

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

Focus of the Session

Today's session will focus on:

- Requirements Regarding Pregnant Women That All SABG-Funded Providers Must Meet
- Special Services for Pregnant Women and Women with Dependent Children Maintenance of Effort Requirements



SABG REQUIREMENTS REGARDING PREGNANT WOMEN

State Technical Assistance Project
Contract No. HHSS283201200002I
Task Order No. HHSS28342002T
Reference No. 283-12-0202



Purpose

Who Are SABG Priority Populations?

Early 1990s—Both houses of Congress were concerned about the spread of infectious diseases among:

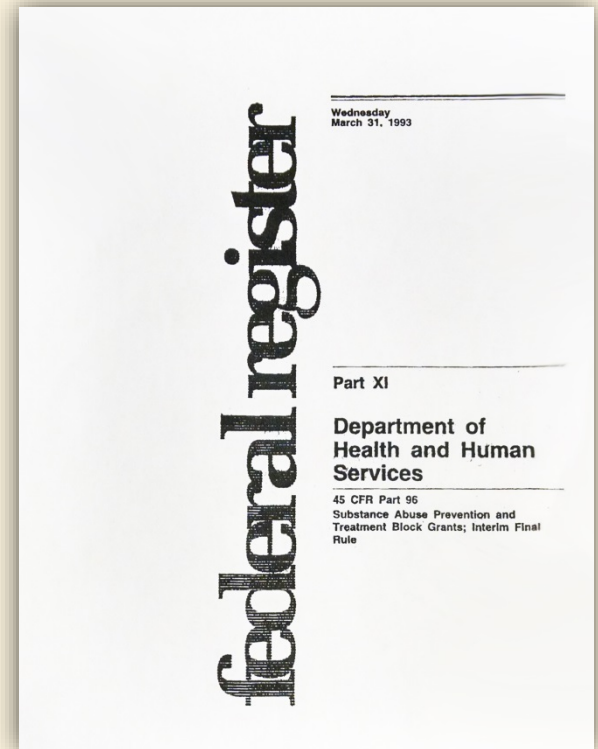
- Pregnant women and people who inject drugs
- Partners of these individuals
- The communities in which they live



Purpose

1993—Substance Abuse Prevention and Treatment Block Grant (SABG) requirements were published and:

- Identified pregnant women and people who inject drugs as ***priority populations***
- Indicated that priority populations should be granted admissions priority
- Introduced requirements to limit the wait time for and increase retention of priority populations



Purpose

SABG-funded states and programs must:

- Admit ***priority populations*** within prescribed time frames
- Offer priority populations ***interim services*** when they cannot be admitted within those time frames
- Have systems to effectively track, maintain contact with, and report on priority populations awaiting admission (i.e., ***waiting lists***)

Requirements

What Are the SABG Capacity Management Requirements?

States must require all SABG-funded programs to:

- Give pregnant women preference in admissions
- Refer pregnant women to the State when such women cannot be admitted
- Publicize the availability of services for pregnant women, including that pregnant women get admissions preference

Requirements

States must require programs that serve individuals who inject drugs to give admissions preference as follows:

1. Pregnant women who inject drugs (first preference)
2. Pregnant women who abuse substances in other ways (second preference)
3. Other individuals who inject drugs (third preference)

Priority Populations

SABG requires states and programs to take extra efforts to keep the following populations engaged when appropriate treatment capacity is not available:

- Pregnant women who are seeking treatment
- Individuals who inject drugs and are seeking treatment

Waiting List

Uniform Waiting List is defined as a document that:

- Identifies individuals who are seeking treatment when appropriate treatment slots are not available
- Is a written log/roster that a treatment program maintains when service capacity has been reached
- Identifies individuals who are actively seeking treatment and who meet eligibility criteria

Waiting List

For pregnant women who cannot be admitted, states must:

- Maintain a continuously updated system for identifying treatment capacity for pregnant women ***and***
- Have a mechanism for matching these women to treatment with sufficient capacity

Interim Services

What Are Interim Services?

