Date: May 21, 2019

To: County Departments of Community Services
County Departments of Health and Human Services
County Departments of Human Services

From: Rose Kleman, Administrator

Application for FFY 2019 and 2020 Substance Abuse Block Grant Supplemental Awards

Document Summary
This memo describes the process for eligible counties to request additional Substance Abuse Block Grant (SABG) funding from the Department of Health Services (DHS), Division of Care and Treatment Services (DCTS), for purpose of addressing unmet substance use disorder needs by supporting prevention, treatment, and recovery services that occur during two contract periods: January 1 through September 30, 2019, and October 1, 2019, through September 30, 2020.

Background
DHS receives about $27.2 million annually in SABG funds (CFDA #93.959) from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Of that total, approximately $9,735,000 is awarded annually to counties through SABG Community Aids Allocations to fund substance use disorder programs and services. Funds from the federal fiscal year (FFY) 2018 and 2019 SABG awards are still remaining and must be expended by September 30, 2019, and September 30, 2020, respectively. To that end, two additional awards of SABG funds will be offered to eligible counties (described in the memo) for the purpose of meeting unmet substance use disorder needs by funding additional prevention, treatment, and recovery services. A total of $1,260,797 in FFY 2019 grant funds and $4,381,065 in FFY 2020 grant funds is being made available to counties.

Eligibility for Funding and Application Process
Eligible agencies for the awards covering the period January 1 through September 30, 2019, include counties that have not or are not currently receiving federal State Targeted Response (STR) or State Opioid Response (SOR) grant funds from DCTS to address opioid use treatment needs. All counties across Wisconsin are eligible to accept and receive awards covering the period October 1, 2019, through September 30, 2020. (See Table 1 for a list of eligible counties and specific award amounts for each county for the two award periods.)

To apply for funding, an authorized county representative must communicate acceptance of the award and the terms detailed in this memo. For the 2019 award, this acceptance should be communicated to Michael Derr, SABG planner, by email michael.derr@dhs.wisconsin.gov no later than June 6, 2019. This email should communicate the following:

www.dhs.wisconsin.gov
• Confirmation of acceptance of the terms of this memo and SABG program.
• Confirmation that the county agency is accepting funding for both FFY 2019 (if eligible) and FFY 2020. If the county elects to accept only one year of funding, please note which year the agency accepts.
• Confirmation that the county agency is accepting the full amount of the award it is eligible to receive, as detailed in Table 1. Agencies may accept a lower amount if it is anticipated that the full amount will not be utilized.
• The name, title, and contact information of the person authorized to commit the agency to the terms of the contract.

Any acceptance communication from county agencies received after May 24, 2019, will result in no funding. A stand-alone contract, with the start date of January 1, 2019, and end date of September 30, 2019, will be delivered to each county agency for review, approval, and signature. A separate contract for FFY 2020 will be delivered at a later date.

Note that the SABG FFY 2019 supplemental awards will be stand-alone contracts covering the period January 1 through September 30, 2019, under a new CARS Profile number (separate from Profile Nos. 545, 546, and 570). There will be no opportunity to carry over unspent funds beyond September 30, 2019. The FFY 2020 contracts will also be stand-alone, but will be assigned to the same new CARS Profile number.

**Grant Recipient Reporting Requirement**

County recipients of SABG supplemental grant awards will be required to submit an online report at the conclusion of each contract period. The report will require recipients to provide information on expenditures, identifying the use of funding for either primary prevention or alcohol and other drug abuse treatment purposes. In addition, grant recipients are required to complete the Substance Abuse Prevention Services Information System (SAP-SIS) report detailing primary prevention services and strategies covered under these funds.

Recipients will also be required to provide a short narrative detailing what was achieved with the funds, summarizing efforts to comply with the SABG program requirements, and listing the number of people served under each program supported by these funds. As part of the FFY 2019 report, recipients will also be required to submit a plan for using the FFY 2020 SABG supplemental funding. Additional information regarding the process for completing this online report and the SAP-SIS will be provided at a later date.

