

Substance Abuse Prevention and Treatment Block Grant (SABG)

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Overview of SABG

- Authorizing legislation for SAMHSA's block grants can be found at 42 U.S. Code Part B – Block Grants Regarding Mental Health and Substance Abuse
- The implementing regulation for the SABG is found in Title 45—Public Welfare, Subtitle A—Department of Health and Human Services, Subchapter A, Part 96 Block Grants, Subpart L, Substance Abuse Prevention and Treatment Block Grant.
- The block grants are mandated by Congress to provide funds and technical assistance to:
Each of the 50 states
 - The District of Columbia
 - Puerto Rico
 - The U.S. Virgin Islands
 - The 6 Pacific Jurisdictions
 - The Red Lake Band of Chippewa Indians is an SABG recipient.

Overview of SABG

The SABG is awarded to the state for the purpose of planning, implementing, and evaluating activities that:

- Prevent substance use disorders
- Treat substance use disorders
- Promote public health

Allocations to states

How Are Block Grant Funds Allocated?

- States apply for these noncompetitive grants.
- SAMHSA uses a formula to allocate Block Grant funds to states.
- States establish their own bases for allocating Block Grant funds to provider and intermediary organizations consistent with SAMHSA statutory requirements and priority populations.

Applications and Reports

A combined application for the Community Mental Health Services Block Grant (MHBG) and the SABG is completed every two years.

- An updated “mini-application” is completed in the years in between to update SAMHSA on plan progress, planned expenditures based on the updated federal budget, and planned service activities.
- Both applications require an annual report on Behavioral Health Planning Council membership.
 - 51% or more of the Planning Council must be mental health service consumers/former consumers or their family members.
- Combined applications and mini applications are due in early September. Idaho must complete a draft by early August to allow for DHW approval process.
- Work on application typically begins in June, but can sometimes begin earlier if the instructions are published at an earlier date. Aiming for May this year.
- Medicaid expansion will affect the plans we describe in the application this year.

An annual SABG report is required that reports expenditures and progress toward goals for both the previous fiscal year, and the block grant award from two years prior: For example, in the report completed in December 2018, we reported on expenditures for SFY 2018 (July 1, 2017-June 30, 2018) and expenditures from the 2016 SABG award (October 1, 2015 through September 30, 2017).

- Reports are due in early December, and work usually begins on them in early September when instructions are released. Idaho must complete a draft by early November to allow for DHW approval process.

Application and report timelines

Federal Fiscal Year 2020-2021 Block Grants:

Initial combined application due Sept. 3, 2019 – This application will include performance indicators and narrative plans and reports on gaps and needs for two years, and include spending plans for the FY 2020 award (October 1, 2019-September 30, 2021).

Mini Application Update due Sept 1, 2020: In this mini application update, we will provide our spending plans for the FY 2021 award (October 1, 2020-September 30, 2022).

Annual reports

Annual Report due Dec. 1, 2019 (Instructions and data system available in September): In this report, we will detail what was expended from the 2019 award, report on our 2019 performance indicators and also report final Substance Use Disorder data from the 2017 (October 1, 2016-September 30, 2018) award.

Annual Report due Dec. 1, 2020 (Instructions and data system available in September): In this report, we will detail what was expended from the 2020 award, report on our 2020 performance indicators as well as final Substance Use Disorder data from the 2018 (October 1, 2017-September 30, 2019) award.

Block Grant awards

Each annual Block Grant award is available for a 24-month period. It's important to note that although the award is available for 24 months, **all funds must be spent or obligated via contract or memorandum agreement in the first year of each award.** So, for example, all of the funds from the FY 2018 award had to be expended or obligated between October 1, 2017 and September 30, 2018. Currently we are in the middle of the FY 2019 Block Grant award, which began on October 1, 2018 and all funds will need to be expended or obligated by Sept. 30, 2019. For the application that we will complete this fall, we will outline our plans for the FY 2020 award, which will begin October 1, 2019 and will require funds to be expended or obligated by Sept. 30, 2020. Another important item to note is that awards are not usually received by the state until midway through the first 12 month period of the grant, typically in April or May.

