

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS)



Purpose of the Toolkit

This toolkit contains several customizable outreach posters, infographics, Q&A text, and resources to assist individuals implementing some of the major requirements of the federal Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant (hereafter called SUBG).

Quick Question and Answer (Q&A)

Who is responsible for the federal Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant (hereafter called SUBG)?

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for allocating this noncompetitive, formula grant and providing associated technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity (Red Lake Nation), hereafter referred to as States. In turn, States establish their own bases for allocating Block Grant funds to provider and intermediary organizations. Allocations must be consistent with SAMHSA statutory requirements and priority populations.

The Florida Department of Children and Families (DCF) is Florida's designated agency (recipient) responsible for the SUBG. This funding, formerly called the Substance Abuse Prevention and Treatment Block Grant (previously abbreviated as "SAPT or SABG") was renamed in 2022 to better emphasize the continuum of care (including recovery services) and to remove the stigmatizing word "abuse" replacing it with "use".

What is the purpose of the SUBG?

The SUBG supports States to "plan, implement, and evaluate activities that prevent and treat substance [use]" (SAMHSA, 2022).

"States use the block grant programs for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services.

Specifically, block grant recipients use the awards for the following purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- 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.
- Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.”

<https://www.samhsa.gov/grants/block-grants>

What is Florida’s 2023 SUBG funding amount?

Formula Funding

| | |
|---------------------------------------------------------------------|---------------|
| Substance Abuse Prevention and Treatment Block Grant | \$58,407,104 |
| Community Mental Health Services Block Grant | \$68,259,165 |
| Projects for Assistance in Transition from Homelessness (PATH) | \$4,451,319 |
| Protection and Advocacy for Individuals with Mental Illness (PAIMI) | \$2,009,341 |
| Subtotal of Formula Funding | \$133,126,929 |

Source: <https://www.samhsa.gov/grants-awards-by-state/FL/2023>

Note, Florida receives one of the highest SUBG allocations, behind California and Texas.

The SUBG serves as the cornerstone of States’ substance use disorder (SUD) prevention, treatment, and recovery systems. The funds are dedicated to help implement evidence-based programming. State alcohol and drug agencies (e.g., Florida DCF) oversee the funds through tools such as performance data management/reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance.

States are also required to report on the funding amounts and types of recovery support services supported through the SUBG. In addition, by statute, it 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

SUBG funds are also used to:

- Provide community-based services for individuals, families, and communities affected by SUD.
- Carry out the plan submitted by the State for the fiscal year involved
- Evaluate programs and services carried out under the plan
- Carry out and plan, administrative, and educational activities related to providing services under the plan.

Treatment Services for Pregnant Women (CFR Section 96.131)

States must:

- Require all SUBG-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. **(See the poster templates that follow).**
- Require SUBG-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 **(See infographic that follows this section.)**
- 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.

Note: See 2 customizable outreach posters for use in programs that serve pregnant women with SUD.

Are you pregnant and seeking recovery from substance use?



You matter!

You are not alone!

You are **our** priority for immediate
judgment- free help!

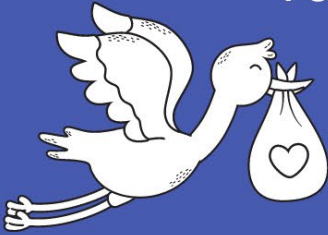
Stay hopeful and call us now!

Insert location info here

Are you pregnant and seeking recovery from substance use?

You matter! You are not alone!

You are **our** priority for immediate judgment-free help!



Stay hopeful and call us now.

