

**How to Develop Clear, Concise Policies and Procedures  
that are in Compliance with Requirements for Pregnant  
and Parenting Women with Substance Use Disorders, and  
How to Document in Clients' Files the SAPT-Required  
Services that were Provided.**

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**&**

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## Objectives

- Participants will learn about the SAPT block grant-required policies and procedures that specifically apply to pregnant and parenting women.
- Participants will learn to create policies and procedures ensuring correct implementation of SAPT block grant requirements specifically applying to pregnant and parenting women.
- Participants will learn to efficiently document in clients' files the SAPT block grant-required services that specifically apply to pregnant and parenting women.



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**Webinar Part 1**  
**Block Grant Rules Regarding Pregnant Women**  
**and Women with Dependent Children**

**Jeffrey Cece, Department of Children and Families**

3

**Substance Abuse and Mental Health Services**  
**Administration (SAMHSA) Block Grant Basics**

- SAMHSA Block Grant (BG):
  - Community Mental Health Services (CMHS)
  - Substance Abuse Prevention and Treatment (SAPT)
- SAPT BG is subject to the most rules, requirements, and restrictions.
- Codified under Title 42 of the United States Code § 300x
- Additional SAPT regulations are under Title 45 of the Code of Federal Regulations §96

4



## Block Grant Funds Awarded to Florida (2012-2016)

	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
<b>SAPT</b>	\$99,581,639	\$94,297,122	\$109,951,627	\$110,662,825	\$111,379,297
<b>CMHS</b>	\$28,619,330	\$27,332,270	\$31,110,919	\$31,701,900	\$33,793,628
<b><u>TOTAL</u></b>	<b>\$128,200,969</b>	<b>\$121,629,392</b>	<b>\$141,062,546</b>	<b>\$142,364,725</b>	<b>\$145,172,925</b>

5



## Mandatory Expenditure Target

- Each year, Florida must expend at least \$9,327,217 in *federal or state* funds for pregnant women and women with dependent children (PWWDC).
- A combination of Block Grant funds and state General Revenue funds are used to meet this expenditure target.

6



## **Admission Preference for Pregnant Women**

- BG-funded treatment providers must ensure that pregnant women are given preference in admissions.
- BG-funded treatment providers that serve “an injecting drug abuse population” must prioritize admissions as follows:
  1. Pregnant injecting drug users
  2. Pregnant substance abusers
  3. Injecting drug users
  4. All others

7



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## **Publicizing the Admission Preference**

- Providers must publicize the availability of services to pregnant women and the fact that they receive preference in admissions.
- This may be done via street outreach programs, ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and notices distributed to CBOs, health care providers, and social service agencies.

8



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## Required Services for PWWDC

- BG-funded treatment programs must treat the family as a unit and admit both women and their children into treatment services (if appropriate).
- BG-funded treatment programs must provide or arrange for the provision of the following services to PWWDC (including women who are attempting to regain custody of their children).

9



## PWWDC Services (continued)

1. Primary medical care for women, including referral for prenatal care and child care.
2. Primary pediatric care, including immunizations, for their children.
3. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care.
4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect.
5. Sufficient case management and transportation to ensure that women and their children have access to the medical, pediatric, gender-specific, and therapeutic care described above.

10



## Referrals to Providers with Capacity and Interim Services

- In the event that a treatment facility has insufficient capacity to provide treatment services to a pregnant woman, the facility must refer the woman to the Managing Entity.
- The Managing Entity will refer the woman to a treatment facility that has capacity to provide treatment.
- If no treatment facility has capacity, interim services must be made available to the woman no later than 48 hours after the woman seeks treatment.

11



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## Definition of Interim Services

- Interim Services are provided until an individual is admitted to a substance abuse treatment program.
- The purpose is 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 TB, about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.
- For pregnant women, interim services also include **counseling on the effects of alcohol and drug use on the fetus**, as well as **referrals for prenatal care**.

12



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# Questions?

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13



## **Webinar Part 2 A Guide for Developing Policies and Procedures for Pregnant Women and Women with Dependent Children (PWWDC)**

Shannon Robinson & Walescca Rivera,  
Aspire Health Partners



14



## **Policies and Procedures for SAPT Priority Populations**

In addition to treatment and support services for PWWDC, providers must meet the following block grant requirements for:

- Admissions, capacity management
- Interim services, selecting referral agencies
- Employee education, service coordination
- Outreach programs, IV drug users
- HIV early intervention services and TB services



15



## **Scope of this Section**

This part of the webinar will focus on the policy and procedural requirements for pregnant and parenting women. However, providers are also responsible for ensuring that requirements are followed that apply to all of the priority populations.



