

PERINATAL PRACTICE GUIDELINES FY 2018-19



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Substance Use Disorder Program, Policy, and Fiscal Division
Perinatal and Youth Services Unit

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SECTION A: INTRODUCTION

The Perinatal and Youth Services Unit (PYSU), within the California Department of Health Care Services (DHCS), is mandated by State and Federal law to update, disseminate, and implement the Perinatal Practice Guidelines (PPG).¹ These guidelines address substance use disorder (SUD) treatment services for women, specifically pregnant and parenting women seeking or referred to SUD treatment.

The purpose of the PPG is to ensure California providers deliver quality SUD treatment services and adhere to state and federal regulations.² The PPG provides guidance on perinatal requirements in accordance with Drug Medi-Cal (DMC),³ and the Substance Abuse Prevention and Treatment Block Grant (SABG) Perinatal Set-Aside from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SABG requires specified funds to be used for perinatal clients, regardless of whether perinatal funds are exchanged for discretionary funds.^{4,5} Providers must adhere to the requirements as outlined in the PPG.

PYSU provides technical assistance (TA) to counties, providers, and members of the public regarding services for pregnant and parenting women with SUDs. TA offered to counties and providers assists them with program development and increases public awareness of the potential impact of SUDs. TA services may include telephone calls, literature, webinars, and/or other program development resources. TA can be requested by submitting a request during the annual county monitoring reviews or by contacting PYSU through the following methods:

Email: DHCSOWPS@dhcs.ca.gov
Phone: (916) 713-8606
Webpage: <http://www.dhcs.ca.gov/individuals/Pages/OWPS-SUD.aspx>
Mailing Address: Department of Health Care Services
Perinatal and Youth Services Unit
P.O. BOX 997413 - MS 2622
Sacramento, CA 95899-7413

¹ California Health and Safety Code (HSC) Division 10.5, Part 1, Chapter 2, Alcohol and Drug Affected Mothers and Infants Act

² Code of Federal Regulations (C.F.R.), Title 45, Public Welfare, Pt. 96, Subpart L; California Health and Safety Code (HSC) Division 10.5, Part 1, Chapter 2, Alcohol and Drug Affected Mothers and Infants Act

³ 22 CCR § 51341.1

⁴ Title 42, U.S.C. Section 300x-22(b)

⁵ Department of Health Care Services, Mental Health and Substance Use Disorder Services Information Notice 17-013, Exhibit C. Retrieved from:

http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS_IN_17-013%20Exhibits/Exhibit_C_Part_1.pdf

SECTION B: SERVICE DELIVERY REQUIREMENTS

1. TARGET POPULATION

The target population for the PPG is pregnant and parenting women. Due to the harmful effects of substance use on the fetus, pregnant and parenting women require more urgent treatment services.⁶

In accordance with SABG requirements, all SUD treatment providers must treat the family as a unit and admit both women and their children into treatment services, if appropriate.⁷ SUD treatment providers must serve the following individuals with a SUD^{8,9}

- i. Pregnant women;
- ii. Women with dependent children;
- iii. Women attempting to regain custody of their children;
- iv. Postpartum women and their children; or
- v. Women with substance exposed infants.

Additionally, SUD providers offering services funded by DMC shall address specific treatment and recovery needs of pregnant and parenting women of up to 60 days postpartum.^{10,11}

NOTE: The target population is hereinafter referred to as pregnant and parenting women, regardless of funding source. All footnotes for Title 22 of the California Code of Regulations apply to providers receiving DMC funds, and footnotes referencing Title 45 of the Code of Federal Regulations apply to providers receiving SABG. Please refer back to this section when determining who the target population is for the different funding sources.

⁶ Lester, B. M., Andreozzi, L., & Appiah, L. (2004). Substance use during pregnancy: time for policy to catch up with research. *Harm Reduction Journal*, 1, 5. Retrieved from: <http://doi.org/10.1186/1477-7517-1-5>

⁷ 45 C.F.R. § 96.124(e)

⁸ Ibid.

⁹ HSC § 11757.59(a)

¹⁰ 22 CCR § 51341.1(c)(3)

¹¹ 22 CCR § 50260

2. ADMISSION PRIORITY

Among women with a SUD, pregnant women require more urgent treatment services due to the harmful effects of substance use on the fetus.¹²

SUD providers serving pregnant and parenting women shall provide preference to pregnant women.¹³ Specifically, priority must be given to pregnant women who are seeking or referred to treatment in the following order:¹⁴

- i. Pregnant injecting drug users;
- ii. Pregnant substance users;
- iii. Injection drug users; and
- iv. All others.

For more information on admission priority, please refer to Section D(1) for best practices.

3. OUTREACH AND ENGAGEMENT

Effective outreach engages individuals in need of treatment services, making it more likely they will attend treatment, participate in activities, complete the treatment, and participate in recovery support services. Pregnant and parenting women with a SUD are at risk for potential harmful effects to both mother and child.¹⁵ Outreach efforts are especially crucial in educating pregnant and parenting women on the harmful effects of drug use and the services available.

