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Block Grant Talking Points for Agencies

The following is information necessary for all line staff for all block grant recipients including your sub recipients from the person who greets customers at the door to the highest-level administrator. We ask that you share this basic information with everyone in your organization and make them familiar that they are a block grant recipient. The Federal Government will be doing a full audit on Nevada for the block grant in early 2019 and it is our intention to make all recipients of funds re trained in all the priorities and expectations of this funding source. We have been advised that some of the auditors may make intentional phone calls to agencies receiving block grant funds and ask questions related to the funding. The auditors have mentioned that there are often line staff especially those answering phones and people who work within an agency that are not aware that they are block grant recipients or aware of the priorities populations of the grant. Even if a person in your organization is not directly funded with block grant dollars we ask that you educate them about your agency being a recipient of those funds and what they are used for. Thank you in advance for preparing your staff with this information and making it readily available for them to reference should they get a call asking about the block grant.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment Block Grant (SABG) program provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity to prevent and treat substance abuse.

What is the Substance Abuse Prevention and Treatment Block Grant (SABG)?

The SABG program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. The SABG is authorized by [section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service \(PHS\) Act \(PDF | 253 KB\)](#). The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. [Title 45 Code of Federal Regulations Part 96](#) was published on March 31, 1993, and [The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 Federal Register 1492 \(PDF | 259 KB\)](#) was published on January 19, 1996.

SAMHSA's Center for Substance Abuse Treatment's (CSAT) Performance Partnership Branch, in collaboration with the Center for Substance Abuse Prevention's (CSAP) Division of State Programs, administers the SABG. Each State agency receiving funds must:

- Have a designated unit of its executive branch that is responsible for administering the SABG (for example, Division of Public and Behavioral Health) work with the grantee's department of health
- Apply annually for SABG funds
- Have the flexibility to distribute the SABG funds to local government entities, such as municipal, county, or intermediaries, including administrative service organizations
- Have SABG sub-recipients, such as community- and faith-based organizations (non-governmental organizations), and deliver:
 - Substance abuse prevention activities to individuals and communities impacted by substance abuse
 - Substance use disorder (SUD) treatment and recovery support services to individuals and families impacted by SUDs

Targeted Populations and Service Areas

The SABG program targets the following populations and service areas:

- Pregnant women and women with dependent children
- Intravenous drug users or Persons who inject Drugs
- Tuberculosis services
- Early intervention services for HIV/AIDS
- Primary prevention services

Primary Prevention

SAMHSA requires that grantees spend no less than 20% of their SABG allotment on substance abuse primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.

Primary Prevention Strategies

Grantees must develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to, the following strategies:

- **Information Dissemination** provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two.
- **Education** builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.
- **Alternatives** provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.
- **Problem Identification and Referral** aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education. This strategy does *not* include any activity designed to determine if a person is in need of treatment.

- **Community-based Process** provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.
- **Environmental** establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.

Grantees should use a variety of strategies that target populations with different levels of risk. Specifically, prevention strategies can be classified using the Institute of Medicine Model of Universal, Selective, and Indicated, which classifies preventive interventions by targeted population. The definitions for these population classifications are:

- **Universal:** The general public or a whole population group that has not been identified on the basis of individual risk
- **Selective:** Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average
- **Indicated:** Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels

Tobacco Use Prevention—Synar Amendment

The Synar Amendment to the 1992 Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) aims to decrease youth access to tobacco. SAMHSA oversees the implementation of the amendment. To receive their full SABG awards, states (that is, all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions) must enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18.

The Synar legislation requires states to do the following:

- Enact laws prohibiting the sale and distribution of tobacco products to minors.
- Enforce such laws in a manner that can reasonably be expected to reduce the availability of tobacco products to youth under the age of 18.
- Conduct random, unannounced inspections of tobacco outlets.
- Report annual findings to the secretary of the U.S. Department of Health and Human Services by December 31 each year.

What is the Community Mental Health Services Block Grant (MHBG)?

The MHBG program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by [section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service \(PHS\) Act \(PDF | 253 KB\)](#).

SAMHSA's Center for Mental Health Services' (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. Grantees can be flexible in the use of funds for both new and unique programs or to supplement their current activities.

In addition to providing MHBG awards, CMHS provides recipients with technical assistance (TA). The TA supports the use of evidence-based programs.

Targeted Populations

The MHBG program targets:

- **Adults with serious mental illnesses.** Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's *Diagnostic and*

Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as:

- Basic daily living (for example, eating or dressing)
- Instrumental living (for example, taking prescribed medications or getting around the community)
- Participating in a family, school, or workplace
- **Children with serious emotional disturbances.** 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.

SAMHSA's definitions of children with serious emotional disturbances and adults with serious mental illness were provided in a 1993 *Federal Register* notice (May 20, 1993; 58 FR 29422).

Performance Requirements

Each grantee has a designated unit of the executive branch that is responsible for administering the MHBG (for example, the Division of Behavioral Health).

SAMHSA expects block grant recipients to satisfy the following performance requirements:

- They must submit a plan explaining how they will use MHBG funds to provide comprehensive, community mental health services to adults with serious mental illnesses and children with serious emotional disturbances. SAMHSA also requires recipients to provide annual reports on their plans.
- They may distribute funds to local government entities and non-governmental organizations.
- They must ensure that community mental health centers provide such services as screening, outpatient treatment, emergency mental health services, and day treatment programs.
- They must comply with general federal requirements for managing grants. They must also cooperate in efforts by SAMHSA to monitor use of MHBG funds. For example, each year, CMHS conducts investigations (site visits) of at least ten grantees receiving MHBG funds. This is to assess how they are using the funds to benefit the population. These evaluations include careful review of the following:
 - How the grantees are tracking use of MHBG funds and their adult and child mental health programs
 - Data and performance management systems
 - Collaboration with consumers and the grantees' mental health planning council
- Grantees receiving MHBG funds are required to form and support a state or territory mental health planning council.

Mental Health Planning Council

A mental health planning council ensures collaboration among key state agencies and facilitates consumer input into the state's mental health services and activities. The majority (51% or more) of a state's planning council should be comprised of consumer and family members.

To ensure coordination among state agencies in mental health planning, the planning council is required to:

- Include representatives from state education, mental health, rehabilitation, criminal justice, housing, and social services agencies
- Include adult members (consumers) who receive mental health services
- Include family members of children with emotional disturbances

This planning council provides input on the mental health plan submitted to SAMHSA. [The National Association of Mental Health Planning & Advisory Councils\(link is external\)](#) provides more detailed information about mental health planning councils.

Behavioral Health Planning Council

With the integration of substance abuse and mental health, many state mental health authorities are transitioning from mental health planning councils to behavioral health planning councils. A behavioral health planning council is responsible for reviewing, monitoring, and evaluating the adequacy of behavioral health services for its state. It reviews issues and services for persons with mental disorders and/or substance abuse and substance use disorders.

SAMHSA encourages states to expand their required council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council. The behavioral health planning council completes duties as specified in the [MHBG statute](#), as well as advises, consults with, and makes recommendations to state mental health authorities and single state authorities regarding their activities.