

Overview of Recent Funding for the Substance Abuse Prevention and Treatment (SAPT) Block Grant

There have been three recent investments in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant. We offer an overview and details below.

Consolidated Appropriations Act: In December 2020, Congress approved and then-President Trump signed the Consolidated Appropriations Act of 2021 (P.L. 116-260). The law includes, among many provisions, two separate investments in the SAPT Block Grant: \$1.858 billion through the annual or "regular" FY 2021 appropriations process and \$1.65 billion in supplemental funding provided as part of the law's section dedicated to COVID-19 relief.

The American Rescue Plan: In March 2021, Congress approved and President Biden signed the American Rescue Plan Act of 2021 (P.L. 117-2). The law includes an additional separate allotment in the SAPT Block Grant: \$1.5 billion in longer term supplemental funding for the SAPT Block Grant.

Annual FY 2021 Appropriations as part of Consolidated Appropriations Act (December 2020)

- **Total appropriation:** \$1.858 billion
- **No changes to requirements under the existing statute:** Maintains requirements governing the existing set-asides.
- **Flexibility in allowable uses:** There is no flexibility in allowable use funds for this allocation to the SAPT Block Grant.
- **Application due date:** As identified in the SAPT Block Grant application.
- **Timeline:** States have until September 30, 2022 to spend these funds.



Supplemental Funding as part of Consolidated Appropriations Act (December 2020)

- **Total appropriation:** \$1.65 billion
- **No changes to requirements under the existing statute:** Maintains requirements governing the existing set-asides.
 - **Flexibility in allowable uses:** Final legislative text says SAMHSA "... shall maintain the 20 percent set-aside for prevention, but may waive requirements with respect to *allowable activities, timelines, or reporting requirements* for the Substance Abuse Prevention and Treatment Block Grant... as deemed necessary to facilitate a grantee's response to coronavirus."
- **Allowable uses of the supplemental funds:** On March 11, 2021, SAMHSA sent a letter to State alcohol and drug agencies with some suggested considerations for these supplemental SAPT Block Grant funds. See next page.
- **Application due date:** April 5, 2021
- **Timeline:** States have until March 14, 2023 to spend these funds.
- **Award amounts by State:** SAMHSA released a list of award amounts by State for these supplemental funds that is attached.

Supplemental Funding as part of the American Rescue Plan Act (March 2021)

- **Total appropriation:** \$1.5 billion
- **No changes to requirements under the existing statute:** Maintains requirements governing the existing set-asides.
- **Flexibility in allowable uses:** There is no flexibility in allowable use of funds for this allocation to the SAPT Block Grant.
- **Application due date:** To be determined.
- **Timeline:** Allows States until September 30, 2025 to spend these supplemental funds. As noted above, the application due date is to be determined.



Supplemental Funding for the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant as Part of the Consolidated Appropriations Act of 2021 (P.L. 116-260) Passed by Congress and Signed into Law in December 2020

Frequently Asked Questions (FAQ)

Released March 23, 2021

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) is offering the following set of Frequently Asked Questions (FAQs) in order to help State alcohol and drug agencies consider their plans for the use of supplemental funds to the Substance Abuse Prevention and Treatment (SAPT) Block Grant that were included in P.L. 116-260. NASADAD is aware that many issues are not included in this initial effort to help provide information about these funds. State alcohol and drug agencies are encouraged to communicate with their project officers at the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding questions.

How much was supplemental funding was provided to the SAPT Block Grant in this particular package that became law in December 2020?

A total of \$1.65 billion

Do States need to go through an application process to receive these supplemental funds?

Yes, a SAPT Block Grant COVID-19 supplemental funding plan proposal must be submitted on the Web Block Grant Application System, per the instructions outlined in the letter sent to SSAs on March 11, 2021.

When is the application due?

April 5, 2021

Where can I find projected State-by-State allocations from this supplement?

We have attached the State-by-State allocation for this supplement at the end of this document. In addition, the allocations can be found here: [FY 2021 Substance Abuse Prevention and Treatment Block Grant Program COVID-19 Supplemental Awards | SAMHSA](#)

When do these funds have to be spent?

March 14, 2023

Do States have to adhere to the same required use of funds as they plan to spend these dollars?

Yes. There were no changes to the statute governing the SAPT Block Grant's required use of funds. As a result, States have to adhere to the same required use of funds. However, the next question reviews what the law said about the flexibility States have with certain allowable use of funds.

