Instructions for the FY 2021 SABG Mini-Application

Substance Abuse Prevention and Treatment Block Grant
(SABG)

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Introduction

In the federal fiscal year (FY) 2021 Behavioral Health Assessment and Plan ("Mini-Application"), instructions are provided for states to complete the screens in the web-based Block Grant Application System (BGAS) and apply for FY 2021 Substance Abuse Prevention and Treatment Block Grant (SABG) funds and to submit the FY 2021 Mini-Application to the Substance Abuse and Mental Health Services Administration (SAMHSA).

The application can be completed entirely and submitted on the BGAS website at https://bgas.samhsa.gov.

The term "state" refers to states, the District of Columbia, territories, jurisdictions, and the one Native American tribe that receives SABG funding.

Where to Find the .PDF of the 2020 – 2021 Behavioral Health (BH) Assessment and Plan

An Adobe Acrobat version of the OMB-approved application may be downloaded from http://www.samhsa.gov/grants/block-grants. The FY 2021 Mini-Application is only those forms that are required to apply for FY 2021 funds.

Where to Find All of the Legislation and Regulations Pertaining to the SABG

The links to all legislation and regulations governing the SABG program may be found at **http://www.samhsa.gov/grants/block-grants/laws-regulations.**

Planning Periods for Fiscal Tables

The SABG planned expenditure tables (4, 5a, 5b, 5c, and 6) for both Treatment and Prevention are for the expenditure period of the FY 2021 SABG award, October 1, 2020 through September 30, 2022.

Table 4	10/01/2020 – 09/30/2022
Table 5a, 5b, & 5c	10/01/2020 – 9/30/2022
Table 6	10/01/2020 – 9/30/2022

Application Creation Process

Log onto BGAS using an assigned Username and Password.

On the Welcome screen, click the table labeled "Create Application" to create the FY 2021 SABG Mini-Application or the Combined Mini-Application.

Click the appropriate FY 2021 Behavioral Health Assessment and Plan link in the list of BGAS modules available for creation.

Respond to the question by clicking "Yes." The FY 2021 Mini-Application has now been created and is available for the state to begin entering the information that will be submitted to SAMHSA.

Accessing the FY 2021 Mini-Application

The next screen has several different sections including Urgent Notifications, Related Documents, Recent Activity, Recent News, Related Links, Statutes and Regulations, and a button labeled, “View Application.”

Select the View Application” button to display the state’s current and prior SABG applications. Access the application by clicking on the FY 2021 BH Assessment and Plan link.

The Overview screen will appear. Forms and tables that have yet to be completed will be listed as “In Progress.”

Please select and complete all “In Progress” forms and tables.

Please Note: When a state marks a table or narrative as “Complete,” the button changes from “In Progress” to “Modify.” This button allows the state to make changes prior to submission.

Submitting the FY 2021 Mini-Application

The FY 2021 Mini-Application is due Tuesday, September 1, 2020 for states that submit the Mental Health Block Grant (MHBG) only or MHBG and SABG combined applications. It is due Thursday, October 1, 2020 for states that submit SABG only applications.

Once all responses and tables are marked complete, the following FOUR steps are required to submit the BH Assessment and Plan to SAMHSA:

1. Click the *tab* "State Supervisor Review" on the left side of the screen. (The heading at the top of the screen will read State Supervisor Review after the state name and the year.)

2. Now click the "State Supervisor Review" *button* that appears. This step allows the completed document to be reviewed internally by the state before submission to SAMHSA.

3. Once the internal Single State Agency (SSA) review has been completed, click the *tab* "Submit to SAMHSA" on the left side of the screen. (Submit to SAMHSA will now appear in the heading at the top of the page after the state name and the year.)

4. Finally click the "Submit to SAMHSA" *button* that appears. At this point, the FY 2021 Mini-Application has been submitted to SAMHSA and will be reviewed by the Project Officers. The state will receive an email confirming that the FY 2021 BH Assessment and Plan has been submitted. If the State Supervisor/Block Grant Coordinator does not receive such an e-mail, it has not officially been submitted.

Once the application has been submitted, the screen will display "Submitted" in the heading after the state name and the year. The menu at the left of the page will now say "SAMHSA Review" to let you know that the application is now ready for SAMHSA to review and approve it.

