Overview of the Substance Abuse Block Grant (SABG)

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Overview
SAMHSA's SABG

Substance Abuse Block Grant (SABG)

- Authorizing legislation for SAMHSA's SABG can be found at 42 U.S. Code Part B-Block Grants regarding both 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
- SAMHSA also provides states direction through guidance docs, technical assistance and site visits.

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Overview

- 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 US Virgin Islands
  - The 6 Pacific Jurisdictions
  - The Red lake Band of Chippewa Indians

Purpose

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

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

Allocations to States

Block Grant Funds are allocated by:

- States apply for these non-competitive funds
- SAMHSA uses a formula to allocate Block Grant funds
- States establish their own bases for allocating funds to intermediary organizations
- Allocations must be consistent with SAMHSA statutory requirements and priority populations

Synar Regulation

Synar Regulation:

- Part of the SABG-CSAP
- Plays a key role in SA Prevention
- Each state must have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under age 18.

Synar Regulation

Synar Regulation:

- Must conduct annual, random, unannounced inspections of tobacco outlets to ensure compliance with law
- Must have Retail Violator rate of 20% or less
- Work with variety of partners
- Submit annual report to SAMHSA
- **Importance to SABG?** 40 percent penalty to SABG funding

Block Grant Set-Aside Requirements

What are Set –Aside Funds and what is purpose?

- States must set aside specific percentages of their SABG and MHBG allocations for certain services and populations:
  - Primary Prevention (SABG)
  - HIV (SABG)
  - Children’s set aside (MHBG)
  - Early psychosis set aside (MHBG)

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What is the Primary Prevention Set-aside?

The SABG's Primary Prevention Set-Aside requires each state to expend a minimum of 20% of its annual SABG expenditures on primary prevention-related activities.

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SABG Primary Prevention Definition

*“**Primary Prevention Programs** are those directed at individuals who have not been determined to required treatment for substance abuse.”*

These programs:

- Educate and counsel individual's on such abuse,
- Provide for activities to reduce the risk of such abuse
- Cannot use primary prevention set-aside funds for early intervention services
- Give priority to programs for populations that are at risk of developing a pattern of abuse
    - Ensure that SABG funded providers who are given priority develop community based strategies for substance use prevention; including strategies to discourage the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

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SABG HIV Set-aside

- The SABG requires each HIV-Designated State to spend a minimum of 5% of its federal fiscal year SABG award on HIV-related testing, counseling and outreach.
- Iowa is not an HIV designated state for the required set-aside.

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Maintenance of Effort

The SABG and MHBG include maintenance of effort (MOE) requirements to incentivize states to maintain specific expenditure levels:

- Statewide substance use disorder services (SABG)
- Special services for pregnant women and women with dependent children (SABG)
- Statewide mental health services (MHBG)

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What is the MOE?

Maintenance of Effort (MOE): The SABG requires each state to maintain aggregate state substance abuse prevention and treatment expenditures at a level no less than the average for the preceding 2 state fiscal years.

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What is the MOE for Women’s Special Services

The SABG requires states to maintain expenditures for special services for pregnant women and women with children (including women who are tying to regain custody of their children) at or above the level established during the base year

Required Services for Women's Set-aside

Providers must provide or arrange for all listed (Don't forget to document):

- Primary medical care, including pre-natal care,
- Primary pediatric care, including immunizations for the women's children,
- Gender specific substance use disorder treatment and other therapeutic interventions
- Therapeutic interventions for children in custody of women in treatment,
- Child care while women are receiving services,
- Case management and transportation to ensure that the women and their children can access the other services,
- Treatment of the family as a unit

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Required Services for Pregnant Women for all SABG funded providers

All providers receiving any SABG funding must:

- Ensure that each pregnant who seeks treatment is given preference in admissions to treatment
- Publicize the availability to such women of services that women receive preference
- Notify the state if SABG provider does not have capacity to serve and/or cannot refer to another provider.
- Make interim services available no later than 48 hours after the women seeks the treatment services

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SABG Capacity Management Purpose

The SABG requires states to have capacity management requirements in place which:

- Admit priority populations within prescribed times,
- Publicize the availability of services for pregnant women, including that pregnant women get admissions preference
- Offer Interim Services when priority populations cannot be admitted within those time frames,
- Have systems in place to track, maintain contact with and report on priority populations awaiting admission

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What are the priority populations?

