

Special Provisions

State Opioid Response 3: PIHP Prevention, Treatment, Harm Reduction, and Recovery Interventions

Purpose, Objectives and Audience

The purpose of the Michigan SOR 3 project is to 1) increase access to MOUD using the three FDA approved medications; 2) reduce unmet treatment needs; 3) reduce overdose related deaths through the provision of prevention, treatment, harm reduction, and recovery activities for OUD and StUD; and 4) improve quality of treatment for StUD and OUD.

Funding from this grant will serve the following objectives: improving the state infrastructure for individuals with an OUD and StUD; training PIHP and provider administration on infrastructure improvements, training provider staff on evidence based interventions and fidelity measures, and increasing educational opportunities for certified peers; implementing evidence based prevention and treatment interventions; expanding overdose education and harm reduction services including naloxone distribution; increasing supportive peer services to probationers and parolees; supporting the use of peers in medical and community settings; expanding recovery friendly communities that include housing and employment support; improving access for racial and ethnic minorities; and disseminating educational messaging regarding anti-stigma, OUD, and StUD.

The primary target of Michigan's SOR initiative is adults aged 25 to 44 with OUD. Additional populations of focus are African Americans, adolescents and transitional age youth, and American Indians/Alaska Natives. Michigan's SOR will: increase the availability of prevention focused evidence-based practices (EBP); increase access to naloxone and harm reduction services; improve outcomes for justice-involved individuals; expand SUD education in medical and social work schools; increase statewide treatment and recovery capacity to address gaps in needs; increase access to MOUD using the three FDA-approved medications; increase availability of treatment and recovery support services for individuals with OUDs and StUD; improve the quality of services for individuals with OUDs and StUD by providing training on EBPs and continuing education for peers, to promote positive treatment outcomes and long-term recovery.

Project Requirements

The Grantee must:

- Employ an SOR coordinator to facilitate implementation of selected initiatives
- Ensure implementation of identified prevention, treatment and recovery support services evidence-based practices (EBP) for individuals who are misusing opioids and/or stimulants

- Ensure ready access to naloxone with the incorporation of harm reduction education
- Enhance the utilization of peer support specialists in high-need areas for screening and engagement of at-risk populations, with referral to harm reduction and treatment services
- Report project specific administrative and program/service activities and related expenditures as indicated in these Provisions “Reporting Requirements”
- Grantees must additionally comply with all requirements in the SOR 3 Notice of Funding Opportunity. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-sor-nofo.pdf>

Administrative Staffing Requirement

To facilitate the implementation of this grant, each Grantee must employ an SOR Coordinator for the duration of the grant. The SOR Coordinator will be responsible for the coordination of all SOR activities and the prevention of overlapping efforts with Substance Abuse Block Grant and other opioid activities.

SOR Administrative Cost Restriction

No more than 5 percent of the total grant award for the budget period may be used for administrative costs (i.e., indirect cost) and developing the infrastructure necessary for expansion of services. As a result, the indirect cost (IDC) rate may not exceed 5 percent, even if the organization and/or subawardee(s) has an established Federal, State, or Other approved IDC rate.

Initiatives

Each Grantee may not be participating in all initiatives.

The funding being provided to each Grantee is for the implementation of the following initiatives with training being provided by the state. If additional training is needed within the region beyond what the state is providing, these funds can be utilized for those means. Training activity should be reported in progress reports.

SOR 3 funding is to be the funding source of last resort. Activities within the initiatives listed, that are not funded through traditional mechanisms, can be funded through this grant; however, these funds may not be used to supplant prior funding for those activities.

A) Prevention Initiatives

Prevention Evidence-Based Programs

To complement the activities of the SOR grant, three evidence-based youth prevention programs will be approved for training and implementation. Grantees will have the opportunity to support the following programs in school and community settings:

- Botvin LifeSkills: This program has been employed as a primary EBP and used in conjunction with other EBPs for several years. It has been shown to be effective across

all ages, and greater effects with individuals at higher risk for substance use.

<https://www.lifeskillstraining.com/>.