Funding restrictions

These expenditures are prohibited under the SABG:

- Provide inpatient hospital services except under those conditions outlined in the regulations
- Make cash payments to intended recipients of health services
- Purchase or improve land
- Purchase, construct, or permanently improve buildings or other facilities
- Purchase major medical equipment
- Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds (i.e. Block Grant funds can't be used to satisfy funding match requirements of another federal grant)
- Provide financial assistance to any entity other than a public or nonprofit entity
- Provide individuals with hypodermic needles or syringes (See next slide)
- Expend more than the amount of block grant funds expended in FFY91 (\$0) for treatment services provided in penal or correctional institutions of the state

Syringe Services Program (SSP)

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2016 (P.L. 114-113) signed by President Obama on December 18, 2015.

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC – This determination has NOT been made for Idaho), may propose to use SABG to fund elements of a SSP **other than to purchase sterile needles or syringes**.

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related People Who Inject Drugs (PWID) SABG authorizing legislation and implementing regulation requirements when modifying the Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

Set-Aside Funds

States must set aside specific percentages of their SABG allocations for certain services and populations.

- Primary prevention set-aside (SABG): *20% of Block Grant award managed by Office of Drug Policy*
- HIV set-aside (SABG): *Idaho is not a designated state (Designated states have 10 or more HIV cases per 100,000 individuals) and does not have a mandatory HIV set aside.*

Maintenance of Effort

What Is the Purpose and Intent of Maintenance of Effort?

The SABG include maintenance of effort (MOE) requirements to incentivize states to maintain overall expenditure levels and expenditure levels for specific services and populations:

- Statewide substance use disorder services (SABG)
 - Must maintain state general fund expenditures on substance use prevention and treatment services at a level equal to or greater than the average of the previous 2 years.
 - This is over \$19 million, split between the general fund allocations for the Department of Health and Welfare, Department of Juvenile Corrections, Department of Correction, Idaho Supreme Court and Office of Drug Policy.
 - The way this is calculated will have to change based on Idaho's passage of Medicaid expansion.
- Special services for pregnant women and women with dependent children (SABG)
 - Idaho must spend a minimum of \$634,045 annually on this population
 - Can be both SABG and state General Funds

SABG Expenditures

Broad categories:

- Substance Abuse Prevention and Treatment (not including Primary Prevention)
 - Pregnant Women and Women with Dependent Children
- Substance Abuse Primary Prevention (Managed by Office of Drug Policy – 20% required set aside, \$1,813,000)
- Tuberculosis services: Screening clients
- Administration (DHW administration for Financial Services, not program and provider level administration)

Prevention and Treatment Expenditures

- Adolescent Treatment
- Adult Treatment
- Clients involved in Problem Solving Courts
- Recovery Coaches in each region and both State Hospitals
- Child Protection clients
- Intravenous Drug Users (People who inject drugs)
- Pregnant Women and Women with Dependent Children
- Referrals from State Hospitals and the Adult Mental Health program
- Supervised Misdemeanants
- Prevention (Not Primary Prevention)
- Resource Development: Personnel expenses for DBH staff who work on the block grant-related tasks, funding for information systems.

Contracts funded by the SABG

BPA Health: Management Services Contractor responsible for Idaho's Substance Use Disorder treatment and Recovery Support Services network of providers. Responsible for ensuring network providers meet the applicable requirements of the block grant.

FEI: Provides, maintains, and supports the hardware, software, licensing, and network infrastructure required to host the Idaho WITS and ICANS systems. Idaho WITS is the web-based Electronic Health Record (EHR) and statewide data collection system for the IDHW Division of Behavioral Health, for contracted network Substance Use Providers in Idaho, and for contracted Behavioral health Community Crisis Centers. ICANS is a secure, electronic, internet-based system used to administer and manage CANS (Child and Adolescent Needs and Strengths) assessments in Idaho.