SABG-funded programs must offer interim services within 48 hours when the following priority populations cannot be admitted or referred to other programs with sufficient capacity:

- Pregnant women
- Individuals who inject drugs





SPECIAL SERVICES FOR PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN



Background

What Was the Congressional Impetus Behind the Special Services for Pregnant Women and Women With Dependent Children (Women's) Maintenance of Effort?

- Institute of Medicine study that pointed to cost offsets of comprehensive services for women with dependent children.
- Focus on expanding residential and outpatient options for this population.
- Support for residential programs for women with dependent children prioritized as a modality that offers comprehensive services.



Calculating the Women's MOE

What is the Women's Maintenance of Effort Funds?

Each (state) fiscal year, states must expend an amount that is at least equal to ***base-year expenditures*** (established in the 1990s).

Covered Populations

Which Populations Are Covered by the SABG Funds for Special Services for Pregnant Women and Women With Dependent Children?

- Pregnant women
- Women with dependent children, including women who are trying to regain custody of their children

Required Services

What Services Are Required of Programs That Receive SABG Funds for Special Services for Pregnant Women and Women With Dependent Children?

States must ensure that programs that receive these funds provide or arrange for ***all*** of the following:

- Primary medical care, including prenatal care
- Primary pediatric care, including immunizations, for the women's children
- Gender-specific substance use disorder treatment and other therapeutic interventions for women

Required Services

- Therapeutic interventions for children in custody of women in treatment
- Child care while women are receiving services
- Sufficient case management and transportation to ensure that the women and their children can access the other services

States must also ensure that programs that receive these funds treat the family as a unit.

Primary Medical Care and Pediatric Care

Primary medical and pediatric care for women and their children include services such as:

- Physical examinations.
- Treatment of medical conditions.
- Complete prenatal care.
- Immunizations.
- Dental care.
- Behavioral health care.



Primary Medical Care and Pediatric Care

Sources of primary and pediatric care, particularly for low-income clients, include:

- Medicaid.
- Health Resources Services Administration-sponsored health centers.
- Federally qualified health centers.

Gender-Specific Treatment and Other Therapeutic Interventions

Gender-specific substance use disorder treatment and other therapeutic interventions for women:

- Maintain a gender-responsive treatment environment.
- Use a strengths-based model.
- Incorporate an integrated, multidisciplinary approach.
- Address women's unique health concerns.
- Incorporate a trauma-informed orientation.

Gender-Specific Treatment and Other Therapeutic Interventions

- Promote culturally competent services that are specific to women.
- Are sensitive to how ascribed roles and gender expectations across cultures shape societal attitudes toward women with substance use disorders.
- Recognize the role and significance of relationships in women's lives, including various caretaker roles that women assume throughout life.
- Acknowledge the importance and role of socioeconomic conditions of women compared to men.

Child Care

Child care while women are receiving services is important because:

- More than 1.4 million children live with mothers who are single parents who have substance use disorders.
- The lack of child care is a major barrier to treatment for many of these women.
- Reliable child care is associated with longer treatment lengths (i.e., retention), improved outcomes, and sustained recovery.

Child Care

Programs that receive these funds may:

- Provide child care directly or arrange for it through another service.
- Use SABG funds or other funds to pay for the services.

Therapeutic Interventions for Children

Therapeutic interventions for children might address issues such as:

- Developmental needs.
- Sexual and physical abuse.
- Neglect.



Case Management

Sufficient case management:

- Provides the client a single point of contact with health and social services.
- Is client-driven and driven by client need.
- Assesses clients' strengths and limitations and social, financial, and institutional resources.
- Involves an individualized service plan.
- Advocates on behalf of the plan for needed resources and services.

Case Management

Case management also:

- Is community based.
- Mobilizes formal and informal resources and services.
- Is pragmatic, anticipatory, flexible, and culturally sensitive.