SUD treatment providers that serve pregnant and parenting women using injection drugs must use the following research-based outreach efforts:¹⁶

- i. Select, train, and supervise outreach workers;
- ii. Contact, communicate, and follow-up with high risk individuals with SUDs, their associates, and neighborhood residents, within the Federal and State confidentiality requirements;
- iii. Promote awareness among women using injection drugs about the relationship between injection drug use and communicable diseases, such as Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, and Tuberculosis (TB);
- iv. Recommend steps to ensure that HIV transmission does not occur; and
- v. Encourage entry into treatment.

¹² Forray, A. (2016). Substance use during pregnancy. *F1000Research*, 5, F1000 Faculty Rev–887. Retrieved from: <http://doi.org/10.12688/f1000research.7645.1>

¹³ 45 C.F.R. § 96.131(a)

¹⁴ Ibid.

¹⁵ Forray, A. (2016). Substance use during pregnancy. *F1000Research*, 5, F1000 Faculty Rev–887. Retrieved from: <http://doi.org/10.12688/f1000research.7645.1>

¹⁶ 45 C.F.R. § 96.126(e)

4. PARTNERSHIPS

Effective communication between providers is essential to delivering quality care to pregnant and parenting women.

SUD providers shall coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation¹⁷ as well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother.¹⁸ Providers shall also provide or arrange for transportation to ensure access to treatment.^{19, 20}

5. SCREENING

To effectively minimize the risk of fetal exposure to drugs or alcohol, screening women is essential.²¹

Providers are required to implement infection control procedures designed to prevent the transmission of tuberculosis.²² In doing so, providers must screen pregnant and parenting women and identify those at high risk of becoming infected.^{23, 24}

For more information about health screening, please refer to Section D(3) for best practices.

6. INTERVENTION

Intervention services are designed to motivate and encourage individuals with a SUD to seek and/or remain in treatment. Pregnant and parenting women with a SUD are at risk for harmful effects to both mother and child.²⁵

Women have a unique set of needs that are often not addressed in co-ed settings. SUD treatment providers must provide or arrange for gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting.²⁶ Child care services must

¹⁷ 45 CFR §96.132(c)

¹⁸ 22 CCR § 51341.1(c)(4)(B)

¹⁹ 45 CFR 96.124(e)(5)

²⁰ 22 CCR § 51341.1(c)(4)(B)

²¹ SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 4: Screening and Assessment. Retrieved from:

<https://www.ncbi.nlm.nih.gov/books/NBK83253/>

²² 45 C.F.R. § 96.127(a)(3)

²³ 45 C.F.R. § 96.127(a)(3)(i)

²⁴ 45 C.F.R. § 96.127(a)(3)(ii)

²⁵ Forray, A. (2016). Substance use during pregnancy. *F1000Research*, 5, F1000 Faculty Rev–887. Retrieved from: <http://doi.org/10.12688/f1000research.7645.1>

²⁶ 45 C.F.R. § 96.124(e)(3)

be provided while the women are receiving gender-specific treatment services.²⁷ SUD treatment providers must also provide or arrange for therapeutic interventions for the children of the women receiving SUD treatment services to address the child's needs.²⁸

7. ASSESSMENT AND PLACEMENT

It is essential for SUD providers to perform initial and ongoing assessments to ensure pregnant and parenting women are placed in the level of care that meets their needs.²⁹

SUD providers delivering perinatal residential services should attempt to attain physical examinations for beneficiaries prior to or during admission.³⁰ In addition, providers must obtain medical documentation that substantiates the woman's pregnancy.³¹

Physical examination requirements are as follows:³²

- i. The physician shall review the beneficiary's most recent physical examination within 30 days of admission to treatment. The physical examination should be within a 12-month period prior to admission date.
- ii. Alternatively, the physician, a registered nurse, or a physician's assistant may perform a physical examination for the beneficiary within 30 calendar days of admission.
- iii. If neither requirements stated in (i) or (ii) are met, the provider shall document the goal of obtaining a physical examination in the beneficiary's initial or updated treatment plan, until the goal has been met.

All SUD providers shall document treatment services, activities, sessions, and assessments.³³ In addition, the provider shall complete a personal, medical, and substance use history within 30 calendar days of admission to treatment.³⁴

Pregnant women who are dependent on opioids and have a documented history of addiction to opioids, may be admitted to maintenance treatment without documentation of a 2-year addiction history or two prior treatment failures.³⁵

²⁷ Ibid.

²⁸ 45 C.F.R. § 96.124(e)(4)

²⁹ SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 5: Treatment Engagement, Placement, and Planning. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK83238/>

³⁰ 22 CCR § 51341.1(h)(1)(A)(iv)

³¹ 22 CCR § 51341.1(g)(1)(A)(iii)

³² 22 CCR § 51341.1(h)(1)(A)(iv)

³³ 22 CCR § 51341.1(g)(1)(B)

³⁴ 22 CCR § 51341.1(h)(1)(A)(iii)

³⁵ 9 CCR § 10270(d)(6)

Physicians shall reevaluate the pregnant woman no later than 60 days postpartum to determine whether continued maintenance treatment is appropriate.³⁶

For more information on assessment and placement, please refer to Section D(2) for best practices.