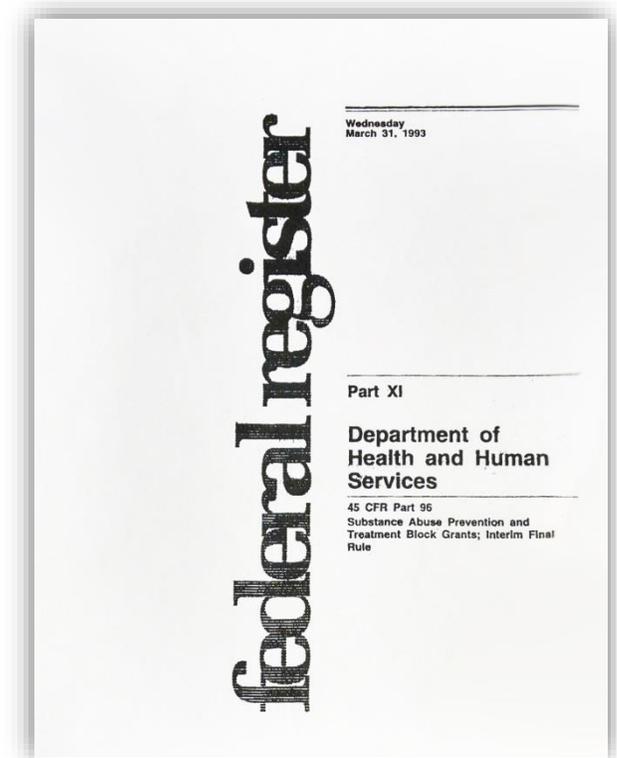
Chestnut Health Systems: Provides, maintains, and supports access to the GAIN ABS web application through Idaho WITS. The GAIN ABS web application is a cloud-based system hosted by Chestnut Health Systems that allows for computer-based and interactive administration of the GAIN instruments. Contracted network Substance Use Providers utilize the GAIN-I as the approved common assessment for clients.

SABG Capacity Management Requirements

Capacity Management

1993—Substance Abuse Prevention and Treatment Block Grant (SABG) requirements were published and:

- Identified pregnant women and people who inject drugs as ***priority populations***
- Indicated that priority populations should be granted admissions priority
- Introduced requirements to limit the wait time for and increase retention of priority populations
- Overseen by BPA Health



Purpose

Collectively, the capacity management requirements call for SABG-funded states and programs to:

- Admit priority populations within prescribed time frames
- Offer priority populations *interim services* when they cannot be admitted within those time frames
- Have systems to effectively track, maintain contact with, and report on priority populations awaiting admission

Requirements

What Are the SABG Capacity Management Requirements?

States must require *all* providers who receive SABG funds to:

- Give pregnant women preference in admissions
- Refer pregnant women to the state when such women cannot be admitted
- Publicize the availability of services for pregnant women, including that pregnant women get admissions preference
- Monitored by BPA Health.

Requirements

States must require programs that serve individuals who inject drugs to give admissions preference as follows:

1. Pregnant women who inject drugs (first preference)
2. Pregnant women who abuse substances in other ways (second preference)
3. Other individuals who inject drugs (third preference)

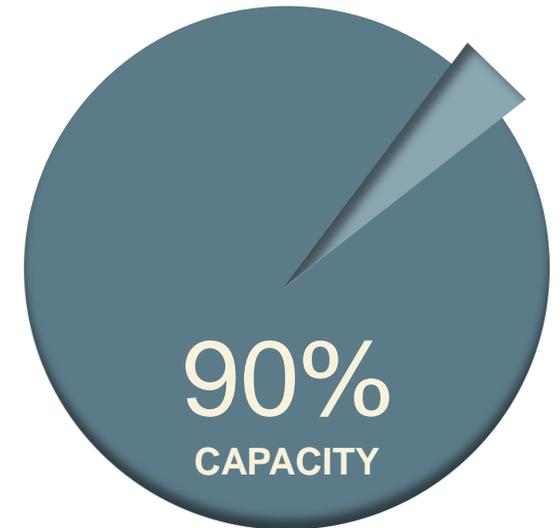
Requirements

Each state must establish a capacity management system that requires programs that serve people who inject drugs to:

Readily report to the state when those programs reach **90 percent capacity**

Make such reports within 7 days

Admit individuals who inject drugs within 14 days



Requirements

When SABG-funded programs cannot admit individuals who inject drugs within 14 days, the programs must meet these conditions:

- Admit them within 120 days
- Have a mechanism for maintaining contact with them while they await admission
- Make interim services available within 48 hours

Waiting Lists

For **pregnant women who cannot be admitted**, states must:

- Maintain a continuously updated system for identifying treatment capacity for pregnant women *and*
- Have a mechanism for matching these women to treatment with sufficient capacity

SABG-funded programs that treat **individuals who inject drugs** must:

- Establish waiting lists with a unique client identifier for each client on the list
- Consult the state's capacity management system to ensure clients on the waiting list are transferred to programs within a reasonable geographic area and at the earliest possible time

Allow clients on the waiting list to be **removed** only if—

1. They cannot be located *or*
2. They refuse treatment

Interim Services

What Are Interim Services?

