SAMH SAPT and CMH Block Grant Expenditure Policy

Version 2.0
March 27, 2014

Florida Department of Children and Families
Substance Abuse and Mental Health Services
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V. DOCUMENT REVISION HISTORY................................................................. ERROR! BOOKMARK NOT DEFINED.
I.  Maintenance of Effort for Block Grant Reporting

The purpose of this document is to provide a consistent methodology to compute the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment\(^1\) (SAPT) and Community Mental Health\(^2\) (CMH) block grant expenditure requirements for each state fiscal year. Maintenance of Effort (MOE) refers to the requirements placed on the grant to ensure the State does not supplant State spending for federal funds.

II.  Federal Law

The State appropriations that may be considered as MOE depend on several factors, including whether or not the State requirements differ from the federal requirements and are to be audited in the same manner as State matching funds.\(^3\)

As a condition of receiving the Grant, the federal government requires Florida to appropriate funds at a level that is consistent with aggregate State expenditures for a two-year period preceding the fiscal year for which the State is applying for the Grant.\(^4\) Please refer to Table 1 for example.

Table 1. Example: Maintenance of Effort Requirement for Substance Abuse Aggregate State Expenditures

<table>
<thead>
<tr>
<th>No.</th>
<th>State Fiscal Year</th>
<th>Amount Appropriated by State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2008-2009</td>
<td>$55,000,000</td>
</tr>
<tr>
<td>2.</td>
<td>2009-2010</td>
<td>$33,000,000</td>
</tr>
<tr>
<td>3.</td>
<td>2010-2011 (Average of Column 1 &amp; 2)</td>
<td>$44,000,000</td>
</tr>
</tbody>
</table>

II.A.(1) Release of Funds

In the past, funds from the Grant have been distributed quarterly to Florida from the federal grant. However, the federal government has not maintained this schedule due to budgetary constraints. Florida spends the grant as it is received.

II.B  COMPLIANCE

If the State does not maintain compliance with the requirements of either grant, the deficiency may be refunded in future allocations or repayment may be sought.\(^5\)

II.C  WAIVER OF EXPENDITURES

The Secretary of U.S. Department of Health Human Services (HHS) may waive the MOE requirements if extraordinary economic conditions in the State justify the waiver. Extraordinary economic circumstances mean a financial crisis in which the total tax revenue declines at least one and one-half percent, and

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\(^1\) 42 U.S.C. s. 300x-21.
\(^2\) 42 U.S.C. s 300x et seq.
\(^3\) OMB Circular A-133.
\(^4\) 45 C.F.R. s. 96.134.
\(^5\) 42 U.S.C. s 300x-21.
either unemployment increases by at least one percentage point, or employment declines by at least one-half percent.6

III. Substance Abuse Expenditure Requirements

In receipt of the SAPT block grant, the federal government requires the agency to:

- Expend grant dollars up to certain thresholds; and,
- Maintain State expenditures at certain levels.

As the recipient agency, the Department must meet minimum federal spending guidelines thresholds for the services listed below.

- Primary Prevention;
- Pregnant Women with Dependent Children;
- Tuberculosis; and
- HIV.

These are discussed in the following paragraphs.

III.A PRIMARY PREVENTION

Pursuant to federal law,7 the State must adopt a comprehensive prevention program that includes a broad array of prevention strategies for individuals not identified to be in treatment.8

III.A.(1) Federal Law

SAMHSA has required that prevention expenditures be reported according to the categories listed in Table 2.

Table 2. Prevention Intervention Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal (Direct or Indirect)</td>
<td>This takes the broadest approach, targeting “the general public or a whole population that has not been identified on the basis of individual risk”.9 Universal prevention interventions might target schools, whole communities, or workplaces. Examples include community policies that promote access to early childhood education, implementation or enforcement of anti-bullying policies in schools, education for physicians on prescription drug misuse and preventive prescribing practices, social and decision-making skills training for all sixth graders in a particular school system.</td>
</tr>
<tr>
<td>Selective</td>
<td>This targets “individuals or a population sub-group whose risk of developing mental disorders [or substance abuse disorders] is significantly higher than average”, prior to the diagnosis of a disorder.</td>
</tr>
</tbody>
</table>