16





## Resource for Developing P&Ps

The best source of information about requirements is: *Block Grant Requirements Manual for Providers*, by Florida Department of Children and Families Substance Abuse and Mental Health Services. To ensure compliance, write Policies and Procedures using language from the Manual.



17



## Admissions Process

Your organization should ensure that the pregnant, postpartum, and parenting priority population clients and their unborn babies are treated with the highest standard of care and are given preference as required.

1. Pregnant injecting drug users
2. Pregnant substance abusers
3. Injecting drug users
4. All others



18



# Different Methods of Creating P&Ps Meeting SAPT Requirements

## Method #1

- Providers can review and revise all of their P&Ps including training manuals and patient education manuals to ensure compliance with SAPT requirements.



19



## Method #2

- Providers can create a comprehensive policy document complying with all of the SAPT-required P&Ps. Providers can reference it on all relevant P&Ps, training manuals, and patient education manuals.



20



## Service Agreements with Outside Agencies

Whichever method is implemented, when providers utilize outside agencies to provide required services to SAPT populations, providers must implement Memorandums of Understandings (MOUs) or other types of contracts with those agencies.



21



## Memorandums of Understanding and Contracts

The Substance Abuse and Mental Health Services Administration (SAMHSA) has examples of contracts and MOUs. They include examples of illustrating how to reference mutual goals and objectives, target populations, HIPPA compliance, and expected outcomes, measures, and benefits.

[http://www.integration.samhsa.gov/a\\_memo\\_of\\_understanding.pdf](http://www.integration.samhsa.gov/a_memo_of_understanding.pdf)



22



## **SAMHSA MOU Example Addressing HIPAA Compliance & Confidentiality**

“Agency 2” is the behavioral health services provider.  
Agency 1 is the primary healthcare provider for vulnerable citizens.

“HIPAA Compliance: Agency 1 shall be in compliance with all applicable aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Administrative Simplification Section, Title II, Subtitle F, regarding standards for privacy and security of PHI (protected health information) as outlined in the Act.”



23



## **SAMHSA MOU Example (continued)**

“Agency 1 Requirements. Agency 1, as a business associate of AGENCY 2, must agree to appropriately safeguard any protected health information received from, or created or received by the Agency 1 on behalf of AGENCY 2 in accordance with AGENCY 2 policies and applicable state and federal laws.”



24



## SAMHSA MOU Example (continued)

- A. “Appropriate Uses and Disclosures of PHI. Agency 1 may use or disclosure such information:
- for the proper management and administration of its business;
  - for purposes of treatment, payment (if allowed by law), or healthcare operations;
  - for the purpose of providing data aggregation services relating to the health care operations of AGENCY 2 (“data aggregation” means combining protected health information created or received by the provider to permit data analyses that relate to the health care operations of a covered entity); or
  - for purposes set forth in AGENCY 2 policies or required by law.”



25



## SAMHSA MOU Example (continued)

“Agency 1 will not use or further disclose the information other than as permitted or required by this Agreement, or as required by law. Any other use or disclosure of protected health information must be made pursuant to a properly executed Release of Information.”



26



## **How to Document in Clients' Files the Delivery of SAPT-Required Services**

An efficient, easy way is to create and utilize a checklist of PWWDC required services and then input the dates when services are provided. This makes it easy to ensure that the service requirements are met.



27



## **Health Information Needed in P&Ps for PWWDC**

It is essential to use a valid method for determining pregnancy when a woman enters treatment. Due to a woman's substance use and consequences, it is not advised to base pregnancy determination on self reports of last menstrual cycle or home pregnancy tests.



28



## Health Information Needed in P&Ps for PWWDC (continued)

Some providers conduct pregnancy tests on all women of child-bearing age upon admission to treatment. The women's files should include medically verified information about the women's pregnancy status



29



## Health Information for P&Ps and Patient Files (continued)

P&Ps should include that primary medical care for women includes:

- Basic health screening, referral for prenatal care;
- Monitoring and medication maintenance for chronic conditions;
- Nursing intervention for minor injuries, physician care for acute illnesses and emergency treatment as required.