SABG-funded programs must offer interim services within 48 hours when the following priority populations cannot be admitted or referred to other programs with sufficient capacity:

- Pregnant women
- Individuals who inject drugs

Interim services must include counseling and education about:

- HIV and tuberculosis (TB)
- The risks of needle sharing
- The risks of disease transmission to sex partners and infants
- Steps to prevent HIV transmission

Interim services must also include referrals for:

- HIV and TB services, if necessary
- Prenatal care
- Counseling on the effects of alcohol and drug use on the fetus

Charitable Choice

Charitable Choice prohibits federal, state, and local governments that receive funds under those programs from discriminating against organizations based on the organizations' religious character or affiliation.

Under Charitable Choice, SABG-funded faith-based organizations may:

- Retain the authority over their internal governance.
- Retain religious terms in their organizations' names.
- Select board members on a religious basis.
- Include religious references in the organizations' mission statements and other governing documents.
- Use space in their facilities to offer SABG-funded activities without removing religious art, icons, scriptures, or other symbols.

Charitable Choice

SABG-funded faith-based organizations *may not* use these funds for inherently religious activities such as the following:

- Worship
- Religious instruction
- Proselytization

Organizations can engage in such religious activities only if:

- The activities are offered separately, in time or location, from SABG-funded activities.
- Participation in the activities is voluntary.

Charitable Choice

In delivering services, including outreach activities, SAMHSA-funded religious organizations cannot discriminate against current or prospective program clients/patients based on:

- Religion.
- Religious belief.
- Refusal to hold a religious belief.
- Refusal to actively participate in a religious practice.

If an otherwise eligible client objects to the religious character of an SABG-funded program, the program shall refer the client to an alternative provider within a reasonable period of time of the objection.

Independent Peer Review

What Is the Focus of Independent Peer Review?

States must have independent peer review systems to assess Block Grant-funded treatment services in terms of:

Quality—the extent to which services meet accepted standards and practices that will improve patient/client health and safety in the context of recovery.

Appropriateness—the extent to which services are consistent with each individual's identified clinical needs and level of functioning.

Efficacy—the extent to which services produce the desired outcomes.

Criteria for Independent Peer Reviewers

What Are the Criteria for Independent Peer Reviewers?

*Independent peer reviewers **must** be:*

- Experts in the field.
- Representative of the various disciplines used by the program being reviewed.
- Knowledgeable about the modality being reviewed and its underlying theoretical approach to addictions treatment.
- Sensitive to the cultural and environmental issues that may influence the quality of services being provided.

Peer Review Requirements

Peer reviews should examine a representative sample of client/patient records in areas such as:

- Admission criteria/intake processes.
- Assessments.
- Treatment planning.
- Documentation of treatment strategy implementation.
- Discharge and continuing care planning.
- Indications of treatment outcomes.

Additional Requirements

Confidentiality

The state agency and its providers must have a system in place to protect patient records from inappropriate disclosure.

The systems must:

- Comply with all applicable state and federal confidentiality laws and regulations (e.g., 42 CFR part 2).
- Include employee education on the confidentiality requirements, including the fact that disciplinary action may occur upon inappropriate disclosures.

Additional Requirements

What Are the SABG Requirements Regarding Continuing Education?

Prevention, treatment, and recovery personnel have an opportunity to receiving ongoing training in:

- Recent trends in substance use disorder in the state
- Evidence-based practices
- Performance-based accountability
- Data collection and reporting
- Any other matters that would further improve substance use disorder services

Behavioral Health Planning Council role

Title XIX of the Public Health Service Act (42 U.S.C. 300x) mandates that all states establish a State Mental Health Planning Council.

The council is required to review the state Mental Health Block Grant application and submit any recommendations it has regarding the state's plan; serve as an advocate for adults with serious mental illness, children with serious emotional disturbance (SED), and other individuals with mental illness or emotional problems; and monitor, review, and evaluate the allocation and adequacy of mental health services in their state, at least annually.

Council input and review on SABG

Identification of gaps and unmet needs from annual regional health board analyses and the annual Planning Council Report to the governor.

Annual Report to the Governor, et. al.

Planning Council review/input

- Plan for expending funds
- Plan for meeting federal requirements
- Consideration: How can we make this review easier in the future?