Accessing BGAS Help Desk Assistance

If assistance is needed from the BGAS Help Desk, call 1-888-301-2427; or, when working in BGAS, simply click on the "Support" tab at the top of the screen, and then click on the "Create Support Ticket" tab on the left side of the screen. Fill out the fields in the window that appear and click "Submit."

State Information

State Information Form (Required)

Most of the information in this table will be pre-populated. Please check any pre-populated information to ensure that it is accurate, and make changes, if needed.

State Profile – Some of the information in this table is automatically pulled from the State Profile in BGAS. In order to make changes in a State SABG DUNS Number, State the State Agency that is the responsible agency designated by the Governor as the official SABG grantee and/or Contact Person for the official SABG Grantee, go to the "State Profile" tab at the top of the screen in BGAS. Click on the "Edit" buttons to make changes.

Item I. State Agency for the Block Grant

In the State Profile, enter both the name of the responsible agency designated by the Governor as the official grantee and the name of the organizational unit within that agency that administers the block grant.

Item II. Contact Person for the Block Grant

In the State Profile, enter the name and contact information for the person with the overall responsibility for the Block Grant.

Item III. The State Expenditure Period

There is no need for the state to enter anything here, since the Expenditure Period applies to the SABG Report, not to the BH Assessment and Plan.

Each table in BGAS will have the correct dates of the planning period for that particular table.

Item IV. Date Submitted

These items will automatically be filled in by BGAS both when the state submits the FY 2021 Mini-Application to SAMHSA for review and when the state submits revisions.

Item V. Contact Person Responsible for Application Submission

Enter the name of the individual to whom SAMHSA should address comments and/or questions concerning the content of the FY 2021 Mini-Application.

Chief Executive Officer's Funding Agreements/Certifications FY 2021--SA, Assurance Non-Construction Programs, and Certifications (Required)

<table><tr><td>

SEC. 1932. ○300x–32. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN.

(a) IN GENERAL. — For purposes of section 1921, an application for a grant under such section for a fiscal year is in accordance with this section if, subject to subsections (c) —
(1) the application is received by the Secretary not later than October 1 of the fiscal year for which the State is seeking funds;
(2) the application contains each funding agreement that is described in this subpart or subpart III for such a grant (other than any such agreement that is not applicable to the State);
(3) the agreements are made through certification from the chief executive officer of the State;
(4) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary;
(5) the application contains the (report required in section 1942(a);
(6) (A) the application contains a plan in accordance with subsection (b) and the plan is approved by the Secretary; and
(B) the State provides assurances satisfactory to the Secretary that the State complied with the provisions of the plan under subparagraph (A) that was approved by the Secretary for the most recent fiscal year for which the State received a grant under section 1921; and
(7) the application (including the plan under paragraph (6)) is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subpart.

Note: Section 1929 of the Public Health Service Act (42 U.S.C. 300x-29 is repealed, and Section 1930 of the Public Health Service Act (42 U.S.C. 300x) is amended by the 21st Century Cures Act.

</td></tr></table>

This multi-page form must be completed, printed, and signed by the Chief Executive Officer (CEO) (in most cases the Governor of the state), or an authorized designee. Please upload the signed forms in BGAS under the "Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]" link; this will serve as the official documentation. All other requirements remain. The forms can be found here: https://www.samhsa.gov/sites/default/files/grants/oppi_fy2020-2021_sabgfundingagreements_091718_final.pdf. (Please note that the CEO Funding Agreements for the Community Mental Health Services Block Grant (MHBG) are not identical to the ones for the Substance Abuse Prevention and Treatment Block Grant (SABG). For states submitting a combined BH Assessment and Plan, one of each must be signed, uploaded, and submitted by mail.)

Letter Delegating Signatory (Required, if applicable)

Any change in the CEO of the state will require a new delegation letter, as will any change in the position or person to whom such delegation was made.

This language is recommended for a letter from the Governor delegating signatory authority to another position:

"As the Governor of the State of [name of state], for the duration of my tenure, I delegate authority to the current [state the title of the position], or anyone officially acting in this role in

the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG)."