---

6 45 C.F.R. s. 96.134(b).
7 45 C.F.R., subpart L.
8 45. C.F.R. s. 96.125.
<table>
<thead>
<tr>
<th>Prevention Institute of Medicine (IOM) Intervention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Selective</td>
</tr>
<tr>
<td>Indicated</td>
</tr>
<tr>
<td>Unspecified</td>
</tr>
</tbody>
</table>

### III.A.1.(1) Prevention Intervention Categories

SAMHSA has required by regulation\(^{11}\) that prevention expenditures be reported by the following strategies:

- Information Dissemination;
- Education regarding the consequences of substance abuse; alternative drug-free activities;
- Alternative drug-free activities;
- Problem identification and referral;
- Community-based programs that involve members of local communities in prevention activities; and,
- Environmental strategies to review, change and enforce laws that control the availability of controlled and illegal substances.

### III.A.(2) Florida Law

To implement the federal requirements, the Department has promulgated regulation in Chapters 65D-30 and 65E-14, F.A.C.

### III.A.(3) Crosswalk between SAMHSA Requirements and Applicable State Funding

Table 3 contains a crosswalk of the federal requirements and the State services to meet these requirements.\(^{12}\) All of the services available are connected to a cost center or contracted deliverable.

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\(^{10}\) Institute of Medicine, “Preventing Mental, Emotional, and Behavioral Disorders Among Young People,” *Report Brief for Researchers*, (March, 2009).

\(^{11}\) 45.C.F.R. s. 96.125.

\(^{12}\) Ch. 65E-14.021, F.A.C.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
<th>IOM Category</th>
<th>Equivalent Service provided by Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Dissemination</td>
<td>Provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services.</td>
<td>Universal Selective Indicated</td>
<td>Prevention&lt;sup&gt;13&lt;/sup&gt;</td>
</tr>
<tr>
<td>Education</td>
<td>Provides educational activities that affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities.</td>
<td>Selective Indicated</td>
<td>Prevention/Intervention - Day&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td>Alternative Drug-free Activities</td>
<td>Provide alternative drug-free activities that exclude alcohol, tobacco and other drug use.</td>
<td>Universal Selective Indicated</td>
<td>Prevention&lt;sup&gt;15&lt;/sup&gt;</td>
</tr>
<tr>
<td>Problem Identification and Referral</td>
<td>Identifies those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education.</td>
<td>Selective Indicated</td>
<td>Information and Referral&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
<tr>
<td>Community-based Programs</td>
<td>Aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking.</td>
<td>Universal Selective Indicated</td>
<td>Outreach&lt;sup&gt;17&lt;/sup&gt;</td>
</tr>
<tr>
<td>Environmental</td>
<td>This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two</td>
<td>Universal</td>
<td>Prevention</td>
</tr>
</tbody>
</table>

<sup>13</sup> Ch. 65E-14.021(7)(v), F.A.C.  
<sup>14</sup> Ch. 65E-14.021(7)(w), F.A.C.  
<sup>15</sup> Ch. 65E-14.021(7)(v), F.A.C.  
<sup>16</sup> Ch. 65E-14.021(7)(k), F.A.C.  
<sup>17</sup> Ch. 65E-14.021(7)(u), F.A.C.
### III.A.(4) Spending Requirement

Federal law requires the State to expend 20% of the total award for substance abuse primary prevention activities.\(^{18}\) Please refer to Table 4 for example.

**Table 4. Example: Calculation for Primary Prevention Expenditure Threshold**

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2013-2014 Block Grant Amount</td>
<td>$100,000,000</td>
</tr>
<tr>
<td>Threshold for primary prevention for FY 2013-2014</td>
<td>$20,000,000</td>
</tr>
</tbody>
</table>

### III.B PREGNANT WOMEN WITH DEPENDENT CHILDREN

At a minimum, the State’s MOE should be expended for pregnant women and women with dependent children, including women who are attempting to regain custody of their children.\(^{19}\) Pursuant to 45 C.F.R., s. 96.124, the required services are defined in Table 5.