Planning Council letter submitted to SAMHSA as part of the application and plan or mini-application due each September.

Council Membership for annual application and plan.

Application Steps 1 and 2

Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations. Provide an overview of the state's M/SUD prevention, early identification, treatment, and recovery support systems, including the statutory criteria that must be addressed in the state's Application. Describe how the public M/SUD system is currently organized at the state and local levels, differentiating between child and adult systems. This description should include a discussion of the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of M/SUD services. States should also include a description of regional, county, tribal, and local entities that provide M/SUD services or contribute resources that assist in providing the services. The description should also include how these systems address the needs of diverse racial, ethnic, and sexual and gender minorities, as well as American Indian/Alaskan Native populations in the states.

Step 2: Identify the unmet service needs and critical gaps within the current system. This step should identify the unmet service needs and critical gaps in the state's current M/SUD system as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's M/SUD system. Especially for those required populations described in this document and other populations identified by the state as a priority. This step should also address how the state plans to meet the unmet service needs and gaps.

- The Planning Council annual report and the regional Gaps and Needs analyses play a large part in this step.

Populations to consider when assessing gaps and needs - SABG

Services for persons with SMI/SED or persons with or at risk of having substance use disorder (* indicates populations required to be included in the needs assessment):

- Persons who inject drugs *
- Adolescents with substance use and/or mental health problems
- Children and youth who are at risk for mental, emotional, and behavioral disorders, including, but not limited to, addiction, conduct disorder, and depression
- Women who are pregnant and have a substance use and/or mental disorder*
- Parents with substance use and/or mental disorders who have dependent children*
- Military personnel (active, guard, reserve, and veteran) and their families
- American Indians/Alaska Natives
- Individuals with tuberculosis* and other communicable diseases
- Services for individuals in need of primary substance use disorder prevention *

Populations to consider when assessing gaps and needs - MHBG

Comprehensive community-based mental health services for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) (* indicates populations required to be included in the needs assessment):

- Children with SED and their families*
- Adults with SMI*
- Older Adults with SMI*
- Individuals with SMI or SED in the rural and homeless populations, as applicable*
- Individuals who have an Early Serious Mental Illness (ESMI) (10 percent MHBG set aside)

Additional gaps and needs considerations

In addition to the targeted/required populations and/or services required in statute, states are encouraged to consider the following populations, and/or services:

- Individuals with mental and/or substance use disorders who experience homelessness or involved in the criminal or juvenile justice systems
- Individuals with mental and/or substance use disorders who live in rural areas
- Underserved racial and ethnic minority and LGBT populations
- Persons with disabilities
- Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family, and business norms through laws, policy and guidelines and enforcement.
- Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and “late” adopters of prevention strategies

Priority Areas and Performance Indicators (Plan Table 1)

In the bi-annual Combined Block Grant application/plan, we define Priority Areas and Performance Indicators to track whether we have achieved our defined goals over the two years following the plan. We define performance indicators for mental health, substance use treatment, and substance use prevention. We must define at least one priority for each required population (For SABG: Persons who inject drugs, Women who are pregnant and have a substance use and/or mental disorder, Parents with substance use and/or mental disorders who have dependent children, individuals in need of primary substance use disorder prevention)

We define:

- The indicator, or what we want to improve or build on.
- The baseline measurement (For this year's plan, this will be based on 2019 data)
- The first year target/outcome measurement and when it will be achieved by (will be in 2020)
- The second year target/outcome measurement and when it will be achieved by (will be in 2021)

Then we report whether or not we achieved the target outcomes in the annual Block Grant Reports

Priority Areas and Performance Indicators (Plan Table 1)

Example from 2018-2019 Combined Application and Plan:

Priority area: Pregnant Women and Women with Dependent Children

Indicator: Number of providers in the specialty network

Baseline measurement: There are currently 7 providers in this specialty network. (2017)

First year target/outcome measure: Increase number of specialty providers to 8. (2018)

- Note: As of 9/20/2018, there were 24 provider agencies with 38 locations in Idaho's PWWDC specialty network.

Second year target/outcome measure: Increase number of specialty providers to 10.

- We will report on this in this fall's Block Grant Reports, due Dec. 1, 2019.

If we don't meet a target, we must explain why it was not achieved, propose changes to meet the target, then we can propose changing future year indicators to align with needed changes.

