

Profile: 589
Appendix # AH
Division of Mental Health and
Substance Abuse Services

Alcohol and Other Drug Abuse (AODA)/Inner City Services

It is further understood and agreed by both parties through this attachment to the CY 2016 "State and County Contract Covering Social Services and Community Programs" that:

I. Funds Provided/Period Covered

Funds are provided from the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG - 100%, CFDA# 93.959). The contract period is January 1, 2016 through December 31, 2016.

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

Scope of Services: These additional funds shall be used by the county to fund programs in community prevention, access, and outreach including programs to high risk, minority, inner city youth by a private, non-profit organization to combat alcohol and other drug abuse problems in the inner city areas for primary prevention efforts.

The SAPTBG provides that prevention programs are for individuals who do not require treatment for substance use disorder. Such programs and activities may include education, mentoring, and other activities designed to reduce the risk of substance abuse by individuals. Early intervention activities and SBIRT (Screening, Brief Intervention, and Referral to Treatment) are not primary prevention. The following preventative interventions and prevention strategies are acceptable for addressing intravenous drug use prevention:

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.

- A. 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).
- B. 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 SAPT Block Grant. 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:

- Clearinghouse/information resources centers
- Resource directories
- Media campaigns
- Brochures
- Radio and TV public service announcements
- Speaking engagements
- Health fairs and other health promotion, e.g., conferences, meetings, seminars
- Information lines/Hot lines
- 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:

- 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
- 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:

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

- Employee Assistance Programs
- Student Assistance Programs
- Driving while under the influence/driving while intoxicated education programs
- 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:

- Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training

- Systematic planning
- Multi-agency coordination and collaboration/coalition
- Community team-building
- Accessing services and funding
- 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:

- 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
- Other, specify

Requirements Regarding HIV – 45 CFR §96.128

Funds may not be used for HIV early intervention programs/services.

Any SAPTBG funds used for HIV early intervention programs will be subject to repayment to the Substance Abuse and Mental Health Services Administration, which provides SAPTBG funds to states. All Wisconsin programs and providers receiving SAPTBG funds must ensure adherence to items (1) through (6).

1. 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. 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. 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. 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. 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. 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.

Additional Requirements, 45 CFR §96.132

1. 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 subcontract is issued by the county conditions on prohibited expenditures 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 SAPTBG funds to provide inpatient hospital substance abuse 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 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 SAPTBG funds to make payments to intended recipients of health services.
 3. The program does not expend SAPTBG 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.
 4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
 5. The program does not expend SAPTBG funds to provide financial assistance to any entity other than a public or nonprofit private entity.
 6. The program does not expend SAPTBG funds to provide individuals with hypodermic needles or syringes.
 7. The program does not expend SAPTBG funds to provide treatment services in penal or correctional institutions of the state.

Payment Schedule, 45 CFR §96.137

The program uses the SAPTBG funds 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.

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. National Outcome Measurement System (NOMS): The county and/or vendors/sub-contractors receiving SAPTBG funds shall report and use data on federally-required NOMS using the Program Participation System (PPS). All agencies receiving SAPTBG 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 SAPTBG 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. Accurate and complete client and expenditure data shall be reported to the Department using the PPS 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 #589) and the F-20942 Form according to the schedule outlined in the State/County Contract.
- D. All organizations and agencies that provide substance use disorder prevention services using SAPTBG funds must report fiscal, program, individual, and population data using the Substance Abuse Prevention-Services Information System (SAP-SIS). Reports are due by the date specified in the annual numbered memo.

- E. Semi-annual 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 30 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/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.

VII. Additional Requirements

Requirements herein stated and in the base State/County contract 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.