



Department of Health Care Services

TITLE: Substance Use Prevention Treatment, and Recovery Services Block Grant (SUBG) - Funding for Syringe Services Programs (SSPs)

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SPEAKER

Jessica Page

Jessica Page:

Hi everyone and thank you for watching this training webinar. My name is Jessica Page. I am a Health Program Specialist in the Policy and Program section of the Federal Grants branch of the California Department of Health Care Services, aka DHCS, and in the Community Services division. I'm one of the state's Subject Matter Experts or SMEs on the SUBG grant, and we are thrilled to announce that beginning in October, 2024 counties will be able to route SUBG funds to support existing Syringe Services Programs or SSPs, or to start a new SSP. Next slide please.

Jessica Page:

Today we will provide a high-level overview of the background, policy, requirements and the new parts of the biannual SUBG application which pertain to SSPs. We'll also explain how to complete the SSP portion of the application. Please submit any questions you might have to SUBG@dhcs.ca.gov. Next slide.

Jessica Page:

So first, to review our little table of contents. First we're going to briefly cover the background information for a bit of context. Next slide.

Jessica Page:

Prior to the pandemic, the California Department of Public Health, or CDPH, worked with the Centers for Disease Control and Prevention, CDC, to obtain a determination of need for California. This determination of need indicates that the state would benefit from a safe needle exchange pilot program to assist in reducing the spread of HIV. This determination is a required element for any state wishing to use federal grant funding to support SSPs. The Department of Healthcare Services began working on a proposal to allow SUBG funding to support SSPs prior to the pandemic. In March of 2020, development was in full swing. However, along with the rest of the world, the proposal development was forced to pause due to COVID-19. The Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act provided large amounts of supplemental funding through our SUBG and MHBG grants.

Jessica Page:

Some of you might be familiar with that funding, also known as the Behavioral Health Response and Rescue Project, or commonly known by the charming acronym of BHRP. These supplemental grants required much of our attention throughout the pandemic period to ensure that vital funding went to programs to help them stay afloat during the initial crisis. The SUBG SSP proposal was resumed once we were through the trying times of the pandemic. For the past year, we have been working very hard to compile and submit the proposal and to get approval from the Substance Abuse and Mental Health Services Agency, or SAMHSA, to allow California to route SUBG funds to support SSPs. The proposal was recently approved. We'd like to give a huge thanks to

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SAMHSA and to our sister agency, CDPH, and particularly the staff at the Office of AIDS for their invaluable collaboration and support. Next slide.

Jessica Page:

So why is this approval great news for California? As you all know, the opioid crisis continues to get worse and to evolve as time goes on. Unprecedented amounts of fentanyl are in circulation and new, non-opioid drugs such as xylazine are complicating matters. Harm reduction has long been resisted and has been seen as an enabler for those who are using drugs. That attitude is changing though, and in the midst of the opioid crisis, harm reduction has been embraced across the country as an effective and necessary component of approaches to treatment and public health.

Jessica Page:

SAMHSA's approval will allow maximum flexibility to California's counties. As you plan your SUBG-funded programming for the next two years, you now have the ability to route SUBG funds to SSPs in your areas or to start a county-run SSP, should you choose. For counties which have embraced harm reduction for decades, this may help you to bolster existing programs. For counties which may not have an SSP and particularly for rural counties with high rates of overdose, this opportunity may be huge to reduce those overdose deaths in your area, connect people to care, and to begin a positive legacy of harm reduction within your communities. Next slide.

Jessica Page:

So that begs the question, what can SSPs do for your community? SSPs have been in operation since the onset of the HIV/AIDS crisis. History has shown that SSPs help to reduce stigma and to rehumanize rather than dehumanize those who use drugs. SSPs serve as a connection point. Individuals who use drugs can gain access to long-term treatment as well as referrals to providers who can provide medications for opioid use disorder or stimulant use disorders at an SSP. SSPs are a key part of harm reduction. Meeting people where they are builds trust, and trust is key to treatment and recovery. In short, SSPs save lives. Next slide.

