

Introduction to Perinatal Practice Guidelines



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

PERINATAL PRACTICE GUIDELINES



LIVE WELL
SAN DIEGO

February 2023



BACKGROUND

- Programs receiving Substance Abuse Prevention and Treatment Block Grant (SABG) funding are required to follow the [Perinatal Practice Guidelines](#) (PPG). The PPG outlines the SABG requirements for substance use disorder services for pregnant and parenting women.
- The guidelines are intended to be used in concert with, and not to conflict with or duplicate, other applicable laws, regulations, and standards that govern programs serving pregnant and parenting women.
- Training on the Perinatal Practice Guidelines is required as a **one-time training** to be taken **within 60 days of hire**, for staff (including Peers and Medical Directors) of Perinatal Outpatient and Residential programs as described in the [DMC-ODS Required Trainings](#).

PERINATAL PRACTICE GUIDELINES



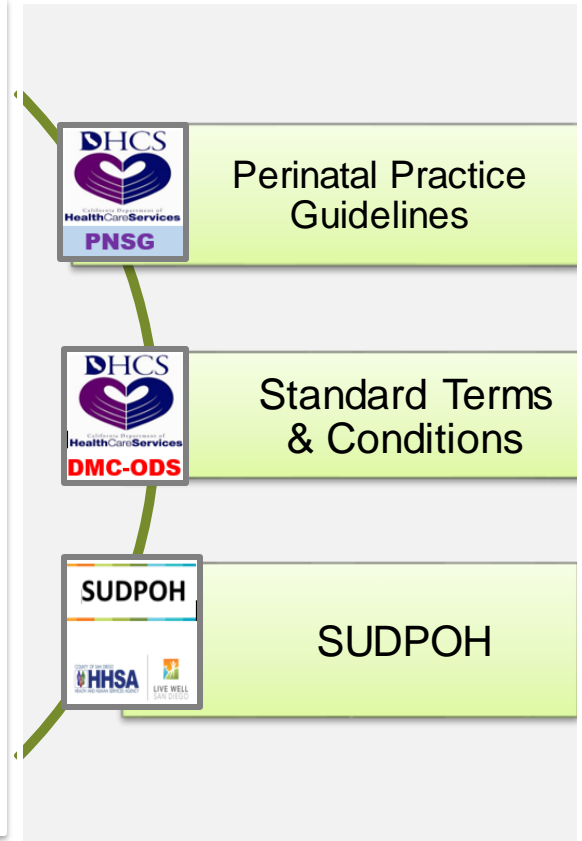
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Community Services Division
Prevention and Family Services Section
Family Services Unit



LEGEND

This training presents the Perinatal Practice Guidelines (PPG) to ensure that all Perinatal SUD programs receive the information necessary to provide and deliver quality SUD treatment services in adherence to federal and state guidelines. In addition to the PPG, County of San Diego SUD programs adhere to local requirements which include the Drug Medi-Cal Organized Deliver System (DMC-ODS) Standard Terms and Conditions (STCs) and other items outlined in the County of San Diego Substance Use Disorder Providers Operational Handbook (SUDPOH). Guidelines are denoted throughout this presentation using the symbols to the right.





DMC-ODS NOTIFICATION

Effective July, 2018 the County of San Diego elected to participate in the California Drug Medi-Cal Organized Delivery System (DMC-ODS) 1115 demonstration waiver, which provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services. The waiver amendment enhanced the Drug Medi-Cal (DMC) service delivery system by providing more local control and accountability in selection of high-quality providers, improved local coordination of case management services, implementation of evidence-based practices in substance use treatment, and coordination with other systems of care. DMC-ODS STCs may supersede the Perinatal Practice Guidelines and are denoted in **red font** throughout this presentation.



