



Michelle Baass | Director

DATE: June 19, 2024

Behavioral Health Information Notice No: 24-024

TO: California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Program  
California Association of Mental Health Peer Run Organizations  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professional  
California Council of Community Behavioral Health Agencies  
California Hospital Association  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations

County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

SUBJECT: Allocation of Funding for Syringe Services Programs (SSPs) with Substance Use Prevention, Treatment, and Recovery Services Block Grant, State Fiscal Year 2024-25

PURPOSE: This Behavioral Health Information Notice (BHIN) explains the federal and state policy regarding the use of Substance Use Prevention, Treatment and Recovery Services Block Grant funds for SSPs for Federal Fiscal Year (FFY) 2024-2025 to County Behavioral Health Directors for informational and planning purposes.

REFERENCE: Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 [P.L. 118-47]



## BACKGROUND:

The Department of Health Care Services (DHCS), with support from the California Department of Public Health (CDPH) and the Center for Disease Control, has received approval from the United States' Substance Abuse and Mental Health Services Administration (SAMHSA) to utilize federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funding to either support existing, or to start new, SSPs within the state of California.

## POLICY:

SAMHSA has approved California to utilize SUBG funds to support SSPs beginning on October 1, 2024, corresponding with the beginning of Quarter 2 of State Fiscal Year (SFY) 2024-25 and Quarter 1 of FFY 2025. Counties applying to utilize SUBG funding for SSPs may utilize up to forty percent of their total Discretionary Fund allocation for SSPs and must adhere to the federal requirements included below.

DHCS will provide counties with a new Service Code for SSPs upon release of the SUBG invoice and general ledger for Quarter 2 of SFY 2024-25. Counties must use the SSP Service Code to record all related expenditures in their SUBG quarterly invoices. The SSP Service Code must also be used in the SUD Cost Reporting System for the final settlement of the county's SUBG expenditures.

The information included below can also be found in Enclosure 5 of the SFY 2024-25 and 2025-26 biennial SUBG county applications.

Counties applying to utilize SUBG funding for an SSP must adhere to the following federal requirements.

### 1. Definitions

The United States Department of Health and Human Services' [\*Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016\*](#), defines SSPs as comprehensive prevention programs for People Who Inject Drugs (PWID) that include the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive Human Immunodeficiency Virus (HIV) risk reduction counseling related to sexual transmission and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;

- Provision of naloxone to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccinations; and
- Referral to Substance Use Disorder (SUD) treatment and recovery services, primary medical care and mental health services.

## 2. Supplantation

SAMHSA funds cannot supplant existing funding sources. In other words, SAMHSA funds may only be used to fund an existing SSP if the funds given are in addition to existing funding sources for the program. SAMHSA funds must not be used to replace existing state or other non-federal funds so that those monies may be used for another program. Counties will be monitored and must retain records demonstrating that no supplantation has occurred.

### Allowable Expenses for SUBG Funded SSPs

Funds may be used to establish elements of a SSP or to establish a relationship with an existing SSP.

### **NO FEDERAL FUNDS MAY BE USED TO PURCHASE SYRINGES.**

The following expenses are allowable:

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for hepatitis C virus (HCV) and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, SUD treatment, recovery support services and medical and mental health services;
- Provision of naloxone to reverse opioid overdoses;
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health

and SUD treatment including medication-assisted treatment and recovery support services;

- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

### 3. Auditing and Monitoring Requirements

- a. Counties are required to submit an Annual Attestation and Certification form signed by the County Behavioral Health Director, which serves as the county's agreement to comply with and adhere to federal requirements and restrictions pertaining to the funding of SSPs. The county form to complete and submit is labeled **Attachment I: County-Level Certification and Attestation Form**. This form is included in the SUBG application documents sent to counties. The county-level forms must be returned to DHCS with the SUBG Application.

Counties must also require each SSP agency receiving SUBG funds to complete a similar form prior to submitting the county's SUBG Application to DHCS; however, the program-level forms do not need to be returned to DHCS with the SUBG application. The SSP program-level version form is labeled **Attachment II: Program-Level SSP Certification and Attestation Form**. This form is included in the SUBG application documents sent to counties.

Counties must keep each SSP's completed Attachment II on file for audit and monitoring purposes. DHCS may request a copy of the document at any time.

- b. Counties and SSPs must comply with the restrictions as enacted in the Consolidated Appropriations Act, 2016, and must maintain supporting financial documentation demonstrating that no federal dollars were spent on needles/other drug supplies such as cookers, etc., for audit purposes.
- c. Counties and SSPs must comply with requirements that funding not be used to supplant existing funding sources and must maintain financial documentation demonstrating that no supplantation of funds has occurred.
- d. Counties must attest that funded SSPs have obtained authorization through the [California Department of Public Health's Office of Aids \(CDPH/OA\)](#), local city council, county board of supervisors, or tribal authority, or attest that the SSP is operating under a physician's license. A copy of the issuing body's official authorization of the SSP or the physician's license must be kept on file by both the SSP and the county for auditing and monitoring purposes.