**Table 5. Federal Requirements and State Services Crosswalk for PWWDC Services**

<table>
<thead>
<tr>
<th>Federal Requirements and State Services Crosswalk for PWWDC Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that women receiving services funded by the set aside have no other financial means to obtain treatment.(^{20})</td>
</tr>
<tr>
<td>Ensure that, where appropriate, the family is treated as a unit, and admit both women and their children to treatment:(^{21})</td>
</tr>
<tr>
<td>Ensure that recipients of Grant funding provide, or arrange for the minimum array of services for pregnant women, women with dependent children, and women who are attempting to regain custody of their children:</td>
</tr>
<tr>
<td>Primary medical care, including referral for prenatal care(^{22})</td>
</tr>
<tr>
<td>Primary pediatric care for their children(^{23})</td>
</tr>
<tr>
<td>Gender specific therapeutic interventions for the women(^{24})</td>
</tr>
</tbody>
</table>

\(^{16}\) 45 C.F.R. s. 96.124(b).
\(^{18}\) 45 C.F.R. s. 96.124(e).
\(^{21}\) 45 C.F.R. s. 96.137.
\(^{21}\) 45 C.F.R. s. 96.124(e).
\(^{22}\) 45 C.F.R. s. 96.124(e)(1).
\(^{23}\) 45 C.F.R. s. 96.124(e)(2).
\(^{24}\) 45 C.F.R. s. 96.124(e)(3).
<table>
<thead>
<tr>
<th>Federal Requirements and State Services Crosswalk for PWWDC Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appropriate therapeutic interventions for the</strong></td>
</tr>
<tr>
<td><strong>children in custody of women in treatment</strong></td>
</tr>
<tr>
<td><strong>Child care while the women are receiving</strong></td>
</tr>
<tr>
<td><strong>services</strong></td>
</tr>
<tr>
<td><strong>Sufficient case management, and transportation,</strong></td>
</tr>
<tr>
<td><strong>where required</strong></td>
</tr>
<tr>
<td>Implement an admission preference for pregnant women, and</td>
</tr>
<tr>
<td>require recipients of Grant funding to use the following hierarchy for admission:</td>
</tr>
<tr>
<td><strong>Pregnant injecting drug users</strong></td>
</tr>
<tr>
<td><strong>Pregnant substance abusers</strong></td>
</tr>
<tr>
<td><strong>Injecting drug users</strong></td>
</tr>
<tr>
<td>Maintain a capacity management mechanism to ensure that pregnant women who require services are able to be prioritized.</td>
</tr>
</tbody>
</table>

**III.B.(1) Federal Law**

To implement this statutory requirement, SAMHSA has promulgated regulations at 45 C.F.R. subpart L. These regulations, listed in Table 5, provide further direction for the statutory requirements set out in the U.S. Code.

**III.B.(2) Florida Law**

Florida Law requires that a person who receives substance abuse services must be a member of at least one of the categories in s. 394.674(1)(c), F.S., and listed below:

- Adults who have substance abuse disorders and a history of intravenous drug use
- Persons diagnosed as having co-occurring substance abuse and mental health disorders
- Parents who put children at risk due to a substance abuse disorder
- Persons who have a substance abuse disorder and have been ordered by the court to receive treatment
- Children at risk for initiating drug use
- Children under state supervision
- Children who have a substance abuse disorder but who are not under the supervision of a court or in the custody of a state agency
- Persons identified as being part of a priority population as a condition for receiving services funded through the block grant

**III.B.(3) Spending Requirement**

The amount required by SAMHSA for state funds to be set aside for PWWDC must match the grant allocation of $9,327,217. The formula for arriving at this amount is defined by federal law.29

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25 45 C.F.R. s. 96.124(e)(4).
26 45 C.F.R. s. 96.124(e)(1).
27 45 C.F.R. s. 96.124(e)(5).
28 45 C.F.R. s. 96.131(c).
29 45 C.F.R. s. 96.131(c).
The threshold amount of federal dollars should be spent as the payment of last resort on individuals who have no other means of obtaining such services.  

III.C HIV

As a condition of receiving the Grant, the federal government has required that states with rates of AIDs cases exceeding 10 or more per 100 thousand be “designated” as HIV states. Designated states are to make available early intervention services for people receiving substance abuse treatment. Early intervention services have been defined as:

- Appropriate pre-test counseling;
- Testing for the disease; and
- Appropriate post-test counseling.

