

Profile: 587  
Appendix # AE  
Division of Mental Health and  
Substance Abuse Services

### Intravenous Drug Prevention County

It is further understood and agreed by both parties through this attachment to the CY 2015 "State and County Contract Covering Social Services and Community Programs" that:

I. Additional Funds Provided/Period Covered

Funds are provided from the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) (100%, CFDA# 93.959) Contract period is January 1, 2015 through December 31, 2015.

II. Purpose and Service Conditions on the Use of the Additional Funds

As identified in: IV Drug Grant RFP #DMHSAS – G202

### Primary Prevention

The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) provides the following clarification concerning prevention expenditures. The Federal Block Grant requires that there is an agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse. Such programs and activities may include education, mentoring, and other activities designed to reduce the risk of substance abuse by individuals. Note that under the SAPTBG statute, **early intervention activities should not be included as part of primary prevention**. The Block Grant also provides descriptions of the types of preventative interventions and prevention strategies that are acceptable. This includes:

Institute of Medicine Classification: 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.

- o **Universal Direct.**—Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)

- o **Universal Indirect.**—Interventions support population-based programs and environmental strategies (e.g., establishing 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 Institute of Medicine Model of Prevention)*

There are six primary prevention strategies typically funded by principal agencies administering the SAPTBG. Here 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:

- 01 Clearinghouse/information resources centers
- 02 Resource directories
- 03 Media campaigns
- 04 Brochures
- 05 Radio and TV public service announcements
- 06 Speaking engagements
- 07 Health fairs and other health promotion, e.g., conferences, meetings, seminars
- 08 Information lines/Hot lines
- 09 Other, specify

**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:

- 11 Parenting and family management
- 12 Ongoing classroom and/or small group sessions
- 13 Peer leader/helper programs
- 14 Education programs for youth groups
- 15 Mentors
- 16 Preschool ATOD prevention programs
- 17 Other, specify

**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:

- 21 Drug free dances and parties
- 22 Youth/adult leadership activities
- 23 Community drop-in centers
- 24 Community service activities
- 25 Outward Bound
- 26 Recreation activities
- 27 Other, specify

**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:

- 31 Employee Assistance Programs
- 32 Student Assistance Programs
- 33 Driving while under the influence/driving while intoxicated education programs
- 34 Other, specify

**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:

- 41 Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training
- 42 Systematic planning
- 43 Multi-agency coordination and collaboration/coalition
- 44 Community team-building
- 45 Accessing services and funding
- 46 Other, specify

**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:

- 51 Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools

- 52 Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs
- 53 Modifying alcohol and tobacco advertising practices
- 54 Product pricing strategies
- 55 Other, specify

A. Scope of Services: These additional funds shall be used by the County for the following purposes and under the following service conditions:

These funds shall be used by the County for the operation of the programs specified in the approved grant application entitled: "Intravenous Drug Use Prevention; and in accordance with the purposes and conditions specified. Programs providing treatment for injection drug abuse must notify the State upon reaching 90 percent capacity. Also programs should ensure that, to the maximum extent practicable, each individual who requests and is in need of treatment for intravenous drug abuse be admitted to a program within 14 days after making such a request, or 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 are available to the individual not later than 48 hours after such request.

Funds may continue to be used to contract with appropriate programs serving this population to do outreach to Injection Drug Users in conjunction with a Memorandum of Understanding (MOU) and agreed upon by the State.

Capacity of Treatment for Intravenous Drug Abusers, 45 CFR 96.126

The County and/or vendor/sub-contractor must offer priority admission, either through immediate admission or priority placement on a waiting list, to individuals for intravenous substance use.

The County and/or vendor/sub-contractor will provide interim services to individuals for intravenous substance use on the waiting list. The County and/or vendor/sub-contractor must report all services to individuals for intravenous substance use.

