93.087 ENHANCE THE SAFETY OF CHILDREN AFFECTED BY PARENTAL METHAMPHETAMINE OR OTHER SUBSTANCE ABUSE

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**U. S. Department of Health and Human Services**

**Federal Authorization:** Public Law 109-288; 42 United States Code (U.S.C.) 629g(f)

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

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**N. C. DHHS Confirmation Reports:**

SFY 2011 audit confirmation reports for payments made to Local Management Entities, Councils of Government and District Health Departments will be available by around late August to early September at the following web address:  
http://www.dhhs.state.nc.us/control/  
At this site, page down to “Letters/reports/forms for ALL Agencies” and click on “Audit Confirmation Reports (State Fiscal Year 2010-2011)”. Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from the DHHS are found at the same website except select “Non-Governmental Audit Confirmation Reports (State Fiscal Years 2009-2011)”.

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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.
I. PROGRAM OBJECTIVES

These targeted grants are awarded to provide, through interagency collaboration and integration of programs and services, activities and services that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent’s or caretaker’s methamphetamine or other substance abuse. These services and activities include but are not limited to system collaboration and improvements, for example, support for comprehensive training across disciplines, and the category of treatment linkages, for example support for co-location of staff to enhance cross-agency efforts.

The overarching goal of the Robeson County Bridges for Families Program (RCBF Program) is to improve collaboration between, and to increase the capacity of, substance abuse (SA) treatment providers, the court, and the child welfare system in Robeson County, NC, in order to improve the safety, permanency, and well-being of children who are in out-of-home placement or who are at risk of out-of-home placement as a result of their parent’s or caretaker’s use of methamphetamine or other SA, as well to improve the overall well-being and functional capacity of their families.

The project will ensure that the children have immediate access to the appropriate services necessary to build stronger family units while the parents are in treatment and family drug court.

The following are goals and outcomes to be achieved during the funding period for the grant:

- Enhance the well-being of children receiving services or taking part in activities conducted with funds provided under the grant;
- Activities will lead to enhanced safety and permanence placement for such children served; and
- Services offered through Robeson Division of Social Services (RDSS), Family Drug Treatment Court (FDTC), and Robeson Health Care Corporation, Inc. (RHCC) will, in combination, decrease the number of out-of-home placements for children, or the number of children who are at risk of being placed in an out-of-home placement, in the partnership region.
- The capacity of the RHCC SA treatment and prevention providers will be increased from the current capacity to better meet the safety and treatment needs of children in or at risk for out-of-home placement, and their parent(s) or caregiver(s) with methamphetamine and other SA diagnoses.
- Coordination of care across systems and collaboration between the Robeson DSS, the court system, and prevention and treatment providers at RHCC will result in more children already in or at risk for out-of-home placement and their parent(s) or caregiver(s) with methamphetamine or other SA diagnoses getting needed treatment.

II. PROGRAM PROCEDURES

Capacity Building

i. Training

Staff training is a significant focus for the NC Regional Partnership Grant (RPG) Program. Training covered may include but not be limited to:

- Administration for Children and Families (ACF) meetings and trainings held twice annually in Washington, DC.
• Training in Family Drug Treatment Court (FDTC) methods for FDTC team members.
• Basic continuing education for RHCC clinical staff.
• Ongoing training/booster sessions in evidence based prevention and treatment models for RHCC, LME providers in the region and RPG partner agency staff.
• Training for RHCC clinical staff in child welfare issues.

ii. Family Drug Treatment Court

The NC Administrative Office of the Courts (AOC) will work with Judicial District 16B (Robeson County) to establish a FDTC.

RHCC will assign one or more clinical staff to serve on the FDTC team and they will participate in FDTC court and court related sessions, meetings, and drug court related trainings.

iii. Collaboration Policies Developed

RHCC will participate in quarterly implementation teams and strategic planning meetings as needed to work with other community partner agencies on referral procedures and other interagency policies that will enhance the community response to the need of target families.

Services

iv. Target Families Linked to Services

Current efforts by the Work First Qualified Substance Abuse Professionals (QSAP) to screen for SA and mental health disorders among referred Work First clients and child protective services families will be supported. RHCC staff will assist with screening, outreach and engagement, assessment and community support as need to link target families to needed services.

v. Parenting and Prevention Services Established and Provided

Clinical staff will work proactively to teach parenting to include positive discipline, alternatives to violence and positive parent-child bonding.

RHCC prevention and Grace Court staff will work with the principal investigator and program evaluator to implement an evidence-based parenting prevention program, and to collect data needed to measure such improvements as requested by the evaluator.

vi. A Continuum of Care Established

In addition to the evidence-based Strengthening Families Program (SFP), a prevention program, 3 evidence-based treatment models will be used in the RCBF continuum of care. These include an intensive outpatient (IOP), trauma informed treatment groups, and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for children.

With support from the Housing Authority, 2 apartment buildings, or 8 of the 24 apartments at Grace Court, will be licensed as Residential Recovery Programs (.4100 licensure rule).

As the families achieve stability in recovery, they will be eligible to move into existing long-term therapeutic transitional housing, where the focus will shift toward maintaining recovery while returning to employment.
RHCC will also offer evidence based prevention and treatment services on an outpatient bases to families referred by RDSS child welfare due to parental or caregiver substance use and/or by the Robeson FDTC.

Plan for Referral to Services Beyond the Scope of the Program

Social Services staff will make appropriate referrals according to the service agreements. The FDTC coordinator will provide care coordination, particularly between the court, social services, and treatment providers.

