



Substance Abuse and Mental Health
Services Administration

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March 11, 2021

Dear Single State Authority Director:

The Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] appropriated an additional \$1.65 billion to states through the Substance Abuse Prevention and Treatment Block Grant (SABG) program to assist in response to the COVID-19 pandemic. The specific language in the Act states:

Provided further, That with respect to the amount appropriated under this heading in this Act the Substance Abuse and Mental Health Services Administration shall maintain the 20 percent set-aside for prevention, but may waive requirements with respect to allowable activities, timelines, or reporting requirements for the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant as deemed necessary to facilitate a grantee's response to coronavirus: Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

The SABG program is designed to provide funds to States, Territories, and one Indian Tribe for the purpose of planning, implementing, and evaluating activities to prevent and treat substance use disorder (SUD). States may use this supplemental COVID-19 Relief funding 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.

The COVID-19 pandemic has had a significant impact on people with SUD. Provisional data from CDC shows more than 81,000 deaths from drug overdoses in the 12-months ending May 2020. This total is 18 percent higher than the total for the prior 12 months and 20 percent greater than in calendar year 2018. Overdose deaths from cocaine also increased by 26.5 percent in the past year. In large part, these deaths have been linked to co-use or contamination of cocaine with illicitly manufactured fentanyl or heroin. Overdose mortality from stimulants, such as methamphetamine, increased by 34.8 percent over the past year. All these upward trends have accelerated during the COVID-19 pandemic. The implication is that public health recommendations such as social distancing, while necessary to reduce the spread of COVID-19, can result in people with SUD feeling isolated and lonely. In turn, isolation and loneliness lead to increased stress, anxiety, drinking of alcohol or misuse of substances, and continued increases in opioid overdose mortality.

The Biden-Harris Administration is committed to advancing behavioral health and addressing the particular challenges the pandemic has brought to the forefront. The SABG is a critical source of funding to states to support a continuum of prevention, intervention, treatment, and recovery services.

Recommended Funding Priorities

A comprehensive approach to substance misuse consists of investments along the widely accepted prevention, intervention (including harm reduction and overdose prevention), treatment, and recovery support framework, with all recommended interventions grounded in evidence. Conditions across states and localities vary substantially with some states experiencing virtually no increase in overdose mortality, while other states had up to 60 percent increases. As a result, the mix of activities with respect to the drugs misused will vary across states.

SABG grantees should direct this funding to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in their state's service systems. For example, SABG grantees with significant increases in overdoses might focus their efforts on reducing overdose rates. Specific infrastructure investments might also be directed toward expanding the SUD services workforce and on data infrastructure for tracking and monitoring system needs and performance. Other recommended priority activities for grantees to consider are as follows:

Prevention

1. Screening with evidence-based tools.
2. Risk messaging with evidence-informed strategies and accompanying evaluation to establish most effective strategies. This includes:
 - a. Text and mHealth messaging strategies targeted at adolescents and young adults' substance misuse;
 - b. Scenario based messaging programs for parents about opioid risks; and
 - c. Web-based interventions targeted at the criminal justice system.
3. Operation of an "access line", "crisis phone line" or "warm lines" by prevention providers.
4. Purchase of technical assistance.
5. COVID-19 expenditures related to substance misuse prevention including: COVID-19 awareness and education for persons with SUD, transportation related to accessing SUD prevention and COVID-19 vaccines.

Intervention

1. In order to respond to overdose deaths during the pandemic a particular area of focus may be the purchase of Naloxone and the materials necessary to assemble overdose kits and the dissemination of such kits to users of cocaine, methamphetamine, and

benzodiazepines given the contamination of these substances with illicitly manufactured fentanyl and counterfeit pills to prevent increasing overdose trends among individuals with SUD.

Treatment

1. Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers.
2. Medication assisted treatment (MAT) using FDA-approved medications and accompanying psychosocial and recovery supports:
 - a. Opioid use disorder (OUD), e.g., buprenorphine, methadone and naltrexone; and
 - b. Alcohol use disorder (AUD), e.g., acamprosate, disulfiram, and naltrexone;
3. SUD crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery.
4. Operation of an “access line”, “crisis phone line” or “warm lines” by treatment providers.
5. Purchase of technical assistance.
6. COVID-19 related expenditures including: COVID-19 testing/vaccines (including transportation) for those with SUD.
7. Treatment services (including MAT) in penal or correctional institutions consistent with current SABG expenditure limitations.

Recovery Support

1. Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services.
2. Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.
3. Operation of an “access line”, “crisis phone line” or “warm lines” by recovery support providers.

Infrastructure

1. Purchase of Personal Protective Equipment for staff and persons receiving SUD services.
2. Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.
3. Hiring of outreach workers for regular check-in for people with SUD.

4. Provision of workforce support.

SAMHSA will issue an SABG global revision request for the upload of a “COVID-19 Supplemental Funding Plan for FY 21.” Using the Web Block Grant Application System (WebBGAS) revision request function, states must upload the document (Microsoft Word or pdf) using the “Attachments” upload tab into the State Information Page; specifically, the “Chief Executive Officer’s Funding Agreement.” Additionally, states are required to update *Table 2 State Agency Planned Expenditures* to reflect the new COVID-19 Supplemental funds by completing the column “SABG COVID Supplement.” All COVID-19 Relief supplemental funding will be tracked separately from the standard MHBG/SABG awards. Hence, the standard SABG set-aside and state and women’s services MOE requirements will not be affected.

SAMHSA requests that the following information is included when submitting the SABG COVID-19 supplemental funding plan proposal:

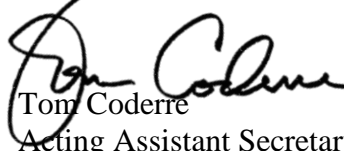
1. Identify the needs and gaps of your state’s SUD prevention, treatment, and recovery services systems in the context of COVID-19.
2. Describe how your state’s spending plan proposal addresses the needs and gaps, including gaps in equity.
3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.
4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.
5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.
6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state’s response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.
7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following:
 - a. The period that the payments will be made available i.e., start date and end date.
 - b. The total proposed amount of COVID-19 Relief funds for this purpose.
 - c. The methodology for determining support/stabilization payments.
 - d. Provider eligibility criteria (e.g., need based).
 - e. Provider request approach/procedure.
8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:
 - a. The proposed amount of award amount for this purpose.

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- b. Methodology for determining rental and security deposit payments.
 - c. Eligibility criteria for payment of rent or security deposit.
 - d. Proposed approach/procedures for individuals to request rental assistance.

Upon submission, SAMHSA will review the proposal to ensure it is complete and responsive. Please complete the submission by April 5, 2021. SAMHSA will provide further guidance regarding the reporting of the COVID-19 Relief supplemental funding actual expenditures in the near future.

Please feel free to contact your SAMHSA state project officers and grants management specialists with any questions that you may have.

Sincerely,



Tom Coderre
Acting Assistant Secretary for
Mental Health and Substance Use