**Requirements for SABG Supplemental Awards**

Federal and state requirements that must be met with the expenditure of SABG supplemental grant funds are described in detail on pages 6-16. Among the requirements are the following:

- For both the 2019 and FFY 2020 awards, SABG supplemental grant recipients must allocate **20 percent or more of their awards to primary prevention programs and activities.** (A description of allowable primary prevention strategies is included on pages 6-8 of this memo.)
- The remaining funds may be allocated toward other prevention, treatment (including women’s treatment), and recovery programs and activities. Grant recipients must comply with all SABG program requirements, which are the same as those for the annual SABG community aids allocation awards.
• Treatment programs and services funded with SABG supplemental funds must continue to give preference in admission to pregnant women and to persons who inject drugs.

**Informational Conference Call**
There will be a conference call to answer any questions related to this funding for those who are interested in participating. This call will be held on Thursday, May 30, 2019, from 1:30 to 2:30 p.m. To join the conference call, call 1-877-820-7831 and use passcode 554523.

**REGIONAL OFFICE CONTACT**
Area Administrators

**CENTRAL OFFICE CONTACT**
Mike Derr  
Bureau of Prevention Treatment and Recovery  
Division of Care and Treatment Services  
Department of Health Services  
1 W. Wilson Street, Room 850  
Madison, WI 53703  
608-267-7704  
michael.derr@dhs.wisconsin.gov

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Receive an email each time a new memo is released. This email will include a link to the online version of the memo.
### Table 1: Substance Abuse Block Grant (SABG) Supplemental Award Amounts

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SABG Supplemental Grant Award Requirements and Scope of Services

1. Purpose and service conditions on the use of the unmet needs grant funds

   A. **Scope of services**: All of these additional SABG funds must be used by the county for substance use disorder services as set forth in (B) and (C) below.

   B. **Primary prevention**: At least 20 percent (20%) of the SABG funds must be expended on primary prevention programs for individuals who do not require treatment for substance use disorder.

   The SABG provides that prevention programs are for individuals who do not require treatment for a substance use disorder. Such programs and activities may include education, mentoring, and other activities designed to reduce the risk of substance use disorders by individuals. Early intervention activities and SBIRT (Screening, Brief Intervention, and Referral to Treatment) are not primary prevention.

   The following preventive interventions and prevention strategies are acceptable activities as defined by the National Academy of Medicine: universal, selective, and indicated.

   - **Universal**: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
     - Universal Direct—Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (for example, school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (for example, coalitions).
     - Universal Indirect—Interventions support population-based programs and environmental strategies (for example, establishing alcohol, tobacco and other drug (ATOD) policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

   - **Selective**: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

   - **Indicated**: Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels (adapted from the National Academy of Medicine’s Model of Prevention).

   There are six primary prevention strategies typically funded by principal agencies administering the SABG. Here are the definitions of those strategies:

   1. **Information dissemination**: This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of this strategy include:
      - Clearinghouse/information resources centers
      - Resource directories
      - Media campaigns
• Brochures
• Radio and TV public service announcements
• Speaking engagements
• Health fairs and other health promotion (for example, conferences, meetings, seminars)
• Information lines/hotlines

2. **Education:** This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy. Examples of this strategy include:
- Parenting and family management
- Ongoing classroom and/or small group sessions
- Peer leader/helper programs
- Education programs for youth groups
- Mentors
- Preschool ATOD prevention programs

3. **Alternatives:** This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities. Examples of this strategy include:
- Drug free dances and parties
- Youth/adult leadership activities
- Community drop-in centers
- Community service activities
- Outward Bound
- Recreation activities

4. **Problem Identification and Referral:** This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of this strategy include:
- Employee assistance programs
- Student assistance programs
- Driving while under the influence/driving while intoxicated education programs

5. **Community-Based Process:** This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. Examples of this strategy include:
- Community and volunteer training (for example, neighborhood action training, impacter training, staff/officials training)
- Systematic planning
- Multi-agency coordination and collaboration/coalition
- Community team-building
- Accessing services and funding
6. **Environmental**: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population. Examples of this strategy include:
   - Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools
   - Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs
   - Modifying alcohol and tobacco advertising practices
   - Product pricing strategies

Primary prevention strategies must use evidence-based strategies.