30



## Policy Example Covering Monitoring of Women's Pregnancies

The licensed professional health care staff and trained non-licensed health care staff should provide routine daily monitoring and observation for indications of danger signs associated with medical complications related to the women's pregnancy.

- Sharp pain in the abdomen or side that won't go away
- Severe headache
- Dizziness
- Dim or blurred vision
- Facial and body swelling
- Bright red vaginal bleeding
- Leaking fluid from vagina (slow leak or sudden gush)



31



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## Policy Example Covering Monitoring of Women's Pregnancies (continued)

- Pain when passing urine
- Chills and fever
- Signs of pre-term labor: contractions 10 minutes apart
- Vaginal discharge of watery mucus or blood
- Cramps like a period
- Low dull backache
- Pelvic Pressure
- Constant back pain that will not go away
- Heavy pain under ribs that won't go away



32



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## Some Medical Conditions Requiring Specialized Treatment Plans

- Diabetes: pre-existing and/or gestational;
- High blood pressure;
- Infectious disease: (i.e. STD, UTI, URI, HIV, food poisoning, etc.):
- Alcohol and/or drug use during pregnancy;
- psychotropic medication therapy
- Cardiac medical conditions: (i.e. asthma, cystic fibrosis, etc.);
- Ectopic pregnancy;
- Preeclampsia



33



## Pediatric Health Information for P&Ps and Files

It is **providers'** (not the mothers') responsibility to ensure that pediatric health care is provided for the dependent children who are housed with women in treatment.

**Providers** need to document that pediatric health care in the women's files. This can be done by including in the women's files the dates the children receive their pediatric examinations and who did the exams. The MOUs with those pediatricians should specify that the SAPT-required pediatric services will be provided.



34



## Pediatric Health Care Requirements

### Primary Health Care

- Regular check-ups
- Basic health, vision and dental screening
- Monitoring of chronic conditions
- Acute/emergency care as required
- Immunizations according to schedules recommended by the state health office and commonly accepted medical practice for protection against childhood diseases



35



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## Pediatric Health Care Requirements Continued

- Pediatric treatment for perinatal effects of maternal substance abuse including medical and other therapeutic modalities
- Screening regarding the physical and mental development of children including the risk of developmental delays
- Children's counseling and other mental health services which may be focused on the effects of maternal substance abuse in the child or may relate to other health issues for the child and/or family.



36



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## Gender-Specific Care

These services are required for PWWDC. How the services are provided should be explained in Policies and Procedures. Delivery of the services should be documented in the women's files. This can be documented clearly and tracked easily if files include checklists with the required PWWDC services and their delivery dates.



37



## Gender-Specific Care Continued

All PWWDC are required to receive counseling on domestic violence and sexual abuse. It must include:

- The connection between substance use and violence for both the victim and perpetrator
- Conflict resolution techniques
- Information about local anti-violence resources including emergency shelters



38



## Sexual and Physical Abuse Counseling

Placing women into counseling groups for women only does **not** automatically mean that sexual and physical abuse survivors who need counseling addressing abuse issues are receiving that required counseling. Providers need to develop P&Ps ensuring that the required services are delivered. This could be done by using appropriate Evidence-Based Practices such as Seeking Safety.



39



## Sexual and Physical Abuse Counseling (continued)

If outside agencies provide the counseling services, MOUs should be written to ensure the delivery of sexual and physical abuse counseling, not just general counseling.



40



## Parenting Skills Training

Parenting skills training should be provided for all women with children whether or not the children reside with the women in treatment. The treatment should be included in P&Ps and documented in the women's files. Alternative parenting training should be provided to women unable or unwilling to use the usual training method. E.g. videos could be provided instead of reading-based training for women unwilling or unable to use workbooks.



41



## Parenting Skills Training (continued)

Parenting skills training must include education about:

- Appropriate discipline
- Developmental needs of children
- Community resources
- Health and safety issues



42



## Parenting Skills Training (continued)

- Providers should ensure that any Evidence-Based Practices or outside agencies providing parenting training include all of the required topics.



43



## Other Required Gender-Specific Treatment

Women's files should reflect that the below treatments have been provided. When the treatment services are provided from outside agencies, MOUs should be created reflecting that the outside agency will deliver the treatment requirements.