Please submit the original signature copy of the CEO Funding Agreements FFY 2021 -- SA, Assurance Non-Construction Programs, and Certifications; Letter Delegating Signatory Authority (if applicable); and the Disclosure of Lobbying Activity (if applicable) to:

Grants Management Officer

Office of Financial Resources, Division of Grants Management

Substance Abuse and Mental Health Services Administration

5600 Fisher Lane, Rm. 17E20

Rockville, MD 20857

(240) 276-1400

Forwarding any paperwork relating to the FY 2021 Mini-Application to any other addressee results in processing delays; however, in the event the state or jurisdiction forwards the Application via express/overnight mail, an alternate address is required.

To ensure express/overnight mail delivery, please use the following address:

Supervisory Grants Management Specialist

Office of Financial Resources, Division of Grants Management

Substance Abuse and Mental Health Services Administration

5600 Fisher Lane, Rm. 17E201

Rockville, MD 20857

(240) 276-1400

Disclosure of Lobbying Activities (Required, if applicable)

This form must be completed and signed by the CEO or an authorized designee and submitted to SAMHSA if the grantee has undertaken any lobbying during the most recently completed (prior to submission of this application) state fiscal year. Once signed, an electronic version is to be uploaded to BGAS.

Completion of Form SF-LLL is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate.

Planning Tables

Instructions for SABG Plans and SABG Portions of Combined Plans

Table 4 SABG Planned Expenditures (Required)

Title 45 Code of Federal Regulations, Part 96 – BLOCK GRANTS
Subpart L—Substance Abuse Prevention and Treatment Block Grant

§96.122 Application content and procedures.

(g) For each fiscal year, beginning fiscal year 1993, the State Plan shall be submitted to the Secretary and shall include the following:

… (2) A budget of expenditures which provides an estimate of the use and distribution of Block Grant and other funds to be spent by the agency administering the Block Grant during the period covered by the application, by activity and source of funds; …

FY 2021 SABG Column

States may obligate and expend the FY 2021 SABG award over a period of 24 months (10/01/2020 through 09/30/2022).

Enter the amounts of FY 2021 SABG funds the state plans to expend on each activity. Base the entries on the state's SABG allotment identified in the President's proposed budget for FY 2021. The proposed allotment for each state is available in Appendix A of this document.

Please Note: Upon enactment of the FY 2021 appropriations for Labor-HHS-ESD and related agencies, a final SABG allotment table for FY 2021 will be sent to the states and uploaded into BGAS. The state will be instructed to update its SABG planned expenditures for this table (and related tables, if applicable) using the final allotment figure.

Rows 1 through 5 – Activities

Row 1: Substance Abuse Prevention (other than primary prevention) and Treatment

Enter the amount of funds to be expended for substance abuse prevention (other than primary prevention) and treatment services. This includes:

a. funds used for alcohol and drug abuse prevention (other than primary prevention) and all formal treatment activities, such as medication-assisted treatment, outpatient treatment, and residential treatment including therapeutic community stays;

b. funds used to provide treatment-related direct services to patients/clients/service recipients, such as the SABG requirements for specialized treatment for pregnant women and women with dependent children (provision or referral to primary medical care for women, including referral for prenatal care and, while the women

are receiving such services, child care; child care while the women are receiving gender specific treatment; sufficient case management and transportation to ensure that women and their children have access to these services, etc.), SABG -required interim services for pregnant women and/or persons who inject drugs (PWIDs) not immediately admitted to treatment, SABG-required outreach to PWIDs, medical or social model detoxification, case management, central intake, follow-up and non-state (e.g., intermediary, provider, county) treatment program administration; and

c. funds used to provide early intervention activities (other than primary prevention), such as Screening, Brief Intervention and Referral to Treatment (SBIRT), and rehabilitation activities should also be included as part of Row 1.

Do not include the costs for the state's administration of the SABG in Row 1.

Row 2: Primary Prevention

Enter anticipated expenditure information on primary prevention activities. Primary prevention includes activities directed at individuals who do not require treatment for a substance use disorder (SUD). Such activities may include education, mentoring, and other activities designed to reduce individual's risk of substance use disorders. Note that under the SABG statute, early intervention activities should not be included as part of primary prevention.

Row 3: Tuberculosis Services

Enter the amount of funds to be expended on tuberculosis services made available to individuals receiving treatment for SUD. Tuberculosis services include counseling, testing, and treatment for the disease. Funds made available to provide such services, either directly or through arrangements with other public or nonprofit private entities, should be recorded in Row 3. Program/provider-level administration expenditures should be accounted for in Row 3, as appropriate.