If the law requires States to adhere to spending requirements, what, if anything, did the law say about allowable use of funds? Is there any flexibility in allowable use of funds?

The law governing this particular allotment of supplemental spending for the SAPT Block Grant did offer States flexibility in certain allowable use of funds. Specially, P.L. 116-260 stated that SAMHSA "...may waive requirements with respect to allowable activities, timelines, or reporting requirements for the Substance Abuse Prevention and Treatment Block Grant... as deemed necessary to facilitate a grantee's response to coronavirus."

Do States have to maintain the 20 percent set-aside for primary prevention?

Yes. As a reminder, the 20 percent set-aside for primary prevention is a floor – not a ceiling. States may allocate more than 20 percent of their SAPT Block Grant funds on primary prevention.

Did the law change the type of activities that can be funded under the 20 percent primary prevention set-aside?

No. The law did not allow any changes to the statute governing the SAPT Block Grant and therefore no changes were made to the allowable use of the 20 percent primary prevention set-aside.

Do States have to maintain the process and spending requirements related to pregnant and postpartum women?

Yes. States still have to prioritize services for pregnant and postpartum women. In addition, States have to maintain their spending set-aside for pregnant and postpartum women.

Does the maintenance of effort (MOE) provision apply to this particular supplement of SAPT Block Grant funding?

Yes, the provisions of the MOE apply. States seeking a waiver must adhere to the current process governing MOE waivers.

Can States support Medication Assisted Treatment (MAT) with these funds?

Yes. States may support MAT using FDA-approved medications with accompanying psychosocial and recovery support. For example, acamprosate, disulfiram or naltrexone for alcohol use disorders and buprenorphine, methadone, and naltrexone for opioid use disorders.

Can States fund recovery support services using these supplemental dollars?

Yes. This includes supporting recovery community organizations, peer run organizations, peer recovery specialist training and evaluation – including peer recovery specialist certification.

Can States purchase naloxone with these supplemental funds?

Yes.

Can States utilize these funds for “provider stabilization” payments?

As noted by SAMHSA in a March 11, 2021 letter to State alcohol and drug agencies, provider stabilization payments may be considered in certain circumstances. States must outline their proposed use of funds for this purpose with information such as

- Start date and end date
- Methodology for determining support
- Provider eligibility criteria
- Provider request approach/procedure

Can States allocate these funds for certain infrastructure projects?

Yes. This is an important feature of what is most likely going to be a one-time opportunity to enhance the substance use disorder infrastructure projects. Some examples are below:

- Personal protective equipment (PPE) for staff and those receiving substance use disorder services
- Text and other evidence-informed web-based tools for substance use prevention for adolescents
- Wi-Fi and other technologies and equipment to improve service delivery
- Hiring outreach workers for regular check-ins for people with substance use disorders

On March 11, 2021, SAMHSA sent a letter to State alcohol and drug agencies describing some of these flexibilities mentioned above. Are these activities listed above and in the letter required by SAMHSA to be funded by States?

No. The SAMHSA letter was designed to help illuminate different options along the continuum for allowable use of funds given the flexibility language included in P.L. 116-260, referenced above.

What if I am not sure about a proposed activity?

SAMHSA is encouraging States to reach out to their project officer with questions. States are also encouraged to refer to the most recent SAPT Block Grant application as a reminder of the parameters of required use of funds.

For questions or additional information, please contact the NASADAD Public Policy Department:

- Robert Morrison at rmorrison@nasadad.org
- Shalini Wickramatilake-Templeman at swickramatilake@nasadad.org
- Emily Diehl at ediehl@nasadad.org

FY 2021 Substance Abuse Prevention and Treatment Block Grant Program COVID-19 Supplemental Awards

Last updated March 11, 2021

Retrieved from: <https://www.samhsa.gov/grants/block-grants/sabg-covid-fy21>

State/Territory	Award Amount
Alabama	\$21,641,962
Alaska	\$5,519,877
American Samoa	\$324,795
Arizona	\$37,892,228
Arkansas	\$12,676,621
California	\$238,465,012
Colorado	\$27,102,042
Connecticut	\$17,070,466
Delaware	\$6,530,972
District of Columbia	\$6,530,972
Federated States of Micronesia	\$662,313
Florida	\$104,396,719
Georgia	\$53,569,236
Guam	\$1,072,119
Hawaii	\$8,044,183
Idaho	\$8,000,710
Illinois	\$63,404,936
Indiana	\$30,224,518