1. Within 7 days of reaching 90 percent of its treatment capacity, the program notifies the State that 90 percent of the capacity has been reached.
2. The program admits each individual who requests and is in need of treatment for intravenous 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 date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance abuse treatment program.

3. 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 does not occur.
  - (b) Referral for HIV or TB treatment services, if necessary.
  - (c) Counseling on the effects of alcohol and other drug use on the fetus for pregnant women, as well as referral for prenatal care.
4. The program has established a waiting list that includes a unique patient identifier for each intravenous drug user seeking treatment, including patients receiving interim services while awaiting admission.
5. The program has a mechanism that enables it to:
  - (a) Maintain contact with individuals awaiting admission.
6. Admit or transfer waiting list clients at the earliest possible time to an appropriate treatment program within a reasonable geographic area. The program takes clients awaiting treatment for intravenous substance abuse off the waiting only when one of the following conditions exists:
  - (a) Such persons cannot be located for admission into treatment *or*
  - (b) Such persons refuse treatment.
7. The program carries out activities to encourage individuals in need of treatment services for intravenous drug use to undergo such treatment by using scientifically sound outreach models, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
8. The program ensures that outreach efforts have procedures including the following:
  - (a) Selecting, training, and supervising outreach workers.
  - (b) Contacting, communicating, and following up with high-risk substance abusers, their associates, neighborhood residents within the constraints of Federal and State confidentiality requirements 45 CFR Parts 160 & 164 Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and Wis. Stat. 51.30.
  - (c) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV.
  - (d) Recommending steps that can be taken to ensure that HIV transmission does not occur.
  - (e) Encouraging entry into treatment.

#### Treatment Services for Pregnant Women, 45 CFR 96.131

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

- To pregnant intravenous drug users first.

- To other pregnant substance abusers second.
- To other intravenous drug users third.
- To all others individuals.

Wisconsin programs receiving Block Grant funds must publicize to women of services from the facilities and 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.

- The program refers pregnant women to the State when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.
- The program makes available interim services within 48 hours to pregnant women who cannot be admitted because of lack of capacity.

#### Priority of Treatment Service

The program gives preference in admission in the following order:

- To pregnant injecting drug users first.
- To other pregnant substance abusers second.
- To other injecting drug users third.
- To women with dependent children fourth.
- To homeless persons with co-occurring disorders fifth.
- To all others individuals.

#### Requirements Regarding Tuberculosis, 45 CFR 96.127

1. 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 abuse:
  - (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.
  - (c) Providing for or referring the individuals infected by mycobacterium TB appropriate medical evaluation and treatment.
2. 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.
3. The program has implemented the infection control procedures that are consistent with those established by the Department to prevent the transmission of TB and that address the following:
  - (a) Screening patients and identification of those individuals who are at high risk of becoming infected.

- (b) Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements 45 CFR parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR part 2.
  - (c) Case management activities to ensure that individuals receive such services.
4. The program reports all individuals with active TB as required by State law and in accordance with Federal and State confidentiality requirements 45 CFR Parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR Part 2.

Additional Requirements, 45 CFR 96.132

1. The program makes continuing education in treatment services available to employees who provide the services.
2. The program has 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 CFR Parts 160 & 164 HIPAA, 42 CFR Part 2, and Wis. Stat. 51.30.
  - (b) Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

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 Block Grant funds, conditions on prohibited expenditures and the condition of first priority of services to pregnant women must be adhered to and monitored by the County. Counties should develop a policy to ensure that all vendors/sub-contractors comply with all of the requirements.

1. The program does not expend SAPT Block Grant funds to provide inpatient hospital substance abuse services, except in cases when each of the following conditions is met [42 USC 300x-31(a) and (b), 45 CFR]:
  - (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 substance abuse 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.

