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Substance Abuse Prevention and Treatment Block Grant - Agenda

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Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

The Federal government provides NC and other States with block grant funds to LME-MCOs to support programs for the development and implementation of prevention, early intervention, treatment, recovery activities and services for individuals at risk of or experiencing a substance use disorder.



SAPTBG Rules & Regulations

See specified in the Public Health Service Act, Title XIX, Part B, Subpart II, as amend, Public Law 102-321: 42 U.S.C. 300x: and 45 Code of Federal Regulations (CFR), Part 96.

Continuing education is provided to prevention professionals, substance abuse counselors and other education, health, and human service professionals on child and adult alcohol and other drug use dependence at various institutes, meetings, conferences and schools.



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Block Grant Overview

The Block Grant funds are directed toward four purposes:

1. Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
2. Fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low income individuals that demonstrate success in improving outcomes and/or supporting recovery.



Block Grant Overview

The Block Grant funds are directed toward four purposes:

3. Fund primary prevention-universal, selective, and indicated prevention and activities and services for persons not identified as needing treatment.
4. Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis.



Block Grant Overview

- Division of MH/DD/SA Services must apply for federal block grant funding each year.
- In order to receive these funds, the State must commit to matching these funds at a specific level-called maintenance of effort.
- LME/MCOs must in turn commit to matching these funds at a specific level.



Block Grant Overview

- Must assure that no less than 20 % of the total funding is spent for Child SA Prevention Services;
- Must assure that providers abide by all block grant requirements;
- Must assure the provision of a minimum of eight hours of Synar (Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grant) activities per month;
- The Synar Amendment approved activities aim to decrease access and usage of tobacco products by persons under the age of 18 from manufacturers, retailers or distributors of these tobacco products;
- This work includes developing community-based strategies to discourage use of tobacco and alcoholic products by individuals for whom it is unlawful to engage in those activities.



Funding Restrictions

Block grant funds cannot be used :

- To provide financial assistance to “for profit”;
- To fund services or activities which properly should be paid under another source;
- To make cash payments to recipients;
- To purchase land;
- To purchase, construct or greatly improve buildings;



Funding Restrictions

Block grant funds cannot be used:

- To replace State funding of prevention and treatment programs;
- To provide individuals with hypodermic needles/syringes for the use of illegal drugs;
- To fund in-patient drug treatment with limited exceptions.



42 CFR Part 2- Confidentiality

- Applies to programs that are “federally conducted, regulated or directly or indirectly assisted in any way”
AND
- Also applies to any recipient of client identifying information from a substance use provider;
- Restricts the disclosure of information that reveals that a person is receiving, has received or has requested substance abuse treatment;
- Such information cannot be disclosed without the individual’s written consent – this applies to adults and minors.



Required Components of Release Form

- Name of the program and individual disclosing the information;
- To whom the disclosure is being made;
- Name of the client;
- Reason for/ purpose of the disclosure;
- Specific information to be released;
- Client's signature;



Required Components of Release Form

- Date signed;
- Statement regarding the client's right to revoke the consent to release at any time;
- Expiration date of consent – not to exceed one year;
- Redisclosure statement.



Institute of Medicine (IOM) Classifications for Prevention

Comprehensive primary prevention programs should give priority to target populations sub-groups that are at risk of developing a pattern of substance abuse. The terminology of universal, selective and indicated (IOM model) is used for this designation. Universal – General, Selective-Targeted and Indicated - Targeted.

IOM Classification

Universal prevention strategy addresses the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs.

Universal Strategies are delivered at the lowest cost per person.

Prevention Target –At least 60%



IOM Classification

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment. For example, children of adult alcoholics, dropouts, or students failing academically.

Prevention Target – Maximum of 35%



IOM Classification

Indicated prevention are those programs and services that are directed toward individuals who are experiencing early signs of substance abuse and other related problems behaviors associated with substance abuse. The individuals identified at this stage, though experimenting, have not reached the point where clinical diagnosis of substance abuse can be made.

Prevention Target – Maximum of 5%.



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Prevention Education Strategies

Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, drug use, abuse and addiction and their effects on individuals, families and communities.

Education: This strategy involves two-way communication and is distinguished from the Information Dissemination strategy and interaction between the educator/facilitator and participants is the basis of its activities.



Prevention Education Strategies

Alternatives: This strategy provides for participation of target population activities that exclude alcohol, tobacco and other drug use.

Problem Identification and Referral: This strategy aims at the identification of those youth 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. This strategy does not include any activity designed to determine if a person is in need of treatment.

