SAMH Block Grant
Waiting List Policy

Version 2
April 8, 2014

Florida Department of Children and Families
Substance Abuse and Mental Health Services
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I. Waiting List Block Grant Requirements

The purpose of this document is to provide guidance to implement the federal waiting list requirements for treatment services to pregnant women and intravenous (IV) drug abusers. In order for the State to receive the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) block grant funds, the State must comply with the requirement to develop capacity management and waiting list systems for IV drug abusers and pregnant women.1

II. Responsibilities

Federal law requires that block grant recipients have a method of reporting to the State for compliance with providing substance abuse treatment.2

In the past, providers were required to supply the Department with information necessary to comply with block grant requirements. However, since the transition to the Managing Entity (ME), the responsibility to oversee and manage providers receiving block grant funds for compliance has shifted to them. This places the burden on the ME to:

- Develop effective strategies for monitoring provider compliance with the federal block grant requirements.
- Implement a governance process for measuring provider compliance and implementing a corrective action plan when providers are noncompliant.
- Develop and provide reports that contain the output necessary to measure compliance with block grant reporting requirements.

The Department has the responsibility to:

- Ensure that block grant funds are distributed in compliance with federal law.
- Follow procedures specified in 45 C.F.R. s. 96.122 for compliance with application submission and approval as well as reporting functions.
- Ensure that MEs are providing necessary reports and other required information in a thorough, timely and accurate manner.
- Develop an effective governance structure that imposes consequences to MEs for noncompliance.
- Measure and track deliverables, monitoring expenditures against deliverables.

III. Population Preference

In order to receive block grant funds, the State must serve the injecting drug abuse population giving preference as indicated below.3

- Pregnant injecting drug abusers;
- Pregnant substance abusers;
- Injecting drug abusers; and
- All others.

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1 42 U.S.C. s. 300x-21
2 45 C.F.R. s. 96.122(f)
3 45 C.F.R. s. 96.131
IV. Pregnant Women

Special provisions are made in federal law to provide treatment services to pregnant women who seek treatment for substance abuse, and are identified as requiring treatment.

IV.A. REQUIREMENTS

The Department must comply with a series of federal statutory requirements related to providing services to pregnant women who make a request or is referred and would benefit from treatment. The requirements stipulate that the State must:

- Publicize the availability of services from the facilities and the fact that pregnant women receive preference.
- Require that, in the event that a treatment facility has insufficient capacity to provide treatment services to any woman who seeks the services from the facility, the facility must refer her to the State; and the State shall:
  - Refer the individual to a treatment facility that has the capacity to provide treatment services; or
  - If no treatment facility has the capacity to admit the individual, make interim services available no later than 48 hours after she seeks the treatment services.

To implement this statutory requirement, SAMHSA has promulgated regulations at 45 C.F.R. subpart L. The regulations, along with the ME’s responsibility for compliance, are listed in Table 1.
Table 1. Managing Entity Responsibility for Capacity Management for Pregnant Women

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>The ME has a contractual obligation to implement, administer and monitor the Block Grants in Florida.</strong></td>
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<tr>
<td>Ensure that each pregnant woman who seeks, or is given preference in admissions to treatment facilities receiving grant funds receives treatment.</td>
<td>The ME will:</td>
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<td>• Implement a system that assigns one of the following preferences to an individual when demographic data is entered at the provider level and ensures that pregnant women receive preferential treatment as appropriate.</td>
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<tr>
<td></td>
<td>o Pregnant injecting drug abusers;</td>
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<td></td>
<td>o Pregnant substance abusers;</td>
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<td>o Injecting drug abusers; and</td>
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<td>o All others.</td>
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<td>• Provide a capacity management system, to ensure that pregnant women are matched to a treatment facility that has the capacity to provide the appropriate treatment.</td>
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<td>The State must publicize the availability to pregnant women that might require services from treatment facilities the fact that pregnant women receive preference.</td>
<td>The ME will develop methods of providing this information to the targeted population such as:</td>
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<td>• Street outreach programs</td>
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<td>• Ongoing public service announcements (radio or television)</td>
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<td>• Regular advertisements in local and regional print media</td>
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<td>• Posters placed in targeted areas</td>
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<td>• Frequent notification of availability of treatment to community based organizations, health care providers and social service agencies</td>
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<td></td>
<td>The State shall require that, in the event a treatment facility has insufficient capacity to provide the required treatment services to a pregnant woman who seeks the services from the facility, the facility refer the woman to the State. The State must maintain a continually updated system to identify treatment capacity for any such pregnant women and will establish a mechanism for matching the women in need of such services with a treatment facility that has the capacity to treat the woman.</td>
<td>The ME will:</td>
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<td></td>
<td>• Develop a continuously updated capacity management system that matches the woman with a treatment facility with the capacity for treatment within the federally required timeframe.</td>
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</tbody>
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5 45 C.F.R. s. 96.131(a)
6 45 C.F.R. s. 96.131(b)
7 45 C.F.R. s. 96.131(c)
### Managing Entity Responsibility for Capacity Management for Pregnant Women

