

## Guidance 26 Women's Special Funding Substance Abuse Services for Pregnant Women and Mothers

**Contract Reference:** *Sections A-1.1 and Exhibit C2*

**Authority:** *General Appropriations Act*

**Frequency:** *Monthly data specific to Women's Special Funding General Revenue Appropriations*

**Due Date:** *The 18th of the month following the date of the service*

**Discussion:**

The purpose of this document is to provide direction for the implementation, administration, and management of substance abuse services for pregnant women and mothers, including those trying to regain custody of their children. This document outlines the applicable federal regulations; addresses the special legislative appropriation for the expansion of substance abuse services; and provides resources regarding best practices.

### I. FEDERAL REGULATIONS

Substance abuse services provided to this group of individuals are subject to the requirements of the federal Substance Abuse Prevention and Treatment Block Grant.

Federal law requires Florida to expend at least \$9,327,217 on services for pregnant women and women with dependent children. This amount is based on FY 1994 expenditures. The Department tracks and reports on the use of an annual specific appropriation to meet this amount through a dedicated Other Cost Accumulator. Federal Block Grant requirements and regulations concerning pregnant women and mothers apply to the specific appropriation.

Federal regulations require:

- Women receiving services have no other financial means to obtain treatment,
- Where appropriate, the family is treated as a unit, and both women and their children are admitted to treatment,
- A minimum service array must be provided or arranged for, to include the following:
  - Primary medical care, including referral for prenatal care,
  - Primary pediatric care, including immunization for their children,
  - Gender specific therapeutic interventions for the women,
  - Appropriate therapeutic interventions for the children in custody of women in treatment,
  - Childcare while the women are receiving services, and
  - Sufficient case management and transportation to ensure women and their children have access to the minimum service array.
- Providers that receive Block Grant funds and serve injection drug users must publicize the following notice:
 

**"This program receives federal Substance Abuse Prevention and Treatment Block Grant funds and serves people who inject drugs. This program is therefore federally required to give preference in admitting people into treatment as follows:**

  1. Pregnant injecting drug users,
  2. Pregnant drug users,

### 3. People who inject drugs,

### 4. All others.”

- Providers must maintain a capacity management system that prioritizes services for pregnant women and women with dependent children, including women who are attempting to regain custody of their children.
- In the event there is insufficient capacity to admit a pregnant woman, Providers must make an alternate referral. If there is no alternate, Providers must make interim services available within 48 hours and must retain clients while they are receiving interim services. Interim services are provided until an individual is admitted to a substance abuse treatment program. Interim services are intended to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include:
  - Counseling and education about HIV and tuberculosis (TB), consisting of the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur,
  - Referral for HIV or TB treatment services if necessary,
  - Counseling on the effects of alcohol and drug use on the fetus, and
  - Referral for prenatal care.

## II. EXPANSION OF SUBSTANCE ABUSE SERVICES

The 2012 Florida Legislature created the *Statewide Task Force on Prescription Drug Abuse and Newborns* to address the problem of Neonatal Abstinence Syndrome (NAS). NAS refers to a drug withdrawal syndrome in newborns following birth. The Task Force provided several recommendations, which in part resulted in a new appropriation of funds for substance abuse services targeting this population.

### A. TASK FORCE RECOMMENDATIONS

The February 2013 *Statewide Task Force on Prescription Drug Abuse and Newborns* report includes strategies to reduce the problem of prescription drug addiction among pregnant women. The Task Force recommended enhancing the capacity of the behavioral health system to ensure pregnant women and mothers have immediate access to the appropriate level of care through a continuum of services. Specifically, the report recommends:

- Expanded residential treatment capacity,
- Expanded intensive outpatient treatment capacity, and
- Case management services to assist women leaving treatment.

The report concluded successful treatment of Neonatal Abstinence Syndrome (NAS) improves when an opioid abusing woman receives medical care early in her pregnancy and concluded substance abuse treatment programs for pregnant women should include:

- Coordinated physical and behavioral health care,
- Collaboration with child welfare and community services (including courts and schools),
- Gender specific evidence-based practices, and
- A whole family approach, including outreach to fathers and relatives to get them involved in treatment services.

## **B. SPECIFIC APPROPRIATION**

Annual specific appropriations in response to the Task Force recommendations are designed to expand substance abuse services for pregnant women, mothers and their affected family members. Managing Entities shall ensure the following requirements apply to Network Service Providers receiving specific appropriation funds:

### **1. Service Array**

Services must include residential treatment, outpatient treatment with housing support, outreach, detoxification, childcare and case management supporting both the mother and child. Services may include other Covered Services defined in *ch. 65E-14.021, F.A.C.*, which are allowable within the Substance Abuse Program.