8. TREATMENT PLANNING

It is important to develop an individual treatment plan for each pregnant and parenting woman with a SUD. This helps to ensure that pregnant and parenting women are receiving the most effective care for their SUD.

Individual treatment planning shall be provided to pregnant and parenting women.³⁷ The provider shall prepare an individualized treatment plan based on the information obtained at intake and assessment.³⁸ SUD treatment providers shall make an effort to engage all beneficiaries, including pregnant and parenting women, to meaningfully participate in the preparation of the initial and updated treatment plans.³⁹

In addition, providers offering perinatal services shall address treatment issues specific to the pregnant and parenting women.⁴⁰ Perinatal-specific services shall include the following:⁴¹

- i. Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- ii. Access to services, such as arrangement for transportation;
- iii. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- iv. Coordination of ancillary services, such as medical/dental, education, social services, and community services.

9. REFERRALS

It is important to consistently provide pregnant and parenting women with the necessary and appropriate SUD treatment services. In the instance that a SUD treatment provider does not have the capacity or availability to provide the essential treatment services, arrangements should be made to ensure a woman receives the necessary treatment services.⁴²

³⁶ 9 CCR § 10270(e)

³⁷ 22 CCR 51341.1(h)(2)(A)

³⁸ 22 CCR 51341.1(h)(2)(A)

³⁹ 22 CCR § 51341.1(h)(2)(A)

⁴⁰ 22 CCR 51341.1(c)(3)

⁴¹ 22 CCR 51341.1(c)(4)

⁴² SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 5: Treatment Engagement, Placement, and Planning. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK83238/>

When a SUD treatment provider has insufficient capacity to provide treatment services to a pregnant and/or parenting woman, the provider must provide a referral.⁴³

Providers shall establish, maintain, and update individual patient records for pregnant and parenting women, which shall include referrals.⁴⁴

If no treatment facility has the capacity to provide treatment services, the provider will make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.⁴⁵ Refer to the following sections for more information:

- i. Section C(7), Interim Services;
- ii. Section C(8), Capacity Management; and
- iii. Section C(9), Waiting List

10. INTERIM SERVICES

SUD treatment providers will make interim services available for pregnant and parenting women awaiting admission into treatment.⁴⁶ The purpose of providing interim services is to reduce the adverse health effects of substance use, promote the health of the woman, and reduce the risk of disease transmission.⁴⁷

If a SUD treatment provider has insufficient capacity to provide treatment services to pregnant and parenting women using drugs intravenously, and a referral to treatment has been made, the provider must:

- i. Admit the woman no later than 14 days of the request;⁴⁸ or
- ii. Admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request.⁴⁹
- iii. At a minimum, interim services include the following:⁵⁰
 - a. Counseling and education about the risks and prevention of transmission of HIV and TB;
 - b. Counseling and education about the risks of needle-sharing;
 - c. Counseling and education about the risks of transmission to sexual partners and infants;
 - d. Referral for HIV or TB services;
 - e. Counseling on the effects of alcohol and drug use on the fetus; and
 - f. Referral for prenatal care.

⁴³ 45 C.F.R. § 96.131(d)(1)

⁴⁴ 22 CCR § 51341.1(g)(1)(B)

⁴⁵ 45 C.F.R. § 96.131(d)(2)

⁴⁶ *Ibid.*

⁴⁷ 45 C.F.R. §96.121

⁴⁸ 45 C.F.R. § 96.126(b)(1)

⁴⁹ 45 C.F.R. § 96.126(b)(2)

⁵⁰ 45 C.F.R. § 96.121 (Interim Services or Interim Substance Abuse Services)

For more information on interim services, please refer to Section D(4) for best practices.

11. CAPACITY MANAGEMENT

Capacity management systems track and manage the flow of clients with SUDs entering treatment. These systems serve to ensure timely placement into the appropriate level of care.⁵¹

When a SUD treatment provider cannot admit a pregnant and parenting woman because of insufficient capacity, the provider will provide or arrange for interim services within 48 hours of the request, including a referral for prenatal care.⁵²

Refer to the following for more information:

- i. Section C(6), Referrals;
- ii. Section C(7), Interim Services; and
- iii. Section C(9), Waiting List

In addition, the provider must refer the woman to DHCS through its capacity management program.⁵³

- i. When a SUD treatment provider serving intravenous substance users reaches or exceeds 90 percent of its treatment capacity, the provider must report this information to the Drug and Alcohol Treatment Access Report (DATAR) on a monthly basis.⁵⁴ The DATAR system is DHCS's capacity management program used to collect data on SUD treatment capacity and waiting lists.⁵⁵
- ii. A provider and/or county must also notify DHCS upon reaching or exceeding 90 percent of its treatment capacity within seven days.⁵⁶
 - a. Providers and/or counties must notify DHCS by emailing the PYSU email inbox at DHCSOWPS@dhcs.ca.gov.
 - b. The subject line in the email must read "Capacity Management."