III.C.(1) Federal Law

To implement this statutory requirement, SAMHSA has promoted regulations at 45 C.F.R. s. 96.128. This requires the Department to carry out one or more projects that meet the requirements listed in Table 6.

III.C.(2) Florida Law

In Florida, the Department of Health is statutorily responsible for communicable disease prevention, and control. The Department does not receive specific appropriations for the provision of HIV services.

III.C.(3) Crosswalk between SAMHSA Requirements and Applicable State Funding

To implement the federal requirements, the Department has promulgated the rules listed in Table 6.

29 45 C.F.R. s. 96.124
30 45 C.F.R. s. 96.137
31 42 U.S.C. s. 300x-24(b)
32 42 U.S.C. s. 300x-24(b)(7)(i)-(iii).
33 S. 381.003(1), F.S.
<table>
<thead>
<tr>
<th>Federal Authority</th>
<th>Description</th>
<th>Florida Authority</th>
<th>Service</th>
<th>Types of Providers required to Provide Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. C.F.R. s. 96. 128</td>
<td>Implement infection control strategies, in cooperation with the Department of Health</td>
<td>The plan must be initially approved by the medical director, or consulting physician, and review annually. The plan must also be consistent with ch. 381, and 384, F.S., and ch 64D-2, and 64D-3, F.A.C. See, ch. 65D-30.004(9)(a)1., F.A.C.</td>
<td>The requirement for universal infection control plan for licensed facilities;</td>
<td>• Addiction Receiving Facilities; • Detoxification Facilities; • Intensive Inpatient Treatment; • Residential Treatment; • Day or Night Treatment with Host Homes; • Day or Night Treatment with Community Housing; • Day or Night Treatment with Community Housing; and • Medication Assisted Treatment (Methadone).</td>
</tr>
<tr>
<td></td>
<td>Make early intervention services available to people receiving substance abuse treatment</td>
<td>Ch. 65D-30-004(9)(a-b), F.A.C.</td>
<td>A risk assessment of people admitted to treatment for HIV</td>
<td>HIV testing, and referral for services where necessary.</td>
</tr>
<tr>
<td></td>
<td>Ensure compliance with this section of the C.F.R.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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34 Ch. 65D-30.004(9), F.A.C.
35 To be consistent with the requirements of the regulation promulgated by SAMHSA at 45 C.F.R. s. 96.127, the plan must be initially approved by the medical director, or consulting physician, and review annually. The plan must also be consistent with ch. 381, and 384, F.S., and ch 64D-2, and 64D-3, F.A.C. See, ch. 65D-30.004(9)(a)1, F.A.C.
<table>
<thead>
<tr>
<th>Federal Authority</th>
<th>Description</th>
<th>Florida Authority</th>
<th>Service</th>
<th>Types of Providers required to Provide Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maintain Statewide expenditures of non-federal funds, from federal fiscal year 1993.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
III.C.(4) Spending Requirement

The required federal threshold spending is determined by computing the percentage change from FY1991 Grant Award and the current year. If it is greater than 5%, then the amount will be 5%. Work out the expenditure threshold for current year, based on the percentage determined previously. There are no set-aside requirements for State spending for HIV services.

The Department is required to maintain state expenditures, based on a rolling two year average, starting in federal fiscal year 1993.

The threshold amount of federal dollars should be spent as the payment of last resort on individuals who have no other means of obtaining such services.

III.D. TUBERCULOSIS

As a condition of receiving the Grant, the Department is required to make available tuberculosis services for people receiving substance abuse treatment. Tuberculosis services have been defined as:

- Counseling, with respect to tuberculosis;
- Testing for the disease, and to determine the appropriate treatment; and
- Providing treatment.

III.D.(1) Federal Law

To implement this statutory requirement, SAMHSA has promulgated regulations, listed in Table 7, at 45 C.F.R. s. 96.127.

III.D.(2) Florida Law

In Florida, the Department of Health is the named agency for Tuberculosis control. The Department does not receive specific appropriations for the provision of Tuberculosis services. However, the Department has promulgated rules that meet the federal requirements.

III.D.(3) Crosswalk between SAMHSA Requirements and Applicable State Funding

To implement the federal requirements, the Department has promulgated the rules listed in Table 7.