- Prime for Life: This program is designed for individuals who may be making high-risk choices, and can be used across universal, selective and indicated audiences. It has been shown to be effective for youth and college students and works to change substance use behaviors by changing beliefs, attitudes, risk perceptions, motivation and the knowledge of how to reduce their risk of substance related problems throughout their lives. <https://www.primeforlife.org/>.
- Project Towards No Drug Abuse (PTNDA): PTNDA is a classroom-based program targeted at high school age youth that focuses on three factors: motivation, skills and decision making to stop or reduce the use of cigarettes, alcohol, marijuana and other drugs. <http://tnd.usc.edu/>.
- Guiding Good Choices: Guiding Good Choices (GGC) promotes healthy, protective parent–child interactions and addresses children’s risk for early substance use. <https://www.communitiesthatcare.net/programs/ggc/>
- Strengthening Families: The Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour. <https://strengtheningfamiliesprogram.org/>
- Celebrating Families: The Celebrating Families! curriculum is an evidence based cognitive behavioral, support group model written for families in which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect. Celebrating Families works with every member of the family, from ages 3 through adult, to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction and increase successful family reunification. <https://celebratingfamilies.net/>

Overdose Education and Naloxone Distribution with Harm Reduction

Grantees will receive funding to support overdose education and naloxone trainings as well as distribution of fentanyl test strips. Grantees may additionally support the purchase of vending machines and Nalox-Boxes modified to dispense NARCAN, fentanyl test strips, and other harm reduction resources in areas of high need such as libraries, drop-in centers, and jail lobbies. The Grantee is expected to work with their provider network to order NARCAN from the MDHHS online NARCAN Direct portal.

B) Treatment Initiatives

Peer Outreach and Linkage

This project will implement peer services in emergency departments, outpatient settings such as FQHC's or Urgent Care facilities, and community settings such as libraries and engagement centers. Peers will utilize an SBIRT model to provide assessment with a resulting referral to treatment and recovery services. Follow up on referred clients will be required by the coaches within 30 days to assess for the need of additional services and peer support.

Mobile Care Units

Mobile care units are retrofitted vans/buses that will bring counseling, therapeutic, and physical health services to OUD patients. The units will have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room for counseling. Harm reduction activities including overdose education and naloxone and fentanyl test strip distribution are expected to be provided within the mobile care units. The units may also have a telehealth component. GPRA incentives for individuals receiving mobile care unit treatment services may be purchased in this funding category. Grantees or subrecipients purchasing mobile care units must abide by **§75.320 Equipment** in the Code of Federal Regulations.

OUD/StUD Treatment

Funding will be awarded specifically to cover the costs of uninsured/under-insured patients for OUD and stimulant use disorder treatment services, including MOUD, case management, and transportation costs. This is for coverage beyond what is provided through Block Grant. Providers that receive these funds will be required to collect GPRA data on all patients covered under this grant. Contingency management incentives may also be made available to any individual engaged in MOUD, no matter their funding source. Training in the intervention is required for any provider agency offering this service. Provider agencies will be required to report the number of individuals engaged in contingency management and follow the federal guidelines regarding incentive limits for this purpose. This is \$15 per incentive and no more than \$75 per year per person. Additionally, funds will be made available to support the start-up costs of new MAT providers in areas with indicated need. GPRA incentives for individuals receiving OUD/StUD treatment services may be purchased in this funding category.

Jail-Based MOUD Expansion

Grantees will have the opportunity to expand the development of jail-based MAT programs. Collaboration with jail-based partners will need to be established for the expansion of MAT services to individuals presenting with an OUD currently incarcerated. The first few weeks after release are known to be the most critical in preventing recidivism and overdose death, thus a collaboration in service provision for persons post-release will be required. Linkages with peer support upon re-entry into the

community is strongly encouraged. GPRA incentives for individuals receiving jail-based treatment services may be purchased in this funding category.

C) Recovery Initiatives

Recovery Housing

Following the National Alliance for Recovery Residencies (NARR) guidelines, recovery housing will be increased within the state for OUD clients. OROSC will partner with the Michigan Chapter of NARR to provide oversight of recovery residences in the state. Each Grantee will be provided funding to cover the housing costs of individuals with OUD and stimulant use disorder. Funding may also be used to provide minor updates and repairs to existing recovery housing to house individuals with OUD and/or to assist recovery housing facilities in bringing outpatient services to the location as needed. All recovery houses must be in compliance with the NARR guidelines. GPRA incentives for individuals receiving recovery housing services may be purchased in this funding category.

OUD/StUD Recovery

Grantees will receive funding to support outreach and engagement activities of local Recovery Community Organizations, peer recovery coaching services, drop-in/engagement centers, and housing assistance for individuals entering long term recovery. Grantees will similarly support case managers at opioid treatment programs and other outpatient providers to assist individuals with securing employment and applying for public assistance benefits. Lastly, Grantees will have the opportunity to assist individuals with housing supports and legal assistance as needed. GPRA incentives for individuals receiving ongoing recovery support services may be purchased in this funding category.

