Substance Abuse Prevention and Treatment Block Grant

Sub-Grantee Requirements Overview
What is the Substance Abuse Prevention and Treatment Block Grant (SABG)?

- The SABG program’s objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse.

- The SABG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB).

- The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG.

- Title 45 Code of Federal Regulations Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 Federal Register 1492 was published on January 19, 1996.
State’s Responsibilities

- Have a designated unit of its executive branch that is responsible for administering the SABG (in WV, this is the Department of Health & Human Resources-Bureau for Behavioral Health & Health Facilities)

- Apply annually for SABG funds

- Have the flexibility to distribute the SABG funds to local government entities, such as municipal, county, or intermediaries, including administrative service organizations

- Have SABG sub-recipients, such as community- and faith-based organizations (non-governmental organizations), and deliver:
  - Substance abuse prevention activities to individuals and communities impacted by substance abuse
  - Substance use disorder (SUD) treatment and recovery
The SABG requirements focuses on four (4) main service population areas. They are as follows:

1. Women’s set aside (funds allocated for special services for pregnant women and women with dependent children)
2. Treatment for individuals who use intravenous drugs
3. Tuberculosis (TB)
4. Treatment Services for Pregnant Women
Pregnant Women and Women with Dependent Children

If the program receives SABG Block Grant funds set aside for special services for pregnant women and women with dependent children (including women attempting to regain custody of their children), the program must provide or arrange for the following:

1. Primary medical care, including prenatal care, for women who are receiving substance abuse services.

2. Childcare while the women are receiving services.

3. Primary pediatric care for the women’s children, including immunizations.

4. Gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.

Regulation Reference 45 C.F.R. § 96.124
Therapeutic interventions for children in custody of women in treatment which may, among other things, address the children’s developmental needs and their issues of sexual abuse, physical abuse, and neglect.

5. Sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (1.) through (5.) above.

The program must also treat the family as a unit and, therefore, admit both women and their children into treatment services, if appropriate.

Regulation Reference 45 C.F.R. § 96.124
Individuals Who Use Intravenous Drugs

If the program treats Individuals who use intravenous drugs, the program must:

1. Within 7 days, notify the State whenever the program has reached 90 percent of its treatment capacity.

2. Admit each individual who requests and is in need of treatment for intravenous drug abuse:
   
   a) Not later than 14 days after making the request or
   
   b) Within 120 days of the request if the program has no capacity to admit the individual, the program will make interim services available within 48 hours, and the program will offer the interim services until the individual is admitted to a substance abuse treatment program

Regulation Reference 45 C.F.R. § 96.126
3. Offer interim services, when appropriate, that include, at a minimum of 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 does not occur
   b. Referral for HIV or TB treatment services, if necessary
   c. Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women

Regulation Reference 45 C.F.R. § 96.126
4. Maintain a waiting list that includes a unique identifier for each individual injecting drugs that is seeking treatment, including individuals receiving interim services while awaiting admission to the program.

5. Maintain a mechanism that enables the program to:
   a. Maintain contact with individuals awaiting admission.
   b. Consult with the State’s capacity management system to ensure that waiting list clients are admitted or transferred to an appropriate treatment program within a reasonable geographic area at the earliest possible time.

Regulation Reference 45 C.F.R. § 96.126
6. Take clients awaiting treatment for intravenous substance abuse off the waiting list only when such persons:

   a. Cannot be located for admission into treatment or
   b. Refuse treatment

Regulation Reference 45 C.F.R. § 96.126
7. Carry out activities to encourage individuals in need of treatment services for intravenous drug abuse to undergo such treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method:


Regulation Reference 45 C.F.R. § 96.126
8. Ensure that outreach efforts (have procedures for):

a) Selecting, training, and supervising outreach workers

b) Contacting, communicating, and following up with high-risk substance abusers, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements

c) Promoting awareness among individuals who are intravenous 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

Regulation Reference 45 C.F.R. § 96.126
1. The program 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 abuse:

   a) Counseling the individual with respect to TB
   b) Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual
   c) Appropriate medical evaluation and treatment for individuals infected by mycobacteria TB

Regulation Reference 45 C.F.R. § 96.127
2. For clients denied admission to the program on the basis of lack of capacity, the program must refer such clients to other providers of TB services.

