

Federal Funding – Block Grants, SOR Grant, PPW Grant

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PPW Grant

Available funds

Funds for PPW Grant sites are available for use by PPW grantees so long as they address the needs of women with substance use issues who are pregnant and/or parenting and enrolled in a PPW funded site. The allowable activities, which can be paid for through these funds, are listed below.

Eligible population:

- Women who are pregnant and/or parenting
- Currently using substances or at risk of relapse

Allowable Costs and Activities:

- Technology needed for the use of telehealth, including laptops and other devices to deliver training and services specified under the grant (this also includes the purchase of software to facilitate the delivery of services and training).
- Funding or continued funding of PPW related positions within the community services boards
- Incentives related to program participation
- Funds can be used to purchase PPE (personal protective equipment) for authorized grant personnel working in service of the grant

Exclusions:

- Cannot purchase laptops, phones or other devices for personal use or for consumers.
- Internet services for clients
- Infrastructure
- Training for staff

CSB requirements:

- Consumer must be enrolled in a Project LINK program and enrolled in PPW Grant

Narrative and Budget:

Submit a brief narrative entitled *Plan for Carryover Funds to Address COVID-19* describing the planned use of funding, how the target population will be identified and served, how the CSB requirements will be met, and affirm that the CSB will follow reporting protocols implemented by the Project Manager of PPW funding and the Women's Services Coordinator.

SAMHSA PPW Guidance in response to COVID-19:

Staffing:

If for any reason a staff member paid out of PPW funds is not able to work remotely, and not able to perform any work that services the grant he/she is paid out of, then he/she must be paid from another source per SAMHSA requirements, and the Project Manager of PPW funding and the Women's Services Coordinator should be notified.

GPRA should continue with following considerations:

- Baseline and follow-ups can be done virtually (Phone/web/video)
- The window for data collection has not changed, but there is an understanding that some follow-ups may not be provided within the allotted window. They can be completed outside the established windows and submitted to SAMHSA at a later date.
 - e.g., if the 6 month follow-up occurs at 9 months – it can still be enter it into the Database; no special permissions needed
- Data can be entered electronically outside the standard windows as well
 - True for all assessment points
(e.g., if it was within 7 days – this is no longer a firm deadline)
 - If you do it outside those windows – you should be able to proceed
No special permissions needed

Target numbers:

- SAMHSA recognizes they might be lower than projected

Service delivery:

- Can be done virtually. No special permissions needed.

Gift cards:

- Can be sent by mail. Signatures for receipt of gift card are not required.
(Note: This is SAMHSA policy. Check with your organization)

Federal Funding – Block Grants, SOR Grant, PPW Grant

SOR Grant

Available Funds

Funds for SOR sites are available for use by SOR grantees to address the needs of consumers with opioid use issues who are enrolled in services provided by a SOR funded site. The allowable activities, which can be paid for through these funds, are listed below.

Eligible Population:

- Individuals with opioid use disorder including poly-drug use with opioids being the primary
- Currently using opioids or at risk of relapse

Allowable Costs and Activities:

- Technology needed for the use of telehealth, including laptops and other devices to deliver training and services specified under the grant. This also includes the purchase of software to facilitate the delivery of services and training).
- Funding or continued funding of SOR-related positions within the community services boards
- Incentives related to program participation

Exclusions:

- Cannot purchase phones for consumers. All devices MUST remain property of the sub-grantee and ownership can't be transferred to clients. Internet services for clients can't be purchased, but phone minutes can be given in a controlled protocol.
- Grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.
- Cannot pay for the purchase or construction of any building or structure to house any part of the program or any depreciable asset.

Requirements:

- Consumer must be enrolled in a substance use treatment program.
- The use of these funds requires that only evidence-based treatments, practices and interventions for OUD be used by recipients and sub-grantees.
- SAMHSA requires that FDA-approved MAT be made available to those diagnosed with OUD. FDA-approved MAT for OUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone.