- iv. The hospital-based substance abuse program follows national standards of substance abuse professional practice.
  - (d) The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in a residential, community-based program).
2. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services [42 USC 300x-31(a), 45 CFR section 96.135(a)(2)].
  3. The program does not expend SAPT Block Grant 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 section 96.135(a)(3) and (d)].
  4. The program does not expend SAPT Block Grant 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 section 96.135(a)(3) and (d)].
  5. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity [42 USC 300x-31(a), 45 CFR section 96.135(a)(5)].
  6. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes [42 USC 300x-31(a), 45 CFR section 96.135(a)(2)].
  7. The program does not expend SAPT Block Grant funds to provide treatment services in penal or correctional institutions of the State (exceptions are based on statewide formulas).

#### Payment Schedule, 45 CFR 96.137

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

- (a) 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.
- (b) Secure from patients or clients’ payments for services in accordance with their ability to pay.

#### National Outcome Measurement System (NOMS) Language

The County and/or vendors/sub-contractors receiving Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, for the provision of providing substance abuse prevention, intervention or treatment services shall report and use data on federally required National Outcome Measurement System (NOMS) in accordance with guidelines provided through the Program

Participant System (PPS) and/or the Substance Abuse Prevention-Services Information System (SAP-SIS). NOMS reporting is required in order to receive the full allocation of SAPT Block Grant funds. All agencies receiving Substance Abuse Prevention and Treatment Block Grant 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 SAPT Block Grant 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.

#### § 96.128 Requirements Regarding HIV

Wisconsin is not a designated State; therefore, Wisconsin may not use any Substance Abuse Prevention and Treatment (SAPT) block grant 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 SAPT block grant funds used for HIV early intervention programs will be subject to repayment to the Substance Abuse and Mental Health Services Administration, which provides SAPT block grant funds to states. All Wisconsin programs and providers receiving SAPT Block Grant funds must ensure adherence to items (1) through (6).

1. Substance Abuse Prevention and Treatment Block Grant funds may not be used for any/or by any County and/or vendor/sub-contractor make appropriate pretest counseling for HIV and AIDS available at the sites at which the individuals are undergoing treatment for substance abuse.
2. Substance Abuse Prevention and Treatment Block Grant 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 abuse, 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. Substance Abuse Prevention and Treatment Block Grant 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 abuse.

4. Substance Abuse Prevention and Treatment Block Grant 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 abuse, therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.
5. Substance Abuse Prevention and Treatment Block Grant funds may not be used for any/or by any County and/or vendor/sub-contractor that has established linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.
6. Substance Abuse Prevention and Treatment Block Grant funds may not be used for any/or by any County and/or vendor/sub-contractor to ensure that HIV early intervention services provided with patients' informed consent, and are not required as a condition of receiving substance abuse treatment or any other services.

### III. Fiscal Conditions on the Earnings of the Additional Funds

These additional funds are earned under the following conditions:

- A. In accordance with your application goals and objectives and budget.
- B. The Department shall apply these conditions in determining the close of the contract. The amount of a subsequent audit adjustment on the funds in this contract shall be based exclusively upon these conditions.

### IV. Fiscal and Client Reporting on the Use of the Additional Funds

- A. During the time period specified in I above and under the conditions outlined in II above.
- B. Accurate and complete client and expenditure data shall be reported to the Department on the Human Services Reporting System (fiscal and client utilization data) for clients served by the use of these funds.
- C. Use of these funds shall be reported to the Department on the F-00642 (Profile #585) and the F-20942 Form according to the schedule outlined in the State/County Contract.
- E. Biannual program and progress reports on each program goal and objective including fiscal reports on budget line items shall be submitted to the Bureau of Prevention Treatment and Recovery (BPTR) by July 31 and January 31 of the following year in a format provided by the BPTR (Form #F-20389).

F. An annual program report must be submitted to the BPTR within 30 days after the calendar year of program operations in a format provided by the BPTR.

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

V. Payment Procedures

These funds shall be paid in accordance with the State and County Contract.

VI. Availability of Funds

The Department shall pay the County for the services it provides or purchases as set forth in this contract within the limits of funds appropriated.