

**2019 Combined Application for the
Substance Abuse Prevention and Treatment Block Grant and
Community Mental Health Services Block Grants**

Executive Summary

August 13, 2018

**Bureau of Prevention Treatment and Recovery
Division of Care and Treatment Services
Wisconsin Department of Health Services**

Background

Federal law requires that each state submit an annual application for their allocation of Substance Abuse Prevention and Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG) funds. Wisconsin will again be filing a combined SABG and MHBG application for FFYs 2019. This year's application is for the second year of two years of funding. As such this application is an abbreviated application, reaffirming the comprehensive application submitted in 2017. The current combined application is due to the Substance Abuse and Mental Health Services Administration (SAMHSA) on September 4, 2018. The projected amount Wisconsin will receive in FFY 2019 via the SABG is **\$27,073,201** and via the MHBG is **\$9,260,142**.

2018-2019 Block Grant Priority Areas

The following priority areas were submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) in the 2018-2019 Application and plan in 2017. These priority areas will continue via the 2019 funding.

2018-2019 SABG Priorities	
FEDERALLY REQUIRED PRIORITIES	
1.	A minimum of 98 percent of all certified Alcohol and other Drug Abuse (AODA) treatment agencies in Wisconsin will comply with TB screening, information and referral policies and practices.
2.	Increase prevention, street outreach and access to recovery-oriented treatment for intravenous drug users (IVDU) by 2%.
3.	Increase access to culturally appropriate and comprehensive services for special populations such as Hispanic/Latinos, Native Hawaiian or Pacific Islander, African American, Asians, American Indian or Alaska Native, Lesbian Gay Bisexual Transgender and Questioning (LGBTQ), and veterans.
4.	Reduce youth access to tobacco products and maintain at retail outlets non-compliance rate of less than 10 percent.
5.	Increase the number and quality of substance use disorder services targeting pregnant women and women with dependent children.
6.	Provide services for individuals in need of primary substance use disorder prevention by spending 20 percent of the SABG funds on primary prevention.
ADDITIONAL STATE PRIORITY AREAS	
7.	Reduce binge drinking for adults ages 18-55 and for youth ages 12-17.
8.	Prevent the misuse and abuse of all opiates in Wisconsin in order to reduce the number of opiate-related deaths.
9.	Expand interventions and treatments for methamphetamine addiction.

2018-2019 Combined SABG and MHBG Priorities	
1.	Expand the use of Evidence Based Practices in the Mental Health and Substance Use Disorder service systems.
2.	Expand and enhance the workforce capacity for Mental Health and Substance Use Disorder services.
3.	Improve the quality and effectiveness of behavioral health services in the criminal and juvenile justice systems.

4. Increase service quality and system capacity through the training, certification, employment, and utilization of Certified Peer Specialists.

2018-2019 MHBG Priorities
1. Expand the provision of Coordinated Specialty Care model services for youth and young adults experiencing a First Episode Psychosis.
2. Improve service outcomes for youth with SED through the use of Coordinated Services Teams (CST) Initiatives.

Proposed 2019 SABG High Level Allocation

The following is the proposed high level allocation to be included in the 2018 SABG. There are both federal (see Attachment A) and state statutory requirements (see citations below) for the disbursement of the SABG funding which are included in the block grant documents submitted for review.

SABG FFY 2019 ALLOCATIONS DRAFT	
Community Aids (s. 46.40(2m)(a))	\$9,735,700
State Operations and Administration (20.437(5)(mc))	\$2,219,600
Department of Corrections	\$1,347,417
Department of Children and Families (s. 48.561(3)(a)2, s. 48.545)	\$3,158,000
Women’s AODA Initiatives (s. 46.86, s. 46.55(3m))	\$3,558,233
Juvenile Justice Treatment Grants (s. 48.547(2), s. 165.987(2), s. 20.455(2)(k))	\$1,621,600
Other Primary Prevention Initiatives (s. 46.71, s.252.12(2)(c), s. 6.49(1))	\$2,134,477
Other Treatment Related Grants (s. 46.65, s. 6.49(1))	\$3,298,174
TOTAL Allocations FFY 2019 SABG (October 1, 2018 – September 30, 2019)	\$27,073,201

SABG 2019 Updates

The Federal Fiscal Year (FFY) 2019 SABG allocation for Wisconsin is projected to be \$27,073,201, which is a very slight decrease (\$72,919) from the FFY 2018 projected amount of \$27,146,230. Funding is maintained in 2019 at the same levels as 2018, with the exception of a \$72,919 reduction in “Other Treatment Related Grants.