Treating the Family As a Unit

Treating the family as a unit has multiple benefits:

- It addresses a reality—70% of women entering treatment have children, so it reduces barriers to treatment.
- Treating families as a unit improves outcomes for each family member.
- Research continues to suggest that including children in treatment, particularly residential treatment, is essential to mothers' recovery.

Treating the Family As a Unit

A SAMHSA study found that each dollar spent on family-centered treatment for parental substance use disorders saved \$3.71 in areas such as:

- Welfare.
- Crime.
- Foster care.
- Care for babies with low birth weights.



Reminder About Required Services

Programs that receive these funds must provide directly or arrange for ***all*** of the required services.

Additional Recommended Services

The SABG also *encourages* states to require that programs receiving these funds to provide or arrange:

- Case management to assist with establishing eligibility for federal, state, or local public assistance programs
- Employment and training programs
- Education and special education programs
- Drug-free housing for women and their children
- Therapeutic day care, Head Start, and other early childhood programs

Payment of Last Resort

These funds must be used:

- As the “payment of last resort,” *and*
- Only for clients who have no other financial means for obtaining these services.

Fund Sources

Programs often look beyond their own funds to put together the comprehensive package of services.

Many of the women and their children are eligible for other federal, state, and local support that offer:

- Primary medical and pediatric care.
- Therapeutic interventions for children.
- Transportation services.

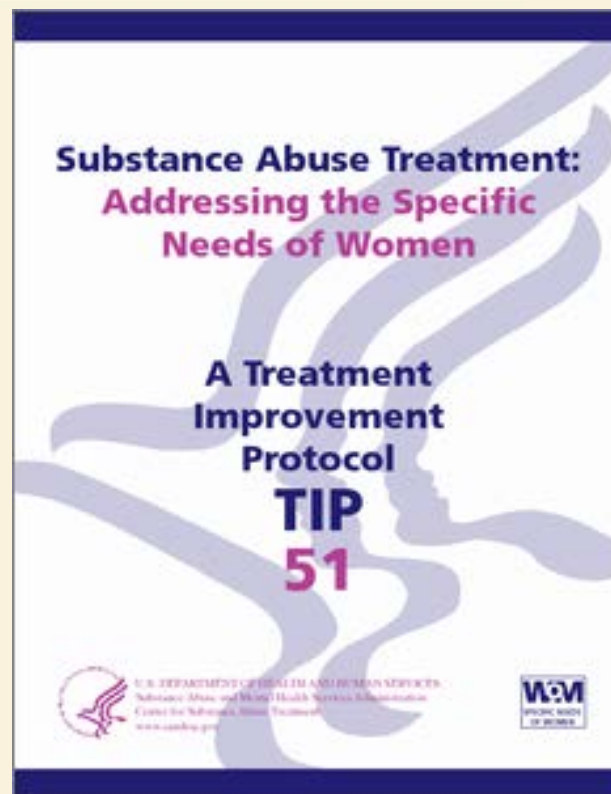
Fund Sources

Many of these programs also maximize resources for services and operations through a combination of:

- Effective resource development initiatives.
- Pro bono/volunteer services.
- In-kind contributions.

Resources on Comprehensive Services For Women

SAMHSA's "Treatment Improvement Protocol (TIP) 51, Substance Abuse Treatment: Addressing the Specific Needs of Women," is a good resource manual on comprehensive services for women.



Resources on Comprehensive Services For Women

TIP 51:

- Presents a biopsychosocialcultural framework based on clinical practice and research.
- Examines women's treatment needs, approaches, and experience.
- Highlights promising and best practices.
- Explores evidence-based research and clinical issues that affect treatment for women.

Upcoming Webinars

| Thursdays 3pm (Eastern) on | Focus |
|----------------------------|--|
| December 7, 2017 | Capacity management requirements regarding access to care for priority populations |
| December 14, 2017 | Requirements regarding SABG fiscal tracking and management |



THANK YOU