C. **Treatment services for substance use disorders**

II. **Treatment services requirement**

A. **Priority populations**

Programs funded with SABG funds must give preference for admission to pregnant women who seek or are referred for and would benefit from SABG-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:

1. To pregnant women who inject drugs
2. To other pregnant women with substance use disorders
3. To other persons who inject drugs
4. To all others individuals.

SABG funds may be expended for comprehensive substance use disorder treatment, recovery support, or general (non-primary) prevention programs and services designed for women and their dependent children, including pregnant and postpartum women and their dependent children.

All other comprehensive substance use disorder treatment, recovery support and general (non-primary) prevention programs and services serving populations other than women are “other treatment services.”

Programs receiving SABG funds must publicize to women and to the public the fact that pregnant women receive such preference. This may be done in the following ways: street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, brochures and posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers and social service agencies.

B. **Treatment Service Requirements for Pregnant Women 45 CRF § 96.131**

The county and/or its sub contracted providers must refer pregnant women to Bernestine Jeffers, the state women’s treatment coordinator, at bernestine.jeffers@dhs.wisconsin.gov or 608-261-0651 within 48 hours when the program has insufficient capacity to provide services to any pregnant women who seek services of the county or provider.
The county must make **interim services available within 48 hours** to pregnant women who cannot be admitted because of lack of capacity.

**C. Interim services or interim substance use disorder services**

A county or its subcontracted providers that provide any SABG funded treatment services must provide interim substance use disorder services to priority populations, including pregnant women and individuals who inject drugs, when they cannot provide treatment services within the required time frames of 48 hours for pregnant women and within 14 days for an individual who injects drugs, after the individual makes a request for admission to a county substance use disorder treatment program.

Per Title 45: § 96.121(4), interim substance use disorder services means services that are provided until an individual is admitted to a substance use disorder treatment program. The purpose of the services are to reduce the adverse health effects of such disorders, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risk of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

**D. Counties must follow the state and federal requirements regarding people who inject drugs, 46 CFR § 96.126**

In order to obtain SABG funds, the state requires counties and their sub-contracted programs that receive funding under the grant and treat individuals for intravenous substance use disorders to notify the State Opioid Treatment Authority within seven days of reaching 90 percent of its capacity to admit individuals to the program. In carrying out this section, the county and its subcontracted providers shall establish a capacity management program that reasonably implements this section—that is, it enables any such program to readily report to the State Opioid Treatment Authority when it reaches 90 percent of its capacity—and ensures the maintenance of a continually updated record of all such reports and makes excess capacity information available to such programs. The State Opioid Treatment Authority is Beth Collier (elizabeth.collier@dhs.wisconsin.gov or 608-267-7707).

In order to obtain SABG funds, the county and its subcontractors shall ensure that each individual who requests and is in need of treatment for intravenous drug use disorders is admitted to a program of such treatment not later than 14 days after making the request for admission to such a program. Or such individual is admitted no later than 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.

In carrying out this requirement, the county shall establish a waiting list management program that provides systematic reporting of treatment demand to the state. The county shall require that any program receiving funding from the SABG, for the purposes of treating people who inject drugs, establish a waiting list that includes a unique patient identifier for each injecting drug user.
seeking treatment, including those receiving interim services, while awaiting admission to such treatment. For individuals who cannot be placed in comprehensive treatment within 14 days, the county shall ensure that the program provide such individuals interim services as defined in § 96.121 and in Section III (C) above, and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission. The county shall also ensure that programs consult the capacity management system as provided in this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within a reasonable geographic area.