### **2. Individuals to be Served**

This appropriation aims to prioritize pregnant women with substance use disorders. To increase the percentage of pregnant women served annually through targeted outreach efforts, Managing Entities shall require Network Service Providers to prioritize and manage admission in the following order.

- For providers that serve injecting drug users:
  1. Pregnant intravenous drug users,
  2. Pregnant drug users,
  3. Women with children age 0-5, and
  4. All others, including mothers with older children and those trying to regain custody.
- For providers that do not serve injecting drug users:
  1. Pregnant drug users,
  2. Women with children age 0-5, and
  3. All others, including mothers with older children and those trying to regain custody.

All efforts should be made to serve pregnant women and those parenting very young children. The percent of pregnant women and parents with children ages five and under will be tracked monthly.

### **3. Gender Specific Treatment**

Best practices indicate that treatment should be provided in a gender specific manner in an environment that is sensitive to women's issues and needs. Examples of how Network Service Providers can better meet the specific needs of women include:

- Screening for perinatal depression and provision of or referral to recommended interventions,
- Supportive therapy in a safe and nurturing treatment environment,
- Counseling on domestic violence and sexual abuse for both a victim and a perpetrator, including information about the connection between substance use and violence, conflict resolution techniques, and information about local anti-violence resources and emergency shelters,
- Promoting appropriate involvement of family members and others in the treatment and rehabilitation process and in an ongoing support system,
- Family counseling about substance use providing age-appropriate information to all family members about the addiction process, treatment, relapse, aftercare and effects on the family,
- Interventions to support parenting skills and positive child-parent relationships,

- Employment skill building including the importance of graduating from a secondary school or obtaining a G.E.D., education and vocational assessment, skills development and counseling about seeking and maintaining a job.
- Providing various services in one convenient location to improve retention rates, and
- Planning for and counseling to assist community reentry transition, before and after discharge, including referrals to appropriate community entities for the women and their children.

#### 4. Data Reporting and Management

In addition to substance abuse service data reported in accordance with *DCF Pamphlet PAM 155-2*, Network Providers who receive Women's Special Funding General Revenue appropriations must report the additional data points specified in the Women's Special Funding Data Reporting Template by the 18th of each month following service delivery for services funded by this specific appropriation. The Women's Special Appropriation Data Reporting Template shall be completed by each Network Provider using **Template 16 – Women's Special Funding Reporting Template**.

Data points to be collected include client SSN, client first name, client last name, client date of birth, client parenting status, client pregnancy status, expected due date, actual delivery date, birth outcome, birth weight, court ordered diversion status, child welfare involvement status, drug screen status and parenting interventions received.

Data should be reported for events occurring during the reporting month only, not year to date. Each person served should represent a single row of data reflecting the events that took place in the reporting month only. It is important that there are no blanks on the spreadsheet and if information is not available, please enter "N/A."

#### 5. Additional Reports

The Managing Entity and Network Service Providers shall provide additional information and data upon request regarding gender-specific treatments, parenting interventions, evidence-based practices, and initiatives related to pregnant and parenting women in response to a quarterly electronic survey distributed by the Department.

### III. RESOURCES

#### A. COMPREHENSIVE MODEL OF CARE FOR WOMEN AND CHILDREN

SAMHSA's Center for Substance Abuse Treatment (CSAT) has developed a Comprehensive Substance Abuse Treatment Model for Women and Their Children which includes three primary types of services for women with substance use disorders and their children: (1) clinical treatment, (2) clinical support, and (3) community support, provided in a context of cultural competence, gender competence, and developmental appropriateness.

Table 1 lists the components of the model. More detailed information on Treatment Improvement Protocol 51, Substance Abuse Treatment: Addressing the Specific Needs of Women is available at:

[http://www.ncbi.nlm.nih.gov/books/NBK83252/pdf/Bookshelf\\_NBK83252.pdf](http://www.ncbi.nlm.nih.gov/books/NBK83252/pdf/Bookshelf_NBK83252.pdf)