Availability of Services

The Grantee must assure that, for any subcontracted treatment or prevention service, each subcontractor maintains service availability throughout the agreement period for persons who do not have the ability to pay. The Grantee is required to manage its authorizations for services and its expenditures in light of known available resources in such a manner as to avoid the need for imposing arbitrary caps on authorizations or spending. "Arbitrary caps" are those that are not adjusted according to individualized determinations of the needs of clients. This requirement is consistent with Michigan Department of Health and Human Services Medicaid Manual, Medical Necessity Criterion 2.5, under Behavioral Health and Intellectual and Developmental Disability Supports and Services.

Reporting Requirements

As described in the SOR notice of funding opportunity, the program outcomes have a significant influence on the determination of continued funding and so participation in the evaluation process is mandatory. The MDHHS SOR Project Coordinator will communicate reporting and evaluation instructions during the project initiation phase. Progress surveys and interviews will be included.

Grantees are required to submit programmatic updates every month. These updates will be highlights of program progress, barriers, and next steps. Quantitative data including number of individuals served will be required for each program. See Table 1 for Minimal Indicators for Data Collection.

Grantees will submit these programmatic updates to the SOR 3 Project Coordinator and Wayne State University Project Evaluator via survey forms in the Qualtrics survey platform.

Grantees are expected to comply with GPRA data collection for all clients receiving ongoing treatment and recovery services funded by the grant. To remain in compliance with the grant, there will be a required completion rate of 100% at initial collection, 100% at discharge, and 80% at the six-month follow up point. Participants may receive a \$30 gift card incentive for completing the six-month follow-up interview. Wayne State University will provide training and technical assistance on GPRA survey completion.

Table 1: Minimal Indicators for Data Collection

Initiative/Activity	Indicators and Data
Evidence-Based Prevention Programs	<ul style="list-style-type: none"> • # of providers trained • # participants enrolled • # of individuals reached through strategic messaging (social media, media campaigns) on the consequences of opioid/stimulant misuse • # of individuals in diverse or underrepresented populations reached through programming
OEND with Harm Reduction	<ul style="list-style-type: none"> • # of naloxone kits purchased • # of naloxone kits distributed & where • # of fentanyl test strips purchased • # of fentanyl test strips distributed & where • # of new communities/sites with distribution • # of individuals trained & occupation & location • # of kits used/ # of saves • # of individuals in diverse or underrepresented populations reached through programming
Peer Outreach and Linkage	<ul style="list-style-type: none"> • # of peers hired • Hours a week staffed • # of new clinics or community sites engaged • Breakdown of how peers spend time • # of clients engaged • # of screenings conducted • # of referrals made
Mobile Care Units	<ul style="list-style-type: none"> • # of people served • # of services delivered by type • Geographic area covered • GPRA data
OUD/StUD Treatment	<ul style="list-style-type: none"> • # of services delivered by type • GPRA data
Jail-Based MOUD	<ul style="list-style-type: none"> • # of people served; type of service • Services provided by type • Meetings held or trainings conducted • GPRA data
Recovery Housing	<ul style="list-style-type: none"> • # of people served • Status of MARR certification • GPRA data
OUD/StUD Recovery	<ul style="list-style-type: none"> • # of people receiving recovery coaching • # of outreach events held; persons reached • # of people receiving employment support • # of people receiving housing or legal assistance

Risk Monitoring

- A) Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting. Grantees will receive notice when these requests are made and be given time to respond appropriately.
- B) Grantees are required to participate in an annual site visit. Prior to the site visit, the SOR 3 Project Coordinator will send a desk audit with grant requirements that the Grantee is expected to demonstrate compliance with. The Grantee and SOR 3 Project Coordinator will review the Grantee's responses to the desk audit and corresponding compliance ratings during the site visit.
- C) As per federal requirements (SAMHSA NoA, 45 CFR 96.30, FY2022 – Award Standard Terms), a financial review must be conducted for each subrecipient based on a risk assessment that will determine the monitoring frequency. The Grantee is designated as a sub-recipient under this sub-award agreement and therefore, will establish a sub-recipient Grantee or contractor relationship with subsequent entities that are provided with Federal funds to support service delivery. The Grantee certifies and assures that it will, and all its pass-through subrecipients and contractors will, maintain effective program and financial records that fully disclose the amount and disposition of SAMHSA funds received. This includes providing all financial documentation to support all expenses reported on the Grantee's FSRs, eligibility, the portion of the program funded with other sources of revenue, job descriptions, sub-contracts for services, and other records upon request for the purpose of financial and programmatic review. If the Grantee determines that the subsequent entities have a contractor relationship, the financial documentation should consist of the number of participants served, service(s) provided and units of service. Documentation of how the Grantee determines its relationships with its contractor(s) and/or subrecipient(s) will be required for financial and programmatic review.