Narrative and Budget:

Submit a brief narrative entitled *Plan for Carryover Funds to Address COVID-19* describing the planned use of funding, how the target population will be identified and served, how the requirements will be met, and affirm that the program will follow reporting protocols implemented by the project manager of SOR funding and the SOR team.

SAMHSA SOR Guidance in Response to COVID-19:Staffing:

If for any reason a staff member paid out of SOR funds is not able to work remotely, and not able to perform any work that services the grant he/she is paid out of, then he/she must be paid from another source per SAMHSA requirements.

GPRA administration should continue with the following considerations:

- Baseline and follow-ups can be done virtually (phone/web/video).
- The window for data collection has not changed, but there is an understanding that some follow-ups may not be provided within the allotted window. They can be completed outside the established windows and submitted to SAMHSA at a later date.
 - e.g., if the 6-month follow-up occurs at 9 months – it can still be entered into the database; no special permissions are needed.
- No special permission is required for entering data outside the established window of time.

Target Numbers:

- SAMHSA recognizes they might be lower than projected SOR data collection requirements must be adhered to until further guidance has been given by SAMHSA

Service Delivery:

- Service Delivery can be done virtually. No special permissions are needed.

Gift Cards:

- Can be sent by mail. Signatures for receipt of gift cards are not required.
 - (Note: This is SAMHSA policy. Check with your organization for specific rules and requirements.)

Mental Health Block Grant (MHBG) Guidance

General Guidelines for Spending Funds

MHBG funds are designated to reduce states' reliance on hospitalization and develop effective community-based MH services for adults with SMI and children with SED.

MHBG funds community based mental health services for:

- Adults with Serious Mental Illness (SMI)
- Children with Serious Emotional Disturbance (SED)

Priority Populations

The state is required to comply with set-asides of funds for priority populations that have been designated in Federal Code. Therefore it is critical to expend funds allocated to those specific populations explicitly for services that provide treatment and support to those populations.

The MHBG Priority Populations with Set-Asides/MOEs are:

- Early Serious Mental Illness/First Episode Psychosis (FEP)- An early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5 (APA, 2013).
- Children w/ SED- Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.

Restrictions on Expenditures

The State involved will not expend the grant—

- (1) To provide inpatient services
- (2) To make cash payments to intended recipients of health services
- (3) To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment
- (4) To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
- (5) To provide financial assistance to any entity other than a public or nonprofit private entity

A list of allowable costs by category can be found at the end of this document.

Substance Abuse Prevention and Treatment (SAPT or SABG) Block Grant Guidance

General Guidelines for Spending SABG Funds

a. SAPT block grant funds may be used to plan, implement, and evaluate activities that **prevent and treat substance abuse and promote public health**. Specifically, SAPT can be used for the following 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 that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.
- 3) Fund primary prevention by providing universal, selective, and indicated prevention 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.

b. SAPT funds are to be the **funds of last resort**. Medicaid and private insurance, if available, **must be used** first.

c. **Prevention (Including Promotion) – 20% of SABG funds are dedicated to prevention services and cannot be used for other concerns.**

Target Populations

a. Virginia is not currently a designated state that requires set-asides for tuberculosis and HIV services to be funded under the SABG so **the target populations are primarily pregnant and parenting women and IV drug users**. Any treatment services provided with SAPT funds must follow the treatment preferences established in 45 CFR 96.131(a):

- 1) Pregnant injecting drug users
- 2) Pregnant substance abusers
- 3) Injecting drug users
- 4) All others

It **must be ensured** that programs that receive SABG funds set aside monies for pregnant women and women with dependent children provide or arrange for:

- 1) Primary medical care, including prenatal care
- 2) Primary pediatric care for the women's children, including immunizations
- 3) Gender-specific substance abuse treatment

