

Substance Abuse Prevention and Treatment Block Grant

It is further understood and agreed by both parties through this attachment to the CY 2017 "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, 2017, through December 31, 2017.

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

- A. **Scope of Services:** All of these additional SAPTBG 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 SAPTBG funds must be expended on primary prevention programs for individuals who do not require treatment for substance use disorder.

The SAPTBG 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 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: Institute of Medicine Classification - Universal, Selective, and Indicated.

- 1. **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 (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

Universal Indirect—Interventions support population-based programs and environmental strategies (e.g., establishing Alcohol, tobacco and other drug (ATOD) policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

2. **Selective:** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
3. **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:

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, e.g., conferences, meetings, seminars
 - Information lines/Hot lines
 - Other, specify
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
 - Other, specify
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
- Other, specify

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
- Other, specify

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, 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

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
- Other, specify

Primary prevention strategies must comply with the Division of Care and Treatment Services (DCTS) Action Memo requiring the use of evidence-based strategies. See <https://www.dhs.wisconsin.gov/DCTS/memos/nm201209Action.pdf>

III. Treatment Services Requirement

A. Priority Populations

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

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

At least 10 percent of the SAPTBG must be expended for programs and services designed for women. Programs receiving SAPTBG 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 Services Requirements for Pregnant Women 45CRF 96.131.

The County and/or its sub contracted providers must refer pregnant women to the State women's treatment coordinator, when the program has insufficient capacity to provide services to any such pregnant women who seeks services of the County or provider within 48 hours.

The County must make available **interim services within 48 hours** to pregnant women who cannot be admitted because of lack of capacity.

C. Interim Services

Interim Services or Interim Substance Abuse Services. A County or their subcontracted providers that provides any substance abuse block grant funded treatment services must provide Interim Substance Abuse Services to priority populations, including pregnant women and individuals who are injection drug users, when they cannot provide services within the required time frames of 48 hours for pregnant women and within 14 days for an individual who

is an injection drug user, after the individual makes a request for admission to a county substance use disorder treatment program.

Per Title 45: Part 96.121(4), Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, 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 Intravenous Substance Abusers, 46 CFR 96.126

In order to obtain Block Grant funds, the State requires Counties and their sub-contracted programs that receive funding under the grant and treat individuals for intravenous substance abuse to provide to the State Opioid Treatment Authority, upon reaching 90 percent of its capacity to admit individuals to the program, a notification of that fact within seven days. In carrying out this section, the County and its subcontracted providers shall establish a capacity management program which reasonably implements this section—that is, which enables any such program to readily report to the State Opioid Treatment Authority when it reaches 90 percent of its capacity—and which ensures the maintenance of a continually updated record of all such reports and which makes excess capacity information available to such programs.

In order to obtain Block Grant funds, the County and its subcontractors shall ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than—

14 days after making the request for admission to such a program 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, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.

In carrying out subsection 2(b), the County shall establish a waiting list management program which provides systematic reporting of treatment demand to the State. The County shall require that any program receiving funding from the grant, for the purposes of treating injecting drug abusers, establish a waiting list that includes a unique patient identifier for each injecting drug abuser 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 C (3) above, and ensure that the

programs develop a mechanism for maintaining contact with the individuals awaiting admission. The County shall also ensure that the programs consult the capacity management system as provided in paragraph 2(a) of this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.

In carrying out paragraph 2(b) of this section 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 paragraph 3(c) of 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 abuse 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 which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

Selecting, training and supervising outreach workers;
Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2; Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV; Recommend steps that can be taken to ensure that HIV transmission does not occur; and 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. Counties must follow State and Federal Requirements Regarding Tuberculosis (TB), 45 CFR 96.127

The County and any program funded by SAPTBG 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:

1. Counseling the individual with respect to TB.

2. Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual.
3. 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 the Department to prevent the transmission of TB and that address the following:

1. Screening patients and identification of those individuals who are at high risk of becoming infected.
2. 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.
3. 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 Parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR Part 2.

F. Requirements Regarding HIV, 45 CFR 96.128

Wisconsin is not a designated state; therefore, Counties may not use any SAPTBG 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 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. SAPTBG 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. SAPTBG 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. SAPTBG 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. SAPTBG 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. SAPTBG 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 services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.
6. SAPTBG 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.