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38 s. 392.501, F.S.
Table 7. Federal Requirements and State Services Crosswalk for Tuberculosis Services

<table>
<thead>
<tr>
<th>Federal Authority</th>
<th>Requirements</th>
<th>Florida Authority</th>
<th>Service</th>
<th>Types of Providers required to Provide Services (^{39})</th>
</tr>
</thead>
</table>
| 45 C.F.R. s. 96.127 | Implement infection control strategies, in cooperation with the Department of Health | The plan for service must be initially approved by the medical director, or consulting physician, and reviewed annually. The plan must also be consistent with ch. 381, and 384, F.S., and ch 64D-2, and 64D-3, F.A.C. See, ch. 65D-30.004(9)(a)1., F.A.C. | The requirement for universal infection control plan for licensed facilities | • Addiction Receiving Facilities;  
• Detoxification Facilities;  
• Intensive Inpatient Treatment;  
• Residential Treatment;  
• Day or Night Treatment with Host Homes;  
• Day or Night Treatment with Community Housing;  
• Day or Night Treatment;  
• Intensive Outpatient Treatment;  
• Outpatient Treatment;  
• Medication Assisted Treatment (Methadone). |
| Make Tuberculosis services available to people receiving substance abuse treatment | Ch. 65D-30-004(9)(a-b), F.A.C. | A risk assessment of people admitted to treatment for Tuberculosis | Tuberculosis testing, and referral for services where necessary |

Ensure compliance with this section of the C.F.R.

Maintain Statewide expenditures of non-federal funds, on a rolling two year average, from federal fiscal year 1993.

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\(^{39}\) Ch. 65D-30.004(9), F.A.C.
III.D.(4) Spending Requirement

The Department is required to maintain state expenditures, based on a two year average, for the years preceding federal fiscal year 1993. The Department’s maintenance of effort is $1,145, based on the average spent in SFY 1991 ($1,173) and SFY 1992 ($1,117).

The threshold amount of federal dollars should be spent as the payment of last resort on individuals who have no other means of obtaining such services.

III.E. RECOVERY HOME LOAN

The Florida Home Loan Program was established in accordance with s.1916A of Subpart I of the Public Health Service Act to prevent recovering substance abusers in Florida from relapsing.\(^\text{40}\)

III.E.(1) Requirements

The Department, if implementing this loan, must meet the federal statutory\(^\text{41}\) requirements described below:

- The purpose of the fund is to make loans for the costs of establishing programs for the provision of housing in which individuals recovering from alcohol and drug abuse may reside in groups of not less than six individuals;
- Not less than $100,000 will be available for the revolving fund;
- Loans made from the revolving fund do not exceed $4,000 and that each such loan is repaid to the revolving fund not later than two years after the date on which the loan is made;
- Each loan is repaid by such residents through monthly installments by the date specified in the loan agreement involved;
- Such loans are made only to nonprofit private entities agreeing that, in the operation of the program established pursuant to the loan.
  - The use of alcohol or any illegal drug in the housing provided by the program will be prohibited;
  - Any resident of the housing who violates such prohibition will be expelled from the housing;
  - The costs of the housing, including fees for rent and utilities, will be paid by the residents of the housing; and
  - The residents of the housing will, through a majority vote of the residents, otherwise establish policies governing residence in the housing, including the manner in which applications for residence in the housing are approved;
- States shall identify and clearly define legitimate purposes for which the funds will be spent, such as first month's rent, necessary furniture (e.g., beds), facility modifications (e.g., conversion of basement into a game room or extra bedrooms), and purchase of amenities which foster healthy group living (e.g., dishwasher);
- In managing the revolving fund, the State and the financial entity managing the fund for the State shall abide by all Federal, State and local laws and regulations;
- If the State decides to indirectly manage the fund using a private nonprofit entity as the fund management group, the State shall establish reasonable criteria for selecting the group, such as qualifications, expertise, experience, and capabilities of the group, and the State shall require that these entities abide by all Federal, State and local laws and regulations;