⁵¹ SAMHSA. Capacity Management for Substance Abuse (2009). Retrieved from: <http://www.narbha.org/includes/media/docs/Capacity-Management-for-Substance-Abuse-Treatment-Systems.pdf>

⁵² 45 C.F.R. § 96.131(d)(2)

⁵³ 45 C.F.R. § 96.131(c)

⁵⁴ Drug and Alcohol Treatment Access Report Web User Manual, DHCS (2014). Retrieved from: http://www.dhcs.ca.gov/provgovpart/Documents/DATARWeb_Manual_04-15-2014.pdf

⁵⁵ Ibid.

⁵⁶ 45 C.F.R. § 96.126(a)

12. WAITING LIST

Long waiting periods and delayed services often serve as a barrier for substance users seeking treatment.⁵⁷ To ensure pregnant and parenting women receive timely treatment, it is important to maintain an effective waitlist process.

SUD treatment providers must establish, maintain, and submit waiting list information to DATAR upon reaching its capacity.⁵⁸ The waiting list must include a unique patient identifier for each injection substance user seeking treatment and include those receiving interim services while awaiting admission into treatment.⁵⁹ In addition, SUD treatment providers must do the following:

- i. Ensure injection drug users are placed in comprehensive treatment within 14 days.⁶⁰
 - a. If any individual cannot be placed in comprehensive treatment within 14 days, then the provider must admit the woman no later than 120 days and provide interim services no later than 48 hours after the request.⁶¹
 - b. Refer to Section C(7), Interim Services for more information.
- ii. A woman may be removed from the waiting list and not provided treatment within the 120 days if she cannot be located or refuses treatment.⁶² If a woman requests treatment at a later date and space is not available, refer to the following sections for more information:
 - a. Section C(6), Referrals;
 - b. Section C(7), Interim Services; and
 - c. Section C(8), Capacity Management.
- iii. SUD treatment providers must develop a tool to maintain contact with the women waiting for admission to treatment.⁶³
- iv. As space becomes available, SUD treatment providers will match clients in need of treatment with a SUD treatment provider that provides the appropriate treatment services within a reasonable geographic area.⁶⁴

⁵⁷ Redko, C., Rapp, R. C., & Carlson, R. G. (2006). Waiting Time as a Barrier to Treatment Entry: Perceptions of Substance Users. *Journal of Drug Issues*, 36(4), 831–852. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2396562/>

⁵⁸ 45 C.F.R. § 96.126(d)

⁵⁹ 45 C.F.R. § 96.126(c)

⁶⁰ 45 C.F.R. § 96.126(d)

⁶¹ 45 C.F.R. § 96.126(b)(2)

⁶² 45 C.F.R. § 96.126(d)

⁶³ 45 C.F.R. § 96.126(c)

⁶⁴ Ibid.

13. CASE MANAGEMENT

Case management allows for efficient use of resources, skills, and services across systems.⁶⁵ Case management services are provided by a single point of contact who arranges, coordinates, and monitors the services to meet the needs of pregnant and parenting women and their families. Furthermore, case management offers cultural sensitivity and advocacy for each client.⁶⁶

SUD treatment providers must provide or arrange for case management to ensure that pregnant and parenting women, and their children, have access to the following services:⁶⁷

- i. Primary medical care, including prenatal care;
- ii. Primary pediatric care, including immunizations;
- iii. Gender-specific treatment; and
- iv. Therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.

14. TRANSPORTATION

To ensure access to SUD treatment services, it is essential to provide or arrange for transportation services.

SUD treatment providers must provide or arrange for transportation to ensure that pregnant and parenting women, and their children, have access to the following services:⁶⁸

- i. Primary medical care, including prenatal care;
- ii. Primary pediatric care, including immunizations;
- iii. Gender-specific treatment; and
- iv. Therapeutic interventions for children.

In addition, SUD treatment providers shall provide or arrange transportation to and from medically necessary treatment for pregnant and parenting women.^{69, 70, 71}

⁶⁵ SAMHSA. Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. Rockville (MD) (1998). (Treatment Improvement Protocol (TIP) Series, No. 27.) Chapter 2 - Applying Case Management to Substance Abuse Treatment. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK64857/>

⁶⁶ SAMHSA. Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. Rockville (MD) (1998). (Treatment Improvement Protocol (TIP) Series, No. 27.) Chapter 2 - Applying Case Management to Substance Abuse Treatment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64857/>

⁶⁷ 45 C.F.R. § 96.124(e)(5)

⁶⁸ 45 C.F.R. § 96.124(e)(5)

⁶⁹ 22 CCR § 51341.1(c)(4)(B)

⁷⁰ All Plan Letter 17-010, Non-Emergency Medical and Non-Medical Transportation Services. July 17, 2017. <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf>

⁷¹ Information Notice 17-062, Medi-Cal Managed Care Plan Non-Medical Transportation Policy. December 11, 2017.

