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DCTS Action Memo 2025-02

To: Subscribers of the DCTS Action Memo Email Distribution List

From: Gynger Steele, Administrator

**2024 Substance Use Prevention, Treatment, and Recovery Services Block Grant
Annual Report and Substance Abuse Prevention Services Information System
Final Submission**

Summary

Agencies that received federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG) funds in calendar year 2024 must complete their annual report online no later than May 15, 2025. In addition, agencies must enter primary prevention data into the Substance Abuse Prevention Services Information System (SAP-SIS) by May 15, 2025.

Background

The Department of Health Services (DHS) requires agencies receiving SUPTRSBG funds to provide an annual report. Additionally, these agencies are required to report primary prevention data in SAP-SIS. Both reports are completed online.

SUPTRSBG annual report

DHS uses an [online reporting tool](#) for the SUPTRSBG annual report. See Appendix 1 for the SUPTRSBG funding requirements and restrictions.

The online report contains four sections.

- **Section 1: SUPTRSBG Monitoring Checklist**—This section requests agencies select the option that best describes their compliance with each SUPTRSBG requirement.
- **Section 2: Charitable Choice**—This section requests agencies report the number of service recipients who were referred to alternative services because they had religious objections to the providers they were referred to initially.
- **Section 3: Report on Annual Expenditures and Number of Persons Served**—This section requests agencies provide the amount of SUPTRSBG Community Aids Allocation funds expended (total of Grant Enrollment, Application and Reporting System (GEARS) profile numbers 545, 546 and 570), including the names of provider agencies and amounts expended by each provider in each category. Agencies must expend at least 20 percent of the total SUPTRSBG allocation on primary prevention and at least 10 percent of the total allocation on women's treatment. Agencies are required to provide a count of the number of people served under the SUPTRSBG Community Aids Allocation. If the exact number of people served is not known, agencies should provide an estimate of the number served.

- **Section 4: Substance Use Prevention and Treatment Services Reporting**—This section requests agencies provide information on county-authorized alcohol and other drug use disorder clients and costs funded through sources typically reported in the Program Participation System (PPS).

If you wish to save your work while working in the online reporting form and complete the report later, select “save and continue later” at the top of the screen.

After you submit the completed online reporting form, you will receive an email confirming your annual report was successfully completed. Attached to this email will be a PDF copy of the data that was entered.

The deadline to submit this report is **May 15, 2025**.

SAP-SIS final submission

You can access SAP-SIS through the [DHS website](#). See Appendix 2 for acceptable primary prevention services and strategies.

The deadline to submit this report is **May 15, 2025**.

Email questions or concerns about this memo to: DHSWEBMAILDCTS@dhs.wisconsin.gov.

APPENDIX 1: SUPTRSBG Funding Requirements and Restrictions

45 C.F.R. § 96.124 (Certain allocations)

Services required for programs receiving SUPTRSBG funds set aside for pregnant women and women with dependent children, including women who are attempting to regain custody of their children. The program must meet the following requirements:

- Treat the family as a unit and admit both women and their children into treatment services, as appropriate.
- Provide or arrange for primary medical care (including prenatal care) for women who are receiving substance use disorder services.
- Provide or arrange for childcare while women are receiving services.
- Provide or arrange for primary pediatric care for the women's children, including immunizations.
- Provide or arrange 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 childcare while the women are receiving these services.
- Provide or arrange for therapeutic interventions for children in custody or women in treatment that may, among other things, address the children's developmental needs, issues of sexual and physical abuse, and neglect.
- Provide or arrange for sufficient case management and transportation services to ensure that the women and their children have access to the services listed above.

45 C.F.R. § 96.126 (Capacity of treatment for people who inject drugs)

The county and/or vendor or subcontractor must offer priority admission (either through immediate admission or priority placement on a waiting list) to individuals who inject drugs. The county and/or vendor or subcontractor will provide interim services to individuals who inject drugs on the waiting list. The county and/or vendor or subcontractor must report all services provided to individuals who inject drugs. The program must meet the following requirements:

- Within seven (7) days of reaching 90 percent of its treatment capacity, the program notifies the Bureau of Prevention Treatment and Recovery that 90 percent capacity has been reached. The county or its subcontractor agency should email DHSWEBMAILDCTS@dhs.wisconsin.gov call 608-266-2717.
- The program admits each individual who requests and is in need of treatment for injection drug use not later than: (a) 14 days after making the request; or (b) 120 days if the program has no capacity to admit the individual on the request date and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program. Email DHSWEBMAILDCTS@dhs.wisconsin.gov or call 608-266-2717 if you need assistance with coordinating the provision of interim services or treatment.
- When applicable, the program offers interim services that include, at a minimum, the following: (a) counseling and education about HIV and tuberculosis (TB), about the risks 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 do not occur; (b) referral to HIV or TB treatment services, if necessary; and (c) counseling on the effects of alcohol and other drug use disorders on the fetus for pregnant women, as well as referrals for prenatal care.
- The program establishes a waiting list that includes a unique patient identifier for each person injecting drugs who seeks treatment, including individuals receiving interim services while awaiting admission.

- The program has a mechanism that enables it to: (a) maintain contact with individuals awaiting admission; and (b) admit or transfer waiting list clients at the earliest possible time to an appropriate treatment program within a reasonable geographic area.
- The program takes persons who inject drugs awaiting treatment for substance use disorders off the waiting list only when one of the following conditions exist: (a) such persons cannot be located for admission into treatment; or (b) such persons refuse treatment.
- The program carries out activities to encourage individuals who inject drugs in need of treatment services to undergo such treatment by using scientifically sound outreach models, or, if no such models are applicable to the local situation, another approach that can reasonably be expected to be an effective outreach method.
- The program ensures that outreach activities have procedures including the following: (a) selecting, training, and supervising outreach workers; (b) contacting, communicating, and following up with highly vulnerable substance users, their associates, and neighborhood residents within the constraints of federal and state confidentiality requirements (45 C.F.R. Parts 160 and 164 Health Insurance Portability and Accountability Act [HIPAA]; Wis. Stat. § 51.30; and 42 C.F.R. Part 2.); (c) promoting awareness among persons who inject drugs about the relationship between injecting drugs and communicable diseases, such as HIV; (d) recommending steps that can be taken to ensure that HIV transmission does not occur; and (e) encouraging entry into treatment.

45 C.F.R. § 96.127 (Requirements regarding tuberculosis (TB))

- The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each individual receiving treatment for substance use: (a) counseling the individual with respect to TB; (b) testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual; and (c) providing or referring the individuals infected by mycobacterium TB for 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 infection control procedures that are consistent with those established by the Department of Health Services to prevent the transmission of TB and that address the following: (a) screening patients and identification of those individuals who are highly vulnerable to becoming infected; (b) meeting all state reporting requirements while adhering to federal and state confidentiality requirements 45 C.F.R. Parts 160 and 164 HIPAA, including 42 C.F.R. Part 2; and (c) 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 C.F.R. Parts 160 and 164 HIPAA, including 42 C.F.R. Part 2.

45 C.F.R. § 96.128 (Requirements regarding HIV)

Wisconsin is not a designated state under the SUPTRSBG program. Therefore, counties may not use any SUPTRSBG funds for HIV early intervention programs or services. As a non-designated state, users of illicit substances may receive HIV services through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs. Any SUPTRSBG funds used for HIV early intervention programs will be subject to repayment to the Substance Abuse and Mental Health Services Administration, which provides SUPTRSBG funds to states.

45 C.F.R. § 96.131 (Treatment services for pregnant women)

The county and/or vendor or subcontractor must offer priority admission, either through immediate admission or priority placement on a waiting list, to pregnant women. The county and/or vendor or subcontractor will provide interim services to pregnant women on a waiting list. If the county and/or vendor or subcontractor have insufficient capacity to provide interim services, the county and/or vendor or subcontractor will immediately email DHSWEBMAILDCTS@dhs.wisconsin.gov or call 608-266-2717 to contact the Women's Treatment Coordinator who will coordinate the provision of interim services. The amount set aside for women's services shall be expended on individuals who have no other financial means of obtaining such services as provided in 45 C.F.R. § 96.137. The program must meet the following requirements:

- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from SUPTRSBG -funded treatment services. Further, all entities that serve women and who receive SUPTRSBG funds must provide preference in the following order: (a) to pregnant persons who inject drugs first; (b) to pregnant persons with other substance use disorders second; (c) to other persons who inject drugs third; and (d) to all other individuals fourth.
- The program publicizes the availability of services for women and the fact that pregnant women receive preference in admission.
- The program refers pregnant women to the Bureau of Prevention Treatment and Recovery when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.
- The program makes interim services available within 48 hours to pregnant women who cannot be admitted because of lack of capacity.

