



## **From The Horse's Mouth:**

### **Funding Available to Support Your Women's Gender-Responsive Treatment Programming In Colorado**

Version 2

Colorado Department of Human Services

Office of Behavioral Health

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## **Introduction:**

The Office of Behavioral Health (OBH) has been asked repeatedly for written guidance indicating how women's gender-specific treatment dollars may be spent through the contracts between OBH and the Managed Services Organizations (MSO). This document is an attempt to address this request. Funding designated for women's gender-specific treatment is quite limited in Colorado, however agencies and programs are not limited to spending only that amount of money and no more. Providing adequate services for pregnant and parenting women requires expenditure of general treatment dollars and funding from other sources, together with appropriate and sufficient infrastructure to hold programs together.

Available resources for women's treatment include the Federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG), as well as Medicaid funding, state general fund, other federal grants and fee for service contracts. These funding sources constitute a vital part of what must be a statewide commitment to providing access to effective programming for women.

## **About Managed Services Organizations (MSOs):**

Colorado is divided into 7 Sub-State Planning Areas (SSPAs). SSPA 1 is located in the Northeast corner of Colorado and encompasses the 10 Northeast counties as well as Larimer and Weld; SSPA 2 covers the Denver Metro Area; SSPA 3 covers El Paso and Fremont Counties as well as some parts of the central mountains; SSPA 4 extends from Pueblo south to the New Mexico border, as well as east to Oklahoma and west through the San Luis Valley; SSPA 5 extends along the West Slope from Montrose south; SSPA 6 extends north of Montrose along the West Slope up to Wyoming, and SSPA 7 covers the City and County of Boulder.

Each region's services are provided by subcontractors who are paid by the MSOs who in turn contract with the Office of Behavioral Health. All of the Federal SAPT Block Grant dollars that are allocated to substance use disorder treatment flow through the MSOs.

Each MSO manages its budget independently of OBH, and is responsible for the maintenance of a network of treatment providers to make available the full continuum of care from residential to outpatient treatment.

## **Specialized Women's Services funding**

"Specialized Women's Services" dollars is the term used in Colorado to denote money set aside from the SAPTBG to provide women's gender-specific treatment to pregnant and parenting women. This funding is rolled into treatment contracts between the CDHS Division of Behavioral Health and Colorado's MSOs. In Colorado, the total amount of this federal funding is approximately \$1.5 million, which is

matched with a Maintenance of Effort (MOE) amount of approximately \$1.5 million in State General Fund. The State General Fund amount must also be used to provide women's gender-specific treatment, bringing the total amount of money to be spent on women's treatment to \$3 million per year.

The OBH does not specify which provider gets how much money, nor exactly upon what each provider must spend the money, however OBH is responsible for assuring that the SWS funding is spent specifically on services and goods that provide access to women's gender-specific substance use disorder treatment. In the past, it has been left to the MSOs to decide how this money should be spent to promote women's treatment, however with more detail about these functions becoming available, there have been requests for additional specificity. **The intent of this section is to provide this structure and clear up any misunderstandings that may exist as to how the money may be spent.**

Proper expenditures of this funding stream also require that the entity managing its use must understand enough about women's gender-specific treatment to be able to identify which expense categories actually support a gender-specific approach to treatment. A brief review of the principles of women's treatment is therefore provided along with this guide.

Please note that many if not all of the assumptions expressed here about women's treatment also apply to the gender-specific treatment of men—the difference is that federal policy has set aside this funding specifically for women's treatment. One other consideration is that when treatment approaches and methods were originally researched and established, the population studied was primarily male, with no attention paid to women-specific issues. Now at the end of the first decade of the 2000s, men's gender specific issues are beginning to receive some attention at the federal level, and a very few women's treatment interventions are being evaluated for inclusion into SAMHSA's Evidence Based Practice Register. At the same time, the knowledge base about the effect of gender upon the treatment and recovery process continue to grow.

### **About Women's Gender-Specific Treatment Services:**

Also known as "gender-responsive treatment for women," this type of service is predicated upon several basic assumptions at the Federal level, which are then passed down to the states.

1. Women's substance use disorders differ from those of men, especially with respect to etiology, severity, impact, and appropriate treatment.
2. Women of childbearing age are a priority to receive federal funding for treatment, because of the woman's role in bearing children. Providing

treatment for women who are mothers impacts not just the woman herself, but also her family and her community.

3. Women experience different barriers to accessing and remaining in treatment than do men.
4. The importance of women's treatment and recovery requires that special efforts be made to engage and retain them in treatment.
5. Because of the high prevalence of trauma within this population, services must be trauma-informed, or designed not to trigger trauma memories or behavior.
6. Women must be offered treatment in a women only environment.

