

Substance Abuse Prevention and Treatment Block Grant (SABG): COVID Supplemental funding

SABG COVID Enhancement funding

Overview

The Substance Abuse Prevention and Treatment Block Grant (SABG) supports states in planning, implementing, and evaluating activities to prevent and treat substance abuse and/or illicit use of alcohol and other drugs. Supplemental SABG Covid Enhancement funding was provided 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.

Grant funds are acquired through an application process that details how the state will spend the federal funds. Grants are awarded on an annual basis, and funding comes through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse (CSAT) and the Center for Substance Abuse Prevention (CSAP).

SABG Covid Enhancement funding is available from March 15, 2021 through March 14, 2023.

Waiver provisions

SAMHSA has allowed additional flexibilities and suggested priorities within the SABG Covid Enhancement funding which include the following:

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.

Authority

- Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act (Children’s Health Act of 2000)

- Title 42, Chapter 6A, Subchapter XVII of the United States Code
- Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule
- ADAMHA Reorganization Act (Public Law 102-321, 102d Congress) of 1992
- The Office of Management and Budget (OMB) 2 CFR Part 200
- The Charitable Choice final rules published in the Federal Register on September 30, 2003
- Revised Code of Washington 70.96A
- Balanced Budget and Emergency Deficit Control Act of 1985, section 251 (b)(2)(A)(i)

Budget


FFY21-23 \$35,415,872

TOTAL SABG Covid Supplement Budget	
Prevention	\$ 7,083,872
Treatment	\$ 14,415,000
Recovery Supports Services	\$ 10,417,000
Tribal	\$ 1,750,000
Administrative	\$ 1,750,000
Total Budget	\$ 35,415,872

SABG COVID ARPA funding

Supplemental SABG ARPA funding (American Rescue Plan Act of 2021) was provided to support states through Block Grants to address the effects of the COVID-19 pandemic for Americans with substance use disorders.

Grant funds are acquired through an application process that details how the state will spend the federal funds. Grants are awarded on an annual basis, and funding comes through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse (CSAT) and the Center for Substance Abuse Prevention (CSAP).



SABG ARPA funding will be used to extend projects planned for and implemented via the SABG Covid Enhancement awards, funding for SABG Covid Enhancement projects end March 14, 2023. The SABG ARPA funding will allow projects to extend from March 15, 2023 through September 30, 2025.

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- The Charitable Choice final rules published in the Federal Register on September 30, 2003
- Revised Code of Washington 70.96A
- Public Law 117-2

For More information

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