- Pregnant women who are seeking treatment
- Individuals who inject drugs and are seeking treatment

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Programs Serving Individuals who inject drugs

- SABG-funded programs that serve individuals who inject drug's must give admissions preference as follows:
  - Pregnant Women who inject drugs (first preference)
  - Pregnant women who abuse substances in other ways (second preference)
  - Other individuals who inject drugs (third preference)
- SABG-funded programs who serve individuals who inject drug’s must: report to the state when at 90% capacity, make reports within 7 days and admit within 14 days.
  - If unable to admit within 14 days, admit within 120 days, maintain and document contact while they await admission, make interim services available within 48 hours.

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Waiting List

Uniform Waiting List is defined as a log that identifies individuals who are actively seeking treatment:

- When treatment slots are full and
- When meet eligibility criteria
- Reporting to state
- Conditions for removing someone from list- Refusal or cannot be located

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What are Interim Services?

SABG-funded programs must offer interim services within 48 hours if priority populations cannot be admitted or referred to programs with capacity

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What are Interim Services?

- Must offer to priority populations within 48 hours of seeking admission if unable to be admitted or referred to another program:
  - Pregnant women
  - Individuals who inject drugs

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What Interim Services must be included?

- Counseling and education about HIV and tuberculosis (TB)
- Counseling and education about the risks of needle sharing and risks of disease transmission to sex partners and infants
- Counseling and education about steps to prevent HIV transmission
- Referrals for HIV and TB, if needed
- Referrals for prenatal care
- Referrals for counseling on the effects of alcohol and drug use on the fetus
- May also include federally authorized methadone services that supplement, rather than supplant, comprehensive methadone services.

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SABG Outreach Requirements

- SABG-funded programs must use scientifically sound outreach models for treating people who inject drugs
- Contact, Communicate with, and follow-up with individuals at high risk for abusing substances as well as their associates and neighbors,
- Encourage individuals to enter treatment

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TB Requirements

- SABG funded providers must offer or arrange:
  - TB counseling
  - TB testing
  - Appropriate medical evaluation and treatment
  - Routinely make TB services available for individuals receiving substance abuse treatment
  - If client in need of TB treatment who is denied due to capacity, refer the client to another provider of TB services

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TB Requirements

- SABG funded providers must offer or arrange (continued):
  - Implement infection control procedures established by the state including:
    - Screening of patients
    - Identification of individuals at high risk of TB infection
    - Meet all state required reporting requirement, while adhering to State and Federal Confidentiality requirements
    - Conduct case management activities to ensure individuals receive such services
    - Establish linkages with health provider to ensure that TB services are routinely made available
    - **Report to State all individuals with active TB. Reporting should be made to IDPH TB Control Program by calling (515) 281-8636 or (515) 281-7504 or 24/7 disease reporting telephone hotline at 800-362-2736**

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Charitable Choice

- Applicable to SABG funded faith based programs and:
  - Protects faith-based organizations from discrimination
  - Prohibits use of SABG funds for religious activities
  - Prohibits discrimination of clients based on their faith
  - Posting of such and tracking individuals who want to transfer to other providers

Unallowable Expenditures

- Purchase of land or construction of building or improvement thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 11 of the federal senior executive service pay scale
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

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Unallowable Expenditures Additional Prevention

- Purchase of Naloxone
- Strategies to enforce alcohol, tobacco, or drug (ATOD) policies (compliance checks, party patrols, shoulder taps, etc.)
- Services to enforce ATOD state laws
- Services that support Screening, Brief Intervention and Referral to Treatment (SBIRT), including promotion of SBIRT and screening
- Services that support mental health promotion and mental disorder prevention strategies
- Meal costs that are unrelated to program participant involvement in evidence-based program implementation
- Purchase of gift cards
- A Contractor shall not charge participants a fee for Prevention Services. Contractors may request an exception from the Department.

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Non-Supplanting Requirement

- Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.
- Payor of Last Resort

Additional Requirements

- **Coordination of treatment services** with other appropriate services, including health, social, correctional, criminal justice, educational, vocational rehabilitation , and employment services
- **Confidentiality**- Polices in place to protect client records from inappropriate disclosures that is in compliance with state/federal laws, including 45 CFR Parts 160 and 164 and 42 CFR Part 2
  - Provides employee education annually
  - Provides for employee disciplinary action upon inappropriate disclosure of client information
  - Provides written documentation of its compliance

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Public Comment, Website and Contact

- SABG and Synar Reports are posted at: http://www.idph.iowa.gov/block-grant
- Notices of applications, reports and comment period are also posted in “A Matter of Substance” Newsletter
- Comments should be directed to Michele.Tilotta@idph.iowa.gov. Subject line SABG comments

QUESTIONS?