Insert location info here



Capacity of Treatment for Intravenous Substance Abusers (CFR Section 96.126)

States must:

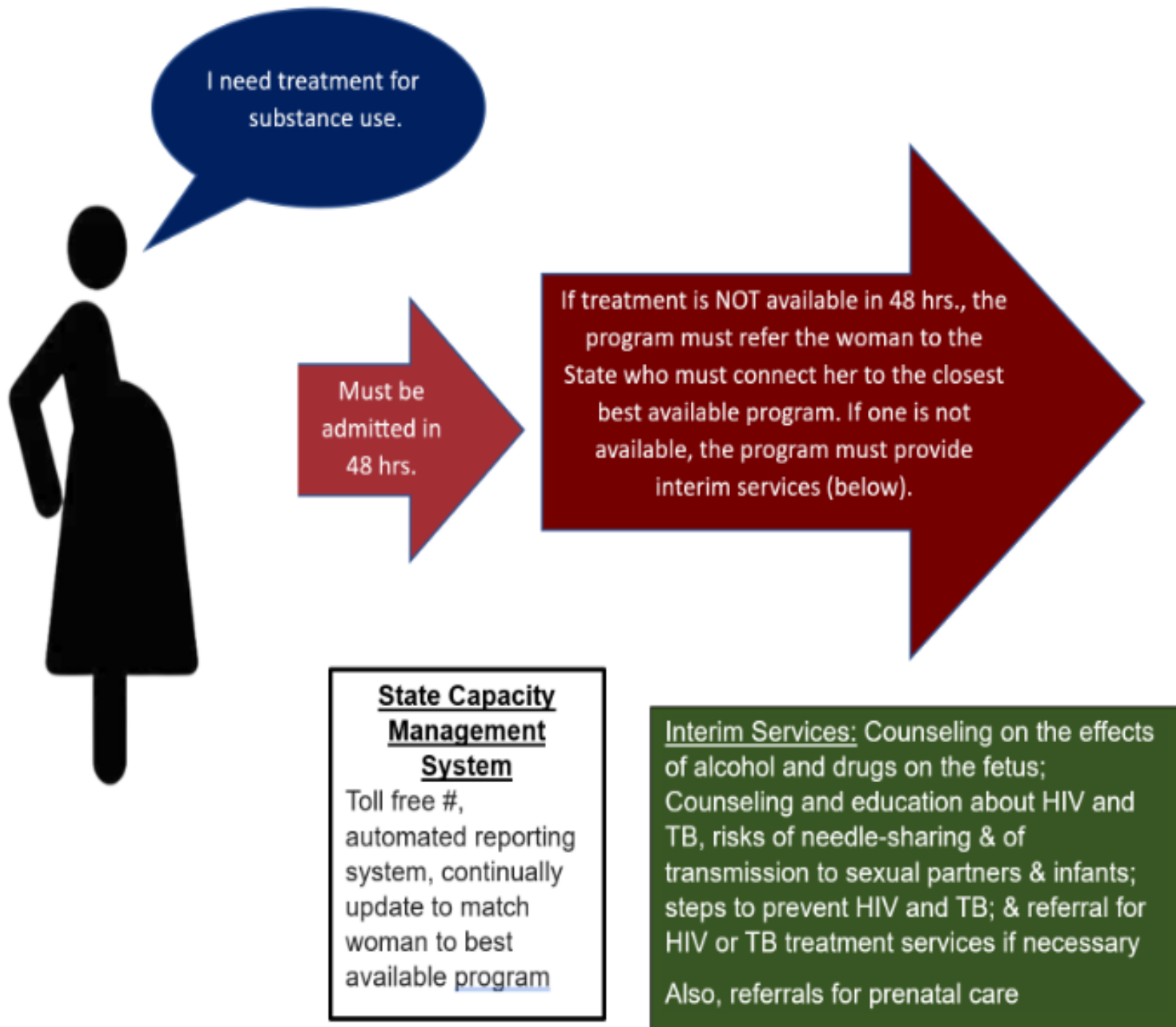
- Establish capacity management systems that enable and require programs that provide treatment for intravenous drug abuse to:
 - Readily report to the State when the programs reach 90 percent of their capacities
 - Make such reports within 7 days
- Ensure that capacity management system:
 - Is capable 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

Note: See helpful infographics that follow and that provide an “at a glance” reminder of the requirements.