G. 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:

1. 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.
2. Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

H. 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 SAPTBG 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 SAPTBG 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]:

1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
2. 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.
3. A physician makes a determination that the following conditions have been met:
 - The primary diagnosis of the individual is substance abuse 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 abuse program follows national standards of substance abuse professional practice.
4. 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).
5. The program does not expend SAPTBG funds to make payments to intended recipients of health services [42 USC 300x-31(a), 45 CFR section 96.135(a)(2)].
6. 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 [42 USC 300x-31(a), 45 CFR section 96.135(a)(3) and (d)].
7. The program does not expend SAPTBG 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)].
8. The program does not expend SAPTBG funds to provide individuals with hypodermic needles or syringes [42 USC 300x-31(a), 45 CFR section 96.135(a)(2)].
9. The program does not expend SAPTBG or County jails funds to provide treatment services in penal or correctional institutions of the State.

I. 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 abuse 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 SAPTBG program and services. No SAPTBG 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 SAPTBG 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 abuse provider (alternative provider) to which the program beneficiary (services recipient) has no religious objection. The County must report information to the State the number of persons provided alternative services as noted in Section III. F. This information is used to ensure compliance with this requirement.

J. State Statutory and Administrative Rule Requirements

Counties and their subcontractors must follow all Wisconsin statutory requirements for substance use disorder treatment programs, including Wis. Stats s. §51.42(3)(ar)4m, “If State, Federal and county funding for alcohol and other drug abuse 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 SAPTBG funding:

1. Legal Status of Consumer:

- Wis. Stats. Ch. [51. State alcohol, drug abuse, developmental disabilities and mental health act.](#) (particularly §§ 51.10, 51.15, 51.20, 51.42, 51.45, and 51.47)
- Wis. Stats. Ch. [54. Guardianships and conservatorships.](#)
- Wis. Stats. Ch. [55. Protective service system.](#)
- Wis. Stats. Ch. [155. Power of attorney for health care.](#)

2. Patient/Client Rights:

- Wis. Stats. Ch. [51. State alcohol, drug abuse, developmental disabilities and mental health act.](#) (particularly §§ 51.30 and 51.61)

- Wis. Admin. Code DHS 94 [Patient rights and resolution of patient grievances](#)
Note: Patients/clients may have additional rights under applicable provider federal/state statutes and regulations.
3. Confidentiality Requirements:
- **Wis. Stats. §§ 146.81 – 146.84** - These requirements deal with general health records.
 - **Wis. Stats. § 252.15** - These requirements deal with restrictions on the use of HIV test information.
 - **Wis. Stats. § 51.30Wis. Admin. Code DHS 92 – confidentiality of treatment records. Wis. Stats. §134.97** - Disposal of records containing personal information.
 - **Wis. Stats. Ch. 137** - Authentications and Electronic Transactions and Records
4. Provider Regulations:
- Wis. Admin. Code DHS 12 - [Caregiver background checks](#)
 - Wis. Admin. Code DHS 13 - [Reporting and investigation of caregiver misconduct](#)

 - Wis. Admin. Code DHS 62 - [Assessment of drivers with alcohol or controlled substance problems](#)
 - Wis. Admin. Code DHS 66 - [Treatment alternative program](#)
 - Wis. Admin. Code DHS 70 - [Group homes for recovering substance abusers](#)
 - Wis. Admin. Code DHS 75 - [Community substance abuse service standards](#)
 - Wis. Admin. Code DHS 82 - [Certified adult family homes](#)
 - Wis. Admin. Code DHS 83 - [Community-based residential facilities](#)
 - Wis. Admin. Code DHS 88 - [Licensed adult family homes](#)

K. Payment Schedule, 45 CFR 96.137

The program uses the SAPTBG 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.

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 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 as well as for all clients served by the county or its subcontractors.
- C. Use of these funds shall be reported to the Department on the F-00642 (Profile #570) and the F-20942 Form according to the schedule outlined in the State/County Contract.
- D. An SAPTBG annual report must be submitted via the method required by DCTS by the date specified in the annual numbered memo.
- E. 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.
- F. Charitable Choice reporting. As part of the annual SAPTBG 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 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 and monitor compliance of these requirements.