45 C.F.R. § 96.132 (Additional requirements on employee education)

- The program must make continuing education in treatment services available to employees who provide the services.
- The program must have in effect a system to protect patient records from inappropriate disclosure, and the system: (a) is in compliance with all applicable state and federal laws and regulations 45 C.F.R. Parts 160 and 164 HIPAA; Wis. Stat. § 51.30; and 42 C.F.R. Part 2; and (b) includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

45 C.F.R. § 96.135 (Restrictions on expenditure of the SUPTRSBG)

SUPTRSBG funds cannot be used for the following types of expenditures:

- Inpatient hospital substance use disorder services, except in cases when each of the following conditions is met: (a) the individual cannot be effectively treated in a community-based, non-hospital, residential program; (b) the daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential treatment program; (c) a physician makes a determination that the following conditions have been met: (i) the primary diagnosis of the individual is a substance use disorder and the physician certifies that fact; (ii) the individual cannot be safely treated in a community-based, non-hospital, residential treatment program; (iii) the service can reasonably be expected to improve the person's condition or level of functioning; and (iv) the hospital-based substance use disorder program follows national standards of substance use disorder professional practice; and (d) 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).

- Cash payments to intended recipients of health services, including use of funds for housing assistance such as room and board, and rent.
- Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- Satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of federal funds.
- Provide financial assistance to any entity other than a public or nonprofit private entity.
- Provide individuals with hypodermic needles or syringes.
- Provide treatment services in penal or correctional institutions of the state.
- Purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana).

45 C.F.R. § 96.137 (Payment of last resort)

SUPTRSBG grant funds must be the “payment of last resort” for services for pregnant women and women with dependent children, and for TB services. Therefore, the program must make 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; and
- Secure from patients or clients payment for services in accordance with their ability to pay.

42 U.S.C. 300x-65 and 42 C.F.R. Parts 54.8(c) (4) and 54.8(b) (Charitable choice)

Charitable choice statutory provisions ensure that religious organizations are able to equally compete for federal substance use disorder funding administered by the Substance Abuse and Mental Health Services Administration, without impairing the religious character of such organizations and without diminishing the religious freedom of Substance Abuse and Mental Health Services Administration beneficiaries. Charitable choice statutory provisions of the Public Health Service Act enacted by Congress in 2000 are applicable to the SUPTRSBG program. No funds provided directly from the Substance Abuse and Mental Health Services Administration or the relevant state or local government to organizations participating in applicable programs 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 programs or services for which it receives funds directly from the Substance Abuse and Mental Health Services Administration or the relevant state or local government under any applicable program, and participation must be voluntary for the program 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. Counties must report the number of service recipients who were referred to alternative services because they had religious objections to the providers that they were originally referred to for services.

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, which ensures that first priority for services is given to pregnant women.

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

1. Legal status of consumer: Wis. Stat. chs. 51, 54, 55, and 155.
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. § 51.30
 - Wis. Stat. § 134.97
 - Wis. Stat. ch. 137
 - Wis. Stat. §§ 146.81-146.84
 - Wis. Stat. § 252.15
 - Wis. Admin. Code ch. DHS 92
4. Provider regulations: Wis. Admin. Code chs. DHS 12, 13, 62, 66, 70, 75, 82, 83, and 88

APPENDIX 2: Acceptable Primary Prevention Services and Strategies

The SUPTRSBG provides that *prevention programs* serve **individuals who do not require treatment for a substance use disorder**. Early intervention activities and SBIRT (Screening, Brief Intervention, and Referral for Treatment) are not considered primary prevention. SUPTRSBG provides descriptions of the types of preventative interventions and prevention strategies that are acceptable. This includes the National Academy of Medicine's universal, selective, and indicated interventions.

Universal: Activities targeted to the public or a whole population group that has not been identified based on individual risk.

- Universal Direct. Interventions directly serve an identifiable group of participants but who have not been identified based on 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 policies, modifying alcohol, tobacco, and other drug 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.

There are six primary prevention strategies typically funded by principal agencies administering the SUPTRSBG. Listed below are the definitions of those strategies.

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

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 alcohol, tobacco, and other drug prevention programs

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

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

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, impactor training, staff and officials training
- Systematic planning
- Multi-agency coordination and collaboration and coalition
- Accessing services and funding

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
- Providing guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs
- Modifying alcohol and tobacco advertising practices
- Producing product pricing strategies