



OASAS Substance Abuse Prevention and Treatment (SAPT) Block Grant Supplement Legislative Report

PURPOSE AND BACKGROUND

Pursuant to the 2021-22 Enacted Budget, the following provides the initial report due July 1, 2021 on the status of the supplemental Substance Abuse Prevention and Treatment (SAPT) Block Grant funds awarded by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to the Office of Addiction Services and Supports (OASAS). OASAS was directed to submit the report to:

the chairperson of the senate finance committee, the chairperson of the assembly ways and means committee, the chairperson of the senate committee on alcoholism and drug abuse, the chairperson of the assembly committee on alcoholism and drug abuse, on the disbursement of funding. . .

SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT SUPPLEMENTAL FUNDING OVERVIEW

The Substance Abuse Prevention and Treatment Block Grant or SAPT Block Grant program annually provides funds to states and territories to help plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health. The SAPT Block Grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and managed by OASAS in New York State. Grantees use SAPT funds for prevention, treatment, recovery support, and other supportive services.

- In December 2020, the Coronavirus Response and Relief Supplemental Appropriations Act ([Public Law 116-120](#)) was enacted, which appropriated \$1.65 billion in supplemental funding to states through the SAPT Block Grant program to assist in responding to the COVID19 pandemic. Funds must be used in accordance with current SAPT program requirements. The Act, however, encourages states to request waivers beyond current Federal regulations for SAPT Block Grants related to allowable activities, timelines or reporting requirements.
- In early March 2021, OASAS received notification of award for a SAPT Block Grant supplemental amount of \$104.8 million for the period March 15, 2021 to March 14, 2023. On April 5, 2021, OASAS submitted its proposed spending plan for these funds to SAMHSA, based on identified system needs, provider feedback, and federal guidance. This Plan is pending SAMHSA review and approval.
- On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 ([ARPA, Public Law 117-2](#)), which directed SAMHSA to provide \$1.5 billion in additional funds to support states through the SAPT to address the effects of the COVID-19 pandemic for Americans with substance use disorders (SUD). This funding will also allow recipients to make investments in existing prevention, treatment and recovery infrastructure; promote support for providers; and address unique local needs to deliver SUD services.
- On May 17, 2021, OASAS received a notification of award from SAMHSA on the ARPA supplemental funding in the amount of \$90.5 million for the period September 1, 2021 to September 30, 2025. OASAS' spending plan is due to SAMHSA by July 2, 2021.

The federal program regulations for SAPT Block Grants include provisions related to authorized activities, expenditure restrictions and limitations, waiver requirements, set asides and reporting which are relevant to spending associated with the expansion grants and are summarized below:

- **Authorized Activities:** States are authorized to spend the grant funds “only for the purpose of *planning, carrying out and evaluating activities to prevent and treat substance abuse* and for related activities authorized in section 300x-24 of this title (related activities are specifically defined tuberculous services and HIV services).”(emphasis added)¹ States may also use funding for services delivered to individuals with co-occurring mental disorders.² This definition is broad and SAMHSA has provided additional guidance in its website related to grant requirements.³
- **Restrictions on Expenditures:** States are NOT permitted to spend these funds on the following activities: hospital inpatient services, unless medically necessary; cash payments to intended recipients of ...services; to purchase or improve land...or any building, to provide assistance to any For-Profit entity or to supply syringes.⁴ There are also limitations on the amount of funds that can be spent to provide treatment services in penal or correctional institutions⁵ and a 5% cap on use of funds for administrative expenses.⁶
- **Waivers:** States may request waivers from “any or all the (grant) requirements...if the Secretary determines that...the requirement involved is unnecessary for maintaining quality in the provision of such services...”⁷ There are also specific waiver provision related to state maintenance of effort requirements, and provisions regarding construction of facilities. Further, the authorizing statute of The Act expands the ability of states to request waivers beyond the regulations to include waivers related to “allowable activities, timeliness or reporting requirements.”
- **Set Asides:** The State must spend at least 20% of the award on primary prevention activities.⁸
- **Reporting:** The State is required to report on the manner and programming for which all funds were expended and the recipients of grant funds.⁹

On March 11, 2021, SAMHSA issued a letter to all SAPT expansion awardees detailing the parameters of the awards and offering suggestions as to possible uses of the funds. The letter specifically indicates the state may use these expansion funds 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.” SAMHSA also directs states to address unique needs across prevention, intervention (including harm reduction and overdose prevention), treatment, and recovery services and gaps in the state’s service system and to include these details in the state’s plan. SAMHSA specifically encourages not only prevention and treatment strategies, but also intervention and recovery approaches that are not otherwise

¹ See 42 USC §300x-21(b)

² See 42 USC §300x-66

³ See <https://www.samhsa.gov/grants/block-grants/sabg>

⁴ See 42 USC §300x-31

⁵ See 42 CFR §300x-31 (a)(3)

⁶ See 42 CFR §300x-31 (a)(2)

⁷ See 42 CFR §300x-28

⁸ See 42 CFR §300x-22; 42 CFR §300x-24

⁹ See 42 CFR §300x-52

referenced in law or regulation. Further, SAMHSA identifies infrastructure opportunities including purchasing PPE, technology, and equipment to facilitate and improve service delivery, hiring of outreach workers and provision of workforce support.