Jessica Page:

The detailed policy is located in a forthcoming Behavioral Health Information notice and in Enclosure 5 of the application documents which were recently emailed directly to county staff. I recommend you pause the recording now and quickly read through the information. This will help you become familiarized with what I'm about to cover. As a reminder, please send any questions you have to SUBG@dhcs.ca.gov and please make sure SSP is mentioned in the subject line. Next slide.

Jessica Page:

First and foremost, DHCS is currently authorized to allow SUBG funds for SSPs for federal fiscal year 2024-2025, which runs from October 1st, 2024 to September 30th,

2025. This is why your SSP funding cannot begin in July, 2024. Although this is the beginning of the state fiscal year, SUBG funding may only be routed to SSPs beginning in federal fiscal year, meaning October 2024 as per our federal fiscal year authorization. I'm sorry if that's confusing. This authority comes from the further Consolidated Appropriations Act of 2024, title 5, section 526, which was signed into law on March 23rd, 2024. Future SUBG award years for SSP funding are contingent upon the subsequent passage of the required authorizing language and future appropriation bills.

Jessica Page:

What does this actually mean? Each year, the US Congress passes appropriations bills to dictate which federal funds are authorized for a specific purpose. While the SUBG grant funds are always included in this bill, the authority to direct funds to SSPs may not always be granted by the bill.

Jessica Page:

The ability to use SUBG funds to support SSPs is subject to annual reauthorization by Congress. DHCS is going to confirm the ability to continue to fund SSPs for federal fiscal year once the next appropriations bill is passed in spring of 2025. We will make sure that all counties are made aware of if this funding opportunity continues beyond federal fiscal year 2024. All right, now, next slide please.

Jessica Page:

We're going to get to the most important thing to remember from today's webinar. Due to federal law and federal restrictions, and as these are federal grant funds, no federal funding may be used to purchase needles, syringes, cookers, pipes, et cetera. I know we'll get a lot of questions about this, so a good guiding rule to follow is this: Any type of item that is used for the purpose of preparing, ingesting or injecting illicit drugs cannot be purchased with federal funding. I can hear your questions now. Doesn't that defeat the purpose? What's the point of this then? Here's my answer. It does not defeat the purpose. There are many more costs associated with SSPs and the vast majority of those costs are allowable. So let's go over those allowable expenses now. Next slide.

Jessica Page:

The following expenses are allowable per federal guidelines: Personnel, so program staff, staff for planning, monitoring, evaluation and quality assurance.

Jessica Page:

Supplies. This excludes needles, syringes, and devices solely used in the preparation of substances for illicit drug injection, such as cookers. Examples of allowable supplies include office supplies, wound care supplies such as gauze or other dressings, Neosporin, disinfectant, paper towels, toilet paper, freeze facility, et cetera. Testing kits for Hepatitis C and HIV are allowable. Syringe disposal services, either in a contract or another arrangement for disposal of the biohazardous material. That's an allowable

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expense. Regarding syringe disposal services, we are encouraging all SSPs funded through a SUBG to utilize the California Harm Reduction supply clearinghouse for syringe acquisition and disposal. We will cover more about that later. Next slide.

Jessica Page:

Another allowable expense is navigation services, which will ensure linkage to HIV and viral hepatitis prevention treatment and care services, including antiretroviral therapy for hepatitis C and HIV. Pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services, hepatitis A and B vaccination, substance use disorder treatment, recovery support services and medical and mental health services.

Jessica Page:

So, we're going to get a lot of questions on this one too, so I just want to head some of those off. Have you ever heard of the CalBridge Navigator role which was developed by the California Bridge Program? It was previously known as a Substance Use Navigator or SUN role. If you haven't heard of them, look them up and spread the word. These highly effective individuals would be considered allowable both under navigation services and personnel. Other navigation services would include hiring case managers, peer support specialists, or promotores, or other community health workers who ensure navigation and connection to the types of services listed.