Row 4: HIV Early Intervention Services (EIS/HIV)

Row 4 is applicable only to FY 2021 designated states (see Appendix A) whose rates of cases of acquired immune deficiency syndrome (AIDS) are equal to or greater than 10 per 100,000, the case rate specified in the statute (See 42 U.S.C. §300x-24(b) and 45 C.F.R. §96.128) or states that were HIV designated in any of the three (3) years preceding the current application year (i.e., FY 2018[1], FY 2019[2], FY 2020[3]) in which their AIDS case rate drops below the

[1] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2015*; vol. 27, Table 23, pp.100-101, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf. Published November 2016. Accessed March 22, 2017.

[2] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2016*; vol. 28, Table 25, pp. 111-112, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf. Published November 2017. Accessed July 2019.

[3] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2017*; vol. 29, Table 27, pp. 115 – 116, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf. Published November 2018. Accessed June 17, 2019.

AIDS case-rate threshold of 10 per 100,000 individuals. The case rate data, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar year for which such data are available (2018) are published in:

Atlas Plus (for 2000 through the most recent year) and in the AIDS trend slide set (for cumulative data from 1985 through the most recent year). Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. *AIDS diagnoses | 2018 | Ages 13 years and older | All races/ethnicities | Both sexes | All transmission categories | United States,* https://gis.cdc.gov/grasp/nchhstpatlas/tables.html

A policy change permits states who were previously considered "designated states" as defined in section 1924(b) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 USC 300x-24(b)) to continue to obligate and expend SABG funds for HIV Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV). The change in program policy allows certain designated states that drop below the AIDS case-rate threshold the flexibility to continue to set aside five percent of their SABG for EIS/HIV. This change in program policy is only applicable to states that have been HIV designated in any of the three (3) years preceding the current application year (i.e., FY 2018, FY 2019, FY 2020) in which their AIDS case rate drops below the AIDS case-rate threshold of 10 per 100,000 individuals.

Enter the amount of funds to be expended on one or more projects established to make available EIS/HIV at the sites in which individuals are receiving treatment for SUD.

Program/provider-level administration expenditures should be accounted for in Row 4, as appropriate.

Row 5: Administration – (SSA Level)

Enter the amount of funds to be expended on state-level administration that includes grants and contracts management, policy and auditing, personnel management, legislative liaison, and other overhead costs. A maximum of 5 percent of each SABG award may be spent on administration at the state level. Do not include administration costs at the program (or service provider) level in this row. Program/provider-level administration expenditures should be accounted for in Rows 1 - 4 above, as appropriate.

FY 2020 SABG Grant Column

Do not fill out this Total column. It will be filled out when the state applies for FY 2021 funds.

Table 5a and 5b - Primary Prevention Planned Expenditures

States must spend no less than 20 percent of their SABG expenditures on substance use disorder primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment. To report on their primary prevention planned expenditures, states must

complete either Table 5a or Table 5b or may choose to complete both. If Table 5b is completed, the state must also complete Section 1926 –Tobacco on Table 5a.

Table 5a SABG Primary Prevention Planned Expenditures (5a and/or 5b, Required)
The state's primary prevention program must include, but is not limited to, the six primary prevention strategies defined below. On Table 5a, states should list their FY 2021 SABG award planned expenditures for each of the six primary prevention strategies. Expenditures within each of the six strategies should be directly associated with the cost of completing the activity or task. For example, information dissemination should include the cost of developing pamphlets, the time of participating staff, or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories, please report them under "Other" in Table 5a.

In most cases, the total amounts should equal the amount reported on plan Table 4, Row 2, Primary Prevention. The one exception is if the state chooses to use a portion of the primary prevention set-aside to fund Non-Direct Services/System Development activities. Planned expenditures for Non-Direct Services/System Development activities should not be included in Table 5a.

If the state chooses to report activities utilizing the IOM Model of Universal, Selective, and Indicated, complete Table 5b. If Table 5b is completed, the state must also complete Section 1926 –Tobacco on Table 5a.

Table 5a SABG Primary Prevention Planned Expenditures

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.