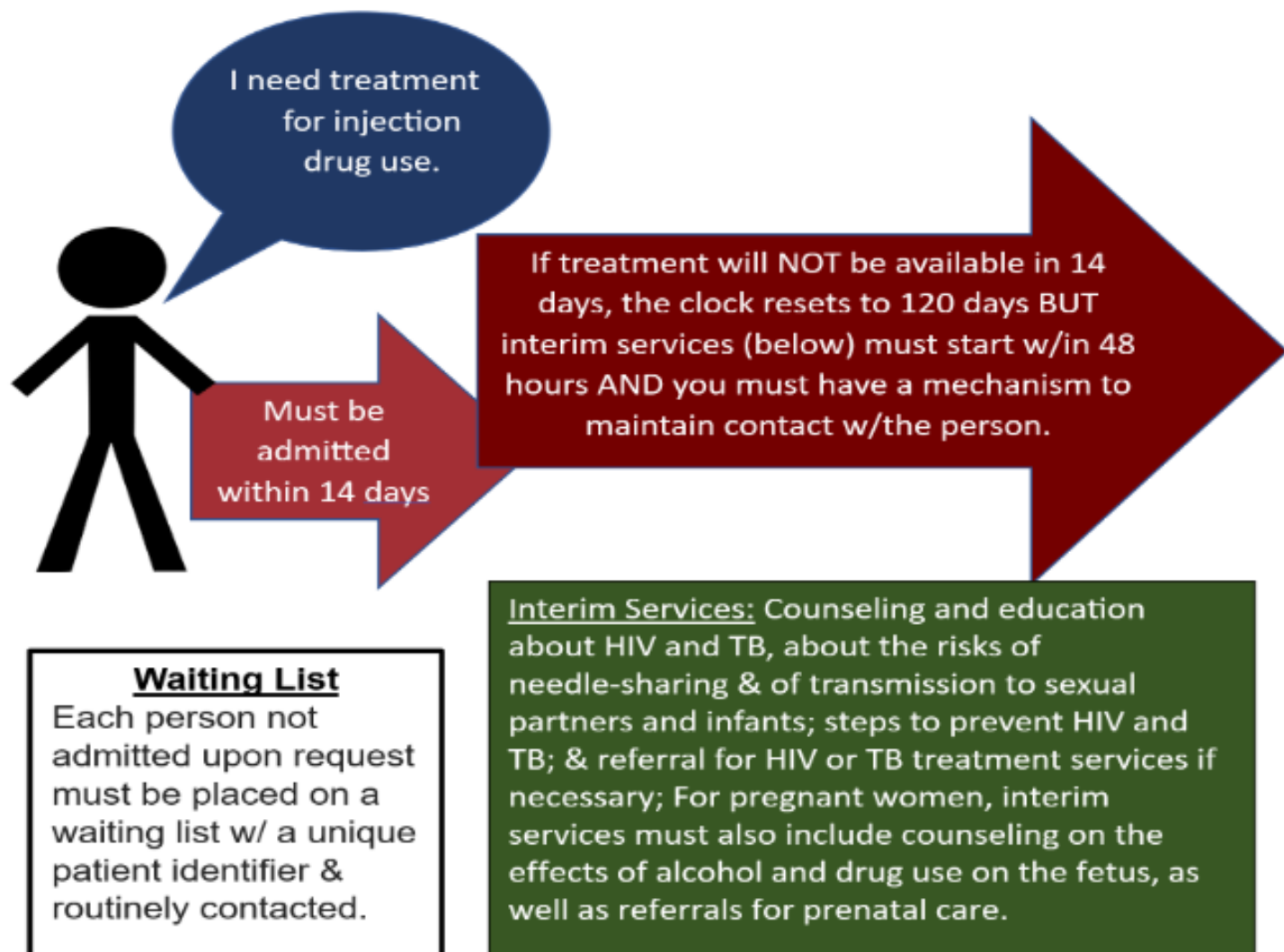
- Make interim services available within 48 hours
- Ensure that interim services must include counseling and education about:
 - HIV and TB
 - The risks of needle sharing
 - The risks of transmission to sexual partners and infants
 - Steps that can be taken to ensure that HIV transmission does not occur
- 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

Note: See 5 HIV customizable posters for use in outreach and in programs that serve individuals at risk for or living with HIV.