15. RECOVERY SUPPORT

Recovery support services for pregnant and parenting women who had a SUD are important for her continued health. Once completing treatment and discharged from a treatment provider, it is imperative for pregnant and parenting women to continue receiving support services to encourage continued health and wellness.⁷²

A therapist or counselor shall complete a discharge plan for pregnant and parenting women being discharged.⁷³ This does not include those of whom the provider loses contact with.⁷⁴ A copy of the discharge plan shall be provided to the woman. The discharge plan shall include the following:⁷⁵

- i. A description of each of the beneficiary's relapse triggers and a plan to assist the beneficiary to avoid relapse when confronted with each trigger; and
- ii. A support plan.

16. TREATMENT MODALITIES

A variety of effective treatment methods and services may be utilized in helping people with a SUD. Due to the negative effects on a woman and her children, pregnant and parenting women require more specialized treatment services.⁷⁶

Outpatient Drug Free Treatment Services⁷⁷, Narcotic Treatment Programs,⁷⁸ Intensive Outpatient Treatment Services, and Naltrexone Treatment Services⁷⁹ shall be provided to pregnant and parenting women.⁸⁰

Pregnant women who were eligible for Medi-Cal and received Medi-Cal during the last month of pregnancy shall continue to receive pregnancy-related and postpartum services for 60 days postpartum. Postpartum begins the last day of pregnancy.⁸¹ A pregnant or parenting woman can stay in residential treatment longer than the 30 or 60 days if the assessment indicates such a need. Please see the funding table in Appendix A for more information.

http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS%20_17-062.pdf

⁷² SAMHSA. Recovery and Recovery Support; Retrieved from: <https://www.samhsa.gov/recovery>

⁷³ 22 CCR § 51341.1(h)(6)(A)

⁷⁴ Ibid

⁷⁵ Ibid

⁷⁶ SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 4: Screening and Assessment. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK83253/>

⁷⁷ 22 CCR § 51341.1(d)(2)

⁷⁸ 22 CCR § 51341.1(d)(1)

⁷⁹ 22 CCR § 51341.1(d)(5)

⁸⁰ 22 CCR § 51341.1 (c)(4)(A)

⁸¹ 22 CCR § 50260

Providers must adhere to the following requirements when delivering SUD services in Perinatal Residential Treatment and Intensive Outpatient Treatment:

- i. **Perinatal Residential SUD Treatment Services**
Providers offering residential SUD services to pregnant and parenting women shall provide supervision and treatment services day and night, seven days a week.⁸²
- ii. **Intensive Outpatient Treatment Services**
Mother and child habilitative services shall be provided to pregnant and parenting women.⁸³ During Intensive Outpatient Treatment services, group counseling shall be conducted with no less than two and no more than 12 clients at the same time.^{84,85}

17. DMC-ORGANIZED DELIVERY SYSTEM

In addition to state plan services, beneficiaries who reside in a county that participates in the DMC Organized Delivery System (DMC-ODS) will receive DMC-ODS services. Please refer to the Special Terms and Conditions 127-160 of the California Medi-Cal 2020 Demonstration for additional information.⁸⁶

⁸² 22 CCR § 51341.1(b)(20)

⁸³ 22 CCR § 51341.1 (c)(4)(A)

⁸⁴ 22 CCR § 51341.1(b)(11)(B)

⁸⁵ 22 CCR § 51341.1(d)(3)

⁸⁶ California Medi-Cal 2020 Demonstration STC (127 – 160)

SECTION C: BEST PRACTICES FOR SUD TREATMENT PROVIDERS

This section outlines best practices for serving the target population. These best practices are based on resources and research published by the National Association of State Alcohol and Drug Abuse Directors⁸⁷ and SAMHSA.^{88,89} This section also aligns with California statute and law.⁹⁰

The purpose of this section is to supplement the requirements outlined in Section B and Section C, and to provide quality standards for the delivery of SUD services to pregnant and parenting women. This section will be used by providers as a reference tool to develop comprehensive, individualized, gender-specific, and family-centered SUD services.

1. ADMISSION PRIORITY

It is critical to provide timely and gender-specific care to pregnant and parenting women with a SUD. Timely treatment for pregnant women with a SUD provides a significant buffer against adverse pregnancy outcomes, including premature births and low birth weight.⁹¹ Due to the harmful effects of substance use on the fetus, pregnant women require admission priority.⁹² When possible and if appropriate, it is recommended that providers prioritize the admission of pregnant and parenting women into treatment.

