NWF Health Network

Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant

Program Handbook

June 2023

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Table of Acronyms

Acronym/Abbreviation	Definition
AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
DCF	Florida Department of Children and Families
EIS HIV	Early intervention services for HIV
FFY	Federal Fiscal Year
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
ME	Managing Entity
MHBG	Community Mental Health Services Block Grant
NP	Network Provider
NWF	Northwest Florida Health Network
OCA	Other Cost Accumulator
OMB	Office of Management and Budget
P.L.	Public Law
PHS	Public Health Service
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMH	DCF Office of Substance Abuse and Mental Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SSA	Single State Agency
SUD	Substance Use Disorder
SUPTRS	Substance Use Prevention Treatment and Recovery Services
U.S.C.	United States Code

Chapter 1: Introduction

Purpose

This Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant Program Handbook serves as a reference document for NWF Health Network (NWF) staff that provides information critical for the management of SUPTRS Block Grant-funded projects and is designed to serve as a supplement to technical assistance and training activities.

Background

The objective of the SUPTRS program is to provide funds to states, territories, and one Indian tribe (referred to as States) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance use disorders (SUD) and other related activities as authorized by statute. The SUPTRS Block Grant is a primary tool the federal government uses to fund state SUD prevention, treatment, and recovery services programs. This program empowers the states to design solutions to specific addiction problems that are experienced locally.[1]

The Alcohol, Drug Abuse and Mental Health Services Administration Reorganization Act of 1992 (P.L. 102-321), which authorized the creation of the Substance Abuse Prevention and Treatment Block Grant (SABG) was enacted on July 10, 1992. The SABG was authorized under Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) ((42 U.S.C. § 300x-21-67). The authorizing legislation was amended by the Children's Health Act of 2000 (PL 106- 310), Division B, Youth Drug and Mental Health Services, Provisions Relating to Mental Health and Provisions Relating to Substance Abuse[2]. The enactment of the Consolidated Appropriations Act, 2023 (H.R. 2617), now P.L. No: 117-164, resulted in the reauthorization of the grant and the name of the award being changed from SABG to SUPTRS Block Grant.[3]

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division of the U. S. Department of Health and Human Services (HHS), administers the SUPTRS Block Grant program. SUPTRS Block Grant funds are allocated to recipients according to a formula legislated by Congress. Recipients may then distribute these funds to cities, counties, or service providers within their jurisdictions. SUPTRS Block Grant recipients generally subaward funds for the provision of services to public and nonprofit organizations (see Footnote 1).

Each SUPTRS Block Grant grantee must:

- Have a designated unit of its Executive Branch, referred to as the Single State Agency (SSA) that is responsible for administering the award.

[1] 2 CFR Part 200, Appendix Xi Compliance Supplement April 2022 Executive Office of The President Office of Management and Budget.
[2] Substance Abuse and Mental Health Services Administration (SAMHSA). Block Grants Laws and Regulations.
[3] Reauthorization of the Substance Use Prevention, Treatment, and Recovery Services Block Grant.

- The Department of Children and Families (DCF), Office of Substance Abuse and Mental Health (SAMH) is the SSA for the State of Florida. States work with counties, local communities, and providers to ensure that public dollars are dedicated to effective and efficient programs by using tools such as performance data management and reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance.
- Apply annually for SUPTRS Block Grant funds.
- Have the flexibility to distribute the SUPTRS Block Grant funds to local government entities.
- Have SUPTRS Block Grant providers such as NWF's Network Providers (NP), and deliver:
  - Substance abuse prevention activities to individuals and communities impacted by substance use disorder (SUD)
  - SUD treatment and recovery support services to individuals and families impacted by SUDs[4]

The SUPTRS Block Grant serves as the cornerstone of States' SUD, prevention, treatment, and recovery systems. The funds are dedicated to help implement evidenced-based programming. State alcohol and drug agencies oversee the funds through tools such as performance data management/reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance. They are also required to report on the funding amounts and types of recovery support services supported through the SUPTRS Block Grant. In addition, the SUPTRS Block Grant by statute is designed to serve priority populations and service areas such as:

- Pregnant women and women with dependent children
- Intravenous drug users
- Tuberculosis services
- Early intervention services for HIV/AIDS
- Primary prevention services (see Footnote 3)

SAMHSA encourages recipients to use SUPTRS Block Grant funds:

- To fund priority treatment and support services for individuals who are uninsured or underinsured,
- To fund primary prevention: universal, selective, and indicated prevention activities, and
- To collect performance and outcome data for substance use, determine the effectiveness of promotion/SUD primary prevention, and treatment and recovery supports.[5]

[4] Substance Abuse and Mental Health Services Administration. Substance Abuse Prevention and Treatment Block Grant.
[5] Substance Abuse and Mental Health Services Administration. FFY 2022-2023 Block Grant Application.