In carrying out this requirement, the county shall ensure that all individuals who request treatment and who cannot be placed in comprehensive treatment within 14 days are enrolled in interim services, and those who remain active on a waiting list in accordance with this section, are admitted to a treatment program within 120 days. If a person cannot be located for admission into treatment or, if a person refuses treatment, such persons may be taken off the waiting list and need not be provided treatment within 120 days. For example, if such persons request treatment later, and space is not available, they are to be provided interim services, placed on a waiting list, and admitted to a treatment program within 120 days from the latter request.

The county shall require that any entity that receives funding for treatment services for intravenous drug use carry out activities to encourage individuals in need of such treatment to undergo such treatment. The county shall require such entities to use outreach models that are scientifically sound, or if no such models are available that are applicable to the local situation, to use an approach that can reasonably be expected to be an effective outreach method. The model should require that outreach efforts include:

1. Selecting, training and supervising outreach workers.
2. Contacting, communicating, and following up with those at high risk for substance use disorders, their associates, and neighborhood residents, within the constraints of federal and state confidentiality requirements, including 42 CFR § 2.
3. Promoting awareness among persons who inject drugs about the relationship between injecting drug abuse and communicable diseases such as HIV.
4. Recommending steps that can be taken to ensure that HIV transmission does not occur.
5. Encouraging entry into treatment.

The county will comply with state monitoring and reporting to assure compliance with this section. Counties will report under the requirements of § 96.122(g) on the specific strategies used to identify compliance and will follow any corrective actions to be taken to address identified problems.

E. Certain allocations—service requirements for pregnant women and women with dependent children, 45 CFR § 96.124

Services required for programs receiving SABG funds set aside for pregnant women and women with dependent children. The program must meet the following requirements:

- Admits both women and their children into treatment services if appropriate.
- Provides or arranges for primary medical care (including prenatal care) for women who are receiving substance use disorder services.
- Provides or arranges for child care while women are receiving services.
• Provides or arranges for primary pediatric care for women’s children, including immunizations.
• Provides or arranges for gender-specific substance use disorder treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, parenting, and child care while the women are receiving these services.
• Provides or arranges for therapeutic interventions for children in custody or women in treatment that may, among other things, address the children’s developmental needs, their issues of sexual and physical abuse, and neglect.
• Provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services listed above.

F. Counties must follow state and federal requirements regarding tuberculosis (TB), 45 CFR § 96.127
The county and any program funded by SABG funds must directly, or through arrangements with other public or nonprofit private entities, routinely make available the following TB services to each individual receiving treatment for substance use disorders:
• Counseling the individual with respect to TB.
• Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual.
• Providing for or referring the individuals infected by mycobacterium TB appropriate medical evaluation and treatment.

For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.

The program has implemented the infection control procedures that are consistent with those established by DHS to prevent the transmission of TB and address the following:
• Screening patients and identification of those individuals who are at high risk of becoming infected.
• Meeting all state reporting requirements while adhering to federal and state confidentiality requirements, 45 CFR §§ 160 & 164 Health Insurance Portability and Accountability Act (HIPAA), including 42 CFR § 2.
• Case management activities to ensure that individuals receive such services.

The program reports all individuals with active TB as required by state law and in accordance with federal and state confidentiality requirements, 45 CFR §§ 160 & 164 HIPAA, including 42 CFR § 2.

G. Requirements Regarding HIV, 45 CFR § 96.128
Wisconsin is not a designated state; therefore, counties may not use any SABG funds for HIV early intervention programs/services. As a non-designated state, users of illicit substances may receive HIV services through Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs. A report, Investigation of the Adequacy of the Community Planning Process to Meet the HIV Care Needs of Active Substance Users, provides recommendations on how more effectively to use Title I funds to meet the needs of the substance-using population.
Any SABG funds used for HIV early intervention programs will be subject to repayment to the Substance Abuse and Mental Health Services Administration, which provides SABG funds to states. All Wisconsin programs and providers receiving SABG funds must ensure adherence to items 1 through 6.