3. The program must have infection control procedures that are consistent with those established by the West Virginia Bureau for Public Health, Division of Tuberculosis Elimination to prevent the transmission of TB and that address the following:

   a) Screening individuals and identifying those individuals who are at high risk of becoming infected
   b) Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 C.F.R. part 2
   c) Case management activities to ensure that individuals receive such service

Regulation Reference 45 C.F.R. § 96.127
4. The program must report all individuals with active TB to the West Virginia Bureau for Public Health, Division of Tuberculosis Elimination as required by State law and in accordance with Federal and State confidentiality requirements, including 42 C.F.R. part 2.

Regulation Reference 45 C.F.R. § 96.127
1. The program must give preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services.

2. If the program is an SABG Block Grant-funded program that serves an injecting drug abusing population, the program must give preference to treatment as follows:

   a) Pregnant injecting drug users
   b) Other pregnant substance abusers
   c) Other injecting drug users
   d) All others
3. The program must refer 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.

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

Regulation Reference 45 C.F.R. § 96.131
5. The program must offer **interim services**, when appropriate, that include, at a minimum, the following:

   a) Counseling and education about HIV and 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 does not occur
   b) Referral for HIV or TB treatment services, if necessary
   c) Counseling pregnant women on the effects of alcohol and other drug use on the fetus
   d) Refer pregnant women for prenatal care

*Interim services* may also include federally approved interim methadone maintenance.

Regulation Reference 45 C.F.R. § 96.131
Additional Requirements

1. The program must make continuing education in substance abuse treatment and prevention available to employees who provide the services.

2. The program must have in effect a system to protect individual’s records from inappropriate disclosure, and the system must:

   a) Comply with all applicable State and Federal laws and regulations, including 42 C.F.R. part 2.
   b) Include provisions for employee education on confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

Regulation Reference 45 C.F.R. § 96.132
Restrictions on the Expenditure of the Grant

1. The program cannot expend SABG Block Grant 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, nonhospital, 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, nonhospital, residential treatment program

Regulation Reference 45 C.F.R. § 96.135
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, nonhospital, 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

Regulation Reference 45 C.F.R. § 96.135
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)

Regulation Reference 45 C.F.R. § 96.135
Further, the program cannot expend SABG Block Grant funds to:

a) Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
b) Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
c) Provide financial assistance to any entity other than a public or nonprofit private entity
d) Make payments to intended recipients of health services.
e) Provide individuals with hypodermic needles or syringes.
f) Provide treatment services in penal or correctional institutions of the State.

Regulation Reference 45 C.F.R. § 96.135
The program must ensure that SABG Block Grant funds for special services for pregnant women and women with dependent children, TB services, and HIV early intervention services are the “payment of last resort,” and the program must make every reasonable effort to do the following to pay for these services:

1. 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.

2. Secure from patients or clients payments for services in accordance with their ability to pay.

Regulation Reference 45 C.F.R. § 96.137
If the program is an SABG Block Grant-funded program that is part of a faith-based organization, the program may:

a) Retain the authority over its internal governance
b) Retain religious terms in its name
c) Select board members on a religious basis
d) Include religious references in the mission statements and other governing documents
e) Use space in its facilities to offer Block Grant-funded activities without removing religious art, icons, scriptures, or other symbols

Regulation Reference 42 C.F.R. Part 54 and 54a
If the program is an SABG Block Grant-funded program that is part of a faith-based organization, the program cannot use SABG Block Grant funds for inherently religious activities such as the following:

a) Worship  
b) Religious instruction  
c) Proselytization

Regulation Reference 42 C.F.R. Part 54 and 54a
Charitable Choice

The program may only engage in worship, religious instruction or proselytization if both of the following conditions are met:

a) The activities are offered separately, in time or location, from Block Grant-funded activities
b) Participation in the activities is voluntary

Regulation Reference 42 C.F.R. Part 54 and 54a
In delivering services, including outreach activities, SABG Block Grant-funded religious organizations cannot discriminate against current or prospective program participants based on:

a) Religion  
b) Religious belief  
c) Refusal to hold a religious belief  
d) Refusal to actively participate in a religious practice

Regulation Reference 42 C.F.R. Part 54 and 54a
If an otherwise eligible client objects to the religious character of the program, the program shall refer the client to an alternative provider within a reasonable period of time of the objection.

If the program is a religious organization, the program must:

a) Use generally accepted auditing and accounting principles to account for SABG Block Grant funds similar to other nongovernmental organizations.

b) Segregate Federal funds from non-Federal funds.

c) Subject Federal funds to audits by the government.

d) Apply Charitable Choice requirements to commingled funds when State/local funds are commingled with Block Grant funds.

Regulation Reference 42 C.F.R. Part 54 and 54a
The program cannot use the SABG Block Grant to pay salaries in excess of Level I of the Federal Senior Executive pay scale.