SUPTRS-funded activities may include:

- **Alcohol Treatment and Rehabilitation -** Direct services to patients experiencing primary problems for alcohol, such as community outreach, detoxification, outpatient counseling, residential rehabilitation, hospital-based care (not inpatient hospital services), abuse monitoring, vocational counseling, case management, central intake, and program administration.
- **Drug Treatment and Rehabilitation -** Direct services to patients experiencing primary problems with illicit drugs, such as outreach, detoxification, methadone maintenance and detoxification, outpatient counseling, residential rehabilitation including therapeutic communities, hospital-based care (not inpatient hospital services), vocational counseling, case management central intake, and program administration.
- **Primary Prevention Activities -** Education, counseling, and other activities designed to reduce the risk of substance abuse (see Footnote 1).

Chapter 2: Sources of SUPTRS Block Grant Guidance

This chapter describes some sources of the guidance that NWF administrators may wish to reference in managing SUPTRS Block Grants. These sources are in addition to the statutes identified in Chapter 1. For purposes of this Handbook, the term "guidance" is used broadly to include both sources that are legal authorities (e.g., statutes and regulations) and sources that are programmatic guidance included in instructions, notices, and other communications, etc.

DCF Managing Entity (ME) Contract

DCF contracts with the seven (7) MEs, including NWF, for the administration and management of regional behavioral health services and supports, including core SUPTRS Block Grant-funded services. A large percentage of Florida's SUPTRS Block Grant funds are allocated to the MEs. As the recipient of SUPTRS Block Grant awards, DCF is responsible for ensuring that all of the MEs comply with the terms and conditions of the SUPTRS Block Grant and other federal awards which it distributes to them. DCF informs NWF of its responsibilities regarding federal funds either explicitly or by reference to other authorities throughout the DCF/NWF contract document (the Contract). NWF staff must refer initially to the Contract as a source of guidance. In addition, the DCF website includes a Managing Entity FY22-23 Templates page that contains a standard ME contract template as well as additional exhibits, guidance documents, and reporting requirements that address both SUPTRS Block Grant and other federal awards.

Per paragraphs 5 and 34 of the Contract, NWF verifies that it will become fully aware of and abide by the terms and conditions of all federal funding included in its contract funding. Accordingly, NWF staff must review and understand the terms and conditions of the Contract and abide by its provisions. In particular, DCF requires its MEs to fulfill certain responsibilities on a regional basis that support the ability of the entire state of Florida to fulfill SUPTRS Block Grant program compliance. MEs must comply with designated expenditure amounts, reporting formats and standards in order for DCF to the aggregate results for the purpose of completing statewide requirements for the SUPTRS Block Grant. Consequently, NWF through its contract with DCF, is responsible for complying with most of the non-financial requirements that are discussed in the following chapter.

Paragraph 34 of the Contract asserts that NWF by signing the agreement ''…acknowledges that it is independently responsible for investigating and complying with all State and Federal laws, rules and regulations relating to its performance under this contract…". Paragraph 34 goes on to reference some of the general requirements associated with all federal grants. Both Exhibit B, Scope of Work, and Exhibit B1, Federal Block Grant Requirements, attached to the Contract, outline the expectations of DCF for NWF, in relation to the SUPTRS Block Grant and the Community Mental Health Services Block Grant. Both identify requirements that NWF must abide by in order to be in compliance with the contract. Exhibits B and B1 'pass through' responsibility for compliance with many of the requirements of the SUPTRS Block Grant from DCF to NWF. Although DCF is ultimately responsible for compliance with SUPTRS Block Grant terms and conditions, the Contract identifies the role that NWF assumes in achieving state-wide compliance.

Exhibit F1, ME Schedule of Funds, attached to the Contract, provides a schedule of monies allocated to NWF from all sources for all funded programs for an entire budget year. DCF identifies the amounts of all SUPTRS Block Grant funds allocated to NWF. The Other Cost Accumulator (OCA) code assigned to every SUPTRS Block Grant allocation amount identifies the valid covered services that the funds may be used for. The OCA also identifies any projects and programs that are associated with a particular allocation.