2. SCREENING

To effectively minimize the risk of fetal exposure to drugs or alcohol, regularly screening women is essential.⁹³ When women are screened for SUD during pregnancy, education can be provided about the risks of substance use. In addition, it serves to identify women whose pregnancies are at risk due to their substance

⁸⁷ NASADAD. Guidance to States: Treatment Standards for Women with Substance Use Disorders (2008). Retrieved from: <http://nasadad.org/wp-content/uploads/2010/12/Guidance-to-States-Treatment-Standards-for-Women1.pdf>

⁸⁸ SAMHSA. Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals. SAMHSA (2011) Retrieved from: <https://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf>

⁸⁹ SAMHSA. TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women, (2009). Retrieved from: <https://store.samhsa.gov/shin/content/SMA13-4426/SMA13-4426.pdf>

⁹⁰ HSC §11757.50 through 11757.61; 22 CCR § 51341.1

⁹¹ SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 2: Patterns of Use: From Initiation to Treatment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83243/#>

⁹² Lester, B. M., Andreozzi, L., & Appiah, L. (2004). Substance use during pregnancy: time for policy to catch up with research. *Harm Reduction Journal*, 1, 5. <http://doi.org/10.1186/1477-7517-1-5>

⁹³ SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 4: Screening and Assessment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83253/>

use, which allows for pregnant and parenting women to receive early intervention services, or to receive a referral for appropriate treatment services.⁹⁴

3. ASSESSMENT AND PLACEMENT

Performing initial and ongoing assessments ensures pregnant and parenting women are placed in the appropriate level of care.⁹⁵ The assessment process offers pertinent information in determining the types of services and treatment pregnant and parenting women may need. Appropriate placement of care is dependent on the assessment, which considers the nature and severity of a woman's SUD, the presence of co-occurring mental or physical illnesses or disabilities, and the identification of other needs related to her current situation.⁹⁶

It is also recommended that a woman is given the opportunity to be involved and contribute to the planning and placement of their treatment, whenever possible.⁹⁷

4. INTERIM SERVICES

It is recommended that pregnant and parenting women are provided with interim services while they are awaiting admission into treatment.⁹⁸ The delivery of interim services aims to reduce the risks of fetal exposure to substances, and to help contain the spread of infectious disease.

Often times, placing a client who is requesting SUD treatment services on a waiting list serves as a barrier. It often leads some individuals “to give up on treatment and continue using, while some are prompted to perceive sobriety during the waiting period as proof that treatment is not necessary.”⁹⁹ Therefore, it is important to provide pregnant and parenting women with interim services as a means of reducing adverse health effects, encouraging entry into treatment, and promoting the health of

⁹⁴ Morse B, Gehshan S, Hutchins E. 1997. Screening for Substance Abuse During Pregnancy: Improving Care, Improving Health. Arlington, VA: National Center for Education in Maternal and Child Health. Retrieved from: <https://www.ncemch.org/NCEMCH-publications/SubAbuse.pdf>

⁹⁵ SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 5: Treatment Engagement, Placement, and Planning. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83238/>

⁹⁶ Ibid.

⁹⁷ SAMHSA. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD) (2009). (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 5: Treatment Engagement, Placement, and Planning. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83238/>

⁹⁸ Redko, C., Rapp, R. C., & Carlson, R. G. (2006). Waiting Time as a Barrier to Treatment Entry: Perceptions of Substance Users. *Journal of Drug Issues*, 36(4), 831–852. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2396562/>

⁹⁹ Ibid.

women. Examples of interim services include peer mentorship, services by telephone or e-mail, risk assessment activities, and drop-in centers.¹⁰⁰

5. CHILD CARE

For women in SUD treatment, access to child care is a critical factor that may serve as a barrier to a woman's participation in treatment. Children born to mothers with SUDs are at a greater risk of in-utero exposure to substances. As a result, many of these children struggle to achieve basic developmental milestones and they often require child care that extends beyond basic supervision.¹⁰¹

SUD treatment providers are encouraged to provide on-site, licensed child care in accordance with child care licensing requirements.¹⁰² Conducting child care within close proximity of the SUD treatment provider may serve as a motivation for the mothers to stay in treatment.¹⁰³

When a SUD treatment provider is unable to provide licensed on-site child care services, the SUD treatment provider should partner with local, licensed child care facilities. Providers can also offer on-site, license-exempt child care through a cooperative arrangement between parents for the care of their children.¹⁰⁴

All of the following conditions must be met in the event of a cooperative arrangement:¹⁰⁵

- A. Parents shall combine their efforts, so each parent rotates as the responsible care giver with respect to all the children in the cooperative arrangement;
- B. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement;
- C. No monetary compensation, including receipt of in-kind income, may be provided in exchange for the provision of care; and
- D. No more than 12 children can receive care in the same place at the same time.

When possible, it is recommended that women offering child care in the cooperative arrangement be directed under the supervision of an experienced staff member with

¹⁰⁰ SAMHSA. Robertson, L., & Serra, C. (2009). Capacity Management for Substance Abuse Treatment Systems. Rockville, MD: Center for Substance Abuse Treatment. Retrieved from: <http://www.narbha.org/includes/media/docs/Capacity-Management-for-Substance-Abuse-Treatment-Systems.pdf>

¹⁰¹ SAMHSA. Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals. SAMHSA (2011); TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women (2009). Retrieved from: <https://store.samhsa.gov/shin/content/SMA13-4426/SMA13-4426.pdf>

¹⁰² 22 CCR §§ 101151 through 101163

¹⁰³ SAMHSA. TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women (2009). Retrieved from: <https://store.samhsa.gov/shin/content/SMA13-4426/SMA13-4426.pdf>

¹⁰⁴ 22 CCR § 51341.1(c)(4)(A); 22 CCR § 102358; HSC § 1596.792(e)

¹⁰⁵ 22 CCR § 102358; HSC § 1596.792(e)

expertise in child development. This staff member can teach the women how to respond appropriately to a child's needs and help women address child-specific issues.¹⁰⁶ NOTE: This staff member should have passed a background check before working in the program's child care.