STANDARD DMC VS. DMC-ODS

EXPANDED SERVICES

CHANGES IN MEDI-CAL COVERED SERVICES

SUD Services Covered by Drug Medi-Cal (Non ODS Counties)	Covered Services After the Implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) (Effective July 1, 2018)
<ul style="list-style-type: none"> • Outpatient treatment: • Intensive Outpatient Treatment • Residential Treatment: <ul style="list-style-type: none"> ○ Perinatal only (16 beds or less) 	<ul style="list-style-type: none"> • Outpatient Services (OS) • Intensive Outpatient Services (IOS) • Residential Treatment • Medication Assisted Treatment (MAT) • Withdrawal Management • Case Management • Recovery Support Services • Clinician Consultation • Peer Support Services

Refer to [DMC-ODS STCs](#)



IMPACT OF SUBSTANCE USE DISORDERS (SUD)

Substance use disorders are a major public health and safety problem impacting children, youth, families, and communities. Substance use disorder treatment programs provide an integrated system of community-based substance use disorder prevention, intervention, and treatment and recovery services throughout San Diego County.





WHY ARE GUIDELINES IMPORTANT?



To support quality services;



To outline minimum requirements;



To support adherence to State and Federal guidelines.



GOALS

Support women's ability to become self-sufficient through education and employment

Encourage the birth of babies born free of exposure of illicit substances

Break the generational cycle of addiction

Decrease the incidence of crime





TARGET POPULATION

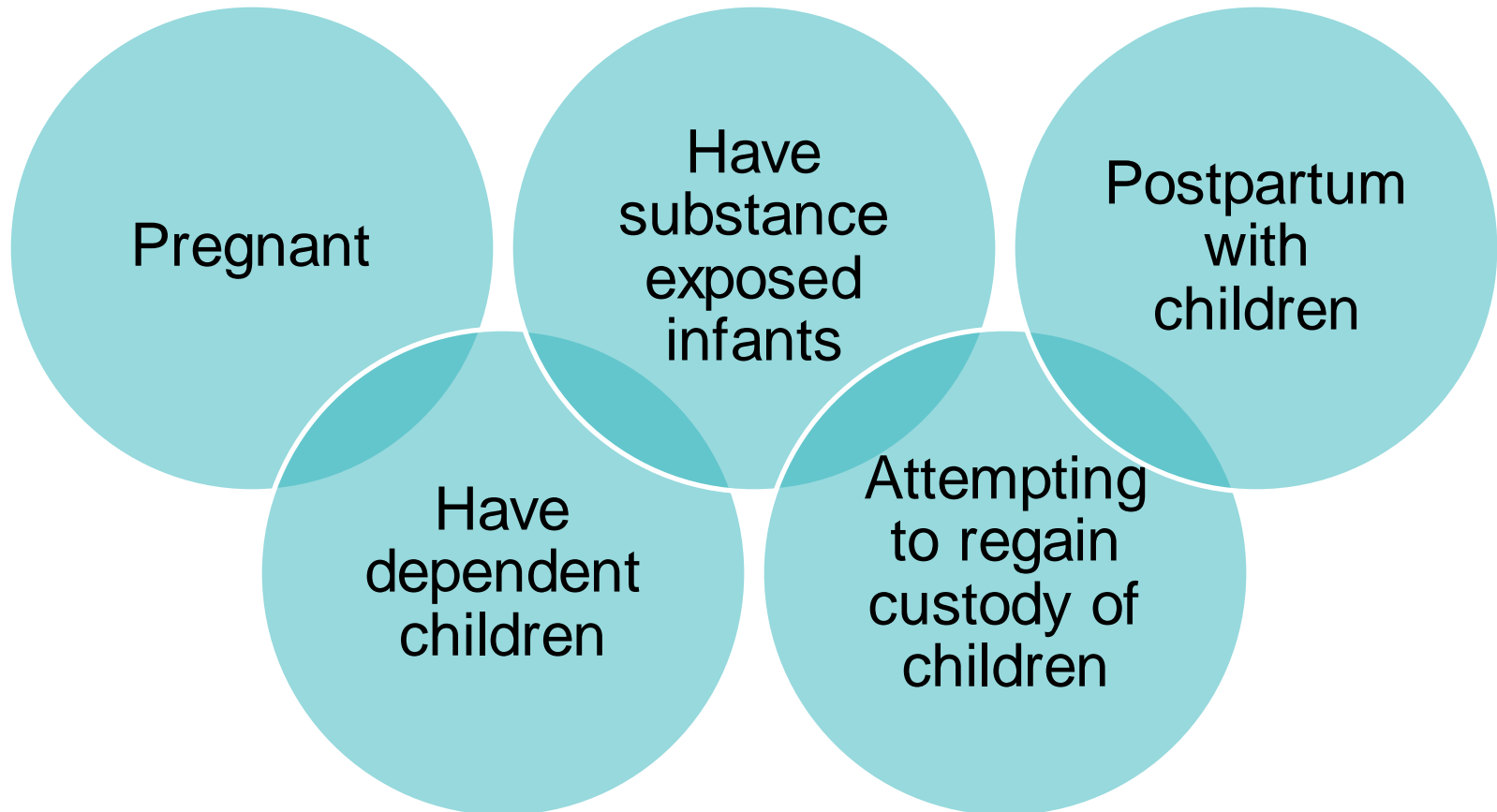
DHCS oversees a statewide network of publicly-funded perinatal alcohol and other drug treatment programs that serve pregnant and parenting women, and their children.