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.

A**lternatives**– 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.

P**roblem 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.

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.

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.

Other – The six primary prevention strategies have been designed to encompass nearly all the prevention activities. However, in the unusual case an activity does not fit one of the six strategies, it may be classified in the "Other" category.

Section 1926 – Tobacco: Costs Associated with the Synar Program. Per January 19, 1996, 45 C.F.R. Part 96, Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants; Final Rule (45 C.F.R. §96.130), States may not use the Block Grant to fund the enforcement of their statute, except that they **may expend funds** from their primary prevention set aside of their Block Grant allotment under 45 C.F.R. §96.124(b)(1) for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections. If the state plans to expend no FY 2021 SABG award funds on Section 1926 – Tobacco, please enter the numeral zero (0) in the corresponding row of Table 5a. Please do not leave the row blank.

In addition, prevention strategies may be classified using the IOM Model of Universal, Selective and Indicated, which classifies preventive interventions by the population targeted. Definitions for these categories appear below:

Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

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).

States that are able to report on both the strategy type and the population served (universal, selective, or indicated) should do so. If planned expenditure information is only available by strategy type, then the state should report planned expenditures in the row titled Unspecified (for example, Information Dissemination, Unspecified).

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category (5a and/or 5b, Required)

Table 5b Instructions: States that plan their primary prevention expenditures using the IOM model of universal, selective, and indicated should use Table 5b to list their FY 2021 SABG award planned expenditures in each of these categories. Note that if Table 5b is completed instead of Table 5a, the state must also complete Section 1926 – Tobacco on Table 5a. If the state plans to expend no FY 2021 SABG award funds on Section 1926 – Tobacco, please enter the numeral zero (0) in the corresponding row of Table 5a. Please do not leave the row blank.

The total amount indicated on Table 5b should equal the amounts reported on plan Table 4, Row 2, Primary Prevention. The one exception is if the state chooses to use a portion of the primary prevention set-aside to fund Non-Direct Services/System Development activities. Planned expenditures for Non-Direct Services/System Development activities should not be included in Table 5b.

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.

> ***Universal Direct. Row 1***—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. Row 2***—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 meeting diagnostic levels (Adapted from The Institute of Medicine).

Table 5c SABG Planned Primary Prevention Targeted Priorities (Requested)

Table 5c Instructions: States are to use Table 5c to identify by checking **(√)** the categories of substances the state plans to target with primary prevention set-aside dollars from the FY 2021 Block Grant. Also, states are to use Table 5c to identify by checking **(√)** the special population categories the state plans to target with substance abuse primary prevention set aside dollars from the FY 2021 Block Grant.

Table 6 Non -Direct Services/System Development Activities Planned Expenditures (Required, if applicable)

Only complete this table if the state plans to fund non-direct services/system development activities with FY 2021 SABG funds.

Expenditures for these activities may be direct expenditures (involving the time of state or sub-state personnel, or other state or sub-state resources) or be through funding mechanisms with independent organizations. Expenditures may come from the administrative funds and/or program funds (but may not include the EIS/HIV set-aside funds). These include state, regional, and local personnel salaries prorated for time spent and operating costs such as travel, printing, advertising, and conducting meetings related to the categories below.

Non-direct services/system development activities *exclude* expenditures through funding mechanisms for providing treatment "direct service" and primary prevention efforts themselves. Instead, these expenditures provide support to those activities.

Please use the following categories to describe the types of expenditures your state supports with SABG funds. Although the states may use a different classification system, please use these categories to describe the types of expenditures your state supports with SABG funds, when the preponderance of the activity fits within a category.

Information Systems – This includes collecting and analyzing treatment data as well as prevention data under the SABG in order to monitor performance and outcomes. Costs for electronic health records (EHRs) and other health information technology also fall under this category.

Infrastructure Support – This includes activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include the development and maintenance of a crisis-response capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, and re-entry follow-up), drop-in centers, and respite services.

Partnerships, Community Outreach, and Needs Assessment – This includes state, regional, and local personnel salaries prorated for time and materials to support planning meetings, information collection, analysis, and travel. It also includes the support for partnerships across state and local agencies, and tribal governments. Community/network development activities, such as marketing, communication, and public education, and including the planning and coordination of services, fall into this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.

