

**Department of Behavioral Health and Developmental Services
Substance Abuse Prevention and Treatment Block Grant (SAPT BG):
Required Services for Pregnant and Parenting Women:¹
“In Brief”**

1. SAPT BG’s WOMEN’S “SET-ASIDE”

The SAPT BG requires that sub-recipients provide specific services for pregnant and parenting women and their children and that they do so in specific ways¹

Programs must treat the family as a unit and admit both women and their children into treatment services if appropriate. Community service boards are required to use their set aside – at minimum - to provide the following services to pregnant and parenting women as well as those women who are seeking to regain custody of a child. Boards may provide these services themselves or arrange and refer the woman elsewhere to receive these services:

- **Gender specific treatment services** - Refers to individual and/or group services that have been adapted to address issues specific to women i.e., the role of relationships, parenting, child care, sexual and/or physical abuse, trauma etc.
- **Therapeutic services for the children of these women** - Includes developmental assessment and treatment services; services that address the child’s experiences of abuse, neglect or trauma; therapeutic child care etc.
- **Primary medical care for women and their children** - Boards should determine whether:
 - ❖ Women are receiving necessary medical care (including prenatal care, STDs and family planning). If not, the CSB should refer her to a medical provider, help her obtain necessary medical coverage and work with her to be sure she is able to access medical care.
 - ❖ Women’s children have medical coverage. If not, the CSB should help the woman obtain coverage and refer her and her children to an appropriate medical provider. Staff should also monitor whether her children are receiving necessary immunizations, routine and emergent care and arrange for care as needed.
- **Transportation and Childcare.** CSBs’ must provide or arrange for necessary transportation and childcare so that women are able to access substance use services. CSBs can offer these support services themselves i.e., van transportation, bus tokens, cab vouchers, on-site child care or provide case management services targeted at resolving transportation and childcare problems.

¹ Federal Register, Department of Health and Human Services 45 CFR: Part 96 Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule; March 31, 1993

2. SAPT BG REQUIREMENTS FOR PREGNANT WOMEN

Accord Treatment Priority for Pregnant Women

- Pregnant women who are referred/ seek treatment and are in need of substance use treatment must receive treatment priority. CSBs must prioritize clients as follows:
 - 1) pregnant injecting drug users;
 - 2) pregnant substance users;
 - 3) injecting drug users; and
 - 4) all others.”

- Boards must publicize that they provide substance abuse treatment services to pregnant woman and that pregnant women in need of substance abuse services receive treatment priority. Boards may publicize substance abuse services for pregnant women through
 - ❖ Street outreach programs
 - ❖ Frequent notification to their network of community based organizations, health care providers and social services agencies
 - ❖ Ongoing public service announcements
 - ❖ Posters placed in targeted areas
 - ❖ Regular advertisements in local/regional print material
 - ❖ Health fairs

Provide Services for Pregnant women within 48 hours of their request

- To reduce health risks to the woman and her unborn child, pregnant women must be admitted into treatment within 48 hours of their request

- If unable to provide services within 48 hours, CSB staff must:
 - ❖ Contact the State to inform them of this difficulty and obtain assistance to resolve the problem. CSBs should call and provide email documentation to:

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Office of Child and Family Services
Email: Martha.kurgans@dbhds.virginia.gov
Phone: (804) 371-2184

- ❖ Provide “**interim services**” until they are able to place woman in treatment. The following services should be provided
 - Women not currently receiving prenatal care should be referred to a medical facility, treatment provider or – if appropriate – an emergency room where they can obtain prenatal care.
 - Women should be advised regarding the impact that continued alcohol and drug use will have on her unborn child as well as any risks that she and/or her baby might experience if she were to stop her use abruptly
 - In addition, staff should attempt to
 - 1) Identify her trimester of pregnancy
 - 2) Determine what substances she is using and her last episode of use in order to assess her risk of withdrawal.
 - 3) If staff suspects the woman may be physically dependent on opiates, alcohol and/or benzodiazepines, she should be immediately referred to a medical provider to be assessed for withdrawal and evaluated for medically assisted treatment.