Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Funding for Syringe Services Programs (SSPs)

Department of Health Care Services

April 2024

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Background

Background

» Prior to the pandemic, the California Department of Public Health (CDPH) worked with the Centers for Disease Control and Prevention (CDC) to obtain a "determination of need."

» The Department of Health Care Services (DHCS) began working on a proposal to allow SUBG funding to support SSPs prior to the pandemic.

» COVID-19 placed these efforts on hold.

Background

» The opioid crisis continues to get worse and evolve.

» Harm reduction has long been resisted, but is now being embraced as an effective and necessary component of approaches to treatment and public health.

» SAMHSA's approval allows maximum flexibility for county-level programming.

What can SSPs do for Your Community?

» SSPs help to reduce stigma.

» SSPs serve as a connection point for those who are using drugs to gain access to treatment.

» SSPs are a key part of harm reduction – meeting people where they are builds trust.

» SSPs save lives.

Policy Overview

Policy Overview:

» DHCS is currently authorized to allow SUBG funds for SSPs for FFY 2024-2025.

» SSP funding may not begin until Federal Fiscal Year (FFY) 2024 (October 1, 2024).

» Future SUBG award years for SSP funding are contingent upon the subsequent passage of the required authorizing language in future appropriations bills.

Policy Overview:

» No federal funds may be used to purchase syringes.

» No federal funds may be used to purchase any other item or supply that is intended to aid in the preparation of, injection of or other ingestion/intake of substances. This includes cookers, pipes, etc.

Policy Overview: Allowable Expenses

» Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);

» Supplies, <u>exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers</u>;

» Testing kits for hepatitis C virus (HCV) and HIV;

» Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);

Policy Overview: Allowable Expenses

» 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, substance use disorder treatment, recovery support services and medical and mental health services;

» Provision of naloxone to reverse opioid overdoses;

Policy Overview: Allowable Expenses

» 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 substance use disorder treatment including medication-assisted treatment and recovery support services;

Policy Overview: Allowable Expenses

» 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.

Policy Overview

» Counties and SSPs must maintain financial documentation demonstrating that no federal dollars were spent on needles/syringes or other drug supplies such as cookers, pipes, etc., for audit purposes.

Policy Overview: Supplantation

» SAMHSA funds cannot supplant existing funding sources.

» Counties will be monitored and must retain records proving that no supplantation has occurred.

Policy Overview: Certification

SSPs must be authorized/certified by one of the following:

» The [California Department of Public Health's Office of Aids (CDPH/OA)](#)

» Local city council

» County board of supervisors

» Tribal authority, or

» Attest that the SSP is operating under a physician's license

Policy Overview: Certification

» 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.

Policy Overview:
Harm Reduction Supply Clearinghouse

» SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe acquisition and disposal.

» Note: The Clearinghouse is **<u>only</u>** for programs that are planning to distribute syringes. Naloxone and fentanyl test strips are already allowable purchases under SUBG and are not available through the Clearinghouse.

Policy Overview:
Harm Reduction Supply Clearinghouse

» To apply to use the Clearinghouse, please reach out to CDPH/OA at SEPinfo@cdph.ca.gov to complete an application.

» Counties and SSPs must keep records of acquisition and disposal on file for auditing and monitoring purposes. Counties and SSPs must attest to their understanding and agreement to comply with this requirement.

» If the SSP does not utilize the state-run Harm Reduction Supply Clearinghouse for syringe/needle disposal, counties and SSPs must submit a disposal plan to DHCS.

Policy Overview:
Collaboration with Healthcare Providers

» SUBG-funded SSPs are required 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.

Policy Overview: Data Collection

SSPs are required to report the following data points to comply with federal reporting requirements.

SSP Metrics Information:

» Number of syringes distributed;

» Estimated number of syringes returned for safe disposal;

Policy Overview: Data Collection Cont.

» 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;

Policy Overview: Data Collection Cont.

» 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;

Policy Overview: Data Collection Cont.

» Number of persons tested for viral hepatitis;

» Number of referrals to HIV, viral hepatitis and substance use disorder treatment;

» Number of persons provided Narcan; and

» Dollar amount of SUBG funds used by each SSP.

Policy Overview: Attestation

» Counties and SSPs must complete an annual attestation form indicating agreement to comply with the requirements.

» SSPs will give attestations to the county. The county will give attestations to the state.

» How does this work? Let's look at the application…

SUBG Application:
What is New for SSPs?

SUBG Application: What is New for SSPs?

» Policy, requirements, restrictions, and allowable expenses, etc. are listed in Enclosure 5.

» Attestation and Certification Forms

- Attachment I - County Version
- Attachment II - SSP Version

» Program Narrative

County Attestation and Certification Form

» Attachment I

» Must be submitted with county SUBG application package

» Must be completed properly! <u>If the following steps are not completed, we cannot approve your SSP application!</u>

- Fill out all boxes requesting information
- Check all check boxes to indicate agreement with requirements
- Sign all signature lines

SSP Attestation and Certification Form

» Attachment 2

» Do not submit with SUBG application package.

- Must be completed prior to application submission to the state.
- Must be kept on file and available upon request.

» Must be completed properly! <u>If the following steps are not completed, the SSP cannot be funded by the county!</u>

- Fill out all boxes requesting information
- Check all check boxes to indicate agreement with requirements
- Sign all signature lines

Program Narrative Template

» The entire narrative template must be completed for all programs – empty answer boxes will prompt a return of your program narrative for completion and will likely delay application review and approval.

