

### **Speaker 1: Robert Bell**

Today, we will provide a detailed walkthrough of the quarterly data reporting requirements from the Substance Abuse and Mental Health Service Administration, known as SAMHSA, for recipients of the Substance Use Prevention Treatment and Recovery Service block grant, abbreviated as SUPTRS and most commonly called SUBG. We'll use the term SUBG to refer to the block grant throughout the rest of the training.

My name is Robert Bell, an analyst in the contract fiscal section with the California Department of Healthcare Services. I work in Contract Unit one, which is responsible for managing and supporting contracts related to SUBG block grant. I am joined by our partners from Aurrera Health Group, Malena Savell and Lizzy Schlichting, who are supporting this data collection effort.

Before we dig in, we wanted to clarify what you can expect from this training video. Each quarter counties that receive SUBG funds are required to submit data on services and activities related to recovery support services, harm reduction, and syringe service programs. In this video, we will discuss each of the three categories of activities, providing a detailed walkthrough of the data submission process that counties undertake each quarter. We will conclude this webinar by sharing additional resources you can use to support accurate and effective data submission, as well as how you can contact us for additional support.

For those who would like closed caption on this video, select closed caption subtitles. In the bottom right-hand corner of the video screen, you can select English to turn autogenerated captioning on and customize to tailor the view of the subtitle during the video. If you need this training video in another format such as braille, large print, or another accessible format, please contact the Civil Rights Department at (916) 440-7370 or the [Civil Rights inbox](#) at DHCS. Additional resources such as transcripts of the video and glossary of key terms and acronyms are available at the link on the screen and in the description below the video.

This training video is intended for county staff who are responsible for collecting and submitting required SUBG data to DHCS on a quarterly basis. DHCS offers regular

technical assistance to county staff on data collection and reporting. Please reach out to SUBG inbox with any questions or TA needs.

By the end of this video, you will have a clear understanding of recovery support services, harm reduction activities, and syringe service programs, an example of the reporting process for each, and know where to find helpful resources that guide you through the reporting process.

I'm going to turn it to our partners at Aurrera Health Group to provide some background and elaborate on the reporting process.

## **Speaker 2: Lizzy Schlichting**

Thank you, Robert. We'll be using a number of terms and acronyms during this training, so to level set before we begin, we wanted to define terms we'll use throughout this presentation. Starting with recovery support services, abbreviated as RSS, recovery support services are non-clinical services intended to help individuals stay engaged in the recovery process, provide emotional support or practical support to navigate care systems and sustain positive behavior change. Harm reduction, abbreviated as HR, is an evidence-based approach that empowers people who use drugs to create positive change and potentially save their lives. An important component of harm reduction strategy is the distribution of Naloxone, also known as Narcan, as well as fentanyl test strips, both of which are an allowable SUBG expense and may help to prevent opioid related deaths. Syringe service programs, abbreviated as SSP, are comprehensive harm reduction programs for people who inject drugs. That includes the provision of sterile needles, syringes, and other drug preparation equipment, disposal services and additional services such as risk reduction counseling, disease screening, provision of Naloxone, and referral and linkages to SUD treatment and recovery services, primary medical care, or mental health services. Aggregated refers to data that has been combined from multiple sources such as various service providers. Unduplicated refers to counting each individual only one time in the dataset. This means that even though individuals receiving recovery support services, harm reduction services, or participating in syringe service programs may receive more than one type of service or receive services multiple times, they must only be accounted for one time per fiscal year. Substance use disorder, abbreviated as SUD, refers to the persistent use or abuse of drugs despite harm and adverse consequences. Medications for assisted treatment (MAT) is a treatment approach for substance use disorders that combines medication alongside counseling and behavioral therapies, and finally, intensive outpatient treatment, abbreviated as IOT, is a structured non-residential treatment program for substance use disorder and or coexisting conditions. With that background, we're ready to begin and to start we will review recovery support services.

Again, recovery support services are non-clinical services intended to help individuals stay involved and engaged in the recovery process, provide emotional or practical support in navigating care systems and sustain the positive behavioral change necessary for long-term recovery from substance use. These include programs and services related to health and wellness, having a safe and stable place to live, and finding community and a sense of purpose to provide support, hope, and a meaningful way to participate in society. Recovery support services can be provided before, during, or after clinical treatment and may be available to individuals who are not currently receiving treatment but still seek support services. These services can be delivered by professionals and peers through community and faith-based groups, treatment providers, schools, and specialized organizations. SAMHSA has outlined a wide array of acceptable RSS expenditures, including recovery and supportive housing, systems such as respite centers, outreach programs, various types of meetings and support groups, recovery high school programs, healthcare coordination and education, STI testing and treatment, hiring and training, peer support workers, and certain transportation fees. These distinct options for service delivery ensure that the life experiences of individuals are respected and represented. You can find a more comprehensive list of allowable expenditures in the SAMHSA guidance linked in our additional resources page and linked in the description of this video. If you have specific questions about allowable expenditures, we encourage you to review the SAMHSA guidance as well as the SUBG policy manual. Email us at [SUBG@dhcs.ca.gov](mailto:SUBG@dhcs.ca.gov) or join one of our SUBG quarterly reporting office hours.