Planning Council Activities – This includes those supports for the performance of a Mental Health Planning Council under the MHBG, a combined Behavioral Health Planning Council, or (OPTIONAL) Advisory Council for the SABG.

Quality Assurance and Improvement - This includes activities to improve the overall quality of services, including those activities to assure conformity to acceptable professional standards, adaptation and review of implementation of evidence-based practices, identification of areas of technical assistance related to quality outcomes, including feedback. Administrative agency

contracts to monitor service-provider quality fall into this category, as do independent peer-review activities.

Research and Evaluation - This includes performance measurement, evaluation, and research, such as services research and demonstration projects to test feasibility and effectiveness of a new approach as well as the dissemination of such information.

Training and Education - This includes skill development and continuing education for personnel employed in local programs as well as partnering agencies, as long as the training relates to either substance use disorder service delivery (prevention, treatment and recovery) for SABG, and services to adults with serious mental illness or children with serious emotional disturbance for MHBG. Typical costs include course fees, tuition, and expense reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.

Please enter the total amount of the Block Grant funds to be expended for each activity.

In describing non-direct services /system development expenditures, you are not limited to Table 4, line 5 (Administration) funds alone. Non-direct-services /system development expenditures may be part of the SABG funds shown in Table 4 under rows 1 through 5: (1) Substance Abuse Prevention (other than primary prevention) and Treatment, (2) Primary Prevention, (3) Tuberculosis Services, except for (4) HIV Early Intervention Services, and (5) Administration (state level only).

For the FY 2021 SABG Award section, list the expenditures in the following three columns:

> B. SABG Treatment, showing amounts spent for non-direct services/system development treatment expenditures;
>
> C. SABG Prevention, showing amounts spent for non-direct services/system development primary prevention expenditures; and
>
> D. SABG combined, showing amounts for non-direct services/system development when you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.

Row 8, Total, shows the sum of each column and is automatically calculated by BGAS.

22. Public Comment on the State Plan – (Required)

Public Health Service Act, Title XIX Block Grants, PART B—BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE, Subpart III—General Provisions

SEC. 1941. o300x–51. Opportunity for public comment on State Plans

A funding agreement for a grant under section 1911 or 1921 is that the State involved will make the plan required in section 1912, and the plan required in section 1932, respectively, public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

Title 45 Code of Federal Regulations, Part 96 – BLOCK GRANTS
Subpart L—Substance Abuse Prevention and Treatment Block Grant

§96.122 Application content and procedures
(g) For each fiscal year, beginning fiscal year 1993, the State Plan shall be submitted to the Secretary and shall include the following:

… (3) A description of … what process the State uses to facilitate public comment on the plan…

Additionally, Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. 300x-51) applicable to the SABG and the MHBG, requires that, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state Block Grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Did the state take any of the following steps to make the public aware of the plan and allow for public comment? Please respond to questions 1a, 1b, and c with a Yes or No answer.

1a. Public meetings or hearings? Yes/No

1b. Posting of the plan on the web for public comment? Yes/No

If yes, provide URL: ____

1c. Other (e.g. public service announcements, print media)? Yes/No

Provide any other comments in the footnote below.

FOOTNOTE:

23. Syringe Services Program (SSP) (Requested)

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction[1,2] on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[3].

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program*

other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers[4]. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs[5]: These documents can be found on the HIV.gov website: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs

1. *Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016* from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy, https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf,

2. *Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016* The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention, https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf, and

3. *The Substance Abuse and Mental Health Services Administration (SAMHSA) - specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs.*

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2 -** Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021

funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3 -** Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

Syringe Services Program (SSPs) Program Information –Table A (Requested)

THIS TABLE SHOULD ONLY BE COMPLETED IF THE STATE HAS A STATE PROJECT OFFICER APPROVED PLAN TO REPURPOSE SABG FUNDS FOR AN SSP.

Note: The information in this table is requested, not required.

This table requests states that plan to repurpose SABG funds for elements of an SSP except for purchasing needles or syringes for the expenditure period for the FY 2021 SABG award, October 1, 2020 through September 30, 2022, to provide information.

Complete Columns 1 through 6 for each SSP Agency.

Column A: Syringe Services Program (SSP) Agency Name – For all entities, enter the provider's name.