Requirements for Programs Funded by the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant Regarding Pregnant Women



Requirements for Programs Funded by the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant Serving People Who Inject Drugs (PWID)



Don't gamble with your health or your future.



Condoms are your best bet for HIV prevention.

Insert location info here





Advances in HIV treatment make it possible your baby can be born free of HIV.

Protect yourself and your baby. Get an HIV test today!



GET TESTED!

Insert location info here



Your health is in your hands.



Make wise choices and protect
yourself from HIV.
Ask us how.

Insert location info here



HIV doesn't discriminate.
It can happen to anyone, regardless of
their age, gender, or background.
Stay informed and protect yourself.



**GET
TESTED**

Insert location info here



.....
BE POSITIVE YOU'RE NEGATIVE!
.....



**Free or
low-cost tests**



HIV self-tests



**In-person
HIV tests**

KNOW YOUR STATUS,
PROTECT YOUR FUTURE:
**GET TESTED FOR
HIV TODAY!**

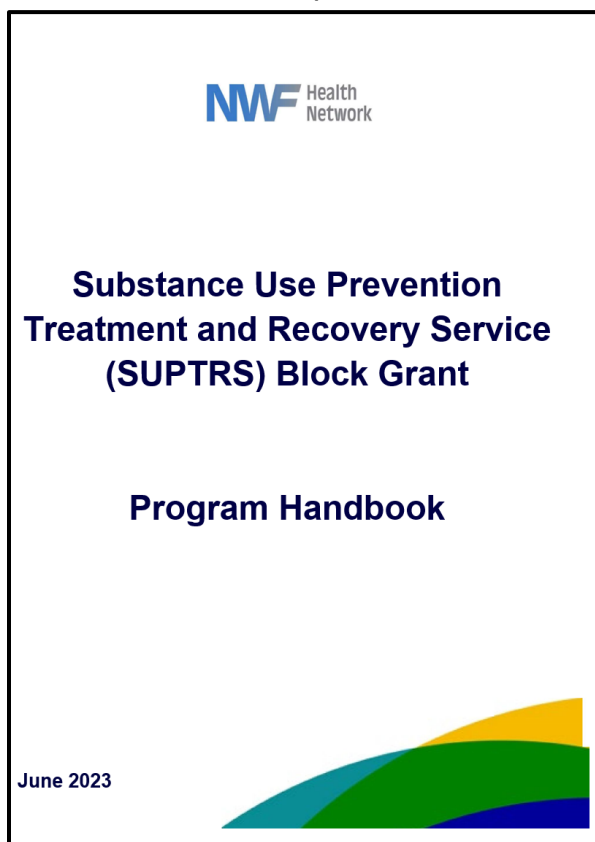
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NWF Health
Network

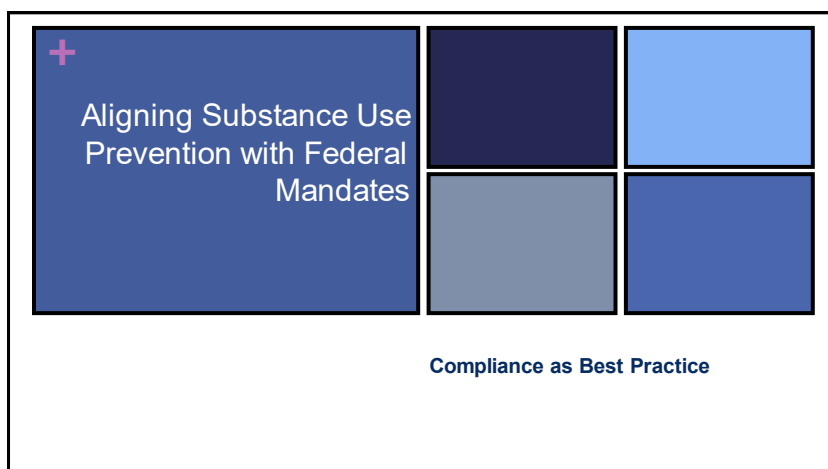
There are several other SUBG requirements outlined in the resources below.

