



Transforming lives

**Substance Abuse Block Grant (SABG) and
Mental Health Block Grant (MHBG)
Reference Guide**

**Division of Behavioral Health and Recovery
Behavioral Health Administration**

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This reference guide is intended to offer direction as to the requirements for the Substance Abuse Block Grant (SABG) (aka Substance Abuse Prevention and Treatment Grant) and the Community Mental Health Services Block Grant (MHBG) administered by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The elements in this document are requirements that the Federal government has imposed on recipients of the block grant. The purpose of the block grant is to carry out the block grant plan, evaluate programs and services carried out under the block grant plan, and plan, administer, and educate related to provided services under the block grant plan.

SUBSTANCE ABUSE BLOCK GRANT REQUIREMENTS

As the recipient agency, the Department must meet minimum federal spending guidelines thresholds for the services listed below.

- Primary Prevention*;
- Pregnant Women with Dependent Children;
- Tuberculosis.

*For purposes of this resource document prevention services will not be covered.

PREGNANT WOMEN and WOMEN WITH DEPENDENT CHILDREN (PWWDC)

The State of Washington must meet statutory requirements related to Section 96.124 of the Public Health Service (PHS) Act which provides for specific allocations to increase the availability of treatment services designed for pregnant women and women with dependent children. See Table 1.

Table 1		Contract Section
Federal Requirements and Contract Crosswalk for PWWDC Services		
Ensure that women receiving services funded by the set aside have no other financial means to obtain treatment. 45 C.F.R. 96.137		6h
Ensure that, where appropriate, the family is treated as a unit, and admit both women and their children to treatment. 45 C.F.R. 96.124(e) Such admission may not be appropriate however if for example the father of the child is able to adequately care for the child.		8j(2)
Ensure that recipients of Grant funding provide, or arrange for the minimum array of services for pregnant women, women with dependent children, and women who are attempting to regain custody of their children:	Primary medical care, including referral for prenatal care. 45 C.F.R. 96.124(e)(1)	8j(3)(a)
	Primary pediatric care for their children including immunizations. 45 C.F.R. 96.124(e)(2)	8j(3)(b)
	Gender specific treatment. 45 C.F.R. 96.124(e)(3)	8j(3)(c)
	Appropriate therapeutic interventions for the children in custody of women in treatment which may address their developmental needs and their issues of sexual and physical abuse and neglect. 45 C.F.R. 96.124(e)(4)	8j(3)(f)
	Childcare while the women are receiving services. 45 C.F.R. 96.124(e)(1)	8j(5)
	Sufficient case management and transportation to ensure those women and their children have access to the services listed above. 45 C.F.R. 96.124(e)(5)	8j(3)
Implement an admission preference for pregnant women	The availability of treatment to pregnant women must be publicized by public service announcements (radio/television) or street outreach programs. 45 CFR 96.131(b) <ul style="list-style-type: none"> • Pregnant women who inject drugs • Pregnant women who misuse substances 	8j(1)
The threshold amount of federal dollars should be spent as the payment of last resort on individuals who have no other means of obtaining such services.		13h

CAPACITY MANAGEMENT, WAIT LIST, AND INTERIM SERVICE

The State must require programs that receive SABG funding to establish a capacity management program that ensures the maintenance of a continually updated system to identify treatment capacity and which makes excess capacity information available to providers for PWWDC or Individuals Using Intravenous Drugs (IUID)

Table 2 Federal Requirements and Contract Crosswalk for Interim Services		Contract Section
<p>Ensure that each pregnant woman or women with dependent children, or individuals using intravenous drugs who requests and is in need of treatment is admitted to a program within 14 days.</p>	<p>If PWWDC and IUID in need of treatment cannot be admitted into a program within 14 days due to insufficient capacity, the provider must establish a waiting list that includes unique patient identifier for each applicant seeking treatment, including those receiving interim services, while awaiting admission to such treatment. 45 CFR 96.126, 45 CFR 96.131(a), 45 CFR 96.131(d)</p>	<p>8b(1)</p>
	<p>A waiting list shall only include applicants who meet the following criteria:</p> <ul style="list-style-type: none"> • The applicant is eligible and could be admitted to the treatment program or clinic, if space were available and/or the staff caseload permitted additional clients. • The applicant is either currently not in treatment in any substance abuse program, or is currently in treatment in another program and is awaiting transfer to a different level of care that is available at this program. 	<p>8b(3)</p>
	<p>A mechanism for maintaining contact with individuals awaiting admission is to be developed If an individual on the waiting list cannot be located, or if the individual refuses treatment, the applicant may be taken off the waiting list.</p>	
<p>Providers must offer interim services when the appropriate level of care is not available within 14 days.</p>	<p>Interim services are to reduce the adverse health effects of substance abuse, promote the health of the client and reduce the risk of transmission of disease</p>	<p>8b(4)</p>
	<p>If treatment is unavailable, arrange interim treatment within 48 hours. Minimum interim services include counseling and education about HIV and tuberculosis about the risks of needle-sharing, about the risks of transmission to sexual partners and infants and about steps that can be taken to ensure that HIV transmission does not occur as well as referral for HIV and TB treatment services. For pregnant women, interim services should include counseling on the effects of alcohol and drug use on the fetus, as well as referrals for prenatal care.</p>	<p>8(4)(a)</p>
<p>Ever treatment provider is required to carry out outreach activities.</p>	<p>All outreach models should be applicable to the local situation to use an approach which reasonably can be expected to be an effective outreach method. 45 CFR 96.126(b)</p>	<p>6j(g) and 8c</p>