Jessica Page:

Moving on. Another allowable expense is the provision of naloxone to reduce opioid overdoses. And I just want to take a moment to remind everyone about the naloxone Distribution Project or NDP. NDP provides free naloxone to those who request it. So while you may purchase naloxone from other sources using SUBG funds, we highly recommend that you utilize the NDP to obtain naloxone for any and all of your county programs, schools, detention facilities, et cetera. Doing so will allow you to use the SUBG funds for other purposes such as funding staff. Next slide.

Jessica Page:

Some more allowable expenses are education 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. Next slide.

Jessica Page:

Condoms to reduce the sexual risk of sexual transmission of HIV, viral hepatitis and other STDs, are allowable. Communication and outreach activities are allowable, and planning and non-research evaluation activities are allowable.

Jessica Page:

So that in total is your list of allowable SSP expenses. Again, this information can be found in Enclosure 5 of your application documents and in a forthcoming BHIN. Now we're going to move on to the rest of the policy information. Next slide.

Jessica Page:

There are several federal and state requirements associated with using SUBG funds to support SSPs. You're all accustomed to the usual auditing and monitoring procedures for your SUBG programs. With the addition of allowing funding for SSPs, you will need to keep track of a few additional items for your audit. The first additional item is this. As we already discussed, federal funds may not be used to purchase needles, syringes, or other drug preparation or injection ingestion supplies. As such, 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, et cetera, for audit purposes. Next slide.

Jessica Page:

Next, we need to talk about supplantation. Federal grant funds may not be used to supplant existing funding sources. What does this mean in plain terms? It means this: SUBG funds may only be used to fund an existing SSP. If the funds given are in addition to existing funding sources for the program, SUBG funds must not be used to replace existing state or other non-federal funds so that those monies may be used for another program. As part of federal requirements for this expanded use of SUBG funds, counties will need to retain records that prove that no supplantation has occurred. Next slide.

Jessica Page:

SSPs must be authorized or certified through either the California Department of Public Health's Office of AIDS or CDPH/OA, a local city council, the county Board of Supervisors, a tribal authority, or a test that the SSP is operating under a physician's license. Our sister agency CDPH oversees state-level authorizations of SSPs. If you desire more information about state-level authorization, please review CDPH's guidelines which are linked in Enclosure 5, or reach out to CDPH's Office of AIDS. Should you seek other means of authorization, please reach out directly to your local city council, county board of supervisors or tribal authority for details about their processes. Next slide.

Jessica Page:

A copy of the issuing body's official authorization of the SSP, or of the physician's license which the SSP operates under, must be kept on file by both the SSP and the county for auditing and monitoring purposes. Next slide.

Jessica Page:

I know this is a lot of information, but we're not quite done with requirements yet, so I just want to take another moment to remind you that this information is available in detail in Enclosure 5 and in the forthcoming BHIN.

Jessica Page:

SUBG-funded SSPs are encouraged to use the state-run Harm Reduction Supply Clearinghouse for syringe acquisition and disposal. I just want to note the Clearinghouse is only for programs that are planning to distribute syringes. If the program in question is providing other supplies such as naloxone and fentanyl test strips, these are already allowable purchases under SUBG and are not available through the Clearinghouse. This allows state funding for the Clearinghouse to be spread further and to cover expenses for supply items which are not federally allowable, such as syringes. Next slide.

Jessica Page:

CDPH/OA oversees the clearinghouse. To apply to use the Clearinghouse, please reach out to CDPH/OA at sepinfo@cph.ca.gov to complete an application. If the SSP in question already has an established relationship with the Clearinghouse for syringe acquisition and disposal, please note this step does not need to be completed again. Counties and SSPs must keep records of acquisition and disposal on file for auditing and monitoring purposes, and must attest to their understanding and agreement to comply with this requirement. Next slide.

Jessica Page:

Counties are encouraged to ensure that SUBG-funded SSPs are meeting the requirement to routinely collaborate with other healthcare providers, including HIV and STD clinics, public health providers, emergency departments and mental health centers. Counties and SSPs must keep documentation of collaboration such as referrals on file for auditing and monitoring purposes. Next slide.