Prevention Education Strategies

Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug use disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of service implementation, inter-agency collaborating, coalition building and networking.



Prevention Education Strategies

Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal regulatory initiatives and those which relate to the service -and action -oriented initiatives.

SAPTBG – Funding Categories Population and Service Areas

- Primary Prevention Services
- Pregnant Women and Women w/Dependent Children Set Aside Programs- funds are used for operating treatment programs for women with substance use disorders who are pregnant, have dependent children or are seeking to regain custody of their children.
- North Carolina Perinatal and Maternal Substance Use Disorder Initiative – funds appropriated are to provide specialized substance use disorder treatment to pregnant women and women with dependent children.
- Work First/Child Protective Services Substance Use Initiative (Work First)- funds are to provide early identification of Work First recipients who have some level of substance use impairment that would prevent them from securing and maintaining employment. It will also provide services to families with a substantiated child abuse or neglect case or with a need of services finding related to substance use.
- NC CASAWORKS for Families- Residential Initiative - (CASA- National Center on Addiction and Substance Abuse) – funds used for this comprehensive treatment model that integrates substance use disorder treatment and mental health services for women, mental health and developmental services for children , primary and preventable healthcare, case management, parenting support, and job readiness training leading to employment and self-sufficiency for the family.



SAPTBG – Funding Categories

- Intravenous Drug Users- funds used to help cover the costs of treatment and medication for persons not having the ability to pay for services and who do not have insurance.
- Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP) – LME-MCOs collaborate with local Division of Adult Correction and Juvenile Justice staff and other key stakeholders to regularly review and reevaluate the needs of individuals involved in the juvenile justice system and their families. These Partnerships provide focus on best practices in service delivery for court-involved youth with substance use and co-occurring mental health disorders that best suit the needs and resources of the communities served.
- Treatment Accountability for Safer Communities (TASC) – funds used to divert individuals to treatment and other community based services and away from institutional settings linking treatment and justice goals to reduce drug use and criminal activity through processes that increase treatment access, engagement and retention.



SAPTBG _ Funding Categories

- Generic Funds – Adult Treatment Engagement and Recovery
- Outpatient Opioid Treatment Programs- funds are used to help cover medication assisted therapies and behavioral therapy costs of treatment and medication for persons not having the ability to pay for these services and who do not have insurance.

Child SA Treatment

- Non-UCR Cross Area Service Programs (CASP) Detention Center Funds
- Adolescent Residential CASP Program
- Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMPHP)



SAPTBG Requirements

Section 1921 of P.L. 102-321

Prevention Programs

- Prioritize youth that are at high risk for developing patterns of substance abuse
- Educate and counsel on substance use and addictions;
- Ensure community-based strategies to discourage use, sale and /or distribution of alcohol and tobacco by individuals for whom it is illegal;
- Develop and implement community-wide prevention plan with public or non-profit entities;



SAPTBG Requirements

Priority admission preference – providers must have a policy in place to assure priority admission preference to these populations:

- Pregnant, injecting drug users (applies to females, regardless of age)
- Pregnant women
- Injecting drug users



SAPTG Requirements

Providers must advertise and publicize these priority populations, as well as the admission preference

Universal TB Screening

- Providers must have a policy in place to assure All children and adults that present for substance use services are screened for tuberculosis;
- Screening can be part of the clinical assessment or a separate form;
- Documentation of the screening, results and follow-up, if indicated, must be in a standard location in the chart;
- Written referral must be made to the public health department or to the client's physician, if indicated.



SAPTGB Requirements

Providers receiving Women's Set Aside funding must ensure the following:

- Women and their dependent children will be treated as a family unit;
- Referral for primary medical care and primary pediatric care;
- Child care services;
- Gender – specific treatment;
- Sufficient transportation to assure access to services.



SAPTBG Requirements

IV Substance Users

- Included in the Adult Substance Abuse Injecting Drug User/Communicable Disease (ASCDR) target population;
- Must provide and show evidence of an active outreach program for IV substance users;
- Must provide evidence of priority admission;
- Must provide evidence of a Drug-Free Workplace Policy.



Annual SAPTBG Audit

Federal funds are audited annually by DMH/DD/SAS.

Prevention and treatment categories are audited through chart reviews using checklists designed for each specific type of funding or program.



Annual SAPTBG Audit

- Substance Abuse Prevention
- CASAWORKS
- Work First
- IV Drugs
- JJSAMHP
- Community Mental Health Services