Chapter 65E-14 of the Florida Administrative Code (Chapter 65E-14)

Chapter 65E-14 provides guidelines and requirements applicable to MEs under direct contract with DCF and service providers under subcontracts with MEs. It applies to all SAMH-funded entities when providing services using community substance abuse and mental health funds appropriated by the Florida Legislature to the DCF.

45 CFR 96, Block Grant Regulations (45 CFR 96)

The SUPTRS Block Grant program is authorized under Title XIX, Part B, subparts II and III of the Public Health Service Act (42 U.S.C. § 300x-21-67). The implementing regulations are published at 45 CFR 96. Those regulations include general administrative requirements for the covered block grant programs in 45 CFR 96.46 through 96.120. Specific SABG requirements are included in 45 CFR 96.121 through 96.137.

SUPTRS Block Grant Application, State Plan, and Reports

Florida's SUPTRS Block Grant application identifies the State's objectives, priorities, strategies and budgets for the use of SUPTRS Block Grant funds. It also indicates the planned allocation of resources by program for each of the MEs. SAMHSA requires states to submit an application for funds every year and a state plan every two years. In addition, states must submit an annual report of their activities and accomplishments. SAMHSA requires as a condition of the funding agreement for the grant, that states provide an opportunity for the public to comment on the state block grant plan. States must make the plan public in such a manner as to facilitate comment from any person both during the development of the plan and after the submission of the plan to SAMHSA. Guidance and instructions for applications, state plans and reports are included on the SAMHSA website block grants page. Completed Florida SUPTRS Block Grant applications and Florida state plans are published on the DCF website publications page.

45 CFR 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45 CFR 75)

45 CFR 75 establishes uniform administrative requirements, cost principles, and audit requirements for federal awards to non-federal entities and prescribes the manner in which federal agencies that administer federal financial assistance programs are to carry out their statutory responsibilities under the Federal Program Information Act (31 U.S.C. § 6101 et seq.).

45 CFR 75, Subparts B through D (administrative requirements) set forth the uniform administrative requirements for grant and cooperative agreements, including the requirements for HHS awarding agency management of federal grant programs before the federal award has

been made, and the requirements HHS awarding agencies may impose on non-federal entities in the federal award.

45 CFR 75, Subpart E (cost principles) establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The principles are for the purpose of cost determination and are not intended to identify the circumstances or dictate the extent of federal government participation in the financing of a particular program or project. The principles are designed to provide that federal awards bear their fair share of cost recognized under these principles except where restricted or prohibited by statute.

45 CFR 75, Subpart F (single audit requirements and audit follow-up) is issued pursuant to the Single Audit Act Amendments of 1996 (31 U.S.C. 7501 et seq.). It sets forth standards for obtaining consistency and uniformity among federal agencies for the audit of non-federal entities expending federal awards. These provisions also provide the policies and procedures for HHS awarding agencies and passthrough entities when using the results of these audits.

45 CFR 75.202 and 75.351 through 75.353 of Subpart D, and Subpart F of 45 CFR 75 are applicable to the SUPTRS Block Grant. With the exceptions noted above, 45 CFR 75.101(d) exempts SABG from the general administrative requirements of 45 CFR 75.

45 CFR 54: Charitable Choice Requirements (45 CFR 54)

Charitable choice provisions are applicable to entities receiving SUPTRS block grant funds. The regulations governing this requirement may be found at 45 CFR 54.

DCF Website

DCF provides additional information regarding the utilization of SUPTRS block grant funds including block grant applications, plans, guidance, reporting templates, and publications on its website located at SAMH Other-Directories-and-Links.

Chapter 3: SUPTRS Block Grant Programmatic Requirements

This chapter summarizes some of the major requirements that NWF staff must be aware of in managing SUPTRS Block Grant-funded activities and programs. It discusses SUPTRS Block Grant–specific requirements as identified in the SUPTRS Block Grant regulations as well as the monitoring and oversight responsibilities associated with the management of all federal grant awards as presented in 45 CFR 75. Most of the expenditure-related earmarks and maintenance of effort requirements are applicable on a statewide level but DCF has, in some instances, made the MEs responsible for achieving a share of Florida's expenditure goals through the allocation process. Other service requirements are applicable to DCF, MEs and NPs on a statewide basis. As discussed in the previous chapter, DCF has incorporated many of these requirements into Exhibits B and B1 of the Contract.