Jessica Page:

The state is required to complete annual federal reporting on SUBG funds. Now that we are allowed to use SUBG funds for SSPs, we must also report on those funds per federal requirements. California is a leader for the nation and it's a certainty that this data will be utilized to make funding decisions for harm reduction nationwide. SSPs receiving SUBG funding will be required to report specific data points for use in annual state reporting. It's important that this data is collected and accurately reported. As such, if the SSP is unable to provide this data, unfortunately we cannot approve the use of SUBG funds for that SSP.

Jessica Page:

As another note and to be fully transparent, parts of our data collection process may change, or additional reporting may be required. We do promise to make every effort to

minimize the burden of data collection. Data collection will take place through a Qualtrics survey online. Data must be submitted on a quarterly basis. If any site would like to report on a monthly basis, please contact us at SUBG@dhcs.ca.gov. We would be happy to accommodate monthly reporting. DHCS will email all counties and SSP staff with the Qualtrics survey link and data submission due dates on a quarterly basis. The due dates are also listed in Enclosure 5.

Jessica Page:

The data points the SSPs are required to report on are as follows: The number of syringes distributed, estimated number of syringes returned for safe disposal. Next slide. The SSP 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. Next slide. The number of persons served for SUD treatment, the number of persons served for physical health, the number of persons served on-site at the SUD treatment program, the number of persons tested for HIV. Next slide.

Jessica Page:

The number of persons tested for viral hepatitis, the number of referrals to HIV, viral hepatitis and substance use disorder treatment. The number of persons provided Narcan or naloxone, and the dollar amount of SUBG funds used by each SSP.

Jessica Page:

One last slide on requirements and then we can move along. Next slide. Finally, counties and SSPs are required to complete an annual attestation indicating agreement to comply with the requirements associated with using SUBG funding for SSPs.

Jessica Page:

But how on earth do you do that? With a form, of course. Don't worry. It's really straightforward. We're going to go ahead and look at it soon so that I can show you how to fill it out instead of just talking about it. Next slide.

Jessica Page:

Many of you will already be familiar with the SUBG application process and I'm sure that some of you are new to it as well. Remember that if you have any questions on the application process as a whole, you can contact us anytime at SUBG@dhcs.ca.gov for help. I'm going to review what is new for SSPs so that we can take a bit of the mystery out of these new components. Next slide.

Jessica Page:

I referenced Enclosure 5 several times already. This document contains all of the SSP-specific policy information that we just reviewed. There's also a brand-new program narrative template for all of your SUBG programs, which includes a special extra section

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just for SSPs. We're going to go over attachment one and two first, which are our attestation and certification forms. Next slide.

Jessica Page:

The county attestation and certification form is located in attachment one of your SUBG application package. Counties, you must return this signed attestation and certification with your application package. We'll go over the form in detail in just a moment, but I want you to remember this important detail. Make sure all the boxes are filled out, all the checkboxes are checked, and all the signature lines are signed. If this is not done, we cannot approve your SSP application.

Jessica Page:

So, let's review the form together now. And I am going to share my screen at this point. All right, so this is what the form looks like. What you're going to do first and foremost is choose your county name from the dropdown menu. They're all in here, so don't worry, you'll be able to find it. Next, you're going to choose which state fiscal year we're operating on. So I know we talked about state fiscal year, federal fiscal year. Please just choose 2024-2025. There is going to be another form due next year at which point you will select 2025-2026, but for this year's application, that's the one you want.

Jessica Page:

Now, to go over this form, we have all of our instructions and I encourage you to peruse these, but I'm going to go over it right now. So in the Annual County Attestation section, which is right here, you're going to make sure to check each box, which indicates your agreement with each requirement. All Of the items have to be checked and agreed to for us to consider funding the SSP. This is per federal requirements which are very strict.

