Substance Abuse and Mental Health Services Administration
SAMHSA
5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

SEP 16 2016

TO: Executive branch department, division, office and bureau directors responsible for the administration of the Substance Abuse Prevention and Treatment Block Grant (SABG)

FROM: Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration

SUBJECT: Amendment to FY 2016-2017 Uniform Application

The Consolidated Appropriations Act of 2016 (Pub. L. 114-113), Division H, Section 520 authorized the use of federal funds for activities and services related to the implementation of syringe services programs for persons who inject drugs. Section 520 reads as follows:

> *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, the limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing or is at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.*

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), in collaboration with SAMHSA's Office of Policy, Planning and Innovation and the United States Department of Health and Human Services' (HHS) Office of HIV/AIDS and Infectious Disease Policy (OHIDP), recently released guidance to SAMHSA's discretionary and formula grant recipients regarding the use of federal fiscal year (FY) 2016 funds for the purpose of establishing new syringe service programs (SSP) or expanding the capacity of existing SSPs. The guidance is consistent with the March 29 guidance released by HHS/OHIDP.

The FY 2016-2017 Uniform Application, Section III, Behavioral Health Assessment and Plan, Subsection C, Environmental Factors and Plan was submitted on or before October 1, 2015 by all states and jurisdictions pursuant to section 1932(a) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.SC. § 300x-32(a)). Most, but not all, of the biennial behavioral health assessments and plans have been approved by SAMHSA. Therefore, SAMHSA cannot require a state or jurisdiction to modify approved biennial plans.

Section III, Behavioral Health Assessment and Plan, Subsection C, Environmental Factors and Plan does not require states or jurisdictions to provide a detailed description in their respective biennial plans regarding how they will fulfill the assurances of compliance with the funding agreements pursuant to Sections 1923(a)(b), 1927 and 1928 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(a)(b), 300x-27 and 300x-28) and 45 CFR 96.126(a)(e), 45 CFR 96.131(a) and 45 CFR 96.132(c), as such sections apply to persons who inject drugs.

In order to provide states and jurisdictions with the opportunity to amend their respective biennial plans to incorporate SSPs, SAMHSA is proposing to amend Section III, Subpart C to include a new subsection (23. Syringe Services Programs), which will provide states and jurisdictions with a standard framework designed to collect information necessary to facilitate comment from any person pursuant to Section 1941 of Title XIX, Part B, Subpart III of the PHS Act (42 U.S.C. § 300x-51) regarding states' and jurisdictions' plans to repurpose SABG funds for SSPs. The standard framework will also provide SAMHSA's CSAT with information necessary to make a determination that states' or jurisdictions' plans to repurpose SABG funds for SSPs are consistent with the guidance described above.

The Web-based Block Grant Application System (BGAS) will be revised to include the proposed standard framework, including any additions/deletions based on comments received during the 60-day comment period, to allow states and jurisdictions to prepare and submit an amendment electronically. The receipt date for states' and jurisdictions' amendment to their respective biennial plan, subject to approval by the Office of Management and Budget (OMB), Office of Information and Regulatory Affairs (OIRA), will be due no later than sixty (60) days after the receipt of the OMB/OIRA Notice of Action.

Thank you for your efforts to provide pretreatment services to persons who inject drugs and to reduce the transmission of communicable diseases such as hepatitis and HIV to such persons through linkages to primary care and access to substance use disorder treatment and recovery services. I encourage you to review the proposed amendment and provide comments, as appropriate, to SABG-SSP@samhsa.hhs.gov.

Kimberly A. Johnson, Ph.D.
Director
Center for Substance Abuse Treatment