Women's treatment must be holistic in its approach because of all of the different individual, familial and community factors that influence a woman's recovery from substance use disorders.

There are a number of very good publications available regarding women's treatment services, some of them on the SAMHSA website. A few are listed in the reference section at the end of this document.

**How Specialized Women's Services dollars must be spent (see 45 CFR Subtitle A (10-1-99 edition)):**

This funding stream exists to support the provision of women's gender-specific treatment within Colorado. The list below is broken out into distinct categories in order to emphasize the importance of each. The services that are required to be provided are as follows:

1. Primary medical care for women, including
  - Referral for prenatal care and
  - Child care while women are receiving these medical services
2. Primary pediatric care for their children, including immunization
3. Gender-specific substance abuse treatment and
  - Other therapeutic interventions that may address:
    - Issues of relationships
    - Sexual abuse
    - Physical abuse

- Parenting
    - And child care while women are receiving these therapeutic services
- 4. Therapeutic interventions for children in custody of the women in treatment which may address, among other things:
  - 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 above services.

These services may be provided directly (i.e. paid for directly out of the SWS funding) or women may be linked to them via the use of a second funding source (such as Medicaid).

#### **About the Budgets:**

Programs receiving SWS funding to provide women’s gender-specific treatment are required to submit to OBH a yearly budget, outlining how they will make use of this funding. SWS money pays for services for women and their children only. The following are some expenses that can be paid for using SWS funding:

1. **Staff/counselor salaries.** For this item, staff whose salaries are paid with SWS dollars **must be providing women’s gender-specific substance abuse treatment.** If partial salaries are paid with this funding, the amount of time spent providing gender-specific services must correspond to the portion of the employee’s salary being paid out of this funding stream. If a counselor’s time is paid 100% with SWS funding, then that counselor must be providing **only** women’s gender specific treatment. The most appropriate salaries to be paid out of SWS are those of counselors and case managers. Staff and counselor salaries may not constitute more than 75% of a program’s SWS budget.
2. **Medical care for women and children in their custody.** This is clearly delineated in the Block Grant language and includes prenatal care for pregnant women, as well as primary health care for mothers **and** their children.
3. **Transportation.** This can be provided or facilitated via the use of cab vouchers, bus tokens or passes, transportation provided by the program (i.e. van to transport women to and from treatment and medical care), or gas vouchers.

4. **Therapeutic interventions for children of women in treatment.** This would include things like play therapy and developmental therapies, including occupational and physical therapy. It could also include any assessments or evaluations needed to determine the appropriate services to be provided.
5. **Childcare** to enable women to attend treatment without worrying about where their children are. Some programs use in-house childcare, others have MOUs or contracts directly with local licensed day care centers.
6. **Training for staff in Women’s Gender-Specific Treatment.** This includes travel, tuition fees or trainer’s fees, as well as reasonable expenditures for meals and incidentals. Please request a copy of regional government rates from OBH when traveling for training. These rates define the maximum amount of money that can be spent in each category.
7. **Staff travel to and from Women’s Treatment meetings sponsored by OBH on a quarterly basis.** Because so much of our women’s treatment system relies on relationships and networking between providers, attendance at these meetings is critical, and expenses associated with this attendance are an allowable expenditure of SWS treatment funds.

Expenses that may not be paid out of SWS funding:

1. **Unpaid treatment bills**, which were to have been covered by another source. SWS funding is not primary or secondary insurance and may not be spent in this way.
2. **Laboratory fees:** These are generally urinalysis services required by other systems, such as probation and child welfare. Urinalysis testing used for therapeutic purposes is allowed, however the frequency of this abstinence monitoring must be clinically necessary and clearly documented in the client’s file. Abstinence monitoring paid for with SWS funds may not be required solely by the client’s participation in another system such as probation or child welfare.
3. **Fee-for-service substance use disorder treatment**, except on a very limited basis in rural areas. Please note that any treatment services provided **must** be gender-specific for women—SWS funding cannot be used to pay for co-ed treatment.
4. **Administrative indirect cost:** Although OBH recognizes that women’s gender-specific treatment services require administrative oversight, which does not appear in the SWS budgets, there are limits to the amount of indirect service that can be billed to this funding source. **In general, no**

From the Horse’s Mouth V.2

**more than 5% of the total amount of SWS funding received can be spent on indirect costs.**

### **Additional Family Services dollars (AFS)**

Like Specialized Women's Services funding, these dollars are administered by the MSOs. This money was originally a part of the then Alcohol and Drug Abuse Division's general treatment funding, prior to the advent of the MSO system. When the Child Welfare Settlement Agreement was implemented in 1996, \$2.5 was carved out of this general treatment line and was specified to provide treatment to families involved with the child welfare system for those experiencing problems with substance use. These dollars are allocated by region to the MSOs, and then they are included in the contracts between the MSOs and the County Departments of Social/Human Services for substance use disorder treatment.