Jessica Page:

And then in the Annual Certification section below, we're going to need you to provide your county's Behavioral Health Director's signature of attestation and certification and provide the date that document was signed. So as an important note, only Attachment I must be submitted with the county application, and we'll go over Attachment II in just a second. So ignore the Attachment II portion. Now for the Annual County Attestation, this is basically a recap of all the policy information we just went over, but you need to agree to it. You need to checkbox, no federal funds shall be used to purchase sterile needles or syringes. You need to checkbox that federal funding must not be used to supplant and that you agree not to do so, so on and so forth. So that's how you're going to check those off. There are six separate check marks and again, if they are not all checked, we cannot approve your application.

Jessica Page:

All the SSP metrics information I mentioned that is required to be tracked for data reporting is also on here so that you have a reference for that. Now moving on to the Annual County Certification portion. It's basically some history on when the Consolidated Appropriations Act was edited to allow federal funding to be used for SSPs, and then it states that annually, DHCS has to certify to the Substance Abuse and Mental Health Services Agency, SAMHSA, that we agree that no federal funds will be utilized to purchase sterile needles or syringes for the hypodermic injection of any illegal drug.

Jessica Page:

And as a pass-through requirement, DHCS requires both counties and SSPs receiving funds through those counties, to agree to the same. So this is where we need the county Behavioral Health Director's signature of Attestation Certification and Agreement to comply as well as the dates signed.

Jessica Page:

Next slide. Okay, next we're going to go over the SSP version of this form or Attachment II. This is the program level version of the Attestation and Certification Form. It is largely the same as the county version, however the language is specific to SSPs and specifies the responsibilities held by a SUBG-funded SSP. Again, make sure all the boxes are filled out, all the checkboxes are checked and all the signature lines signed. Attachment II does not have to be submitted with the county application. However, counties must get a signed copy from every SSP the county chooses to fund prior to submitting their application package to DHCS, and must keep those on file for auditing and monitoring purposes.

Jessica Page:

So, county staff, you are putting together the application, so my advice is please make sure that all aspects of this form are filled out properly by your SSPs. SSPs must agree to the stipulations in these forms which are pass-through requirements from the federal government. If the SSP does not agree to the stipulations on the form, counties are not allowed to contract with them per federal regulations.

Jessica Page:

DHCS entrusts you to do your due diligence in that regard and to ensure that all stipulations of the grant funding are agreed to in writing before funding is given to the program. Again, Attachment II does not have to be submitted with your county SUBG application package. However, counties must get a signed copy from every SSP the county chooses to fund prior to the submission of their application package to DHCS and must keep them on file for auditing and monitoring purposes. This is a new program and so we may ask for this information at any time. So it's important that counties keep this information on file from the moment applications are submitted.

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Jessica Page:

Let me just go over this document really quick. Okay, so the form, as I said, is largely the same as the previous one, but there are a few key differences. So let's go over those now. Have your SSPs choose the county they operate within, and again for this year they're going to choose 2024-2025 from the drop-down menu. The instructions are here and what you're going to have them do is put their agency or organization name, their address, and the director's name in these boxes. These are fillable boxes and should be able to be used.

Jessica Page:

Instructions. So it's the same as the other form. In the Annual Attestation section, they're going to check each box. The language is a little bit different. It just, instead of stating counties, it says directly to the SSPs. So all of these boxes need to be checked to indicate their agreement to comply, and I apologize for the cough.

Jessica Page:

Next. Moving to the next section, it is the exact same thing. Annual Program Certification has the history as well as the statement that DHCS has to annually certify to SAMHSA and the pass-through requirements that the DHCS and the county both require SSPs receiving funds through counties to certify that no federal funds will be used to purchase needles and/or syringes or anything of the like. And to comply with the restrictions listed in the Consolidation Appropriations Act of 2016.

Jessica Page:

The SSP director must sign this line and date this line. And so each and every SSP that your county funds will need to have a form, on one of these Attachment II, and you will need to keep that on file. We have provided Attachment II for your ease of use so that you do not have to develop your own form. And let me just stop sharing this.