INDEPENDENT PEER REVIEW

Each award year, at least 5 percent of treatment providers receiving SABG funds will participate in an independent peer review to assess the quality, appropriateness, and efficacy of treatment services. The programs reviewed shall be representative of the total population of such entities. The intent of the independent peer review process is to continuously improve the treatment services to individual with substance use disorder.

Table 3 Federal Requirements for Independent Peer Review		Contract Section
Reviewers shall be individuals with expertise in the field of alcohol and drug abuse treatment. Reviewers must be representative of the various disciplines utilized and must be sensitive to cultural and environmental issues that may influence the quality of the services provided	The reviewers shall examine the following: <ul style="list-style-type: none"> • Admission criteria/intake process; • Assessments; • Treatment planning; • Documentation of implementation of treatment services; • Discharge and continuing care planning; and • Indications of treatment outcomes. 	8f(3)

OTHER SABG REQUIREMENTS

In addition to requirements for specific types of clients covered in the previous sections, the block grant requires that all programs receiving funding under the Grant comply with the requirements discussed in this section.

Table 4 Other SABG Federal Requirements and State Requirements Crosswalk			
Federal Authority	Requirements	WAC Section	Contract Section
45 CFR 96.122 (f)(g)	Maintain a continuum of substance abuse treatment services that meet the needs for the services identified in the needs assessment.	388-877A-0130; 388-877B-0230; 388-877B-0330; 388-877B-0430; 388-877B-0530.	8a(1)
45 CFR 96.122 (v)(vi)	Provide the identity of the SABG entities that provide services including location and total amount received.		6j(2)
45 CFR 96.132(a)	Improve the process for referring individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals.		1b, 1c and 4
45 CFR 96.132 (b)	Continuing education is to be made available to employee of the facility who, provide treatment services.	246-811-200 outlines the continuing education requirements for CDP's and CDPT's.	6c, 6j(d)
45 CFR 96.132 (c)	Coordinate treatment services with the provision of other appropriate services (including health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services).	388-877A-0135(5)	6j(f)
45 CFR Subpart A Part 2, 45 C.F.R. 96.132(e)	Have in effect a system to ensure that patient records are maintained and protected from inappropriate disclosure; to include employee education on confidentially requirements and informed of that	42 CFR Part 2	6d

	disciplinary action may occur upon inappropriate disclosures.		
45 CFR 96.133	Complete an assessment of the need for authorized activities and services by locality. Assessment must include the incidence and prevalence of substance use disorder. Also included should be a summary describing the weakness and strategy remove barriers and to improve existing programs.		6j(a)
45 CFR 96.135	SABG cannot be used to provide hypodermic needles or syringes so that individuals may use illegal drugs intravenously.		9m
45 CFR 96.136	Participate in an independent peer review program to assess the quality, appropriateness, and efficacy of treatment services.		6f
42 CFR 54.8(b) and 54.8(c)(4)	Under Charitable Choice, each SABG entity must: <ul style="list-style-type: none"> • Ensure that religious treatment programs provide notice to individuals of their right to alternative services • Ensure that religious treatment programs refer individuals to alternative services. 		6e, 6j(c)
45 CFR 96.126(f), 96.127(b), and 96.131(f)	Effective strategies for monitoring subcontractors for compliance with at SABG requirements.		11k
45 CFR 96.127	Implement infection control strategies, in cooperation with the Department of Health.	RCW 43.70.080	8d
42 USC 300x-24(a)(1)(A)	Make Tuberculosis services available to people receiving substance abuse treatment.	WAC 388-877B-0100	8d(1)
The threshold amount of federal dollars should be spent as the payment of last resort on individuals who have no other means of obtaining such services.			13h

MENTAL HEALTH REQUIREMENTS

As the recipient agency, the Department must meet the federal spending guidelines for the programs listed below. 42 U.S.C 300x Part B, Subpart I. The purpose of the grant is carry out the block grant plan, evaluate programs and services carried out under the block grant plan, and planning, administering, and educating related to provided services under the block grant plan.