Activities Allowed

SUPTRS Block Grant recipients may use grant funds to:

- Provide for a wide range of activities to prevent and treat substance abuse and may be expended to deal with the abuse of alcohol, the use or abuse of illicit drugs, the abuse of licit drugs, and the use or abuse of tobacco (Sections 1921 to 1954 of the PHS Act, 42 U.S.C. §§ 300x-21 - 300x-35; 58 FR 17062 No. 60, March 1993).
- Provide loans from a revolving loan fund for provision of housing in which individuals recovering from alcohol and drug abuse may reside in groups. Individual loans may not exceed $4,000 (45 CFR 96.129).

Activities Unallowed

SUPTRS Block Grant recipients may not use grant funds to:

- Provide inpatient hospital services except when it is determined by a physician that:
  - the primary diagnosis of the individual is substance abuse (SA) and the physician certifies this fact
  - the individual cannot be safely treated in a community-based non-hospital, residential treatment program
  - the service can reasonably be expected to improve an individual's condition or level of functioning
  - the hospital-based SA program follows national standards of SA professional practice

  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 SA 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) (42 U.S.C. §§ 300x-31(a) and (b); 45 CFR 96.135(a)(l) and (c)).

- Make cash payments to intended recipients of health services (42 U.S.C. § 300x-31(a); 45 CFR 96.135(a)(2)).
- 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 of HHS (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 (42 U.S.C. § 300x-31(a); 45 CFR 96.135(a)(3) and (d)).
- Satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of federal funding (42 U.S.C. § 300x-31(a); 45 CFR 96.135.
- Provide financial assistance (i.e., a subgrant) to any entity other than a public or nonprofit 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 (42 U.S.C. § 300x-31(a); 45 CFR 96.135 (a)(5)).
- 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 (CDC), 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 (42 U.S.C. § 300ee-5; 45 CFR 96.135 (a)(6); and P.L. No. 114-113, Division H, Title V, Section 520).
- Enforce state laws regarding sale of tobacco products to individuals under the age of 18, with the exception that grant funds may be expended from the primary prevention set-aside of SUPTRS under 45 CFR 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 (45 CFR 96.130 (j)).
- Pay for inherently religious activities, such as worship, religious instruction, or proselytization (42 U.S.C. § 300x-65 and 42 U.S.C. § 290kk; 42 CFR 54.4).
- Pay salaries in excess of Level I of the Federal Senior Executive Service pay scale. [$235,600 in 2023] (see Footnote 1)

Allowable Costs/Cost Principles

SUPTRS Block Grant recipients are exempt from the provisions of the Office of Management and Budget (OMB) cost principles as published in 45 CFR 75, Subpart E. Per 45 CFR 96.30, "…except where otherwise required by Federal law or regulation, a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds. Fiscal control and accounting procedures must

be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant." This provision is only applicable to block grant awards. Other federal discretionary awards may be subject to 45 CFR 75, Subpart E. (see Footnote 1)

Maintenance of Effort

SUPTRS Block Grant recipients are required to abide by the following requirements regarding maintenance of effort:

- For each fiscal year maintain aggregate state expenditures for authorized activities by the principal agency at a level that is not less than the average level of such expenditures maintained by the state for the two state fiscal years preceding the fiscal year for which the state is applying for the grant. The "principal agency" is defined as the SSA responsible for planning, carrying out, and evaluating activities to prevent and treat substance abuse and related activities (42 U.S.C. 3§ 00x-30; 45 CFR 96.121 and 96.134; and Federal Register, July 6, 2001 (66 FR 35658), and November 23, 2001 (66 FR 58746-58747), as specified in II, "Program Procedures - Availability of Other Program Information").
- Maintain expenditures at not less than the calculated fiscal year 1994 base amount for SA treatment services for pregnant women and women with dependent children. The fiscal year 1994 base amount was reported in the state's fiscal year 1995 application (42 U.S.C. § 300x-27; 45 CFR 96.124(c)).
  - The designated amount must be expended on individuals who have no other financial means of obtaining such services as provided in 45 CFR 96.137.
  - All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate.
  - At a minimum, treatment programs receiving funding for such services must provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:
    - Primary medical care for women (e.g., reproductive health care, dental care, treatment for medical conditions), including referral for prenatal care and, while the women are receiving such services, childcare
    - Primary pediatric care, including immunization, for their children
    - Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and childcare while the women are receiving these services

        - Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect
        - Childcare while women are receiving services
        - Sufficient case management and transportation to ensure that the women and their children can access the other services

    - States must also ensure that programs that receive these funds treat the family as a unit.

