

**2020-2021 Combined Application for the
Substance Abuse Prevention and Treatment Block Grant and
Community Mental Health Services Block Grants**

Executive Summary

DRAFT - July 17, 2019

**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 2020-2021. The deadline for submitting the current combined application to the Substance Abuse and Mental Health Services Administration (SAMHSA) is September 3, 2019. States have been instructed to develop the SABG and MHBG plans using the President's Federal Budget Plan. The projected amount Wisconsin is projected to receive in FFY 2020 via the SABG is \$27,194,713, and via the MHBG is \$11,791,675.

Combined Needs Assessment and Review of MHBG/SABG Plan

The combined block grant application requires the development of a combined needs assessment that should inform the state priority areas that must be added to the federally required priority areas for each block grant. The Wisconsin 2020-2021 combined MHBG and SABG application will include the following required Needs Assessment elements: (1) assessment of the state's strengths and needs; (2) identification of unmet needs and gaps; and (3) federal and state priorities for planning and system improvement activities that will begin to address those unmet needs and gaps.

The Bureau of Prevention Treatment and Recovery (BPTR) is in the process of completing a draft 2019 needs assessment. This document will be provided to the members of the Wisconsin Council on Mental Health (WCMH) and the State Council on Alcohol and Other Drug Abuse (SCAODA) for consideration and feedback. The BPTR will provide a draft copy of the Executive Summary of the MHBG/SABG plan to the WCMH and SCAODA in July of 2019 for review and comment. A public hearing will be held at the WCMH meeting on July 17, 2019 to solicit feedback from members of the public. Members of SCAODA have also been invited to attend this meeting. Upon final approval, the 2020-2021 SABG/MHBG Application and Plan will be placed on the WCMH and SCAODA websites to allow for ongoing public review and comment in accordance with federal guidelines.

2020-2021 Block Grant Priority Areas

The following priorities will be included in the initial draft plan that will be provided to the WCMH and SCAODA. Priority areas will each have set objectives, and indicators that will be used to measure outcomes associated with each priority.

2020-2021 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 tuberculosis (TB) screening, information and referral policies and practices.
2. Increase prevention, street outreach and access to recovery-oriented treatment for persons who inject drugs by at least 2% annually.
3. Increase access to culturally appropriate and comprehensive services for special populations, including 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 a non-compliance rate of less than 10 percent statewide.
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 a minimum of 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.

2020-2021 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.

2020-2021 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.
3. Prevent suicide and suicide attempts in Wisconsin.

Proposed 2020 SABG High Level Allocation

The following is the proposed high level allocation to be included in the 2020 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 2020 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	\$1,367,375
Department of Children and Families (s. 48.561(3)(a)2, s. 48.545)	\$2,969,384
Women's AODA Initiatives (s. 46.86, s. 46.55(3m))	\$3,513,348
Juvenile Justice Treatment Grants (s. 48.547(2), s. 165.987(2), s. 20.455(2)(k))	\$1,619,600
Other Primary Prevention Initiatives (s. 46.71, s.252.12(2)(c), s. 6.49(1))	\$1,883,288
Other Treatment Related Grants (s. 46.65, s. 6.49(1))	\$3,707,481
Other Evaluation, Training & Consulting	\$ 178,937
TOTAL Allocations FFY 2019 SABG (October 1, 2019 – September 30, 2020)	\$27,194,713

SABG 2020 Updates

The Federal Fiscal Year (FFY) 2020 SABG allocation for Wisconsin is projected to be \$27,194,713, which is a very slight decrease of \$7,446 from the FFY 2019 amount of \$27,202,159. Of the total allocation, \$6,300,566 (23.1%) will be allocated for primary prevention programs and activities, while \$4,681,632 (17.2%) will be allocated for women’s treatment programs.

Proposed 2020 MHBG High Level Allocation

The following is the proposed high level allocation to be included in the 2020 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 2020 ALLOCATIONS	
Community Aids (46.40(2m)(b))	\$2,513,400
Children’s Mental Health/Coordinated Services Teams (CST) (46.56)	\$1,827,000
Family and Consumer Self-Help and Peer-to-Peer Support (46.54)	\$1,531,621
Systems Change (46.52)	\$110,000
Recovery and Early Intervention	\$1,715,000
Redesign, Transformation, and Training (46.53) Activities	\$2,982,379
Wisconsin Protection and Advocacy (51.62(3m))	\$75,000
State Operation and Program Development Costs	\$1,037,275
TOTAL Allocations FFY 2020 MHBG (October 1, 2019 – September 30, 2020)	\$11,791,675

MHBG 2020 Updates

The President’s Budget provides Wisconsin \$11,791,675 in MHBG funding, a reduction of \$104,345 from the 2019 award. Of this award a minimum amount of \$1,179,168 must be directed towards early intervention services for Early Serious Mental Illness (ESMI) to meet the federal 10% set-aside. The above budget largely maintains current funding levels and maintains compliance with federal and state statutes.

Public Review Required

The federal requirements for submission of the block grants include the review by the state planning council, which by statute is the Wisconsin Council on Mental Health (WCMH). The State Council on Alcohol and Other Drug Abuse (SCAODA) is the appropriate body to comment on issues related to substance use and the SABG. The Department must submit the WCMH’s comment letter regarding the block grant plan with the block grant application. The WCMH and members of the SCAODA will review and provide comment on the application and plan at the July 17, 2019 meeting of the WCMH. This meeting will also serve as an opportunity for public review and comment.

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 women who inject drugs first.
 - To other pregnant women with substance use disorders 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 use disorders 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.

- The State must maintain State expenditures for community substance use prevention and treatment 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.

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 1994.
- 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 early serious mental illness.