Column B: Main Address of SSP – For all entities, enter the mailing address including city, state, and zip code in the appropriate column.

Column C: Planned Dollar Amount of SABG Funds Used for an SSP – This column reflects the planned total dollar amount of SABG funds to be used for SSPs for the expenditure period of the FY 2021 SABG award, October 1, 2020 through September 30, 2022.

Column D: SUD Treatment Provider – Indicate whether the SSP provides substance use disorder (SUD) treatment services.

Column E: Number of Locations (included mobile, if any) – Enter the total number of locations of the SSP including mobile units.

Column F: Narcan® Provided– Indicate if the SSP provides NARCAN® (naloxone).

End Notes

[1] Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds ***only*** and is consistent with guidance issued by SAMHSA.
[2] Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.§ 300x-31(a)(1)(F)) and 45 CFR § 96.135(a)(6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.
[3] Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141).
[4] Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a description of the elements of an SSP that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV

vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

Appendix A
FY 2020 Allocation Table for SABG Uniform Application

And
FY 2020 HIV Designated States

Substance Abuse and Mental Health Services Administration
FY 2020 Substance Abuse Prevention and Treatment Block Grant Final Allotments
Appropriation Amount $1,858,079,000, State-Territory Total $1,760,148,598

State/Territory	FY 2019 Final ($)	FY 2020 Enacted ($)	FY 2020 vs. FY 2019 Difference ($)	FY 2020 Enacted Prevention @ 20%
Alabama	$23,093,030	$23,090,733	-2,297	4,618,147
Alaska	5,889,978	5,889,392	-586	1,177,878
Arizona	40,432,857	40,428,835	-4,022	8,085,767
Arkansas	13,526,573	13,525,228	-1,345	2,705,046
California	254,453,810	254,428,502	-25,308	50,885,700
Colorado	28,919,201	28,916,325	-2,876	5,783,265
Connecticut	18,215,021	18,213,209	-1,812	3,642,642
Delaware	6,968,866	6,968,173	-693	1,393,635
District of Columbia	6,968,866	6,968,173	-693	1,393,635
Florida	111,396,395	111,385,315	-11,080	22,277,063
Georgia	57,160,990	57,155,304	-5,686	11,431,061
Hawaii	8,583,536	8,582,682	-854	1,716,536
Idaho	8,537,148	8,536,299	-849	1,707,260
Illinois	67,656,161	67,649,432	-6,729	13,529,886
Indiana	32,251,036	32,247,828	-3,208	6,449,566
Iowa	13,095,358	13,094,055	-1,303	2,618,811
Kansas	11,901,489	11,900,305	-1,184	2,380,061
Kentucky	20,381,502	20,379,475	-2,027	4,075,895
Louisiana	25,030,273	25,027,783	-2,490	5,005,557
Maine	6,968,866	6,968,173	-693	1,393,635
Maryland	34,085,216	34,081,826	-3,390	6,816,365
Massachusetts	39,851,201	39,847,237	-3,964	7,969,447
Michigan	56,061,458	56,055,882	-5,576	11,211,176
Minnesota	24,105,738	24,103,340	-2,398	4,820,668
Mississippi	13,805,681	13,804,308	-1,373	2,760,862
Missouri	26,552,550	26,549,909	-2,641	5,309,982
Montana	6,968,866	6,968,173	-693	1,393,635
Nebraska	7,642,413	7,641,653	-760	1,528,331
Nevada	17,006,003	17,004,311	-1,692	3,400,862
New Hampshire	6,968,866	6,968,173	-693	1,393,635
New Jersey	48,071,571	48,066,790	-4,781	9,613,358
New Mexico	9,566,582	9,565,630	-952	1,913,126
New York	111,847,228	111,836,103	-11,125	22,367,221
North Carolina	44,998,815	44,994,339	-4,476	8,998,868
North Dakota	6,534,551	6,533,901	-650	1,306,780