- Not use SUPTRS Block Grant funds to supplant state funding of alcohol and other drug prevention and treatment programs (45 CFR 96.123(a)(10)). (see Footnote 1)

Earmarks

SUPTRS Block Grant recipients are required to abide by the following requirements regarding specific earmarks:

- Expend not less than 20 percent of SUPTRS for primary prevention programs for individuals who do not require treatment of SA. The programs should educate and counsel the individuals on such abuse and provide for activities to reduce the risk of such abuse by the individuals (42 U.S.C. § 300x-22; 45 CFR 96.124 (b)(l) and 96.125). States must:

    - Offer Block Grant-funded prevention activities and services in a variety of settings for both the general population and targeted subgroups who are at high risk for substance abuse.
    - Use a variety of strategies, as appropriate for each target group, including but not limited to the following six prevention strategies:
        - "Information dissemination" is characterized by one-way communication from the source to the audience.
        - "Education" is characterized by two-way communication that involves interaction between the educator/facilitator and participants.
        - "Alternative activities" operate under the assumption that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs.
        - "Program identification and referral" consist of identifying those who have indulged in illegal/age-inappropriate alcohol or tobacco use or who have indulged in illicit drug use for the first time.
        - "Community-based processes" aim to help the community more effectively provide alcohol, tobacco, and other drug prevention and treatment services.

        - "Environmental approaches" intend to establish or change community standards, codes, and attitudes that influence the incidence and prevalence of alcohol, tobacco, and other drug use in the general population.
    - Also use the following Institute of Medicine prevention classifications in reporting prevention expenditures:
        - 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
            - Having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels
    - [Note: SAMHSA has relaxed the requirement for recipients to expend prevention set aside funds on all six prevention strategies beginning with FY 2024 awards]
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- For designated states (i.e., any state whose cases of Acquired Immune Deficiency Syndrome (AIDS) is 10 or more per 100,000 individuals (as indicated by the number of such cases reported to and confirmed by CDC for the most recent calendar year for which data are available)), expend not less than 2 percent and not more than 5 percent of the award amount to carry out one or more projects to make available to individuals early intervention services for HIV disease (EIS HIV) at the sites where the individuals are undergoing SA treatment. If the State carries out two or more projects, the State will carry out one such project in a rural area of the State unless the Secretary waives the requirement (42 U.S.C. § 300x-24; 45 CFR 96.128(a)(l), (b), and (d)) allotment under the Alcohol, Drug Abuse and Mental Health Services Block Grant. Any "designated state" whose percentage change in allotment is greater than 5 percent is required to obligate and expend 5 percent of the SUPTRS allotment for the applicable federal fiscal year (FFY) to establish one or more projects designed to provide EIS HIV at the site(s) at which individuals are receiving SA treatment. Affected states must require programs participating in the project to:

    - Establish linkages with a comprehensive community resource network of related health and social services organizations

- Follow procedures developed by the Principal Agency in consultation with the State medical director and the State public health authority responsible for communicable diseases
- Limit funding to those programs that began prior to the fiscal year for which the State is applying for Substance Abuse Prevention and Treatment (SAPT) funds

- Expend no more than 5 percent of the grant to pay the costs of administering the grant (42 U.S.C. § 300x-31; 45 CFR 96.135 (b)(l)).

- Expend no more than the amount expended for fiscal year 1991 for providing treatment services in penal or correctional institutions (42 U.S.C. § 300x-31; 45 CFR 96.135(b)(2)). (see Footnote 1)

Treatment Services for Pregnant Women

Per 45 CFR 96.131, States must:

- Require all SUPTRS Block Grant-funded programs to give pregnant women preference in admissions to treatment
- Require all programs that serve an injecting drug abuse population to give preference to treatment in the following order:
  - Pregnant injecting drug users first
  - Other pregnant substance abusers second
  - Other injecting drug users third
  - All others
- Publicize the availability of services for pregnant women, including the fact that such women receive admissions preference
- Require SUPTRS Block Grant-funded programs to refer pregnant women to the State when such women cannot be admitted due to insufficient capacity
- For women referred to the State because of lack of capacity:
  - Refer the women to programs with the capacity to admit them or
  - Ensure that interim services, including prenatal care, are made available to the women within 48 hours after the women seek treatment
- Maintain:
  - A continually updated system for identifying treatment capacity for pregnant women who cannot be admitted
  - A mechanism for matching such women to treatment programs with sufficient capacity
- Have effective strategies for monitoring programs' compliance with this section (see Footnote 1)