- 4) Other therapeutic interventions for women addressing issues such as relationships, sexual and physical abuse, and parenting
- 5) Therapeutic interventions for children in custody of women in treatment to address, among other things, developmental needs, sexual abuse, physical abuse, and neglect
- 6) Child care while the women are receiving services
- 7) Sufficient case management and transportation
- 8) to ensure that the women and their children have access to the above services

Restriction on Expenditure

a. DBHDS allocates SAPT funds to localities to provide program funding for specific areas of need. These funds must be spent on those specific programs and cannot be used for other programs, unless specified.

b. SAPT block grant funding cannot be used for the following:

- 1) To provide inpatient hospital services.
- 2) To make cash payments to intended recipients of health services.
- 3) To purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment.
- 4) To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 5) To provide financial assistance to any entity other than a public or nonprofit private entity.
- 6) To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs
- 7) To purchase treatment services in penal or correctional institutions

PSH

Separate guidance has been distributed regarding permanent supportive housing.

List of Mental Health Block Grant Allowable Costs by Category

Adult Services

Employment/Housing

The MHBG allows states the use of federal funds to help consumers realize improved mental health and quality of life that leads to gainful employment and stability in housing. States provide a great variety of employment and housing assistance as follows:

Employment

- Supported employment
- Vocational employment
- Sheltered employment

Housing

- Supported residence/housing
- Housing/case management
- Housing options
- Housing support activities
- Transitional shelter program
- Supervised apartments
- Supported Independent Living
- Assisted Living Housing
- Supported housing pilot projects in urban and rural setting

Mental health services

The MHBG provides an array of community-based mental health treatment services, rehabilitation, and other support services that otherwise may not be available to a greater number of people. These services allowed persons with mental illness to experience a smooth integration into the community.

General Services

- Outpatient psychiatric
- Therapeutic foster or group home
- Assessments
- Medication management
- Outpatient counseling
- MH services in nursing homes, in-home, on-site treatment
- Residential services/support (e.g. 24-hours, 23-hours beds)
- Day treatment
- Illness management
- Therapeutic nursing services
- Short-term intervention
- Intake/Triage

Rehabilitation services

- Social rehabilitation
- Therapeutic rehabilitation
- Day rehabilitation

- Community rehabilitation
- Psychosocial rehabilitation

Other support services

- Respite care
- Aftercare
- Family support
- Transportation
- Peer support

Crisis stabilization

- Emergency (e.g. mobile crisis, crisis support, crisis/emergency screening, crisis telephone and emergency walk-in)
- Crisis team

Evidence-based practices, as well emerging best practices, are used to benefit consumers from improved consumer outcomes. The MHBG supported the promotion and application of various evidence based practices.

Evidence-Based Practices

- Supported Employment
- ACT/PACT
- Integrated Dual Disorders Treatment
- Illness Management
- Family Psycho-education
- EBP quality monitoring

Education and Training

- Family education/training
- Parenting Support/Parents Rights
- Young Adult Service Conference
- Consumer advocacy and education

Peer and Consumer-directed programs

- Drop-in/self-help centers
- Club houses
- Warm-lines
- Social clubs
- Peer case management support
- Peer-delivered community support
- Consumer network

Children and Adolescent Services

Most states have allocated a portion of the state MHBG for the development of a system of care for children with serious emotional disturbance (SED). Through the MHBG, states are able to provide innovative services specific to the unique needs of children and their families. The following section provides examples of MHBG-funded children's programs and services. In broad categories, the state MHBG allotments are used to finance clinical infrastructure, community support programs, expanded children's services, home-based crisis intervention, school-based support services, family and parenting support/education, and outreach of special populations.