State/Territory	Award Amount
Iowa	\$12,272,501
Kansas	\$11,153,650
Kentucky	\$19,100,815
Louisiana	\$23,457,477
Maine	\$6,530,972
Marshall Islands	\$483,646
Maryland	\$31,943,446
Massachusetts	\$37,347,121
Michigan	\$52,538,794
Minnesota	\$22,591,036
Mississippi	\$12,938,191
Missouri	\$24,884,101
Montana	\$6,530,972
Nebraska	\$7,162,196
Nevada	\$15,937,418
New Hampshire	\$6,530,972
New Jersey	\$45,050,958
New Mexico	\$8,965,458
New York	\$104,819,223
North Carolina	\$42,171,280
North Dakota	\$6,123,948
Northern Mariana Islands	\$332,259
Ohio	\$60,489,869

State/Territory	Award Amount
Oklahoma	\$16,074,216
Oregon	\$19,288,251
Palau	\$137,494
Pennsylvania	\$55,395,098
Puerto Rico	\$21,053,755
Red Lake Band of Chippewa Indians	\$556,786
Rhode Island	\$7,122,113
South Carolina	\$22,230,862
South Dakota	\$5,662,944
Tennessee	\$29,973,471
Texas	\$135,636,613
Utah	\$15,548,611
Vermont	\$6,054,892
Virgin Islands	\$683,619
Virginia	\$39,348,104
Washington	\$35,415,872
West Virginia	\$7,904,019
Wisconsin	\$25,492,891
Wyoming	\$3,934,405

Last Updated: 03/11/2021



Substance Abuse and Mental Health
Services Administration

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March 11, 2021

Dear Single State Authority Director:

The Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] appropriated an additional \$1.65 billion to states through the Substance Abuse Prevention and Treatment Block Grant (SABG) program to assist in response to the COVID-19 pandemic. The specific language in the Act states:

Provided further, That with respect to the amount appropriated under this heading in this Act the Substance Abuse and Mental Health Services Administration shall maintain the 20 percent set-aside for prevention, but may waive requirements with respect to allowable activities, timelines, or reporting requirements for the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant as deemed necessary to facilitate a grantee's response to coronavirus: Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

The SABG program is designed to provide funds to States, Territories, and one Indian Tribe for the purpose of planning, implementing, and evaluating activities to prevent and treat substance use disorder (SUD). States may use this supplemental COVID-19 Relief funding to: (1) promote effective planning, monitoring, and oversight of efforts to deliver SUD prevention, intervention, treatment, and recovery services; (2) promote support for providers; (3) maximize efficiency by leveraging the current infrastructure and capacity; and (4) address local SUD related needs during the COVID pandemic.

The COVID-19 pandemic has had a significant impact on people with SUD. Provisional data from CDC shows more than 81,000 deaths from drug overdoses in the 12-months ending May 2020. This total is 18 percent higher than the total for the prior 12 months and 20 percent greater than in calendar year 2018. Overdose deaths from cocaine also increased by 26.5 percent in the past year. In large part, these deaths have been linked to co-use or contamination of cocaine with illicitly manufactured fentanyl or heroin. Overdose mortality from stimulants, such as methamphetamine, increased by 34.8 percent over the past year. All these upward trends have accelerated during the COVID-19 pandemic. The implication is that public health recommendations such as social distancing, while necessary to reduce the spread of COVID-19, can result in people with SUD feeling isolated and lonely. In turn, isolation and loneliness lead to increased stress, anxiety, drinking of alcohol or misuse of substances, and continued increases in opioid overdose mortality.

The Biden-Harris Administration is committed to advancing behavioral health and addressing the particular challenges the pandemic has brought to the forefront. The SABG is a critical source of funding to states to support a continuum of prevention, intervention, treatment, and recovery services.

Recommended Funding Priorities

A comprehensive approach to substance misuse consists of investments along the widely accepted prevention, intervention (including harm reduction and overdose prevention), treatment, and recovery support framework, with all recommended interventions grounded in evidence. Conditions across states and localities vary substantially with some states experiencing virtually no increase in overdose mortality, while other states had up to 60 percent increases. As a result, the mix of activities with respect to the drugs misused will vary across states.