» Ensure program narratives are thorough and concise. Please answer the questions and do not copy/paste from other sources.

» Describe the "meat and potatoes" of each program.

Program Narrative Template – SSP Portion

» SSP narratives must answer all questions in the program narrative template, including Section J which is SSP-specific.

Workbook/Budget

» Note: The images shown here are taken from the draft form of the county workbook – as such, some of the text may differ on the final documents which were sent to counties.

Allocation Sheet Tab

State of California - Health and Human Service‹ent of Health Care Services

Version 1.7

ICR 10.00%

SUBG Allocation Sheet SFY 2024-25

County	ALAMEDA

Set Aside	SFY 2024-25	
Discretionary	$	4,890,254.00
Perinatal	$	1,532,698.00
Adolescent/Youth	$	412,130.00
5% HIV EIS Allowance *	$	456,172.15
40% SSP Allowance**	$	1,956,101.60
Total	**$**	**6,835,082.00**

The 5% HIV EIS and 40% SSP Allowances are not a separate set-aside. Counties can use up to the allowance amount, and funds will be deducted from the Discretionary set-aside.

Important notes:

*The 5% HIV EIS Allowance is not an additional set aside. **Counties may allocate up to 5% of their SUBG Discretionary funds for HIV EIS activies.**

The SSP Allowance is not additional set aside funds. **Counties may allocate up to 40% of their SUBG Discretionary funds for SSP activities.

Instructions Tab

Funding Source Section: Enter the total dollar amount for the SSP in the cell to the right of the cell labeled " Discretionary." As a reminder , all SSP funds must come from the county's Discretionary budget, and a county may use a maximum of 40% of the Discretionary budget to fund an SSP.

Required Syringe Services Program Information Tab: The Substance Abuse and Mental Health Services Agency (SAMHSA) requires DHCS to report on the information requested in the "SSP Information" Tab. As such, counties applying to use SUBG funding for SSPs must complete the SSP Information Tab for federal reporting purposes. If the tab is not completed or if any field is left blank, the county's SSP application will not be approved.

SSP Program Tab:

Program Name: Enter the program name. Program Name must match the exactly as the Program Name on the budgets and narrative.

SSP Agency Name, Address, and Phone: Enter the SSP's main agency name, as well as the address, and phone number.

Planned Dollar Amount of SUBG Funds to be Expended for SSP: The amount entered must match the amount enter in the funding source section of the program tab.

Number of Locations: Should the SSP have any secondary locations, list the number of locations (Including mobile locations).

Address of Secondary Location: If SSP have any secondary locations, please enter the secondary location adress. Note: if there are multiple locations, enter each location on a separate row.

SUD Treatment Provider: If the SSP has a SUD Treatment Provider on-site, select Yes, otherwise select No.

Naloxone Provider: If the SSP distributes/provides Naloxone to those utilizing the SSP, select Yes, otherwise select No.

Detailed Program Budget Tab

State of California - Health and Human Services Agency | Department of Health Care Services
Version 1.7

Current ICR | 10.00%

Detailed Program Budget

| TYPE OF GRANT | Substance Use Prevention, Treatment, and Recovery Services Block Grant | SFY | 2024-25 |
| COUNTY | ALAMEDA | | |

DHCS Approval (For DHCS Staff Only)

| Analyst | | Date of Approval | |

Funding Source

| Discretionary | $ | - |
| | $ | - |

| Program Name | Safelnject 510 |

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ -
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ -
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ -**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

SSP Information Tab

» Enter the Program Name. The Program Name must exactly match the Program Name on the associated Program Narrative and Program Budget tab.

» Enter the SSP agency name, main address, and phone number.

» Enter the planned dollar amount of SUBG funds to be expended by the SSP. This amount must exactly match the amount entered in the funding source section of the Program Budget tab.

SSP Information Tab

» Enter the total number of locations associated with the SSP. Include all mobile locations.

» Enter the addresses of all secondary locations. Note: If the SSP has two or fewer locations, you will need only one row. If the SSP has three or more locations, each secondary location must be added on a new row. See example.

SSP Information Tab

» If the SSP has a SUD treatment provider on-site, select yes in the drop-down menu in the appropriate column. If no SUD treatment provider is on-site, select no.

» If the SSP distributes/provides naloxone to those utilizing the SSP, select yes in the drop-down menu in the appropriate column. If the SSP does not distribute/provide naloxone, select no.

SSP Information Tab

County	#	Program Name	Syringe Services Program (SSP) Agency Name	Main Address of SSP	Phone Number	Planned Dollar Amount of SUBG Funds to be Expended for SSP	Number of Locations (Please include any mobile locations)	Address of Secondary Location	SUD Treatment Providers (Yes or No)	Naloxone Provider (Yes or No)
ALAMEDA	1	SafeInject 510	Alameda Syringe Services	123 Main Street, Berkeley, CA 99999	(555) 555-5555	$20,000.00	3	415 Second Street, Albany, CA 99999	No	Yes
	2							688 Third Street, Berkeley, CA 99999		
	3	Syringe Exchange Berkeley	Berkeley County HHS	225 Roundabout Street,	(555) 555-5555	$10,000.00	1		Yes	Yes
	4									
	5									
	6									
	7									
	8									
	9									
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	47									

Important

» All fields in the SSP Information tab must be completed – the information is required for SAMHSA reporting. If this is not filled out or if any field is left blank, we cannot approve the SSP application.

Questions?
Questions? Email SUBG@dhcs.ca.gov