Community-based services

- Outpatient treatment
- Intensive treatment
- Children's day treatment
- Outpatient therapy
- Case management
- Respite
- Individual therapy
- Medication evaluation/monitoring
- Family Therapy
- Group Therapy
- Psychosocial rehabilitation
- Family Education/support
- Intensive youth case management
- SED Drug program
- Telemedicine psychiatric consultation
- Psychological evaluations
- Program assessments and evaluation
- Psychological evaluation
- Program assessments and evaluation
- Screening, triage, and referral
- Diagnostic assessment
- Community support
- Intensive in-home services
- Crisis (i.e. Children's Mobile Crisis services, crisis stabilization)
- Wraparound
- Early intervention trauma services

Innovative service approaches

- Multisystemic Therapy (MST) services
- Integrated services for co-occurring
- Therapeutic Foster Care Program

Addressing needs of specific groups of children with SED

- Outreach to homeless youth
- MH assessments for child welfare clients
- Individualized services for a court ordered youth in juvenile justice system
- Deaf and hard of hearing

- Youth in transition
- Children's assessment center staff for abused/neglected children
- Outreach services for youth at risk of out-of-home placements
- Assessments for juvenile sex offenders
- Minority youth outreach services
- Social skills group of adolescents with fetal alcohol syndrome
- Service directory for gay/lesbian youth
- Parent education

Partnering with youth, parents and family organizations in the provision of services

- Youth support groups
- Family advocacy services
- Parent education
- Parent to Parent Support
- Family Education

Collaborative Service with education agency

- School-based care
- School-based support
- After school intervention program

Collaborative Service with juvenile justice agency

- Juvenile justice activities
- Financing Juvenile Justice with Mental Health Coordinators/liaison
- Juvenile diversion

Prevention, and addressing stigma

- Consumer survey focused in reducing stigma and barriers to services
- Suicide prevention training
- Youth suicide prevention
- Family/youth involvement and education
- Consumer resource and referral

List of Allowable Costs for Substance Abuse Block Grant

Healthcare Home/Physical Health

- General and specialized outpatient medical services
- Acute Primary care
- General Health Screens, Tests and Immunizations
- Comprehensive Care Management
- Care coordination and Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to Community Services

Prevention (Including Promotion)

- Screening, Brief Intervention and Referral to Treatment
- Brief Motivational Interviews
- Screening and Brief Intervention for Tobacco Cessation
- Parent Training
- Facilitated Referrals
- Relapse Prevention/Wellness Recovery Support
- Warm Line

Engagement Services

- Assessment
- Specialized Evaluations (Psychological and Neurological)
- Service Planning (including crisis planning)
- Consumer/Family Education
- Outreach

Outpatient Services

- Individual evidenced based therapies
- Group therapy
- Family therapy
- Multi-family therapy
- Consultation to Caregivers

Medication Services

- Medication management
- Pharmacotherapy (including MAT)
- Laboratory services

Community Support (Rehabilitative)

- Parent/Caregiver Support
- Skill building (social, daily living, cognitive)
- Case management
- Behavior management
- Supported employment

- Permanent supported housing
- Recovery housing
- Therapeutic mentoring
- Traditional healing services

Recovery Supports

- Peer Support
- Recovery Support Coaching
- Recovery Support Center Services
- Supports for Self Directed Care

Other Supports (Habilitative)

- Respite
- Supported Education
- Transportation
- Assisted living services
- Recreational services
- Trained behavioral health interpreters
- Interactive communication technology devices

Intensive Support Services

- Substance abuse intensive outpatient (IOP)
- Partial hospital
- Assertive Community Treatment
- Intensive home based services
- Multi-systemic therapy
- Intensive Case Management

Out of Home Residential Services

- Crisis residential/stabilization
- Clinically Managed 24 Hour Care (SA)
- Clinically Managed Medium Intensity Care (SA)
- Adult Substance Abuse Residential
- Adult Mental Health Residential
- Youth Substance Abuse Residential Services
- Children's Residential Mental Health Services
- Therapeutic foster care

Acute Intensive Services

- Mobile crisis
- Peer based crisis services
- Urgent care
- 23 hr. observation bed
- Medically Monitored Intensive Inpatient (SA)
- 24/7 crisis hotline services