Most counties use this funding on a fee-for-service basis, where it is matched with Core Services funding from the Division of Child Welfare. Bills for services funded under AFS are essentially shadow bills, since OBH has already included the AFS funding in its contracts with the MSOs. The purpose of the bills is to document for counties and the State how the AFS dollars are spent.

### **Special Connections**

Special Connections is a Medicaid funded substance use disorder treatment program currently being offered by nine agencies in Colorado. OBH and the Department of Health Care Policy and Financing (HCPF) jointly manage the program. Services provided include in-depth risk assessment, individual and group therapy, health education groups and case management. Providers under this program contract directly with OBH, which is the only entity that may be reimbursed for this service. OBH reimburses providers out of Medicaid funds for the services they provide. Providers must have a license to provide women's gender-specific treatment with OBH. Because the Special Connections allocation is found in the Department of Human Services budget line rather than in HCPF's, Special Connection is less subject to rate reductions than are other Medicaid funded programs. For further information about Special Connections, please see the link below or call OBH at 303-866-7400.

<https://www.colorado.gov/hcpf/programs-pregnant-women>

**Please note that Special Connections programs must have an affiliation with a physician in order to bill for services provider. That physician's Medicaid provider ID is used to bill for services.**

### **Medicaid Outpatient Benefit**

From the Horse's Mouth V.2

The Medicaid Outpatient Benefit began in July, 2006 and was then transferred to the Medicaid Behavioral Health Organizations (BHOs) to be administered as a part of the available behavioral health services covered by Medicaid.

<https://www.colorado.gov/pacific/hcpf/behavioral-health-organizations>

### **State General Fund dollars**

Sometimes, state general fund dollars become available to support women's substance use disorder treatment. As of this writing, there are two pots of money supporting these services, one for a women's only therapeutic community in Pueblo, and one for statewide support of women's residential treatment services. This latter pot of money has been allocated to the same programs for a number of years and is rolled into OBH's contracts with the MSOs. Though it is very rare in times when budgets are tight, if a proposed program has significant backing from the legislature, Joint Budget Committee or Office of State Planning and Budgeting, it may be approved for funding.

### **Federal Grants through the Substance Abuse Mental Health Services Administration (SAMHSA)**

SAMHSA has a variety of programs in its portfolio—programs that are funded to impact a specific aspect or population of people needing substance use disorder treatment. The most important consideration in the implementation of these programs is sustainability, i.e. how with the program that SAMHSA funded remain active once this temporary funding is withdrawn? You can find extensive information about SAMHSA's portfolio, as well as about different aspects of grant writing and services to special populations by accessing their website at [www.samhsa.gov](http://www.samhsa.gov).

Some types of grants include Targeted Capacity Expansion grants (TCE), which are aimed at providing treatment to under-served populations by expanding local or state capacity to provide appropriate services for them. Another is the Pregnant and Parenting Women (PPW) portfolio, which funds programs for women's gender-specific programming. Please note that all of the available grants will come with specific requirements, if your application is funded, so be prepared and pay careful attention to the full program description in addition to the funding announcement.

### **Other Multi-Agency, Multi-Disciplinary Grants**

Occasionally, funding will become available through a consortium of government agencies. An example of this is the National Center on Substance Abuse and Child Welfare, which is jointly funded by SAMHSA and the Children's Bureau of the Administration for Children and Families. One such collaborative grant program

From the Horse's Mouth V.2

was the Regional Partnership Grants, which were funded with federal Title IV B money, and required collaboration between providers of substance use disorder and child welfare services, both in the application and the implementation of its programming. Grants are sometimes available through the Office of Maternal Child Health and can provide opportunities for collaboration. In such instances, it is again advisable to read carefully the program description in order to ascertain the level and type of commitment required of your agency should the program be funded.

**Caution about funding: the most serious part**

Finally, a word of caution about things that may arise when using specifically allocated funding. There may be times when your agency has under spent its budget for women's services and overspent its budget for other line items. As tempting as it is simply to move funding from one place to another, please keep in mind that the funding sources with whom you work are in turn accountable to the places and agencies from which the funding originated. By using money for purposes other than that which you said or agreed you would, you put your program in jeopardy. At best, a funder will become cranky and displeased with you, and at worst, you may have to defend yourself against charges of the f-word (fraud).