Now we will share a walkthrough video of the data submission process.

### **Speaker 3: Malena Savell**

Okay, the purpose of this data collection form is to capture the aggregated unduplicated number of people who received recovery support services funded by SUBG by age and gender identity. RSS and HR data are collected in the same form. SSP is a separate form which we will walk through later in the training.

On the main page of the form, you will find some background information on this initiative, the reporting periods and due dates and resources for planning purposes, including a PDF version of this form and documents that may be shared with providers to assist in their data collection process. On the first page, you'll also find instructions including that counties must only submit one form with aggregated data from all of their providers. The county must collect provider data and input it.

You'll start by entering your county and selecting the quarter for what you are reporting. Indicate if the county uses SUBG funds to provide recovery support services, and or harm reduction activities. These two questions allow the form to update to collect the

appropriate data sets. After you select next, the recovery support services form will appear, starting with additional information about RSS and instructions for completing the form. Please keep in mind that if your county uses SUBG funds to provide recovery support services, you must be collecting data on these activities. If there is no data to report for this quarter, you may select no, press next and enter an explanation as to why there is no data for this quarter. When the county does have data to report, select yes to confirm that there is data for this quarter and move to the next screen.

For each age group, enter the aggregated unduplicated number of persons who received services by the service received and their self-reported gender identity. Please note, persons receiving services may receive more than one type of service during the reporting period and should be accounted for each service received. You'll scroll through the services listed for each age group and enter the number of service users by gender in the corresponding column. You'll repeat for each age group and age not available. The activities we are collecting data on are peer-to-peer support for individuals and groups, peer led training on peer certification activities, recovery housing, RSS childcare fee or family caregiver fee, RSS transportation, secondary school, high school or college recovery program activities, recovery social supports or social inclusion activities, and catchall for other SAMHSA approved events or activities.

## **Speaker 2: Lizzy Schlichting**

Thank you, Malena.

Now for a brief background on harm reduction activities, harm reduction is an evidence-based approach that empowers people who use drugs to create positive change and save lives. An important component of harm reduction is the distribution of Naloxone, also known as Narcan, and Fentanyl test strips, both of which are proven to reduce opioid related deaths. Both Naloxone and Fentanyl test strips are allowable SUBG expenses, however, they cannot be purchased with the primary prevention set aside. They may be purchased with any other bucket of discretionary SUBG funds. Additionally, counties may request free Naloxone or Fentanyl test strips through California's Naloxone Distribution Program made available through DHCS. For all counties using SUBG funds for harm reduction activities, SAMHSA requires data reporting on the number of Naloxone kits and Fentanyl test strips distributed, and the overall number of overdoses reversed. If your county has elected to use SUBG funds for harm reduction activities, you are required to submit a report on these activities each quarter. If you do not have data to provide for the activities, there will be an option to indicate that on the form. I'm going to turn it over to Malena again to walk us through the harm reduction reporting form.

### **Speaker 3: Malena Savell**

Thank you, Lizzy.

So, to start the form, you'll confirm that the county does have harm reduction data to report for the quarter. Again, if the county uses SUBG funds to provide harm reduction activities, the county must be collecting data on these activities. However, if there is no data to report for this this quarter, you may select no and explain why there is no data.

As noted previously, this form is intended to capture the extent to which SUBG funds, other than primary prevention for which these are not allowable activities, are used to support harm reduction activities, specifically Naloxone kit and Fentanyl strip purchases and distribution. Please enter the total number of programs and or providers that are receiving SUBG funds to purchase and distribute Naloxone and Fentanyl test strips.

You'll complete this next set of questions for each program or provider based on the number you entered previously. You'll input the provider's name and address, indicate whether they are a syringe service program and complete the table with data for the number of Naloxone kits purchased and distributed, number of overdoses reversed on site, and number of Fentanyl test strips purchased and distributed. If an activity was not completed during the reporting period, please enter zero. Click to the next page and press submit to enter your responses.

### **Speaker 2: Lizzy Schlichting**

Thank you for that walkthrough.