**Table 1: SAMHSA/CSAT Comprehensive Model of Care for Women and Children**

Clinical treatment services are defined as services necessary to address the medical and bio-psychosocial issues associated with addiction.	Clinical support services for women assist clients in maintaining their recovery.	Community support services are designed to support recovery
Outreach and engagement	Life skills	Recovery management and recovery community support services
Screening	Parenting and child development education	Housing that encourages alcohol- and drug-free living
Detoxification	Family programs	Ongoing family-strengthening services
Crisis intervention	Educational remediation and support	Childcare
Assessment	Employment readiness services	Transportation
Treatment planning	Linkages with legal and child welfare systems	TANF linkages
Case management	Housing support	Recovery support and substance abuse prevention in the workplace
Substance abuse counseling and education	Advocacy	Vocational and academic education services
Trauma services	Recovery community support services	Connections to faith-based organizations as appropriate and desired
Medical care		
Pharmacotherapy/Medication assisted treatment		
Mental health services		
Drug monitoring		
Continuing care		

## B. OUTREACH, ENGAGEMENT AND PRETREATMENT

It is critical to treat women with substance use issues as early as possible during their pregnancy for the best possible maternal and infant outcomes. Outreach and engagement services can be clinically effective in increasing the likelihood of entering substance abuse treatment. Efforts should be strengthened to provide assertive outreach to pregnant women who can benefit from substance abuse treatment. Managing Entities and Network Providers should consider reaching out to and developing referral agreements with:

- Local obstetricians,
- Local health departments,
- Emergency departments,
- Federally Qualified Health Centers, and
- Other clinics and medical practices serving pregnant women.

Managing Entities and Network Service Providers may also use their websites and other media resources to advertise the services and the priority afforded pregnant women. Guidance for evidence-based outreach, engagement and pretreatment strategies is available at:

### C. ADDITIONAL RESOURCES

The following are treatment guidelines and scholarly articles related to best practices and strategies for implementing effective services for this population.

- Center for Substance Abuse Treatment. [Substance Abuse Treatment and Domestic Violence](#) Treatment Improvement Protocol (TIP) Series, No. 25, HHS Publication No. (SMA) 12-4076. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1997.
- Center for Substance Abuse Treatment [Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues](#) Treatment Improvement Protocol (TIP) Series, No. 36 HHS Publication No. (SMA) 00-3357. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000.
- Center for Substance Abuse Treatment [Substance Abuse Treatment for Persons With Co-Occurring Disorders](#) Treatment Improvement Protocol (TIP) Series, No. 42. HHS Publication No. (SMA) 133992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.
- Center for Substance Abuse Treatment [Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery](#) Treatment Improvement Protocol (TIP) Series, No. 48. HHS Publication No.(SMA) 13-4353. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2008.
- Center for Substance Abuse Treatment [Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol \(TIP\) Series, No. 51.](#) HHS Publication No. (SMA) 14-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.
- Clark, H. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. [Child Welfare](#) 80(2), 179-198.
- Haug, N.A., Duffy, M., McCaul, M.S. (2014) Substance abuse treatment services for pregnant women: psychosocial and behavioral approaches. [Obstet Gynecol Clin North Am.](#), 41(2):267-96.
- Mandell, K. and Werner, D. (2008). [Guidance to States: Treatment Standards for Women with Substance Use Disorders.](#) National Association of State Alcohol and Drug Abuse Directors.
- National Institute on Drug Abuse (NIDA). ["Principles of Drug Addiction Treatment – A Research Based Guide"](#) Third Edition. NIH Publication No. 12-4180, National Institutes of Health, U.S. Department of Health and Human Services, 2012.
- Porowski, A.W., Burgdorf, K., & Herrell, J.M. (2004) Effectiveness and sustainability of residential substance abuse treatment programs for pregnant and parenting women. [American Journal of Drug and Alcohol Abuse,](#) 30(3), 537-550.
- Stengel, C. (2014). The risk of being 'too honest': drug use, stigma and pregnancy, [Health, Risk & Society,](#) 16(1), 36-50.
- Substance Abuse and Mental Health Services Administration. [Family-Centered Treatment for Women with Substance Use Disorders – History, Key Elements and Challenges \(2007\).](#) Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007.

- Substance Abuse and Mental Health Services Administration. [\(2019\). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health \(HHS Publication No. PEP19-5068, NSDUH Series H-54\)](#). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>
- Substance Abuse and Mental Health Services Administration. [Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol \(TIP\) Series 57. HHS Publication No. \(SMA\) 13-4801](#). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Substance Abuse and Mental Health Services Administration. [Using Matrix with Women Clients: A Supplement to the Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders. HHS Pub. No. \(SMA\) 12-4698](#). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.
- Substance Abuse and Mental Health Services Administration [National Center for Trauma-Informed Care](#).
- Substance Abuse and Mental Health Services Administration [National Center for Child Welfare and Substance Abuse](#).