\(^{40}\) 42 U.S.C 300X
\(^{41}\) 45 C.F.R. 96.129
• The State may seek assistance to approve or deny applications from entities that meet State-established criteria;
• The State shall set reasonable criteria in determining the eligibility of prospective borrowers such as qualifications, expertise, capabilities, the acceptability of a proposed plan to use the funds and operate the house, and an assessment of the potential borrower's ability to pay back the funds;
• The State shall establish a procedure and process for applying for a loan under the program which may include completion of the application, personal interviews and submission of evidence to support eligibility requirements, as well as establish a written procedure for repayment which will set forth reasonable penalties for late or missed payments and liability and recourse for default;
• The State shall provide clearly defined written instructions to applicants which lay out timeliness, milestones, required documentation, notification of reasonable penalties for late or missed payments and recourse for default, notification on legitimate purposes for which the loan may be spent, and other procedures required by the State; and
• The State shall keep a written record of the number of loans and amount of loans provided, the identities of borrowers and the repayment history of each borrower and retain it for three years.

III.F. SABG SPENDING REQUIREMENTS

Table 8 list the threshold\textsuperscript{42} and set-aside\textsuperscript{43} spending requirements for the SABG.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Threshold Requirement</th>
<th>Set Aside Requirement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Prevention</td>
<td>Not less than 20% of total grant funds\textsuperscript{44}</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Pregnant Women with Dependent Children</td>
<td>$9,327,217\textsuperscript{45}</td>
<td>None</td>
<td>There is no State set-aside for HIV services for the State because in FY1993, the Department was not appropriated HIV funding</td>
</tr>
<tr>
<td>HIV</td>
<td>5% of total grant funds\textsuperscript{46}</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>None</td>
<td>$1,145\textsuperscript{47}</td>
<td>Based on a two year average, for the two years preceding federal fiscal year 1993</td>
</tr>
<tr>
<td>Administration</td>
<td>Not more than 5%\textsuperscript{48}</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{42} Threshold spending requirements refer to SAMHSA's requirements for spending grant funds.
\textsuperscript{43} Set-Aside spending requirements refer to SAMHSA's requirements for spending State funds.
\textsuperscript{44} 45 C.F.R. s. 96.124(b)
\textsuperscript{45} 45 C.F.R. s. 96.124(c)
\textsuperscript{46} 45 C.F.R. s. 96.128(f)
\textsuperscript{47} 45 C.F.R. s. 96.127(c)
\textsuperscript{48} 45 C.F.R., s. 96.135(b)(1)
IV. Mental Health Spending Requirements

As the recipient agency, the Department must meet the federal spending guidelines for the programs listed below.

- Serious Mental Illness (SMI) (Adults)
- Serious Emotional Disturbance (SED) (Children)\(^49\)

These are discussed in the following paragraphs.

IV.A. FEDERAL LAW

Federal Law requires the State to submit a plan providing comprehensive community mental health services to adults with serious mental illness and to children with a serious emotional disturbance.\(^50\) The plan must meet SAMHSA’s criteria\(^51\) briefly described below and be approved by the Secretary of SAMHSA.

- Provides a system of integrated social services, educational services, juvenile services, and substance abuse services combined with health and mental health services availing such children to appropriate care for their multiple needs;
- Provides that the MHBG will not be expended to provide any service other than comprehensive community mental health services; and,
- Provides for the establishment of a defined geographic area for the provision of services.

IV.B. FLORIDA LAW

Florida Statute requires that there be a system of care for persons with serious mental illnesses. Section 394.453, F.S., provides:

The Department has statutory responsibility for the Juvenile Incompetent to Proceed (JITP) Program, the Behavioral Health Network (BNET), and the Statewide Inpatient Psychiatric Program.\(^52\)

IV.C. CROSSWALK BETWEEN SAMHSA REQUIREMENTS AND STATE SERVICES

To implement the federal requirements, the Department has promulgated the rules listed in Table 9.

<table>
<thead>
<tr>
<th>SAMHSA Required Services</th>
<th>Equivalent Service provided by Florida</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient services for individuals who have</td>
<td>Intensive Case Management(^54)</td>
<td>Adults, Children</td>
</tr>
</tbody>
</table>