In addition, it is recommended that child care services include therapeutic and developmentally appropriate services to help identify a child's developmental delays, including emotional and behavioral health issues.^{107,108} When appropriate, child care services should be tailored to each child and support the child's individual developmental needs. This includes considering a child's culture and language to incorporate culturally responsive practices and deliver culturally appropriate services.

Furthermore, if other clinical treatment services for the child are deemed medically necessary, services should be comprehensive and, at a minimum, include the following:¹⁰⁹

- A. Intake;
- B. Screening and assessment of the full range of medical, developmental, emotional related-factors;
- C. Care planning;
- D. Residential care;
- E. Case management;
- F. Therapeutic child care;
- G. Substance abuse education and prevention;
- H. Medical care and services;
- I. Developmental services; and
- J. Mental health and trauma services.

¹⁰⁶ Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (2011). Page 416. Retrieved from: http://cfoc.nrckids.org/WebFiles/CFOC3_updated_final.pdf

¹⁰⁷ SAMHSA. TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women (2009). Retrieved from: <https://store.samhsa.gov/shin/content/SMA13-4426/SMA13-4426.pdf>

¹⁰⁸ NASADAD. Guidance to States: Treatment Standards for Women with Substance Use Disorders (2008). Retrieved from: <http://nasadad.org/wp-content/uploads/2010/12/Guidance-to-States-Treatment-Standards-for-Women1.pdf>

¹⁰⁹ SAMHSA. TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women (2009). Retrieved from: <https://store.samhsa.gov/shin/content/SMA13-4426/SMA13-4426.pdf>

6. PARENTING SKILLS

Parenting skills is defined as a relationship between a woman and her child(ren) that include identification of feelings, empathy, active listening, and boundary setting.^{110,111} The mothers can practice these skills alone or with their children.

The incorporation of parenting skills into a woman's treatment plan is required to help the woman and her child(ren) while the woman is in treatment.¹¹² Parenting skills can be improved through education in child development, skill-building training, counseling, modeling, and problem-solving in specific instances of parent-child interactions.¹¹³

Topics for parenting skills and relationship building can include, but are not limited to, the following:¹¹⁴

- A. Developmentally age-appropriate programs for children;
- B. Parenting education for mothers;
- C. Strategies to improve nurturing for mothers and children;
- D. Appropriate parent child roles including modeling opportunities;
- E. Integration of culturally competent parenting practices and expectations;
- F. Nutrition;
- G. Children's substance abuse prevention curriculum;
- H. Children's mental health needs;
- I. Integration of culturally competent parenting practices and expectations;
- J. Education for mothers about child safety;
- K. Children's substance abuse prevention curriculum; and
- L. Children's mental health needs.

Parents need time to practice their new parenting skills and change patterns of behavior to improve interactions with their children. Matching parenting, coaching, and/or other support groups to the women's services can help improve her ability to cope with new parenting skills.

¹¹⁰ SAMHSA. TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women (2009). Retrieved from: Retrieved from: <https://store.samhsa.gov/shin/content/SMA13-4426/SMA13-4426.pdf>

¹¹¹ NASADAD. Guidance to States: Treatment Standards for Women with Substance Use Disorders (2008). Retrieved from: <http://nasadad.org/wp-content/uploads/2010/12/Guidance-to-States-Treatment-Standards-for-Women1.pdf>

¹¹² HSC § 11757.59(b)(2)(E); 22 CCR § 51341.1(c)(3); 51341.1(c)(4)(A)

¹¹³ 22 CCR 51341.1(d)(4)

¹¹⁴ SAMHSA. TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women (2009). Retrieved from: Retrieved from: <https://store.samhsa.gov/shin/content/SMA13-4426/SMA13-4426.pdf>

7. OUTREACH SERVICES

SUD treatment providers delivering treatment services to pregnant and parenting women must publicize the availability of such services.¹¹⁵ It is important for women to be aware of the services available to them within their community. In addition to increasing the likelihood for individuals to seek treatment, outreach services also aim to promote awareness about drug use and diseases such as HIV.

In an effort to publicize the availability of services, providers may consider the following methods:¹¹⁶

- A. Public services announcements;
 - B. Advertisements;
 - C. Posters placed in targeted areas; and
- Notification of treatment availability distributed to the network of community-based organizations, health care providers, and social service agencies.