OASAS' STAKEHOLDER OUTREACH AND INPUT

OASAS held 15 listening forums across the State with stakeholders and provider associations that were instrumental in planning the uses of the Supplemental funds, including:

- 1 general forum;
- 5 treatment-specific forums;
- 5 regional prevention-specific forums;
- 4 regional recovery-specific forums.

PROPOSED PROJECT FUNDING CATEGORIES AND OVERALL GOALS

In its plan submitted to SAMHSA on April 5, 2021, OASAS indicated that it would contract with substance use disorder programs to spend the SAPT supplemental funding across the following categories:

Stabilization Fund

The COVID-19 pandemic caused significant fiscal stresses on the OASAS system of care. New and rising expenses were necessary to protect service recipients including PPE, cleaning supplies, telehealth and virtual meeting equipment, infection control measures and expertise. Improvements have been made to heating, ventilation, and air conditioning (HVAC) systems to provide some measure of protection, but this effort needs to be expanded throughout our system of care.

To ensure that the provider network remains viable and operational, OASAS proposes to set aside funding to support unmet fiscal needs as demonstrated in provider fiscal reporting documents. OASAS will make stabilization payments beginning July 1, 2021 through June 30, 2022 and may extend the availability through March 14, 2023 if the public health emergency continues. OASAS intends to allocate up to \$20,000,000 for this purpose. Eligibility will be based on need as demonstrated through fiscal reporting documents and application criteria. Providers will be required to submit a written request on an application.

Workforce

As described above, OASAS met with several groups of providers and advocacy groups. Every group noted workforce issues as the highest priority. The supplemental funding will invest in incentives for staff such as hiring payments and/or retention incentives. There were many ideas for these incentives provided by the groups. OASAS will consider strategies within the constraints of the grant including but not limited to loan repayment, scholarships, and other incentives.

Workforce training was also a consistent request throughout the conversations and included training and quality improvement strategies for programs. OASAS would like to pursue a statewide approach that includes a variety of academic and technical assistance agencies that would work together with stakeholders from prevention, treatment and recovery providers to implement training in evidence-based care, quality improvement, peer work

and peer career ladders. Recovery providers expressed specific interest in training for peers including cross-training for mental health and supervision that addressed the peer role and respects the peer profession.

Services for Incarcerated Individuals

NYS jail populations have increased during the COVID-19 crisis as courts have delayed conducting hearings and trials. Many of the incarcerated individuals have SUD issues covering a wide spectrum of substances. They need screening, assessment, clinical services and referrals for post-release care and prevention services. Funding would be used for prevention, clinical and peer services to be available for both the jail population and services for those who are diverted from jail.

People who have been incarcerated have an increased likelihood to die by overdose in the first two weeks after their release compared to the general public. Access to evidence-based medications among justice-involved individuals with opioid use disorder (OUD) has been implemented successfully in a large number of NYS jails and recently we have created a mechanism for opioid treatment program (OTP) patients in prison to have continued access to their medication. Funding may be used to provide the services identified to individuals in local jails.

Crisis

The NYS Office of Mental Health (OMH) and OASAS are working together on better responding to mental health and SUD crises. NYS currently has three operating crisis programs that have 24/7 in-person triage, stabilization, and referral services, including the ability to accept direct police drop-off. These facilities assess and triage SUD crises; initiate medications for OUD and alcohol use disorder (AUD); and connect to the most appropriate level of care. They include peers at the crisis site and in mobile units. OASAS is interested in expanding this capacity across the State.

OASAS intends to use some of the funds to support and enhance the existing crisis centers and establish new ones. OASAS and OMH are in the process of developing a state plan amendment to cover crisis services as a state plan benefit. Further, NYS has passed legislation requiring commercial insurers to cover crisis stabilization services. This will foster sustainability of these crisis initiatives.

Outreach and Connections to Care

Providers across the continuum of care and local government and other stakeholders recognize gaps in the SUD treatment system to respond effectively through the pandemic and the ongoing opioid overdose crisis. Service providers recognize the need for better connections during transitions of care and outreach to people who use substances to prevent overdose, provide harm reduction services and provide a bridge to compassionate care.