\(^{49}\) 42 U.S.C., s.300x–1(c)(1)
\(^{50}\) 42 U.S.C., s. 300x-1
\(^{51}\) 42 U.S.C., s. 300x-1(b)(3)
\(^{52}\) The Juvenile Incompetent to Proceed (JITP) Program offers competency restoration for children who are found incompetent to proceed due to mental illness, developmental disability or autism. The Behavioral Health Network (BNET) is an intensive behavioral health program for children enrolled in the State Children’s Health Insurance Program (SCHIP). The Statewide Inpatient Psychiatric Program (SIPP) is offered in a secure setting with intensive treatment and serves children ages six through 17.
<table>
<thead>
<tr>
<th>SAMHSA Required Services</th>
<th>Equivalent Service provided by Florida</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>been discharged from inpatient treatment at a mental health facility53</td>
<td>Outpatient55</td>
<td>• Adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children</td>
</tr>
<tr>
<td>Emergency services must be available 24 hours a day.56</td>
<td>Crisis Stabilization57</td>
<td>• Adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children</td>
</tr>
<tr>
<td></td>
<td>Crisis Support/Emergency58</td>
<td></td>
</tr>
<tr>
<td>Day treatment or other partial hospitalization or psychosocial rehabilitation services must be made available.59</td>
<td>Mental Health Clubhouse Services60</td>
<td>• Adults</td>
</tr>
<tr>
<td>Providers must provide screening for patients under consideration for admission to a State mental health facility to determine the appropriateness of admission.61</td>
<td>Crisis Support Emergency62</td>
<td>• Adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children</td>
</tr>
<tr>
<td></td>
<td>Assessment63</td>
<td>• Adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children</td>
</tr>
</tbody>
</table>

54 Ch. 65E-14.021(7)(n), F.A.C.  
55 42 U.S.C. s. 300x.2(c)(1)(B)  
56 Ch. 65E-14.021(7)(s), F.A.C.  
57 42 U.S.C. s. 300x.2(c)(1)(C)  
58 Ch. 65E-14(7)(d), F.A.C.  
59 Ch. 65E-14(7)(e), F.A.C.  
60 42 U.S.C. s. 300x.2(c)(1)(D)  
61 Ch. 65E-14(7)(q), F.A.C.  
62 42 U.S.C. s. 300x.2(c)(1)(E)  
63 Ch. 65E-14(7)(kk), F.A.C.
### IV.D MHBG SPENDING REQUIREMENTS

Table 10 lists the threshold and set-aside spending requirements for the MHBG.64

**Table 10. MHBG Threshold and Set-Aside Spending Requirements**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Threshold Requirement</th>
<th>Set Aside Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Services</td>
<td>None</td>
<td>A level that is not less than the average level of such expenditures maintained by the State for the two-year period preceding the fiscal year for which the State is applying for the grant.65</td>
</tr>
<tr>
<td>Serious Emotional Disturbance (Children)</td>
<td>None</td>
<td>In the case of the grant for FY 1993, the State will expend not less than 10% of the grant to increase funding from the previous year; in the case of the grant for FY 1994, the State will expend not less than 10% of the grant to increase funding from 1993; in the case of a grant for any subsequent fiscal year, the State will expend not less than an amount equal to the amount expended by the State for FY 1994.66</td>
</tr>
<tr>
<td>Administration</td>
<td>Not more than 5% of total grant funds67</td>
<td>None</td>
</tr>
</tbody>
</table>

64 Threshold spending requirements refer to SAMHSA’s requirements for spending grant funds. Set-Aside spending requirements refer to SAMHSA’s requirements for spending State funds.

65 42 U.S.C. s. 300x-4(b)(1)

66 42 U.S.C. s. 300x-2(a)(1) (in FY 2013, SAMHSA requested that this amount change to the amount spent in 2008 ($82,390,300) instead of FY1994. The 2014-2016 Grant application took this request into consideration; however, there is no amendment to 42 U.S.C., Section 300x-2(a) indicating that the fiscal year benchmark has been changed. Until this occurs, the State is still obligated to match the amount spent in FY 1994.)

67 42 U.S.C. s. 300x-5(b)
Table 1. *Example*: Maintenance of Effort Requirement for Substance Abuse Aggregate State Expenditures ................................................................................................................................................. 4

Table 2. Prevention Intervention Categories........................................................................................................................................................................... 5

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Table 9. Federal Requirements and State Services Crosswalk for Mental Health .......................................................... 17

Table 10. MHBG Threshold and Set-Aside Spending Requirements........................................................................................................................................................................... 19

Table 11. Document Revision History........................................................................................................................................................................... Error! Bookmark not defined.