Jessica Page:

All right, so this year's application includes a new and improved Program Narrative Template. The template features all the same questions asked in previous application cycles. However, the format has been revised to make the required elements easier to understand. The entire narrative template must be completed for all programs, including SSPs. Empty answer boxes will prompt a return of your program narrative for completion and will likely delay application review and approval.

Jessica Page:

Please ensure that your program narratives are thorough and concise and please answer the questions fully and do not copy and paste them from other sources. And what you really want to do in this narrative is to describe the meat and potatoes of each of your programs. We really want to know what's the heart of this. So next slide.

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Jessica Page:

So SSP narratives must include the full program narrative plus the extra special section I mentioned for SSPs, section J.

Jessica Page:

So, let's review the narrative template together and specifically section J right now. So what you're going to do on each of these is select your county name from the drop-down menu. Again, they're all there so you should be able to find them, and you will have to complete one program narrative for each proposed program. The rest of your instructions are here, so please review those in detail and email SUBG@dhcs.co.gov if you have any questions. You will have a 6,000 character limit in your boxes, so again, please be thorough and concise with your answers.

Jessica Page:

Here, you're going to want to insert your program name in the gray box here and ensure that it matches the program name on your detailed program budget in your county workbook. That's important. Every program name should match, no matter where you're putting it. You're also going to want to indicate what set-aside or what fund source is utilized for the program. So if it's discretionary, I am talking about not just SSP programs now, but for the entire narrative. If you have an SSP program, you're going to want to check this middle box and then indicate if it's a county-run program, a sub-contracted program, or both. If it's any other kind of program, so let's pretend you're filling this out for your perinatal program, you'll select the perinatal box and indicate the same.

Jessica Page:

So if you're talking about SSP program though, you need to make sure the SSP program is clicked, not just your plain discretionary.

Jessica Page:

All right, moving forward, you'll have your statement of purpose and your answer box, your program description instructions in the answer box, identify your evidence-based practices, and a description of how each one is used in the program. And then important to note your measurable outcome objectives. Please identify a minimum of three measurable outcome objectives that demonstrate progress toward your stated purpose and goals of your program.

Jessica Page:

And in addition, provide a statement here reflecting the progress made toward achieving your objectives from the 2022 and 2024 application cycle. Make sure that your outcomes are measurable, meaning that we can look at numbers and see the impact that has been made over the past few years.

Jessica Page:

Next, you'll want to describe how your program is culturally competent and your target populations. So you can use your checkboxes and if you have any other target populations other than these six, please press Other and describe them below.

Jessica Page:

How is this program targeting individuals and marginalized communities? Please provide an explanation below. The staffing section can get a little complicated, so I just want to remind you that detailed information regarding subcontractor staffing is not required. However, if you're funding county program staff with SUBG dollars, information is required in this section. So first indicate if your program is fully subcontracted with no support from county-funded positions, check the appropriate box. If this box is checked, then you will need to fill out the table below.

Jessica Page:

This information also goes into your county workbook. So county program staff positions funded by SUBG must be listed in the table below. So identify the staff position in the position title section, as an example, nurse practitioner. Then you're going to go in and list their specific grant duties. So example would be outreach, HIV testing, motivational interviewing, et cetera. Then you're going to identify the percentage of full-time employment or FTE, which will be funded by the SUBG dollars, in decimals, and no greater than 1.0. And finally, list the number of positions associated with this position title, the duties, and FTE. So say, let's pretend you have a nurse practitioner that is 75% of their full-time employment is funded by this, and you have another nurse practitioner that 50% is funded, you would need two line items for that.

Jessica Page:

So, if you have five that are funded at 75% and you have four that are funded at 50%, you'll want a different line item for each FTE amount, with the appropriate number of positions filled out. And just as a reminder, there are restrictions for federal grant funding on salaries and you'll want to make sure to go to this website to double check that your staff are not exceeding the Level II of the Executive Schedule cap rate.