SABG grantees should direct this funding to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in their state's service systems. For example, SABG grantees with significant increases in overdoses might focus their efforts on reducing overdose rates. Specific infrastructure investments might also be directed toward expanding the SUD services workforce and on data infrastructure for tracking and monitoring system needs and performance. Other recommended priority activities for grantees to consider are as follows:

Prevention

1. Screening with evidence-based tools.
2. Risk messaging with evidence-informed strategies and accompanying evaluation to establish most effective strategies. This includes:
 - a. Text and mHealth messaging strategies targeted at adolescents and young adults' substance misuse;
 - b. Scenario based messaging programs for parents about opioid risks; and
 - c. Web-based interventions targeted at the criminal justice system.
3. Operation of an "access line", "crisis phone line" or "warm lines" by prevention providers.
4. Purchase of technical assistance.
5. COVID-19 expenditures related to substance misuse prevention including: COVID-19 awareness and education for persons with SUD, transportation related to accessing SUD prevention and COVID-19 vaccines.

Intervention

1. In order to respond to overdose deaths during the pandemic a particular area of focus may be the purchase of Naloxone and the materials necessary to assemble overdose kits and the dissemination of such kits to users of cocaine, methamphetamine, and

benzodiazepines given the contamination of these substances with illicitly manufactured fentanyl and counterfeit pills to prevent increasing overdose trends among individuals with SUD.

Treatment

1. Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers.
2. Medication assisted treatment (MAT) using FDA-approved medications and accompanying psychosocial and recovery supports:
 - a. Opioid use disorder (OUD), e.g., buprenorphine, methadone and naltrexone; and
 - b. Alcohol use disorder (AUD), e.g., acamprosate, disulfiram, and naltrexone;
3. SUD crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery.
4. Operation of an “access line”, “crisis phone line” or “warm lines” by treatment providers.
5. Purchase of technical assistance.
6. COVID-19 related expenditures including: COVID-19 testing/vaccines (including transportation) for those with SUD.
7. Treatment services (including MAT) in penal or correctional institutions consistent with current SABG expenditure limitations.

Recovery Support

1. Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services.
2. Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.
3. Operation of an “access line”, “crisis phone line” or “warm lines” by recovery support providers.

Infrastructure

1. Purchase of Personal Protective Equipment for staff and persons receiving SUD services.
2. Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.
3. Hiring of outreach workers for regular check-in for people with SUD.

4. Provision of workforce support.

SAMHSA will issue an SABG global revision request for the upload of a “COVID-19 Supplemental Funding Plan for FY 21.” Using the Web Block Grant Application System (WebBGAS) revision request function, states must upload the document (Microsoft Word or pdf) using the “Attachments” upload tab into the State Information Page; specifically, the “Chief Executive Officer’s Funding Agreement.” Additionally, states are required to update *Table 2 State Agency Planned Expenditures* to reflect the new COVID-19 Supplemental funds by completing the column “SABG COVID Supplement.” All COVID-19 Relief supplemental funding will be tracked separately from the standard MHBG/SABG awards. Hence, the standard SABG set-aside and state and women’s services MOE requirements will not be affected.

SAMHSA requests that the following information is included when submitting the SABG COVID-19 supplemental funding plan proposal:

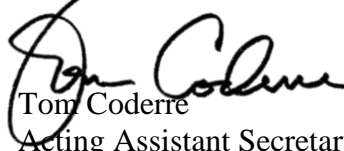
1. Identify the needs and gaps of your state’s SUD prevention, treatment, and recovery services systems in the context of COVID-19.
2. Describe how your state’s spending plan proposal addresses the needs and gaps, including gaps in equity.
3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.
4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.
5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.
6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state’s response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.
7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following:
 - a. The period that the payments will be made available i.e., start date and end date.
 - b. The total proposed amount of COVID-19 Relief funds for this purpose.
 - c. The methodology for determining support/stabilization payments.
 - d. Provider eligibility criteria (e.g., need based).
 - e. Provider request approach/procedure.
8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:
 - a. The proposed amount of award amount for this purpose.

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- b. Methodology for determining rental and security deposit payments.
 - c. Eligibility criteria for payment of rent or security deposit.
 - d. Proposed approach/procedures for individuals to request rental assistance.

Upon submission, SAMHSA will review the proposal to ensure it is complete and responsive. Please complete the submission by April 5, 2021. SAMHSA will provide further guidance regarding the reporting of the COVID-19 Relief supplemental funding actual expenditures in the near future.

Please feel free to contact your SAMHSA state project officers and grants management specialists with any questions that you may have.

Sincerely,



Tom Coderre
Acting Assistant Secretary for
Mental Health and Substance Use