State/Territory	FY 2019 Final ($)	FY 2020 Enacted ($)	FY 2020 vs. FY 2019 Difference ($)	FY 2020 Enacted Prevention @ 20%
Ohio	64,545,643	64,539,223	-6,420	12,907,845
Oklahoma	17,151,973	17,150,267	-1,706	3,430,053
Oregon	20,581,505	20,579,458	-2,047	4,115,892
Pennsylvania	59,109,273	59,103,394	-5,879	11,820,679
Rhode Island	7,599,642	7,598,886	-756	1,519,777
South Carolina	23,721,414	23,719,055	-2,359	4,743,811
South Dakota	6,042,638	6,042,037	-601	1,208,407
Tennessee	31,983,156	31,979,975	-3,181	6,395,995
Texas	144,730,887	144,716,491	-14,396	28,943,298
Utah	16,591,127	16,589,477	-1,650	3,317,895
Vermont	6,460,866	6,460,223	-643	1,292,045
Virginia	41,986,348	41,982,172	-4,176	8,396,434
Washington	37,790,464	37,786,705	-3,759	7,557,341
West Virginia	8,433,974	8,433,135	-839	1,686,627
Wisconsin	27,202,159	27,199,453	-2,706	5,439,891
Wyoming	4,198,203	4,197,785	-418	839,557
State Subtotal	**1,733,626,967**	**1,733,454,532**	**-172,435**	**346,690,906**
Red Lake Indians	594,118	594,059	-59	118,812
American Samoa	345,273	346,037	764	69,207
Guam	1,104,675	1,124,417	19,742	224,883
Northern Marianas	347,649	351,136	3,487	70,227
Puerto Rico	22,580,187	22,519,704	-60,483	4,503,941
Palau	141,293	143,987	2,694	28,797
Marshall Islands	485,666	500,800	15,134	100,160
Micronesia	693,121	700,055	6,934	140,011
Virgin Islands	711,594	720,695	9,101	144,139
Territory Subtotal	**27,003,576**	**27,000,890**	**-2,686**	**5,400,178**
State-Territory Total	**1,733,626,967**	**1,733,454,532**	**-172,435**	**346,690,906**
Total Appropriation	**1,760,630,543**	**1,760,455,422**	**-175,121**	**352,091,084**

HIV Designated States 2018-2021[1]

	2018[2]	2019[3]	2020[4]	2021[5,6]
DC	31.9	31.6	24.7	44.2
FLORIDA	12.7	13.3	12.1	11.3
GEORGIA	12.9	13.6	15.0	13.6
LOUISIANA	13.5	14.5	13.0	10.9
MARYLAND	13.1	11.6	11.4	
MISSISSIPPI	11.1	11.2		10.5

[1] 45 CFR § 96.128(b) "(b) For purposes of this section, a "designated state" is any state whose rate of cases of acquired immune deficiency syndrome is 10 or more such cases per 100,000 individuals as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar year for which the data are available."

Change in EIS/HIV Program Policy - The change in program policy is applicable to any state that was identified as a designated state as defined in section 1924(b)(2) and 45 CFR § 96. 128(b) or a state that was previously considered a "designated state" during any of the three prior federal fiscal years for which a state was applying for a grant (i.e., FY 18, FY 19, FY 20) and whose AIDS case rates drop below the AIDS case rate threshold and opted, at their discretion, to continue to set aside 5 percent of their Block Grant award for early intervention services for human immunodeficiency virus (EIS/HIV). Such states are authorized to obligate and expend 5 percent of SABG funds for EIS/HIV in accordance with section 1924(b)(4) and 45 CFR § 96. 128(a)(2).

[2] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2015*; vol. 27, Table 23, pp.100-101, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf. Published November 2016. Accessed March 22, 2017.

[3] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2016*; vol. 28, Table 25, pp. 111-112, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf. Published November 2017. Accessed July 2019.

[4] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2017*; vol. 29, Table 27, pp. 115 – 116, https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf. Published November 2018. Accessed June 17, 2019.

[5] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2018 (Updated)*; vol.31. https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/index.html. Published May 2020. Accessed June 9, 2020.

[6] Data for stage 3 (AIDS) are no longer presented in tables. The data formerly displayed in the stage 3 (AIDS) tables are available via Atlas Plus (for 2000 through the most recent year) and in the AIDS trend slide set (for cumulative data from 1985 through the most recent year. Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2019. *AIDS diagnoses | 2018 | Ages 13 years and older | All races/ethnicities | Both sexes | All transmission categories | United States,* https://gis.cdc.gov/grasp/nchhstpatlas/charts.html Accessed on June 9, 2020.