Finally, we are going to look at syringe service programs. In October of 2024, DHCS received approval from SAMHSA to utilize SUBG discretionary funding to support SSPs in approved counties throughout the state. This funding allows counties who have received prior DHCS approval to use a portion of their SUBG discretionary fund allocation to support existing SSPs or start new ones. As we mentioned, SSPs are comprehensive prevention and harm reduction programs that provide sterile needles, syringes, Naloxone, and other related services such as STI screenings, overdose prevention and referral to treatment services. While no federal funds including SUBG funds can be used to purchase syringes, SUBG funds may be applied to cover other critical aspects of syringe service program operations including outreach, personnel, supplies and testing kits. As noted, counties who have applied for and received DHCS approval are allowed to use up to 40% of their discretionary funds for SSPs.

SSP providers are responsible for submitting data to counties on services rendered each quarter and counties are responsible for collecting the provider data and submitting to DHCS. If your county is interested in implementing an SSP using your SUBG discretionary funds, we encourage you to learn more about the available funding and SSP implementation. There is a webinar and presentation available on the DHCS website and

linked in these slides and we are available to discuss further. Full details can be found in enclosure five of the biennial State Fiscal Year 2024 to 2026 SUBG County application. Counties can still seek approval to fund SSPs through the budget change request process and there is no wait time. DHCS will review requests and move it forward for processing.

Now I'll pass it to Malena again to walk through the SSP data reporting form.

### **Speaker 3: Malena Savell**

Counties are required to collect data points related to SSP activities, including onsite treatment and referrals and implementation status from each SSP provider operating in that county. The county representative must then total all data across providers and submit one data report to DHCS. Select your county and the quarter for which you are reporting. Fill out the name and address of the first SSP service provider. Indicate the program's current implementation status. Please note that there is no penalty for not reaching full implementation yet. DHCS is aware that standing up a new program can take time. This question helps us understand why a county or provider may be reporting no data or no services provided yet. It can also help us tailor technical assistance if desired. If for example, implementation is paused due to challenges in staffing a site, the provider or county may indicate that on the form and DHCS could reach out to provide additional assistance. If the program is paused or has not yet reached full implementation, please also indicate the estimated date of full implementation. There is no penalty associated with this and indicating a date is not a contractual commitment. It just helps us have a better idea of the timeline and navigate potential barriers to implementation.

Still on page one, the form asks if the SSP is a provider for substance use disorder treatment. This means does the SSP also provide medication assisted treatment or MAT, recovery housing, intensive outpatient treatment or IOT, or other forms of SUD treatment.

Lastly, you'll indicate how many locations including mobile sites this SSP provides, including the main site that was noted on the previous question. Please note that we would like you to submit an unduplicated number for each service. However, individuals may receive multiple services. For example, if you have one participant who comes for wound care each week, they would only be counted as one individual served for wound care and if they come for wound care and immunizations and STD testing, they would be counted only once for each service.

On page two, you'll list the number of syringes distributed by all SSPs or providers, including mobile locations, in the county for the quarter. Zero is an acceptable answer. For syringes returned, please indicate how you collect data; by weight or by individual syringes (e.g., a one-to-one return for used or clean). If you do not receive syringes for

safe disposal, you can indicate that as well. Based on your response on page two the form will adapt to allow you to enter your response for the total number of syringes or by weight. If entering by weight, the total number will be calculated on the backend and nothing further is needed. You will enter the total number of individuals served by all SSPs or providers and the total number of individuals participating in SSP services.

Following this, you will enter the number of individuals receiving services broken out by service, including onsite treatment or referral to treatment for SUD, onsite or referral to HIV, STD and hepatitis C testing, and the total number of individuals served for physical healthcare, which may include STD treatment, immunizations, wellness screenings, wound care, and management of chronic conditions. After your data is entered, click through to the next page to submit your county's data. Responses will not be saved in this system until you click next page. There will also be an option to download your response for your records on the following page.

### **Speaker 1: Robert Bell**

This concludes our training on quarterly data for SUBG funded programs, including recovery support services, harm reduction and syringe service programs. Along with this video, we have compiled additional resources that may help you in data collection and the reporting process, which you can find in the description of the video as well as on the DHCS SUBG webpage. You'll find links for PDF versions of each of the reporting forms, which can help you for planning purposes as well as forms that may be shared with providers to support data collection. Also included are materials SAMHSA has created outlining allowable activities for RSS, HR, and SSP, and the DHCS SUBG policy manual.

Following this video is a brief anonymous four question survey. It should take you one to two minutes to complete. Please do complete the survey so we can continue to tailor trainings, resources and support to your county's needs.

Thank you again for attending this training. We hope the information shared supports you in the vital work you do through the SUBG award. Thank you.