¹¹⁵ 45 C.F.R. § 96.131(b)

¹¹⁶ 45 C.F.R. § 96.131(b)

Appendix A: Comparison Chart

The purpose of the PPG is to ensure California providers deliver quality SUD treatment services and adhere to the federal and state regulations as per the requirements outlined by DMC, DMC-ODS, and SABG. These federal funding sources require specific treatment services to be provided to pregnant and parenting women, as illustrated in the table below:

Requirements	Funding Source		
	Regulation	DMC	SABG
Target Population			
Pregnant women	45 C.F.R. § 96.124(e) HSC § 11757.59(a)		X
Parenting/Postpartum women	45 C.F.R. § 96.124(e) HSC § 11757.59(a)		X
Parenting/Postpartum women (up to 60 days)	22 CCR § 51341.1(c)(3) 22 CCR § 50260	X	
Women with dependent children	45 C.F.R. § 96.124(e) HSC § 11757.59(a)		X
Women attempting to regain custody of their children	45 C.F.R. § 96.124(e)		X
Admission Priorities			
Pregnant injection drug users	45 C.F.R. § 96.131(a)(1)		X
Pregnant substance users	45 C.F.R. § 96.131(a)(2)		X
Injection drug users	45 C.F.R. § 96.131(a)(3)		X
All others	45 C.F.R. § 96.131(a)(4)		X

Requirements	Funding Source		
	Regulation	DMC	SABG
Outreach and Engagement			
Promote awareness about communicable diseases	45 C.F.R. § 96.126(e)(3)		X
Select, train, and supervise outreach workers	45 C.F.R. § 96.126(e)(1)		X
Contact, communicate, and follow-up with high risk individuals with SUD	45 C.F.R. § 96.126(e)(2)		X
Recommend steps that can be taken to ensure HIV transmission doesn't occur	45 C.F.R. § 96.126(e)(4)		X
Encourage entry into treatment	45 C.F.R. § 96.126(e)(5)	X*	X
Partnerships			
Coordinate with other systems health care, social services, corrections and criminal justice, education, vocational rehabilitation, and employment services	45 CFR §96.132(c)		X
Screening			
Implement infection control procedures	45 C.F.R. § 96.127(a)(3)		X

Requirements	Funding Source		
	Regulation	DMC	SABG
Intervention			
Provide/arrange for gender-specific treatment services	45 C.F.R. § 96.124(e)(3)		X
Provide/arrange for child care services	45 C.F.R. § 96.124(e)(3)		X
Provide/arrange for therapeutic interventions for children of clients	45 C.F.R. § 96.124(e)(4)		X
Assessment and Placement			
Perform/Acquire physical examinations	22 CCR § 51341.1(h)(1)(A)(iv)	X*	
Treatment and Planning			
Individual treatment planning	22 CCR 51341.1(h)(2)(A)	X*	
Mother/child habilitative and rehabilitative services	22 CCR 51341.1(c)(4)(A)	X	
Access to Services	22 CCR 51341.1(c)(4)(B)	X	
Education to reduce harmful effects of SUD on mother and fetus	22 CCR 51341.1(c)(4)(C)	X	
Coordination of ancillary services	22 CCR 51341.1(c)(4)(D)	X	

Requirements	Funding Source		
	Regulation	DMC	SABG
Referrals			
Refer to the appropriate SUD treatment services	45 C.F.R. § 96.131(c) 45 C.F.R. § 96.131(d)(1)		X
Interim Services			
Provide interim services	45 C.F.R. § 96.131(d)(2)		X
Capacity Management			
Monitor capacity	45 C.F.R. § 96.131(d)(2)		X
Notify DHCS upon reaching 90% capacity	45 C.F.R. § 96.126(a)		X
Waiting List			
Maintain waiting list	45 C.F.R. § 96.126(d)		X
Maintain contact with woman awaiting admission into treatment	45 C.F.R. § 96.126(c)		X
Transportation			
Provide and/or arrange for transportation to and from medically necessary services	22 CCR § 51341.1(c)(4)(B) 45 C.F.R. § 96.124(e)(5)	X	X
Case Management			
Provide case management services	45 C.F.R. § 96.124(e)(5)		X
Provide primary medical care	45 C.F.R. § 96.124(e)(1)		X
Provide primary pediatric care	45 C.F.R. § 96.124(e)(2)		X
Provide gender-specific treatment	45 C.F.R. § 96.124(e)(3)		X

Requirements	Funding Source		
	Regulation	DMC	SABG
Recovery Support			
Develop and provide beneficiary with discharge plan	22 CCR § 51341.1(h)(6)(A)	X*	
Treatment Modalities			
Residential treatment services	22 CCR § 51341.1(b)(20)		X
Outpatient treatment services	22 CCR § 51341.1(d)(2)	X*	
Narcotic treatment programs	22 CCR § 51341.1(d)(1)	X*	
Group counseling	22 CCR § 51341.1(b)(11)(B)	X*	
Intensive outpatient services	22 CCR § 51341.1(d)(3)	X	X
Transitional housing	MHSUDS INFORMATION NOTICE NO.: 16-059- ROOM AND BOARD FOR TRANSITIONAL HOUSING		X

* Not exclusive to pregnant and parenting women