1. SABG funds may not be used for any/or by any county and/or vendor/sub-contractor to make appropriate pretest counseling for HIV and AIDS available at the sites at which the individuals are undergoing treatment for substance use disorders.

2. SABG funds may not be used for any/or by any county and/or vendor/sub-contractor to make available, at the sites at which the individuals are undergoing treatment for substance use disorders, appropriate HIV/AIDS testing, including tests to diagnose the extent of the deficiency in the immune system and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease available.

3. SABG funds may not be used for any/or by any county and/or vendor/sub-contractor to make available appropriate post-test counseling at the sites at which the individuals are undergoing treatment for substance use disorders.

4. SABG funds may not be used for any/or by any county and/or vendor/sub-contractor to make available, at the sites at which individuals are undergoing treatment for substance use disorders, therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.

5. SABG funds may not be used for any/or by any county and/or vendor/sub-contractor that has established linkages with a comprehensive community HIV resource network of related health and social service organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.

6. SABG funds may not be used for any/or by any county and/or vendor/sub-contractor to ensure that HIV early intervention services are provided with patients’ informed consent, and are not required as a condition of receiving substance use disorder treatment or any other services.

H. Additional requirements, 45 CFR 96.132

The program makes continuing education in treatment services available to employees who provide the services.

The program has in effect a system to protect patient records from inappropriate disclosure, and the system:

- Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

I. Restrictions on the expenditure of the grant vendor/sub-contractor compliance, 45 CFR § 96.135

When a sub-contract is issued by the county to purchase services utilizing SABG funds, conditions on prohibited expenditures and the condition of first priority of services to pregnant women, as well as other priority populations, must be adhered to and monitored by the county. Counties must develop a policy to ensure that all vendors/sub-contractors comply with all of the requirements.
The program does not expend SABG funds to provide inpatient hospital substance use disorder services, except in cases when each of the following four conditions is met, 42 USC 300x-31(a) and (b), 45 CFR:

1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
2. The daily rate paid to the hospital for providing the services does not exceed the comparable daily rate paid by a community-based, non-hospital, residential treatment program.
3. A physician makes a determination that the following conditions have been met:
   - The primary diagnosis of the individual is substance use disorder and the physician certifies that fact.
   - The individual cannot be safely treated in a community-based, non-hospital, residential treatment program.
   - The service can reasonably be expected to improve the person’s condition or level of functioning.
   - The hospital-based substance use disorder program follows national standards of substance use disorder professional practice.
4. The service is provided only to the extent that it is medically necessary (for example, only for those days that the patient cannot be safely treated in a residential, community-based program).
5. The program does not expend SABG funds to make payments to intended recipients of health services, 42 USC 300x-31(a), 45 CFR § 96.135(a)(2).
6. The program does not expend SABG funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment, 42 USC 300x-31(a), 45 CFR § 96.135(a)(3) and (d).
7. The program does not expend SABG funds to provide financial assistance to any entity other than a public or nonprofit private entity, 42 USC 300x-31(a), 45 CFR § 96.135(a)(5).
8. The program does not expend SABG funds to provide individuals with hypodermic needles or syringes, 42 USC 300x-31(a), 45 CFR § 96.135(a)(2).
9. The program does not expend SABG or county jails funds to provide treatment services in penal or correctional institutions of the state.

J. Charitable Choice, 42 USC §300x-65 and 42 CFR §§54.8 (c) (4) and 54.8 (b).

The county must comply with 42 USC §300x-65 and 42 CFR §§54.8(c) (4) and 54.8 (b), Charitable Choice Provisions and Regulations. Charitable Choice statutory provisions ensure that religious organizations are able to equally compete for federal substance use disorder funding administered by SAMHSA, without impairing the religious character of such organizations and without diminishing the religious freedom of beneficiaries. Charitable Choice statutory provisions of the Public Health Service Act enacted by Congress in 2000 are applicable to the county SABG program and services. No SABG funds provided directly to organizations may be expended for inherently religious activities, such as worship, religious instruction, or proselytization. If an organization conducts such activities, it must offer them separately, in time or location, from the county and/or vendor/subcontractors or services for which it receives SABG funds under any applicable program, and participation must be voluntary for the county and/or vendor/subcontractor beneficiaries. The term “alternative services” means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance use disorder provider (alternative provider) to which the program beneficiary (services recipient) has no religious objection. The county must report information to
the state regarding the number of persons provided alternative services as noted in Section III (F). This information is used to ensure compliance with this requirement.