Access to Medication-Assisted Treatment (MAT) for AUD as part of homeless outreach could not only address alcohol consumption, but evidence from epidemiologic literature suggests that reducing alcohol consumption would likely improve health outcomes. By building on the existing collaboration between the homeless shelter system and the SUD provider system to bring services into the shelter setting, OASAS can increase access to care by expanding this work and collaborating with housing programs to maintain a connection to care as part of housing transitions.

OASAS will collaborate with the NYS Office of Temporary and Disability Assistance to develop strategies to engage this population. OASAS will consider collaboration with OMH to ensure those with mental health or co-occurring needs are also served.

Transportation

Another common theme from the provider and stakeholder meetings was transportation. This was consistent for people who live in rural, suburban, and metropolitan parts of the State. The type of transportation challenges differ from place to place, but providers agreed that transportation was a significant barrier to accessing treatment and other services including employment, recovery supports and social services that support initiating and sustaining recovery over time. There were many potential approaches to solving transportation issues and, given the different barriers, regional, and even community-level solutions are likely needed.

OASAS proposes to support pilot transportation projects across the State to determine if increased transportation access leads to better outcomes and whether mobile medication units for OTP patients increase access and adherence.

Information Technology Infrastructure

Prevention, treatment, and recovery providers have been left out of many of the initiatives to improve electronic health records (EHR), tools to analyze data, and communications technology over the past decades. Providers report that while they were able to transition to telehealth to maintain services throughout the pandemic, the crisis highlighted longstanding technological lags in the SUD field. Providers report a need for investments in hardware and software solutions for programs, and for people who use telehealth services to access SUD treatment. Many of these individuals struggled to stay connected to services due to lack of phones, computer access, tablets and the connectivity that supports them. OASAS will use funds to support continued access to telehealth, including the purchase of equipment (e.g., phones, tablets) and connectivity to solidify providers ability to continue these services.

The State and providers need a technology upgrade in data collection and reporting tools to improve the ability to measure outcomes, collect data relevant to evolving practices, and improve service delivery based on real-time information. Implementing a versatile web-based platform that can interface with EHR systems throughout the provider system will improve the immediacy and accuracy of data and enhance analysis and reporting to allow better evaluation of program service delivery and impact.

During the pandemic, State agencies had to collect information on and assess program needs in an efficient and timely manner to deploy resources, like PPE, in settings where in-person contact could not be restricted. Much time and energy went into collecting information from, and coordinating the needs of, the provider system using time and resource intensive means that included telephonic outreach and information management using basic tools like spreadsheets. With a robust data collection survey system that could be used for annual surveys and ad hoc requests for information, the agency can be more efficient and responsive, especially in crisis. Improved technology at the State and provider level will improve service delivery, reporting, and overall outcomes across prevention, treatment and recovery. These enhancements are also necessary to make SUD providers viable in a data-oriented, competitive, and value-based environment.

Residential and Targeted Housing

Housing and residential options are essential to support long-term recovery support. Both housing and residential providers have been especially stressed during the pandemic. OASAS plans to work with residential and housing providers to support long-term structural changes to strengthen the system for long-term success of these vital services.

OASAS proposes to use \$500,000 to provide security deposit and first month's rent to individuals in need of housing or one month's rent to individuals that were served an eviction notice due to lack of payment. The methodology for determining rental and security deposit payments will be based on the Fair Market Rent of the applicant's locality. The eligibility criteria will be based on documentation that the applicant is homeless or at risk of being homeless and the applicant can show that they have sufficient income to pay the rent going forward. OASAS Supportive Housing providers will be responsible for determining eligibility and initiating payment.

Public Awareness and Media

To address the public awareness and education regarding the risks and available services for substance use disorders involving alcohol, cannabis, opioid, stimulants, and other substances, OASAS will engage in a campaign utilizing message development and media buys. Both traditional media and social media buys will be used to reach a broad range of individuals across the lifespan. Public awareness efforts will promote treatment, recovery, and environmental prevention strategies.

Screening, Brief Intervention, Referral to Treatment (SBIRT)

The pandemic highlighted health disparities in our country and State. OASAS is interested in bringing SBIRT services into the community to provide early intervention targeting hard to reach populations such as youth, racial and ethnic minorities, and rural communities. OASAS would like to explore a partnership with the NYS Department of Health to pilot SBIRT services in School-Based Health Centers, which are far-reaching and located in both urban and rural communities. They provide a unique opportunity to meet youth where they receive primary care services.