- e. SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe/needle acquisition and disposal. All SUBG-funded SSPs must keep documentation pertaining to syringe/needle acquisition and disposal on file for auditing and monitoring purposes.
- f. Counties are required to ensure that SUBG-funded SSPs are meeting the requirement to routinely collaborate with other healthcare providers, including HIV/STD clinics, public health providers, emergency departments, and mental health centers. Counties and SSPs must keep documentation of collaboration (i.e., referrals, etc.) on file for auditing and monitoring purposes.
- g. SUBG-funded SSPs are required to report the following data points to DHCS on a quarterly basis to comply with federal reporting requirements. Data will be collected through a Qualtrics survey online – DHCS will email links to the reporting tool to County and SSP staff on a quarterly basis. SSPs must attest that they agree to provide the following data points to DHCS on a quarterly basis. Counties are required to ensure that SUBG-funded SSPs have reported the required data to DHCS on a quarterly basis.

SSP metrics information:

- Number of syringes distributed;
- Estimated number of syringes returned for safe disposal;
- SSP service program name;
- SSP service program address;
- Number of unique persons served;
- Number of participants receiving SSP services;
- Number and types of services directly provided or provided by referrals;
- Number of persons served for SUD treatment;
- Number of persons served for physical health;
- Number of persons served onsite at the SUD treatment program;
- Number of persons tested for HIV;
- Number of persons tested for viral hepatitis;
- Number of referrals to HIV, viral hepatitis and SUD treatment;
- Number of persons provided Narcan; and
- Dollar amount of SUBG funds used by each SSP.

DHCS is required to report data to SAMHSA based on the FFY, which runs from October 1 to September 31. As such, the quarterly data reporting schedule is as follows:

- Year 1: FFY 2025 (October 1, 2024 – September 30, 2025)
  - FFY 2025 Quarter (Q) 1: October 1, 2024 – December 31, 2024  
Due January 31, 2025
  - FFY 2025 Q2: January 1, 2025 – March 31, 2025  
Due April 30, 2025
  - FFY 2025 Q3: April 1, 2025 – June 30, 2025  
Due July 31, 2025
  - FFY 2025 Q4: July 1, 2025 – September 30, 2025  
Due October 31, 2025
- Year 2 – FFY 2026 (October 1, 2025 – September 30, 2026)
  - FFY 2026 Q1: October 1, 2025 – December 31, 2025  
Due January 30, 2026
  - FFY 2026 Q2: January 1, 2026 – March 31, 2026  
Due April 30, 2026
  - FFY 2026 Q3: April 1, 2026 – June 30, 2026  
Due July 31, 2026
  - FFY 2026 Q4: July 1, 2026 – September 30, 2026  
Due October 30, 2026

#### 4. Application Instructions

Counties must submit a Program Narrative for each SSP the county proposes to fund under SUBG. All sections of the form must be filled out, including Section J, which is specific to SSP programs.

Counties are allowed to use up to forty percent of discretionary funding to fund SSPs. Alongside the Program Narrative, counties must enter corresponding budgetary information in the County Workbook.

Finally, counties are required to complete and return the Annual County Attestation and Certification Form (Attachment I). These documents must be completed according to the directions on the form and returned to DHCS as part of the County SUBG Application. The Attestation and Certification form must be completed annually – the first annual form is due with the County SUBG Application.

DHCS is currently authorized to allow SUBG funds for SSPs for FFY 2025. This authority comes from the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 [P.L. 118-47], which was signed into law on March 23, 2024. Future SUBG award years for SSP funding are contingent upon the subsequent passage of the required authorizing language in future appropriations bills. All SSPs that are funded with SUBG

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are subject to the current year SUBG Notice of Award (NOA) Standard Terms and Conditions, and any subsequently assigned NOA Additional Terms and Conditions received by the state. DHCS will advise counties regarding continued authorization for FFY 2026 after the next appropriations bill is signed in Spring 2025. In the event that DHCS is authorized to utilize SUBG funds for SSPs for FFY 2026, authorization and certification forms for FFY 2026 must be submitted to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov) by August 29, 2025.

In accordance with federal restrictions, DHCS reserves the right to deny funding for any SSP.

Additional copies of this BHIN can be downloaded from the [DHCS website](#). Questions concerning this BHIN should be directed to [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov).

Sincerely,

Original signed by

Marlies Perez, Chief  
Community Services Division