Proposed 2019 MHBG High Level Allocation

The following is the proposed high level allocation to be included in the 2019 MHBG plan. There are both federal (see Attachment B) and state statutory requirements (see citations below) for the disbursement of the MHBG funding which are included in the Block Grant documents submitted for review. The specific state statute references that guide the distribution of funding are included if applicable.

MHBG FFY 2019 ALLOCATIONS	
Community Aids (46.40(2m)(b))	\$2,513,400
Children’s Mental Health/Coordinated Services Teams (CST) (46.56)	\$1,827,000
Family/Consumer Self-Help & Peer-to-Peer Support (46.54)	\$1,281,455
Systems Change (46.52)	\$54,287

Recovery, Early Intervention	\$1,401,000
Transformation Activities	\$1,025,000
Training (46.53)	\$133,000
Wisconsin Protection and Advocacy (51.62(3m))	\$75,000
State Operation and Program Development Costs	\$950,000
TOTAL Allocations FFY 2019 MHBG (October 1, 2018 – September 30, 2019)	\$9,260,142

MHBG 2019 Updates

Earlier in 2017 the federal proposed Wisconsin MHBG allocation for FFY 2018 was \$6,386,701, which would have been a reduction of \$2,346,187 from FFY 2017 necessitating cuts to many programs. In spring of 2018 Wisconsin was informed that for the FFY 2018 MHBG award the state would receive an award of \$11,122,581. However, states were advised to consider this increase in funding a one-time occurrence and to utilize the funding as such. Due to the lateness in Wisconsin receiving the 2018 award amount a portion of the 2018 funds will also be utilized in 2019, focusing on augmenting current efforts and short term efforts. In FFY 2019 Wisconsin has been told to plan utilizing the President’s Budget amount of \$9,260,142.

Public Review Required

The federal requirements for submission of the block grants include insuring that the block grant plan is reviewed by the state planning council, which is the Wisconsin Council on Mental Health. The State Council on Alcohol and Other Drug Abuse is the appropriate body to comment on issues related to substance use and the SABG. As the Council’s do not meet prior to the grant submission deadline the DCTS plans to place the draft application on both Councils’ websites to allow for comment by both Councils and the public. Both Councils did review and approve the comprehensive 2018-2019 grant plan and application and will have continued involvement in the implementation of the grants.

ATTACHMENT A: Federal Specific Requirements for the Substance Abuse Block Grant

There are federal parameters on the use of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) as noted below:

- States must expend no less than 20% on primary prevention.
- States must expend no less than 5% on treatment services for pregnant women and women with dependent children.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- 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 injecting drug users first.
 - To other pregnant substance abusers second.
 - To other injecting drug users third.
- Grant funds shall not be used to provide inpatient hospital services unless the safety of the patient is in jeopardy.
- Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program).
- Grant funds shall not be used to make cash payments to intended recipients of health services.
- Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition.
- Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
- Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor.
- Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
- Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.
- No funds provided directly from SAMHSA or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization.

ATTACHMENT B: Federal Requirements for the Community Mental Health Block Grant

There are federal constraints on the use of the federal Community Mental Health Block Grant as noted below:

- The primary target groups for the funds are adults with a serious mental illness or children with a severe emotional disturbance.
- The state will provide services only through appropriate, qualified community programs.
- Cannot be used for inpatient services.
- Cannot be used to make cash payments to intended recipients of health services.
- Cannot be used to purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment.
- Cannot be used to satisfy any requirement for the expenditure of non-federal funds as a condition of the receipt of federal funds.
- Cannot be used to provide financial assistance to any entity other than a public or nonprofit entity.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- Must maintain a level of spending in the block grant for a system of integrated services for children not less than the amount expended by the state in 2008.
- The State must maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the two-year period preceding the fiscal year for which the state is applying for the grant.
- States must allocated 10% of the MHBG towards early intervention programs for serious mental illness.