Recovery Services

Over the last several years, OASAS has expanded recovery services to include recovery community centers, youth clubhouses, expansion of certified recovery peer advocates, recovery transportation and targeted recovery initiatives. Providing services to support individuals in short- and long-term recovery is critical to ensuring a cohesive and successful system of care. OASAS will continue to strengthen the existing recovery services providers in workforce, infrastructure, and other costs related to maintaining and expanding recovery services in our system.

Prevention Services

Supporting Evidence-Based Practice (EBP)

Throughout the State, there were school shutdowns because of COVID-19. Prevention providers who had predominantly delivered EBPS in school settings were no longer able to access youth because of the shift to remote learning. The providers thus needed to expand their repertoire of evidence-based programming to continue offering prevention services during a time of crisis when prevention is most needed. Since the epidemic began, EBP developers have begun releasing new versions of their programs to be implemented online or in alternate locations. OASAS proposes using funding to purchase training, licensing, and manuals to assist providers in addressing mental, emotional, and behavioral needs and increase social-emotional learning for students.

During the pandemic, the increased use of alcohol, cannabis, opioids, and other substances impacted not only youth, but families and individuals across the lifespan. As a result, providers need to look outside their youth-based services and build the capacity to address the prevention needs of young adults, individuals, families, and

communities. OASAS proposes using funding to purchase training, licensing, and manuals to assist providers in addressing emerging needs populations due to increased substance use and trauma caused by the pandemic.

Community-Based Prevention: Environmental Prevention Strategies

During the COVID-19 pandemic, New York coalitions delivered simple evidence-based prevention solutions to address increased use of alcohol, cannabis, opioids, and other substances in communities. These strategies included drive-through drug take-back days, distributing drug destruction kits, and working with alcohol retailers to reduce delivery to minors. Coalitions made quick use of virtual platforms to connect communities to coalition meetings and ancillary supports. Providers advocated for increased funding for evidenced-based Environmental Prevention Strategies and community coalitions to link prevention resources at the local level and expand prevention's reach to vulnerable populations.

Young Adult Survey

OASAS' prevention provider system noted a significant gap in risk and protective factor data among 18-25-year-olds. Developing successful strategies to prevent alcohol, cannabis, opioids, and other substance use within this age group requires current and valid data focused on factors such as perceived risk of harm, peer approval, and perceived availability. To address this data gap, OASAS proposes to conduct a Youth Adult Survey (YAS) among residents ages 18-25 to identify the risk and protective factors that are driving excessive alcohol, cannabis, opioid and other substance use in this age group.

Needs Assessment and Evaluation

OASAS prevention providers follow the Strategic Prevention Framework (SPF), which requires a comprehensive needs assessment and evaluation. Providers are concerned about the effects from the COVID-19 pandemic; the legalization of adult use cannabis and the opioid crisis; and the need to access and examine local data to accurately identify the emerging prevention needs. OASAS proposes hiring consultants to provide specialized technical assistance and training to be able to assist providers in conducting accurate and high-quality needs assessment and evaluation to ensure that the providers are adequately identifying emerging local issues, which may have changed or been expounded by the pandemic.

Cross-System Collaboration for Prevention Services

Supplemental funding will support cross-system collaboration across the continuum of addiction prevention, treatment, and recovery services. OASAS will also expand the provision of prevention services to youth and families involved in the child welfare, homeless housing, and criminal justice system through the provision of EBPs.

Funding will be used to support collaborations with NYS Education Department (SED) and the State University of New York (SUNY). OASAS and SED have a long-standing collaboration with the goal of building school and community infrastructures to support the implementation of social-emotional learning EBPs in school settings. OASAS and SUNY have collaborated on the development of strategies to address substance use by college students attending the 64 campuses of the public education system.

Waiver Requests

To implement the plan as outlined, OASAS may request waivers from SAMHSA for the following:

- 42 CFR §300x-31(a)(1)(C) prohibits the use of grant funds for improving buildings and land. To address structural improvement necessitated by COVID (HVAC, isolation space) and other improvements to space caused by wear and tear, OASAS will request a waiver.
- 42 CFR §300x-31(a)(1)(E) prohibits States from providing financial assistance to any entity other than a public or nonprofit private entity. OASAS may need to contract for services to benefit our not-for profit prevention, treatment and recovery providers that cannot be performed by non-profit entities. An example of this would be that some of the proposed workforce trainings are proprietary and can only be provided by a for-profit organization.
- 42 CFR §300x-31(a)(3) prohibits the use of grants funds for the purpose of providing treatment services in penal or correctional institutions. To address the service needs for incarcerated individuals, OASAS will request a waiver.
- OASAS will request any waivers necessary to implement the workforce strategies outlined above.