO funds are prohibited to be used to satisfy any requirement for the expenditure of non-Federal funds as a condition of receipt of Federal funds. (i.e., Federal funds may not be used to satisfy any conditions for any state, local or other funding match requirement).
 14. SPF-Rx, SPF-PFS and PDO funds are prohibited to be used to provide financial assistance to any entity other than a public or nonprofit private entity.
 15. SPF-Rx and SPF-PFS funds are prohibited to be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs. PDO funds may be used for the purchase of syringes for the intramuscular administration of naloxone in accordance with SAMHSA's updated guidelines.
 16. SPF-Rx, SPF-PFS and PDO funds are prohibited to be used to provide individuals with treatment services in penal or correctional institutions of the State (This includes jails, prisons, adult and juvenile detention centers, juvenile training schools, holding facilities, etc.).
 17. SPF-Rx, SPF-PFS and PDO funds are prohibited to be used towards the annual salary of any contractor or subcontractor, including LME-MCO, provider, or contractor employee, consultant, or other individual that is more than Level I of the most current US Office of Personnel Management Federal Executive Salary Schedule.
 18. SPF-Rx, SPF-PFS and PDO funds shall not be utilized for law enforcement activities.
 19. No part of any SPF-Rx, SPF-PFS or PDO funding shall be used for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any state legislative body itself; No part of any SPF-Rx funding shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any state legislature. Funds shall be used in accordance with HHS Grant Policy Statements.
 20. LME-MCOs are prohibited from withholding or deducting any portion of allocated federal funds for the support of any LME-MCO activity or function. All allocated funds are required to be fully contracted by the LME-MCO for approved expenditure by eligible non-profit sub-recipient organizations.

C. CASH MANAGEMENT

These funds are reimbursed based on the contracted funds:

1. Funds are paid through submission of the Financial Status Report, Consumer Assistance Log, Outreach Log and receipts/supportive documentation monthly per the approved budget and budget narrative, if applicable. Reporting of the services delivered to eligible recipients is submitted quarterly.

2. Funds are settled on a reimbursement basis per expenditures.
3. Submission of program expenditures that are submitted monthly.

The DHHS Controller's Office is responsible for submitting a SF-425 Financial Status Report to the Federal Grants Management Officer for documentation of federal funds expended, according to the DHHS Cash Management Policy.

E. ELIGIBILITY

These are capacity-building grants. Eligibility is monitored by the Division through data submitted by subrecipients to determine that outreach is being made to the target population for each grant.

Prescription Drug Prevention Programs

Youth from ages 12-17 and adults aged 18 and over, parents, families and community members are eligible for participation in this program. The seven counties of Robeson, Scotland, Columbus, Mitchell, Caldwell, Wilkes and Surry have been targeted based on data indicators of a high rate of prescription drug use and misuse in these counties.

Partnerships for Success

Youth and young adults between the ages of 9 to 20 will be targeted to prevent the onset and reduce the progression of underage alcohol use with community-wide vaping and marijuana use and their related consequences strategies in 10 counties of high need across NC to be selected based on eligibility criteria.

Prescription Drug/Opioid Overdose-Related Deaths

The eleven high-need communities have been targeted based on data indicators showing above average rates of emergency department visits and deaths related to opioid use (licit and/or illicit), above average rates of opioid prescribing, and a history of reported community naloxone reversals. Adults aged 18 and over are the primary target for this program.

F. EQUIPMENT AND REAL PROPERTY MANAGEMENT

Equipment Management

This requirement refers to tangible property that has a useful life of more than one year and costs \$10,000 or more. Such equipment may only be purchased per the conditions of the approved contract or grant agreement. Should the contract be terminated, any equipment purchased under this program shall be returned to the Division.

Real Property Management

This requirement does not apply at the local level.

I. PROCUREMENT AND SUSPENSION AND DEBARMENT

Procurement

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to comply with the procurement guidelines found in 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards which can be accessed at:

<https://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Agency Purchasing Manual accessible on the Internet at http://www.pandc.nc.gov/documents/Procurement_Manual_5_8_2013_interactive.pdf.

Nongovernmental sub-recipients shall maintain written Procurement policies that are followed in procuring the goods and services required to administer the program.