Capacity of Treatment for Intravenous Substance Abusers

Per 45 CFR 96.126, States must:

- Establish capacity management systems that enable and require programs that provide treatment for intravenous drug abuse to:
  - Readily report to the State when the programs reach 90 percent of their capacities
  - Make such reports within 7 days
- Ensure that capacity management system:
  - Is capable of maintaining a continually updated record of reports of programs reaching 90 percent of their capacities
  - Makes excess capacity information available to Block Grant-funded programs that treat intravenous substance abuse
- Have a waiting list management system that systematically reports treatment demand and requires Block Grant-funded programs that treat intravenous drug abuse to:
  - Establish waiting lists with a unique client identifier for each waiting list client
  - Consult the State's capacity management system to ensure that waiting list clients are transferred to programs within a reasonable geographic area at the earliest possible time
  - Allow waiting list clients to be removed from the lists only when they cannot be located or the clients refuse treatment
- Ensure that Block Grant-funded programs that treat individuals for intravenous substance abuse must admit each individual who requests and is in need of treatment for intravenous drug abuse not later than 14 days. When programs cannot admit individuals for intravenous substance abuse within 14 days, the program must:
  - Admit these individuals within 120 days
  - Have a mechanism for maintaining contact with individuals awaiting admission
  - Make interim services available within 48 hours
- Ensure that interim services must include counseling and education about:
  - HIV and TB
  - The risks of needle sharing
  - The risks of transmission to sexual partners and infants
  - Steps that can be taken to ensure that HIV transmission does not occur
- Ensure that:
  - Interim services also include referrals for HIV and TB services, if necessary

- For pregnant women, interim services also include referrals for prenatal care and counseling on the effects of alcohol and drug use on the fetus
- Interim services may also include federally authorized methadone maintenance
- Entities that receive SUPTRS Block Grant funds to treat intravenous substance abuse conduct outreach activities to encourage individuals in need of such services to undergo treatment

- Use outreach models that are scientifically sound. SUPTRS Block Grant regulations identify three examples of scientifically sound models:
  - The Standard Intervention Model
  - The Health Education Model
  - The Indigenous Leader Model
- Use an approach which reasonably can be expected to be effective if no outreach models are applicable to the local situation
- Ensure that outreach efforts:
  - Consist of contacting, communicating with, and following up with high-risk substance abusers, their associates, and neighborhood residents
  - Adhere to Federal and State confidentiality requirements
  - Promote awareness about the relationship between injecting drug abuse and communicable diseases
  - Recommend steps that can be taken to prevent HIV transmission
  - Address the selection, training, and supervision of outreach workers
  - Encourage entry into treatment (see Footnote 1)

Charitable Choice

Per 45 CFR 54a, Block Grant-funded faith-based organizations may:

- Retain the authority over their internal governance
- Retain religious terms in their organizations' names
- Select board members on a religious basis
- Include religious references in the organizations' mission statements and other governing documents
- Use space in their facilities to offer Block Grant-funded activities without removing religious art, icons, scriptures, or other symbols

Block Grant-funded faith-based organizations cannot use grant funds for inherently religious activities such as:

- Worship

- Religious instruction
- Proselytization

SUPTRS Block Grant-funded faith-based organizations can engage in such religious activities only if:

- The activities are offered separately, in time or location, from Block Grant-funded activities
- Participation in the activities is voluntary

In delivering services, including outreach activities, SAMHSA-funded religious organizations cannot discriminate against current or prospective program participants based on:

- Religion
- Religious belief
- Refusal to hold a religious belief
- Refusal to actively participate in a religious practice

If an otherwise eligible client objects to the religious character of a Block Grant-funded program, the program shall refer the client to an alternative provider within a reasonable period of time of the objection.

Religious organizations must:

- Use generally accepted auditing and accounting principles to account for Block Grant funds.
- Segregate Federal funds from non-Federal funds. Only the Federal funds shall be subject to audit by the government.