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<thead>
<tr>
<th>Federal Law</th>
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<td>For each pregnant woman falling under the categories listed in 45 C.F.R. section 96.131(a):(^8)</td>
<td>The ME must:</td>
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<tr>
<td>• Refer the woman to a treatment facility that has the capacity to provide the necessary treatment services; or</td>
<td>• Maintain a system that ensures, in the event a woman cannot receive treatment within 48 hours, referral to an appropriate treatment center for interim services.</td>
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<tr>
<td>• If no treatment facility has the capacity to admit the woman, the State must make available interim services, including a referral for prenatal care, no later than 48 hours after she seeks treatment services.</td>
<td>• Maintain a waiting list, ideally within the capacity management system, to ensure that women who have been referred for interim services are given priority in receiving ongoing services.</td>
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\(^8\) 45 C.F.R. s. 96.131(d)
V. Intravenous Drug Abusers

Special provisions are made by SAMHSA to provide treatment services to IV drug abusers who seek substance abuse treatment and are identified as being in immediate need of treatment.

V.A. REQUIREMENTS

To receive the block grant, Florida must comply with a series of federal statutory requirements related to providing services to IV drug abusers who requests and are in need of treatment. The requirements stipulate that these individuals must be admitted to a program of treatment no later than:\footnote{42 U.S.C. s. 300x-23}

- 14 days after making the request for admission to such a program; or
- 120 days after the date of request, if no such program has the capacity to admit the individual on the date of such request. In this case, interim services must be made available to the individual no later than 48 hours after the request.

To implement this statutory requirement, SAMHSA has promulgated regulations at 45 C.F.R. subpart L. The regulations, along with the ME’s responsibility for compliance, are listed in Table 2. Additionally, the MEs will enforce governance to ensure providers’ accountability in meeting these requirements.
Table 2. Managing Entity Responsibility for Capacity Management for IV Drug abusers

<table>
<thead>
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_The ME has a contractual obligation to implement, administer and monitor the Block Grants in Florida._

The State must require programs that receive funding under the grant and that treat individuals for IV substance abuse to provide to the State, upon reaching 90 percent of its capacity to admit individuals to the program, a notification of that fact within seven days. The State shall establish a capacity management program which reasonably implements this section—that is, which enables any such program to readily report to the State when it reaches 90 percent of its capacity—and which ensures the maintenance of a continually updated record of all such reports and which makes excess capacity information available to such programs.\(^{10}\)

The MEs must develop a capacity management system that will:

- Make available to the providers a process for notifying the ME within seven days of reaching 90 percent capacity to provide the required services to an IV user requesting services.
- Ensure that reports are continually updated and capacity information is available to programs providing IV drug abuse treatment.

The State shall ensure that each individual who requests and is in need of treatment for IV drug abuse is admitted to a program of such treatment not later than:

- 14 days after making the request for admission to such a program; or
- 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.