Suspension and Debarment

All grantees awarded contracts utilizing Federal dollars must be in compliance with the provisions of Executive Order 12549, 45 CFR Part 76 and Executive Order 12689.

L. REPORTING

Federal funds are allocated outside of Unit Cost Reimbursement (UCR), and approved expenditures shall be reported by the Local Management Entity- Managed Care Organization (LME-MCO) through the routine submission of monthly Financial Status Reports (FSRs). Any exceptions to the required timely reporting of federal funds expended, shall be approved in writing by the DMH/DD/SAS Assistant Director of Budget and Finance and the Chief of Community Wellness, Prevention and Health Integration.

Program Reports:

Prescription Drug Prevention Programs

The LME-MCO is required to ensure funded agencies: 1) submit quarterly monitoring information in accordance with the SAMHSA-CSAP SPF-Rx Evaluation Requirements and 2) enter program level reporting information into the DHHS data reporting systems as directed. Reports shall be submitted to the Section Chief for Community Wellness, Prevention, and Health Integration Team.

Partnerships for Success

The LME-MCO is required to ensure funded agencies: 1) submit the Community-Level Instrument (CLI-R) report and community outcomes data to the Program Evaluation for Prevention Contract (PEP-C) quarterly and biannually to DMH/DD/SAS and 2) submit monthly program level reports to the Section Chief for Community Wellness, Prevention, and Health Integration Team.

Prescription Drug/Opioid Overdose-Related Deaths

The LME-MCO is required to ensure funded agencies: 1) complete and submit quarterly reports in accordance with the SAMHSA-CSAP PDO Data Collection and Evaluation Requirements and 2) submit monthly program level reports to the Section Chief for Community Wellness, Prevention, and Health Integration Team.

M. SUBRECIPIENT MONITORING

Monitoring is required if the agency disburses or transfers any State funds to other organizations, except for the purchase of goods or services. If the agency disburses or transfers any pass-through federal funds received from the State to other organizations, the agency shall require such organizations to comply with the applicable requirements of 2 CFR Part 200.332. Accordingly, the agency is responsible for monitoring programmatic and fiscal compliance of subcontractors based on the guidance provided in this compliance supplement and the audit procedures outlined in the DMH-0 Crosscutting Supplement.

N. SPECIAL TESTS AND PROVISIONS

Audit Objectives

- a. To ensure compliance with the DHHS and DMH/DD/SUS records retention schedules and policies.
- b. To ensure compliance with all federal and State policies, laws and rules that pertain to this fund source and/or to the contract/grant agreement.

Suggested Audit Procedures

- a. Verify that records related to this fund source are in compliance with DHHS-DMH/DD/SUS record retention schedules and policies.
- b. Review contract/grant agreement identify any special requirements; and
- c. Verify if the requirements were met.
- d. Verify that the Conflict-of-Interest declaration is signed AND that there are no overdue tax debts at the federal, State or local level as required below.

Conflicts-of-Interest and Certification Regarding Overdue Tax Debts

All non-State entities (except those entities subject to the audit and other reporting requirements of the Local Government Commission) that receive, use or expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are subject to the financial reporting requirements of G. S. 143C-6-23 effective July 1, 2007. These requirements include the submission of a Conflict-of-Interest Policy (see G. S. 143C-6-23(b)) and a written statement (if applicable) that the entity does not have any overdue tax debts as defined by G. S. 105-243.1 at the federal, State or local level (see G. S. 143C-6-23(c)).

G. S. 143C-6-23(b) stipulates that every grantee shall file with the State agency disbursing funds to the grantee a copy of that grantee's policy addressing conflicts of interest that may arise involving the grantee's management employees and the members of its board of directors or other governing bodies. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the grantee's employees or members of its board or other governing body, from the grantee's disbursing of State funds, and shall include actions to be taken by the grantee or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. The policy should be filed before the disbursing State agency may disburse the grant funds.

All non-State entities that provide State funding to a non-State entity (except any non-State entity subject to the audit and other reporting requirements of the Local Government Commission) must hold the subgrantee accountable for the legal and appropriate expenditure of those State grant funds.