Environmental Factors and Plan - Criterion

Additionally, we are required to respond to a series of Yes/No and narrative questions about several performance criterion related to Substance Use Treatment:

Criterion 1: Prevention and Treatment Services - Improving Access and Maintaining a Continuum of Services to Meet State Needs

Criterion 2: Improving Access and Addressing Primary Prevention (Completed by ODP)

Criterion 3: Pregnant Women and Women with Dependent Children (PWWDC)

Criterion 4, 5 and 6: Persons Who inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needle Prohibition, and Syringe Services Program

Criterion 8, 9 and 10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

Criterion 7 and 11: Group Homes for Persons In Recovery and Professional Development

Additional Elements of Combined Application and Plan

Application Step 3: Using the information in Step 2 (service needs and critical gaps), states should identify specific priorities that will be included in the MHBG and SABG. The priorities must include the core federal Block Grant goals and aims of the MHBG and SABG programs: target populations (those that are required in legislation and regulation for each block grant) and other priority populations described in this document.

Application Step 4: For each of the priorities identified in Step 3, states should identify the relevant goals, measurable objectives, and at least one performance indicator for each objective for the next two years. For each objective, the state should describe the specific strategy that will be used to achieve the objective. These strategies may include developing and implementing various service-specific changes to address the needs of specific populations, substance use and mental health treatment, substance use prevention activities, and system improvements that will address the objective.

Additional Elements of Combined Application and Plan

Plan Table 2: State Agency Planned Expenditures: States must project how the SMHA and/or the SSA will use available funds to provide authorized services for the planning period for state fiscal years 2020/2021.

Plan Table 3: SABG Persons in need/receipt of SUD treatment: Use data measures to identify the aggregate number of people in priority populations who are estimated to be in need and the number that are in treatment.

Plan Table 4: SABG Planned Expenditures: States must project how they will use SABG funds to provide authorized services as required by the SABG regulations. Plan Table 4 must be completed for the FFY 2020 award (October 1, 2019-September 30, 2021).

- Table 4 is completed for the FFY 2021 SABG award (October 1, 2020-September 30, 2022) in the mini application due in 2020.

Plan Table 5a/5b(only one must be completed): To report on their primary prevention planned expenditures, states must complete either Table 5a or Table 5b.

Plan Table 5c: SABG Planned Primary Prevention Targeted Priorities: States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2020 award (October 1, 2019-September 30, 2021).

- Table 5c is completed for the FFY 2021 SABG award (October 1, 2020-September 30, 2022) in the mini application due in 2020.

Additional Elements of Combined Application and Plan

Plan Table 6 Categories for Expenditures for System Development/Non-Direct-Service Activities (also known as Resource Development)

Expenditures for these activities may be direct expenditures (involving the time of state or substate personnel, or other state or sub-state resources) or be through funding mechanisms with independent organizations. Expenditures may come from the administrative funds and/ or program funds (but may not include the HIV set-aside funds).

Typically, this table is used to describe the activities that staff, whose salaries are paid wholly or in part by the block grant, will undertake/be responsible for, during the grant period.

Additional Elements of Combined Application and Plan

Environmental Factors and Plan:

The criterion previously described are located in this section, as well as a series of topics that have narrative and Yes/No questions related to the state system. Some are required, while others are only requested. We respond to all the questions, whether they are required or not.

- The Health Care System, Parity and Integration - Two required questions
- Health Disparities - Requested
- Innovation in Purchasing Decisions - Requested
- Evidence-Based Practices for Early Interventions to Address Early Serious Mental Illness (ESMI)- 10 percent set aside - Required for MHBG
- Person Centered Planning (PCP) –Required for MHBG

Additional Elements of Combined Application and Plan

Environmental Factors and Plan:

- Program Integrity - Required
- Tribes - Requested
- Primary Prevention-Required (SABG only)
- Quality Improvement Plan- Requested
- Trauma -Requested
- Criminal and Juvenile Justice - Requested
- Medication Assisted Treatment – Requested (SABG only)
- Crisis Services - Requested

Additional Elements of Combined Application and Plan

Environmental Factors and Plan:

- Recovery – Required
- Community Living and the Implementation of Olmstead- Requested
- Children and Adolescents M/SUD Services –Required for MHBG, Requested for SABG
- Suicide Prevention – Required for MHBG
- Support of State Partners - Required for MHBG
- State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG
 - Council membership
- Public Comment on the State Plan- Required