The ME must develop a system that ensures that:

- IV drug abusers making the request will receive comprehensive treatment within 14 days; or,
- If a comprehensive treatment program is not available on the date of the request, the individual will receive interim treatment within 48 hours. If the patient has not been placed in a comprehensive treatment program within 14 days, they will go on a waiting list for 120 days. If the patient has not been placed in a treatment center within that period of time, the provider is considered to be out of compliance.

The State shall establish a waiting list management program which provides systematic reporting of treatment demand that includes a unique patient identifier for each injecting drug abuser seeking treatment including those receiving interim services, while awaiting admission to such treatment. For individuals who cannot be placed in comprehensive treatment within 14 days, the State

Through a waiting list management system, the ME must provide the capability to:

- Track all individuals requesting treatment with the assignation of a unique identifier at the time of the initial request.
- Ensure that individuals who are on an interim treatment plan at the end of 14 days are placed on a waiting list for a maximum of 120 days.

\(^{10}\) 42 C.F.R. s. 96.126(a)

\(^{11}\) 42 C.F.R. s. 96.126(b)
<table>
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| shall ensure that the program provide such individuals interim services as defined in and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission. The State shall also ensure that the programs consult the capacity management system so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area. | • Identify and serve individuals based on their priority on the waiting list.  
• Access the capacity levels of treatment systems within a reasonable geographic area.  
• Track efforts made by the provider in contacting individuals while they are on the waiting list and remove them from the waiting list if contact cannot be made or treatment is refused.  
• In the event the individual is removed from the waiting list, the system will maintain the record for the individual using the originally assigned unique identifier. If the individual requests treatment later and there is no program available, the individual will begin the process again of interim services within 48 hours and placement on a 120-day waiting list at the end of 14 days. |

The State shall ensure that all individuals who request treatment and who cannot be placed in comprehensive treatment within 14 days are enrolled in interim services and remain active on a waiting list. If a person cannot be located for admission into treatment or, if a person refuses treatment, such persons may be taken off the waiting list and need not be provided treatment within 120 days. For example, if such persons request treatment later, and space is not available, they are to be provided interim services, placed on a waiting list and admitted to a treatment program within 120 days from the latter request. |

The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The State shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:  |

- Selecting, training and supervising outreach workers;  
- Contacting, communicating and following-up with high risk  

The ME will develop an effective program that reaches out to IV drug abusers encouraging them to seek treatment. The program will use a model that best suits the local situation. Minimally, it will include the following elements:  |

- Recruit and provide effective training and supervision for outreach workers.  
- Reach out and follow-up with high risk substance abusers, their associates and neighbors.  
- Promote awareness to IV drug abusers the relationship between IV drug abuse and communicable diseases such as HIV.  
- Recommend steps to prevent HIV transmission.  
- Encourage treatment.  

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12 45 C.F.R. s. 96.126(c)  
13 45 C.F.R. s. 96.126(d)  
14 45 C.F.R. s. 96.126(e)
### Managing Entity Responsibility for Capacity Management for IV Drug abusers

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<td>substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 C.F.R. Part 2;</td>
<td>The ME will develop a system to ensure that providers submit the data required to meet the requirements of block grant reporting on strategies used to identify compliance problems and corrective action used to resolve those problems. The system will include the capability of reporting that information to the Department.</td>
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<tr>
<td>• Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;</td>
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<tr>
<td>• Recommend steps that can be taken to ensure that HIV transmission does not occur; and</td>
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<td>• Encouraging entry into treatment.</td>
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The State shall develop effective strategies for monitoring programs compliance with this section. States shall report under the requirements of 45 C.F.R. 96.122 on the specific strategies to be used to identify compliance problems and corrective actions to be taken to address those problems.15

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15 45 C.F.R. s. 96.126(f)
VI. Additional Agreements for Waiting List

In addition to the requirements for a capacity management system discussed previously in this document, MEs are required to improve the process for referring individuals to appropriate treatment facilities through such activities as: 16

- The use of a toll-free number for programs to report available capacity and waiting list data
- The use of standardized assessment procedures that facilitate the referral process

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16 45 C.F.R. s. 96.132(a)