Jessica Page:

Okay. And then if you have any additional information regarding your county staffing, you can put an explanation here. Now regarding your implementation plan, please specify the approximate implementation dates for each phase of your program here, or if your program is already fully implemented, and just continuing, please state the program is fully implemented.

Jessica Page:

And then you're going to want to describe your program evaluation plan in detail with these questions. So how does the county monitor progress toward meeting the objectives, frequency and type of internal review, frequency of data collection and

analysis, all of those, you're going to want to give us a detailed description of how your county is doing these as part of your program evaluation plan.

Jessica Page:

All right, now here we go back to SSPs. Remember, each and every program that you submit, including the SSP programs narratives, have to have everything above section J filled out. Once you're done, say you filled it out for your perinatal program, once you hit this corrective action question, you're done, right? Now, if you're having an SSP program, you have to fill out section J. So here's our extra special section. Identify the SSP's operation model. Does your SSP operate on drop-in health, mobile services, street medicine and outreach, et cetera? Several of them? Go ahead and list them all here and describe them and how your program uses those operation models. Provide an overview of the activities to be performed by the SSP with the grant funding, and describe the SSP's current training and technical assistance needs. And describe how they're authorized. So are they authorized by a local government, by the state government, by a tribal authority? Please describe this here.

Jessica Page:

You also will need to identify the SSP syringe and needle disposal plan. If you're using the state-run Supply Clearinghouse, you can state that here. And if you have a different contracted situation or a different disposal plan, please describe that in detail here. Okay, next, you're going to want to describe how the SSP routinely collaborates with other health care providers, and you're going to want to put your answer in this little box.

Jessica Page:

Following that, please check the box below. So right here, oh, and it keeps going back to the top. Check this box to indicate that you signed and completed your Attachment I for the county-level Annual Attestation and Certification Form. And just as a note, should the appropriations bill be signed and SSP funding be continued for fiscal year 2025-2026, we will need you to complete and sign another Annual Certification Form no later than August 30th, 2025. Don't worry, you don't need to remember that because we will be bothering you and asking you to submit it next summer.

Jessica Page:

Okay, now we're going to review the final piece of the application documents, which is the county budget and workbook document. I'm going to show you screenshots of the workbook which pertains to your SSP budget. And I just want to note here, some of the images were taken from draft forms of the county workbook. So as such, you may see some typos in this presentation. Some of the texts may differ on the final documents which are sent to counties. So I just wanted to note that. Please give us some grace there as we finish developing these documents for you. Next slide.

Jessica Page:

All right, first and foremost, we're going to review the allocation sheet tab. This is a brand new tab which displays your county's full allocation amount as well as the county's current DHCS-approved ICR rate. So this sheet is going to auto-populate information throughout the rest of the workbook based on the county selected.

Jessica Page:

So, Alameda County representatives on this webinar, don't worry, we're not trying to put you on the spot. You're just first in alphabetical order and thus you are our example county. So in the county box, what you're going to want to do, where it says Alameda, now there is a drop-down menu and you're going to select it. Once you find your county, all these numbers will change and auto-populate throughout your entire workbook and I think that will be a lot more helpful than it has been in years past.

Jessica Page:

So, let's look at the set-aside box now, and particularly at the fifth row in that box, which says 40% SSP allowance. As previously discussed, counties may use 40% of their Discretionary budget to support SSPs. This box identifies that dollar amount for you and indicates the maximum amount of SUBG funding that may be allocated to SSPs in your county.

Jessica Page:

So, to be clear, counties may choose to allocate funds to more than one SSP within their county. However, the total allocated funds to SSPs within the county cannot exceed the amount shown in this box. Next slide.

Jessica Page:

Next, we're going to briefly talk about instructions and your detailed program budget tab. So for a reminder of your instructions, on your workbook, you'll find an instructions tab, and at the bottom of that section you'll find a blue header, which are your SSP-specific instructions. But I'm going to go over the details here right now and hopefully that will help.