State or local governments that contribute funds to supplement Block Grant-funded activities:

- Have the option of keeping the State/local funds separate from the Block Grant funds or commingling State/local funds with Block Grant funds,and
- Must abide by the Charitable Choice requirements when commingling State/local funds with Block Grant funds.[6]

Subrecipient Monitoring

All SUPTRS Block Grant recipients and subrecipients including NWF are required to conduct monitoring and oversight activities as identified below in relation to their role as pass-through entities. A pass-through entity is defined as a non-Federal entity that provides a

[6] Part 54—Charitable Choice Regulations Applicable To States Receiving Substance Abuse Prevention And Treatment Block Grants And/Or Projects For Assistance In Transition From Homelessness Grants.

subaward to a subrecipient to carry out part of a federal program. As NWF subawards SUPTRS Block Grant funds to NPs it must abide by the following requirements.

- Detail a plan for monitoring and overseeing the delivery of prevention, treatment and recovery services by NPs. (45 CFR 75.352)
- Ensure that every subaward is clearly identified to NPs as a subaward and includes the required information at the time of the subaward. If any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available (i.e., pass-through entity), NWF must provide the best information available to describe the federal award and subaward. As noted in 45 CFR 75.352, the required information includes:
  - Federal Award Identification:
    - NP name (which must match the name associated with its unique entity identifier)
    - NP's unique entity identifier
    - Federal Award Identification Number
    - Federal award date of award to the recipient by the HHS awarding agency
    - Subaward period of performance start and end date
    - Amount of federal funds obligated by this action by NWF to the NP
    - Total amount of federal funds obligated to the NP by the recipient including the current obligation
    - Total amount of the federal award committed to the NP by NWF
    - Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act
    - Name of HHS awarding agency, recipient, and contract information for awarding official of the recipient
    - Catalog of Federal Domestic Assistance (CFDA) number and name; NWF must identify the dollar amount made available under each federal award and the CFDA number at time of disbursement
    - Identification of whether the award is for research and development (R&D)
    - Indirect cost rate for the federal award (including if the de minimis rate is charged)
  - All requirements imposed by NWF on the NP so that the federal award is used in accordance with federal statutes, regulations, and the terms and conditions of the federal award
  - Any additional requirements that the NWF imposes on the NP in order for the recipient to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports

- An approved federally recognized indirect cost rate negotiated between the NP and the federal government or, if no such rate exists, either a rate negotiated between the NWF and the NP (in compliance with 45 CFR 75), or a de minimis indirect cost rate as defined in 45 CFR 75.414(f)
- A requirement that the NP permit the recipient and auditors to have access to the NP's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR 75
- Appropriate terms and conditions concerning closeout of the subaward

- Evaluate each NP's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring in accordance with 45 CFR 75.352(d) and (e). (45 CFR 75.352(b)).
- Consider imposing specific subaward conditions upon a NP if appropriate as described in 45 CFR 75.207. (45 CFR 75.352(c)).
- In accordance with 45 CFR 75.352(d), monitor the activities of the NP as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and, that subaward performance goals are achieved. Recipient monitoring of the NP must include:
  - Reviewing financial and performance reports required by the recipient
  - Following-up and ensuring that the NP takes timely and appropriate action on all deficiencies pertaining to the federal award provided to the NP from NWF detected through audits, on-site reviews, and other means
  - Issuing a management decision for audit findings pertaining to the federal award provided to the NP from the NWF as required by 45 CFR 75.521
- Depending upon the NWF's assessment of risk posed by the NP, employ the following monitoring tools that may be useful for the recipient to ensure proper accountability and compliance with program requirements and achievement of performance goals: providing NPs with training and technical assistance on program-related matters, performing on-site reviews of the NP's program operations; and arranging for agreed-upon procedures engagements as described in 45 CFR 75.425. (45 CFR 75.352(e)).
- Verify that every NP is audited as required by Subpart F of 45 CFR 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 45 CFR 75.501. (45 CFR 75.352(f)).
- Consider whether the results of the NP's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the recipient's own records. (45 CFR 75.352(g)).

- Consider taking enforcement action against noncompliant NPs as described in 45 CFR 75.371 and in program regulations. (45 CFR 75.352(h)). [7]

[7]National Archives and Records Administration. Code of federal regulations (CFR). 45 CFR 75 part 75—uniform administrative requirements, cost principles, and audit requirements for HHS awards.

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