- Family counseling about substance use
- Employment skill-building including the importance of graduating from secondary school or obtaining a GED
- Planning for and counseling to assist reentry into society
- An individualized treatment and service plan
- Training about the risks associated with substance abuse, community resources



44



## Appropriate Therapeutic Interventions for Children

Providers must deliver and document appropriate therapeutic interventions for the children who are in the custody of women in treatment including:

- Assessment of the appropriate services for the client and her children
- Assistance in establishing eligibility for assistance under federal, state, and local programs providing health, mental health, housing, employment, educational or social services for either the woman or her child
- Where possible, coordination with other state and federal social services designed to assure comprehensive care for the woman and her children such as Medicaid, Head Start, free and reduced school lunch programs, etc.



45



## Case Management

Providers must arrange access to or provide the below services. These should be included in P&Ps and documented in clients' files.

- Assessment of the extent to which authorized services are appropriate for the client and her children
- Assistance in establishing eligibility for assistance under federal, state and local programs providing health, mental health, housing, employment, educational or social services for either the woman or her child
- Coordination with other state and federal social services designed to assure comprehensive care for the woman and her children such as Medicaid.



46



## Transportation

Providers must arrange access to or provide the below services. These should be documented in clients' files and included in P&Ps.

- Transportation for women to services
- Transportation for children to services



47



## Supervision of Children

Supervision of children is required during all periods in which the client is engaged in therapy or other necessary health or rehabilitative activities. Appropriate supervision should comply with DCF standards. It should include attention to the health, safety, educational and nutritional needs of the child while supervised. If providers provide supervised child care, their child supervision policies should be included in P&Ps.



48





## **Questions in Selection of Referral Agencies for Women and Children's Services**

- Can the agency be easily reached by public or private transportation?
- Are services provided in age, gender and culturally appropriate ways?
- Can multiple services be provided by the agency in order to minimize transportation time and reduce confusion for the client?



49



## **Questions in Selection of Referral Agencies for Women and Children's Services (continued)**

- Are services provided free of charge or on a sliding scale?
- Are the service hours convenient for women and children?
- Will the referral agency treat and provide services for the family as a unit?
- Does the agency have clear P&Ps regarding confidentiality and referrals to another third agency?



50



## Questions in Selection of Referral Agencies for Women and Children's Services (continued)

- Does the referral agency provide training to its staff on substance abuse issues?
- Are child care services available while clients are receiving other services?
- Are the service location and facility designed appropriately for children if they will be present?
- Are appropriate P&Ps in place to document the services provided?



51



## Questions?

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52



## Resources

- *Block Grant Requirements Manual for Providers*, Florida Department of Children and Families Substance Abuse and Mental Health Services, Tallahassee, FL, 2014.  
<http://www.dcf.state.fl.us/programs/samh/SubstanceAbuse/docs/guidance/Block%20Grant%20Requirements%20for%20Providers%20v.2.0.pdf>
- *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers*, Substance Abuse and Mental Health Services Administration, Rockville, MD, 2016.  
[https://ncsacw.samhsa.gov/files/Collaborative\\_Approach\\_508.pdf](https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf)
- *Florida Administrative Code Child Care Standards*, Florida Department of Children and Families, Tallahassee, FL 2015. <http://ccrain.fl-dcf.org/documents/2/470.pdf>



53



## Resources Continued

- *Memo of Understanding Between Agency 1 and the Agency 2*, Substance Abuse and Mental Health Services Administration, Rockville, MD  
[http://www.integration.samhsa.gov/a\\_memo\\_of\\_understanding.pdf](http://www.integration.samhsa.gov/a_memo_of_understanding.pdf)
- *TIP 25: Substance Abuse Treatment and Domestic Violence*, Substance Abuse and Mental Health Services Administration, Rockville, MD, 2012  
<http://store.samhsa.gov/product/TIP-25-Substance-Abuse-Treatment-and-Domestic-Violence/SMA12-4076>.
- *TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women*, Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015. <http://store.samhsa.gov/shin/content/SMA15-4426/SMA15-4426.pdf>
- *Tool Kit: SAPT Block Grant Requirements*. Florida Alcohol and Drug Abuse Association, Tallahassee, FL, On-line Resource Center, 2015.



54