Additional Resources

The resources below provide additional relevant information.



You can download this document (left) and several Block Grant related PowerPoint modules like the ones below and on next page from the NWF Health Network Learning Management System (LMS).



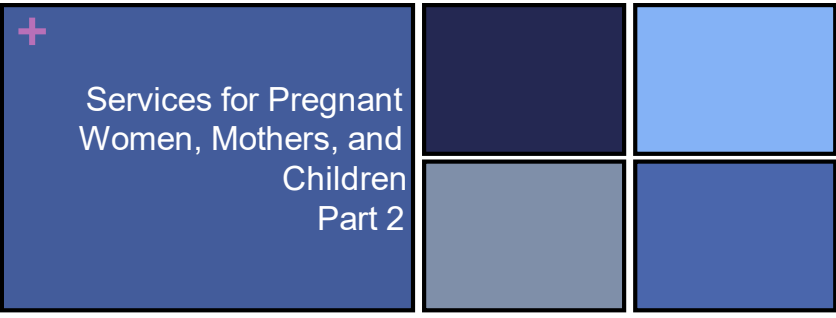
Additional Resources (cont.)



Treatment Services for
Pregnant Women,
Mothers, and Children

A Multigenerational Perspective is
Fundamental.

The graphic features a 2x2 grid of squares. The top-left square is dark blue, the top-right is light blue, the bottom-left is medium blue, and the bottom-right is dark blue. A pink plus sign is located in the top-left corner of the grid.



Services for Pregnant
Women, Mothers, and
Children
Part 2

Empowering Pregnancy, Motherhood,
and Childhood Wellbeing

The graphic features a 2x2 grid of squares. The top-left square is dark blue, the top-right is light blue, the bottom-left is medium blue, and the bottom-right is dark blue. A pink plus sign is located in the top-left corner of the grid.

Note: There are also 3 archived webinars on the NWF Health Network LMS that can be accessed for more information.

Please ensure you have the most recent DCF guidance- this one may have been updated. The next 2 pages show the coversheets only.

Program Guidance for Managing Entity Contracts



**Guidance 10
Prevention Services**

Contract Reference: Sections A-1.1 and C-1.2.3

Authorities: 42 U.S.C. s. 300x-2
45 C.F.R., pt. 96, sub. L.
S. 397.311(26)(c), F. S.
Ch. 65D-30, F.A.C.

Frequency: Ongoing

Due Date: Not Applicable

A. MANAGING ENTITY RESPONSIBILITIES

The Managing Entity shall ensure the administration and provision of evidence-based programs to the target populations indicated in the prevention planning documents.

The Managing Entity shall:

1. Collect and analyze data on substance use consumption and consequences to identify the substances and populations that should be targeted with prevention set-aside funds;
2. Purchase prevention activities and services with Substance Abuse Block Grant funds that are both consistent with the needs assessment data and are not being funded through other public or private sources.
3. Develop capacity throughout the state and Regions to implement a comprehensive approach to substance use issues;
4. Collect and analyze outcome data to ensure the most cost-efficient use of substance use primary prevention funds;
5. Review community prevention planning documents developed by community coalitions;
6. Purchase substance use prevention services, in compliance with 45 C.F.R. pt. 96, sub. L;
7. Contract with and provide oversight to Prevention Partnership Grant (PPG) grantees;
8. Verify delivery of services;
9. Provide technical assistance to subcontracted prevention providers regarding implementation of evidence-based prevention practices; and
10. Provide oversight of prevention services consistent with Block Grant requirements.