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

The plan must meet SAMHSA's criteria briefly described below and be approved by the Secretary of SAMHSA.

- Provides a system of integrated social services, educational services, juvenile services, and substance abuse services combined with health and mental health services availing such children to appropriate care for their multiple needs;
- Provides that the MHBG will not be expended to provide any service other than comprehensive community mental health services; and,
- Provides for the establishment of a defined geographic area for the provision of services.

SAMHSA REQUIREMENTS AND STATE REQUIREMENTS CROSSWALK

To implement the federal requirements, the Department has promulgated the rules listed in Table 5.

Table 5 Federal Requirements and State Services Crosswalk for Mental Health		
SAMHSA Required Services	Requirements	Equivalent Service provided by Washington
42 U.S.C 300x-(b)(1)	Provide a comprehensive community based mental health systems, including health and mental health services, rehabilitation services, employment services, housing services, educational services, substance abuse services, medical and dental care, and other support services)	WAC 388-877A, 388-877B; and 388-865
42 U.S.C 300x-(b)(3)	Provide a system of integrated social services, educational services, juvenile services and substance abuse services together with health and mental health services in order for children to receive care appropriate for their multiple needs	
42 U.S.C 300x-(b)(4)	Provide outreach to and services for individuals who are homeless and/or reside in in rural areas	WAC 388-865-0235
42 U.S.C 300x-(b)(5)	Provide staffing and training for mental health providers and providers of emergency health services	
42 USC 300x-(a)(1)	Expend no less than 10% to increase systems of integrated services for children with serious emotional disturbance.	
42 USC300x-2(b)(1)	Provide services through appropriate, qualified community programs which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary consumer-directed programs.	
42 U.S.C. 300x-2(c)(1)(B)(C)(D)	Mental Health centers will provide outpatient services for individuals who have been discharged from inpatient treatment at a mental health facility,	WAC 388-877A-0170(2)
42 U.S.C. 300x-2(c)(1)(C)	Emergency services available 24 hours a day every day.	WAC 388-877A-0200
42 U.S.C. 300x-2(c)(1)(D)	Day treatment or other partial hospitalization or psychosocial rehabilitation services.	WAC 388-865-0700 through 0725
42 U.S.C. 300x-2(c)(1)(E)	Screening for patients under consideration for admission to a State mental health facility to determine the appropriateness of admission.	WAC 388-865-0229(3)(a)
42 U.S.C. 300x-2(c)(2)	Provide services, within the limits of the capacities of the centers, to any individual regardless of ability to pay for such services.	
42 U.S.C. 300x-2(c)(3)	Ensure services of the mental health centers are available and accessible promptly and in a manner that preserves human dignity and assures continuity and high quality care.	

MENTAL HEALTH PLANNING COUNCIL (now known as Behavioral Health Advisory Council – BHAC)

The state is required to establish and maintain a State mental health planning council. Washington State has fully integrated to include substance use disorder and pathological and problem gambling. This council is known as the Behavioral Health Advisory Council (BHAC). The duties of the Council include: reviewing the annual block grant plan, serving as an advocate for adults with serious mental illness, children with severe emotional disturbances, and other individuals with mental illnesses or emotional problems, and monitoring, review, and evaluation the allocation and adequacy of mental health services.

Table 6 Federal Requirements and State Services Crosswalk for Mental Health	
SAMHSA Required Services	Requirements
42 U.S.C. 300x-3(c)(1)	Membership should include representatives of the principal State agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, and social services; public and private entities concerned with the need, planning, operation, funding and use of mental health services; individuals with lived experience, and families of such individuals.
42 U.S.C. 300x-3(c)(2)	Membership should no less than 50% of individuals with lived experience-mental health and/or substance use disorder.

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FOR MORE INFORMATION

- 42 USC 300x, Part B, Subpart I – Block Grants for Community Mental Health Services
- 42 USC 300x, Part B, Subpart II – Block Grants for Prevention and Treatment of Substance Abuse
- 45 CFR 96.120 through 96.137
- Behavioral Health Administrators or
- Sandra Mena-Tyree, Block Grant Planner at menasa@dshs.wa.gov or 360-725-3750.