The RHCC treatment staff will provide community support services, in order to facilitate consumers’ ability to access needed services beyond the scope of treatment (e.g., health screenings and health treatment, dental, academic programs, vocational rehabilitation, domestic violence services, and 12-step mutual support groups in the community).

III. COMPLIANCE REQUIREMENTS

Crosscutting Requirements

The DHHS/Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) mandates that all the testing included within the crosscutting section be performed by the local auditors. Please refer to that section, which is identified as “DMH-0” for those mandated requirements.

A. ACTIVITIES ALLOWED AND UNALLOWED

Compliance Requirement

This purpose of this grant is to improve permanency planning the well-being of children and families affected by parental or caretaker methamphetamine or other substance abuse. This funding includes services to families involved with child welfare due in part to parental or caregiver substance use and to families that are at risk for child welfare involvement for the same reasons, but where there are no current legal charges or child protective services involvement.

Funds shall only be used for services or activities that are consistent with the purpose of this grant and may include the following:

- Family-based comprehensive long-term substance abuse treatment services.
- Early intervention and preventative services.
- Children and family counseling.
- Mental health and substance abuse treatment services.
- Parenting skills training.
- Replication of successful models for providing comprehensive long-term substance abuse treatment services.
- Training and related cost (including travel, room and board, registration fees, etc.)
- Any related costs for provision on evidenced-based services including contingency management e.g. program incentives
• Start-up and ongoing programmatic costs including purchase of furniture, equipment, supplies, educational materials, etc. approved in grant budget.
• Costs for vehicle within approved budget.
• Any activities that are approved in writing by the Division.

Construction and purchase of real property are not allowable activities or expenditures under this grant award.

B. ALLOWABLE COST/COST PRINCIPLES

Compliance Requirement

All grantees that expend State funds (including federal funds passed through the North Carolina 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.

C. CASH MANAGEMENT

This requirement does not apply to DMH/DD/SAS contracts.

E. ELIGIBILITY

Compliance Requirement

Target population is families involved with child welfare services due to parental or caregiver methamphetamine or other substance abuse or families at risk for child welfare involvement due to parental or caregiver substance use. Children and parents or caregivers may receive services through the program. At risk families not yet or not currently involved with child welfare may join the treatment and prevention groups as space is available, with priority being give to those meeting the target population criteria of current involvement with child welfare.

F. EQUIPMENT AND REAL PROPERTY MANAGEMENT

Compliance Requirement

Equipment Management

This requirement refers to tangible property that has a useful life of more than one year and costs $5,000 or more. Such equipment may only be purchased per the conditions of the approved contract or grant agreement. Shall the contract be terminated, any equipment purchased under this program shall be returned to the Division.

Real Property Management

This requirement does not apply to DMH/DD/SAS contracts.

G. MATCHING, LEVEL OF EFFORT, EARMARKING

Compliance Requirement

The match requirement for the LME is at least 31% of the grant amount for this project during FFY 10. This match requirement shall be derived from local funds or any State funds. The SER LME will provide verification in a certification statement on a quarterly basis that the match funds are set aside solely to serve as match for this federal grant award and are not used for match for any other program. These funds shall be used to supplement the program to carry out the goals and objectives of this project.
H. PERIOD OF AVAILABILITY OF FEDERAL FUNDS

Compliance Requirement

A new Inter-agency Memorandum of Agreement (IMOA) is signed with NC Division of Social Services annually. The federal grant period is 2007-2012. The grant allocation to DMH/DD/SAS for the 2010-2011 federal fiscal year is $315,267.

I. PROCUREMENT AND SUSPENSION AND DEBARMENT

Compliance Requirement

Procurment

All grantee 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 conform with federal agency codifications of the grants management common rule accessible on the Internet at http://www.whitehouse.gov/omb/grants/chart.html.

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.doa.state.nc.us/PandC/agpurman.htm#P6_65.

Nongovernmental subrecipients 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

Compliance Requirement

RHCC is responsible for:

• Timely completion of NC-Treatment Outcomes and Program Performance System (NCTOPPS) forms for all recipients of mental health and substance abuse services (open cases).

• Keep records for all participants in prevention and treatment services, to include but not limited to enrollment and discharge dates in accordance with the Record Management and Documentation Manual for Providers of Publicly funded MH/DD/SAS, CAP-MR/DD Services and LMEs.

• Participate with other partners in tracking referred families across systems in coordination with the program evaluator and principal investigator.

• Provide requested information to the evaluator for federal reporting.

• Participate in outcome evaluation data reporting through direction from the principal investigator.

M. SUBRECIPIENT MONITORING
Compliance Requirement

Monitoring is required if the agency disburses or transfers any State funds to other organizations, except for the purchase of goods or services, the grantee shall require such organizations to file with it similar reports and statements as required by G.S. §143C-6-22 and G.S. §143C-6-23 and the applicable prescribed requirements of the Office of the State Auditor’s Audit Advisory #2 (as revised January 2004) including its attachments. 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 OMB Circular A-133. 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 Cross-cutting Supplement.

N. SPECIAL TESTS AND PROVISIONS

Compliance Requirement

All grantees are required to comply with the Department of Health and Human Services and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services records retention schedules and policies. 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/SAS.

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

Audit Objectives

a. To ensure compliance with the DHHS and DMH/DD/SAS 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/SAS record retention schedules and policies.
b. Review contract/grant agreement, identify any special requirements; and
c. Verify if the requirements were met.
d. Consult as needed with the principal investigator and the contract administrator.

Conflict of Interest and Certification of No 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 Notarized 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 body. 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 shall 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 sub-grantee accountable for the legal and appropriate expenditure of those State grant funds.