B. NETWORK SERVICE PROVIDER RESPONSIBILITIES

The Managing Entity shall ensure subcontracted prevention providers and coalitions:

1. Provide culturally appropriate evidence-based programs to the target populations;
2. Deliver prevention programs at the locations specified and in accordance with the Program Description of the strategy;
3. Partner with community coalitions, where available, to obtain their prevention planning documents and confirm that current programs are aligned with community substance abuse problems;
4. Collaborate with partners within the communities and state to focus on prevention;

Guidance 26
Women's Special Funding
Substance Abuse Services for Pregnant Women and Mothers

Contract Reference: *Sections A-1.1 and Exhibit C2*
Authority: *General Appropriations Act*
Frequency: *Monthly data specific to Women's Special Funding General Revenue Appropriations*
Due Date: *The 18th of the month following the date of the service*
Discussion:

The purpose of this document is to provide direction for the implementation, administration, and management of substance abuse services for pregnant women and mothers, including those trying to regain custody of their children. This document outlines the applicable federal regulations; addresses the special legislative appropriation for the expansion of substance abuse services; and provides resources regarding best practices.

I. FEDERAL REGULATIONS

Substance abuse services provided to this group of individuals are subject to the requirements of the federal Substance Abuse Prevention and Treatment Block Grant.

Federal law requires Florida to expend at least \$9,327,217 on services for pregnant women and women with dependent children. This amount is based on FY 1994 expenditures. The Department tracks and reports on the use of an annual specific appropriation to meet this amount through a dedicated Other Cost Accumulator. Federal Block Grant requirements and regulations concerning pregnant women and mothers apply to the specific appropriation.

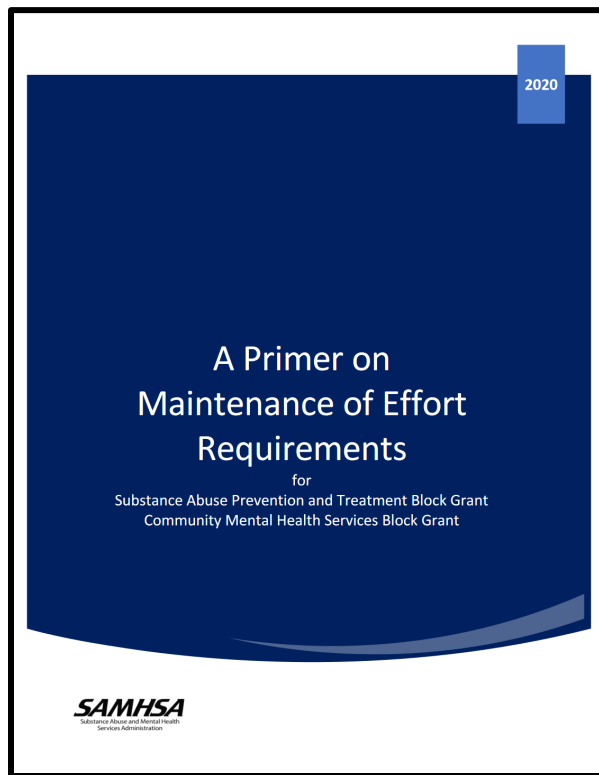
Federal regulations require:

- Women receiving services have no other financial means to obtain treatment,
- Where appropriate, the family is treated as a unit, and both women and their children are admitted to treatment,
- A minimum service array must be provided or arranged for, to include the following:
 - Primary medical care, including referral for prenatal care,
 - Primary pediatric care, including immunization for their children,
 - Gender specific therapeutic interventions for the women,
 - Appropriate therapeutic interventions for the children in custody of women in treatment,
 - Childcare while the women are receiving services, and
 - Sufficient case management and transportation to ensure women and their children have access to the minimum service array.
- Providers that receive Block Grant funds and serve injection drug users must publicize the following notice:

“This program receives federal Substance Abuse Prevention and Treatment Block Grant funds and serves people who inject drugs. This program is therefore federally required to give preference in admitting people into treatment as follows:

 1. Pregnant injecting drug users,
 2. Pregnant drug users,

Additional Resources (cont.)



<https://www.samhsa.gov/sites/default/files/primer-maintenance-effort-requirements-mhbg-sabg.pdf>

2024-2025 SUBG SAMHSA Webinar

https://www.youtube.com/watch?v=F_kdVPYISgQ