Financial Reporting

- A) Financial Status Reports (FSR) are due quarterly within 30 days after the close of each quarter. The Final FSR is due to MDHHS within 60 days following the end of the Agreement period. FSRs are submitted in EGRAMS for each project.
- B) The Department may choose to withhold payment when any financial report is delinquent by thirty (30) calendar days or more and may retain the amount withheld if the report is sixty (60) or more days delinquent.
- C) In addition to the quarterly FSR to be submitted in the EGrAMS system, the Grantee is required to submit an SOR 3 Quarterly Budget Report that indicates expenditures by each individual SOR 3 initiative. Figure 1 provides a sample report. The MDHHS Substance Use, Gambling and Epidemiology Section (SUGE) State Opioid Coordinator will email the Grantee the editable version. The Grantee must submit the completed SOR Quarterly Budget Report to the SUGE State Opioid Coordinator by email within 30 days of the end of each quarterly

reporting period. Per SAMHSA’s notice of award, Grantees and subrecipients are required to track funding of activities by providers and be prepared to submit these data to SAMHSA upon request.

Figure 1: Sample SOR 3 Quarterly Budget Report

The following is a sample from FY22. The report format remains the same in FY23 and will be provided as a spreadsheet for Grantees to complete and submit.

FY22 SOR II Special Projects - Quarterly Budget Report							
The PIHP must complete the report and submit it to the State Opioid Coordinator, by email, within 30 days of the end of each quarter.							
PIHP:							
Quarterly Reporting Period:							
Contact Person/Title:							
Email:							
Expenditure Category Detail	SOR Budgeted Revenue	Q1 Expenditures	Q2 Expenditures	Q3 Expenditures	Q4 Expenditures	Total Annual Expenditures	BALANCE
PIHP Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Evidence Based Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OEND with Harm Reduction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Peers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mobile Care Units	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OUD/StUD Treatment, GPRA, Case Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Jail-Based MAT Expansion	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MI-REP Virtual In-Reach	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Opioid Health Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recovery Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total SOR II Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OPTIONAL - ADDITIONAL REMARKS							

D) Year-End Financial Reporting: Additional Financial Reports will be requested by memo from MDHHS Expenditures Operations Division as it prepares for the fiscal year closing. The memo will provide a description and a schedule of the required year-end financial reporting activities. Grantees are required to submit this information as detailed.

E) Legislative Report: The SOR expenditures must be reported on the year-end Legislative Report. If the Grantee does not submit required Legislative Report within fifteen (15) calendar days of the due date, the Department may withhold

from the current year funding an amount equal to five (5) percent of that funding (not to exceed \$100,000) until the Department receives the delinquent report. The Department may retain the amount withheld if the contractor is more than forty-five (45) calendar days delinquent in meeting the filing requirements. The Grantee must assure that the financial data in these reports are consistent and reconcile between any related reports. Otherwise, the reports will be considered as not submitted and will be subject to financial penalty, as previously mentioned.

F) The following chart outlines due dates and submission methods for financial reports.

Report Title	Due Date	Report Period	Submission Method
SOR Budget Report	30 Days after close of each quarter	Quarterly	Email: State Opioid Coordinator gonzalezmedinac@michigan.gov
		Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	
Financial Status Report (FSR)	30 Days after close of each quarter	Quarterly	EGRAMS: Each Project
		Oct 1-Dec 31 Jan 1-Mar 31 Apr 1-June 30 July 1-Sep 30	
Legislative Report	February 28 after end of Agreement Period	October 1 to September 30	Email: MDHHS-BHDDA-Contracts-MGMT@michigan.gov
Obligation Financial Status Report (FSR)	TBD Announced by MDHHS Accounting	October 1 to September 30	EGRAMS: Each Project
EGRAMS Final Financial Status Report (FSR)	60 days after end of Agreement Period	October 1 to September 30	EGRAMS: Each Project