K. State statutory and administrative rule requirements

Counties and their subcontractors must follow all Wisconsin statutory requirements for substance use disorder treatment programs, including Wis. Stat. § 51.42(3)(ar)4m, “If state, federal and county funding for alcohol and other drug use treatment services provided are insufficient to meet the needs of all eligible individuals, ensure that first priority for services is given to pregnant women who suffer from alcoholism or alcohol abuse or are drug dependent.”

In addition, the following state statutes and administrative rules must be followed in providing all treatment services funded through state and federal SABG funding:

2. Patient/client rights:
   - Wis. Stat. ch. 51
   - Wis. Admin. Code ch. DHS 94
   Note: Patients/clients may have additional rights under applicable provider federal/state statutes and regulations.
3. Confidentiality requirements:
   - Wis. Stat. §§ 146.81-146.84
   - Wis. Stat. § 252.15
   - Wis. Stat. § 51.30
   - Wis. Admin. Code ch. DHS 92
   - Wis. Stat. § 134.97
   - Wis. Stat. ch. 137

L. Payment schedule, 45 CFR § 96.137

The program uses the SABG as the “payment of last resort” for services for pregnant women and women with dependent children and TB services and, therefore, makes every reasonable effort to do the following:

- Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX; any state compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program.
- Secure from patients or clients’ payments for services in accordance with their ability to pay.

III. Fiscal and client reporting on the use of the additional funds

A. National Outcome Measurement System (NOMS): The county and/or vendors/sub-contractors receiving SABG funds shall report data on federally required NOMS using the Program Participation System (PPS). All agencies receiving SABG funds through this contract are required to have in place the mechanisms to report timely, accurate, and complete NOMS data. If the state should receive a reduction in the SABG allocation due to failure to report NOMS, contract agencies that have not met the NOMS reporting requirements may be subject to a funding reduction and required to refund part of payments already made.
B. Complete, accurate and timely client and expenditure data shall be reported to DHS using the PPS for clients served by the use of these funds as well as for all clients served by the county or its subcontractors.

C. Use of these funds shall be reported to DHS on F-00642, CARS Expenditure Report (Profile #533165), and F-20942, Total Expenses All Sources by Target Group and Standard Program Cluster Worksheet, according to the schedule outlined in the state/county contract. DHS forms can be retrieved at https://www.dhs.wisconsin.gov/forms/index.htm.

D. An SABG annual report must be submitted online as required by DCTS by the date specified in the annual DCTS Action Memo.

E. All organizations and agencies that provide substance use disorder prevention services using SABG funds must report fiscal, program, individual, and population data using SAP-SIS. Reports are due by the date specified in the annual DCTS Action Memo.

F. Charitable Choice reporting. As part of the annual SABG report, counties must report the number of clients referred to alternative services to which the client has no religious objection.

G. Failure to report these funds and the clients served as specified above may result in the loss of these funds by the county and their repayment by the county to DHS.

IV. Payment procedures
These funds shall be paid in accordance with this stand-alone contract under CARS Profile No. 533165.

V. Availability of funds
DHS shall pay the county for the services it provides or purchases as set forth in this contract within the limits of funds appropriated.

VI. Additional requirements
Requirements herein stated apply to any sub-grants or grants. The contracting agency has primary responsibility to take constructive steps to ensure the compliance of its subcontractors. The county must inform the sub-grantees of the federal award information set forth herein and monitor compliance of these requirements.