Jessica Page:

So, at the bottom of your workbook where you see all those tabs, instructions you'll see to the far left. You'll see multiple program tabs and they all have numbers after them. So each SSP that the county funds should be placed under a separate program budget tab. And you're going to fill this out exactly the same way that you'd fill out any other program budget. So let's look at your budget document. In the funding source section cell, you have to select Discretionary from the drop-down menu for any SSP. So if you see that little red circle, that's where you want to select Discretionary.

Jessica Page:

In addition, make sure that you enter the program name on this budget in the indicated area. So the second red circle, program name, you want to make sure that your program name is entered to the right and make sure that it matches your program narrative. It must exactly match the name entered in the corresponding program narrative. And it will also need to exactly match information that you enter on one more tab, aka the SSP information tab. So this budget is very similar to those that you have seen before. And if it's entirely new to you and you need more help with this email SUBG@dhcs.ca.gov for help. Next slide.

Jessica Page:

So, the last place that must match entirely with the program name and all that is the SSP information tab. Click the right-pointing arrow on the left side of your tab menu, which is at the very bottom of your Excel sheet. And at the end of the list after all those program tabs, you'll see a blue tab that's labeled SSP Information. This is the tab that you'll need to use to enter SAMHSA-required reporting information concerning the SSP. All fields in the SSP Information tab must be completed. And if the information is not filled out or if any cell is left blank, we cannot approve the application.

Jessica Page:

Let's review the instructions on how to fill this out real quick. So note these instructions are in the instructions tab, they're repeated on the SSP Information tab, and they're here. So enter the program name, it must exactly match the program name associated with the program narrative and on the program budget tab. Enter the SSP agency name and main address and phone number and then enter the planned dollar amount of SUBG funds to be expended by the SSP. And this amount must exactly match the amount entered in the funding source section of the program budget tab next to that discretionary fund source. Next slide.

Jessica Page:

Enter the total number of locations associated with the SSP. Please include all mobile locations in that number, and then enter the addresses of all secondary locations. So as a note, if the SSP has two or fewer locations, you'll only need one row. But if the SSP has three or more locations, each secondary location must be added on a new row. And let's go ahead to the example on the next slide.

Jessica Page:

Oh, actually hold on. We're going to go over a few more things before we go to our example. If the SSP has an SUD treatment provider on site, select "yes" in the drop-down menu in the appropriate column. If no SUD treatment provider is on site, please select "no". Same with naloxone. If the SSP distributes naloxone to those utilizing the SSP, select "yes" in the drop-down menu. If not, select "no". And now let's go to our example on the next slide.

Jessica Page:

So, Alameda again, I've made up some false programs just as an example here. So on the top line we're going to pretend we have a program called SafeInject-510. The SSP's agency name is Alameda Syringe Services, and their main address location is 123 Main Street in Berkeley. Their phone number is entered, the planned dollar amount is entered and this exactly matches the number that was entered in their program budget tab.

Jessica Page:

This program has three locations. So we have our first location in the main address box. We have our second location in the address of secondary location box. And then we'll use a new row, which is row number two, to add the third location that they have. Okay, hopefully that makes sense on how to enter that now.

Jessica Page:

Then they don't have any sub-treatment providers on site, so we've selected "no", but they do distribute naloxone. So we've selected "yes". And then there's another example of a false program that only has one location so that you can see how to fill it out for that. All right, and if you have any questions, again contact us at the SUBG@dhcs.ca.gov email address. Next slide.

Jessica Page:

As an important reminder, all fields in the SSP Information tab must be completed because this information is required for SAMHSA reporting. So if it's not filled out or if any field is left blank, we cannot approve the SSP application. So please make sure that these are thoroughly filled out and no tab is left or no cell is left blank. Next slide.

Jessica Page:

And with that, we have come to the end of today's presentation. I know you'll likely have a lot of questions, so please send any of those questions to SUBG@dhcs.ca.gov. Remember, this is new to all of us and we're going to learn together as we go. Thank you so much for carving time out of your busy day to review this information, and I hope you have a wonderful day and a very, very happy application season. Thank you so much.