



Date: March 30, 2026

DCTS Memo 2026-01

To: Subscribers to the DCTS Memo Email Distribution List

From: Gynger Steele, Administrator

2025 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 2025 must complete their annual report no later than May 15, 2026. Agencies also must enter primary prevention data for calendar year 2025 into the Substance Abuse Prevention Services Information System (SAP-SIS) by May 15, 2026.

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 a blank PDF copy of this 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 to select the option that best describes their compliance with each SUPTRSBG requirement.
- **Section 2: Charitable Choice** - This section requests agencies to 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 to provide the amount of SUPTRSBG Community Aids Allocation funds expended (total of Grant Enrollment, Application and Reporting System (GEARS) profiles #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% of the total SUPTRSBG allocation on primary prevention and at least 10% 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 to 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 completed successfully. Attached to this email will be a PDF copy of the data that was entered.

The deadline to submit the SUPTRSBG annual report is **May 15, 2026**.

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 the SAP-SIS final submission for calendar year 2025 is **May 15, 2026**.

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

APPENDIX 1: SUPTRSBG Funding Requirements and Restrictions

45 CFR § 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 CFR § 96.126 (Capacity of treatment for people who inject drugs)

The county or its subcontractor(s) must offer priority admission, either through immediate admission or priority placement on a waiting list for substance use disorder treatment to people who inject drugs. The county or its subcontractor(s) will provide interim services to people who inject drugs who are placed on the waiting list. The county or its subcontractor(s) must report all services provided to people who inject drugs. The program must meet the following requirements:

- Within seven (7) days of reaching 90% of its substance use disorder treatment capacity, the program notifies the Bureau of Prevention Treatment and Recovery that 90% capacity has been reached. The county or its subcontractor agency should email dhswebmaildcts@dhs.wisconsin.gov or call 608-266-2717.
- The program admits each person 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 person on the request date and, within 48 hours after the request, the program makes interim services available until the person 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), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and 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 for pregnant women on the effects of alcohol and other drug use disorders on the fetus, 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 people receiving interim services while awaiting admission.

- The program has a mechanism that enables it to: (a) maintain contact with people awaiting admission; and (b) at the earliest possible time, admit or transfer people on a waiting list to an appropriate treatment program within a reasonable geographic area.
- The program takes people who inject drugs awaiting treatment for substance use disorder off the waiting list only when one of the following conditions exist: (a) such people cannot be located for admission into treatment; or (b) such people refuse treatment.
- The program carries out activities to encourage people 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 high-risk people who use substances, their associates, and neighborhood residents within the constraints of federal and state confidentiality requirements (45 CFR Parts 160 and 164 Health Insurance Portability and Accountability Act [HIPAA]; Wis. Stat. § 51.30; and 42 CFR Part 2.); (c) promoting awareness among people 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 CFR § 96.127 (Requirements regarding tuberculosis)

- The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each person receiving treatment for substance use: (a) counseling the person with respect to TB; (b) testing to determine whether the person has been infected with mycobacterium TB to determine the appropriate form of treatment; and (c) providing or referring people infected by mycobacterium TB for appropriate medical evaluation and treatment.
- For people denied admission to the program on the basis of lack of capacity, the program refers such people to other providers of TB services.
- The program has implemented infection control procedures 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 people who are highly vulnerable to becoming infected; (b) meeting all state reporting requirements while adhering to federal and state confidentiality requirements 45 CFR Parts 160 and 164 HIPAA, including 42 CFR Part 2; and (c) case management activities to ensure that people receive such services.
- The program reports all people with active TB as required by state law and in accordance with federal and state confidentiality requirements 45 CFR Parts 160 and 164 HIPAA, including 42 CFR Part 2.

45 CFR § 96.128 (Requirements regarding HIV)

Wisconsin is not a designated state under the SUPTRSBG program. Therefore, counties may not use SUPTRSBG funds for HIV early intervention programs or services. As a non-designated state, those receiving treatment for SUD 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 CFR § 96.131 (Treatment services for pregnant women)

The county or its subcontractor(s) must offer priority admission to pregnant women, either through immediate admission or priority placement on a waiting list. The county or its subcontractor(s) will provide interim services to pregnant women on a waiting list. If the county or its subcontractor(s) have insufficient capacity to provide interim services, the county or its subcontractor(s) 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 of set aside for women's treatment services shall be expended on individuals who have no other financial means of obtaining such services as provided in 45 CFR § 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 people who inject drugs first; (b) to pregnant people with other substance use disorders second; (c) to other people who inject drugs third; and (d) to all other people 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 CFR § 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 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 CFR Parts 160 and 164 HIPAA; Wis. Stat. § 51.30; and 42 CFR Part 2; and (b) includes provisions for employee education on the confidentiality requirements and that disciplinary action may occur upon inappropriate disclosure.

45 CFR § 96.135 (Restrictions on the expenditure of the grant)

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

- Inpatient hospital substance use disorder services, except in cases when each of the following conditions are met: (a) the person 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 person is a substance use disorder and the physician certifies that fact; (ii) the person 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 person 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 people 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 person or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 CFR § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 USC §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana).

45 CFR § 96.137 (Payment of last resort)

SUPTRSBG 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 people 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 payments from people for services in accordance with their ability to pay.

42 USC 300x-65 and 42 CFR 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 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 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. The counties and their subcontractor(s) 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 SUPTRSBG 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, 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 programs, parenting classes). 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:

- Brochures
- Clearinghouse/information resources centers
- Health fairs and other health promotion (conferences, meetings, or seminars)
- Information lines/hotlines
- Media campaigns
- Radio and TV public service announcements
- Resource directories
- Speaking engagements

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:

- Education programs for youth groups
- Mentors
- Ongoing class and/or small group sessions
- Parenting and family management
- Peer leader/helper programs
- Preschool alcohol, tobacco, and other drug prevention programs

Alternatives. This strategy provides opportunities to participate in activities that exclude alcohol and other drugs. The purpose is to discourage the use of alcohol and other drugs by providing alternative, healthy activities. Examples of this strategy include:

- Community drop-in centers
- Community service activities
- Drug-free dances and parties
- Outward Bound
- Recreation activities
- Youth or adult leadership activities

Problem identification and referral. This strategy aims to identify individuals who have used illegal or age-inappropriate tobacco or alcohol and individuals who have used illicit drugs for the first time. The goal is to assess if their behavior can be reversed through education. This strategy **does not** include any activity designed to determine if a person is in need of treatment. Examples of this strategy include:

- Driving while under the influence or driving while intoxicated education programs
- Employee assistance programs
- Student assistance 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
- Impactor training
- Neighborhood action training
- Staff and officials training
- Community team building
- Multi-agency coordination, collaboration, and coalition
- Services and funding access
- Systemic planning

Environmental. This strategy establishes or changes written and unwritten community standards, codes, and attitudes. The goal is to sway the general population's use of alcohol and other drugs. Examples of this strategy include:

- Changes to alcohol and tobacco advertising

- Guidance and technical help watching enforcement governing availability and supply of alcohol, tobacco, and other drugs
- New or revised alcohol, tobacco, and drug policies in schools
- Product pricing strategies