PERINATAL SUD CLIENTS

Women with SUD and...





COUNTY OF SAN DIEGO ELIGIBILITY

Women with SUD and who are...



Pregnant or Parenting



Adolescent females ages 15 and over who are pregnant



Women who are parenting who are using or have used substances



Seeking gender specific treatment services

And also...



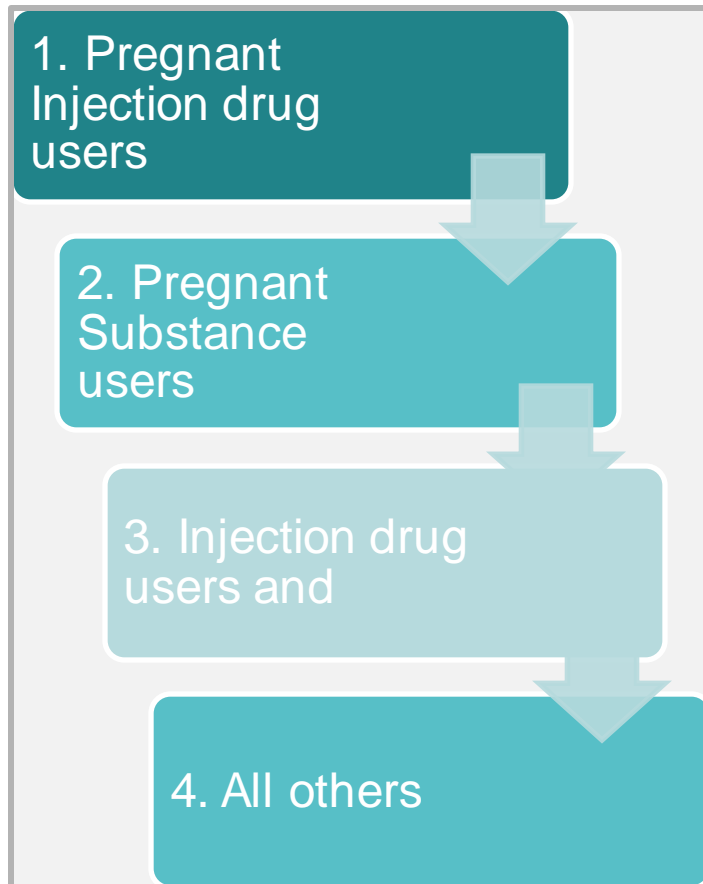
Reside in San Diego or intend to reside in San Diego



Medi-Cal eligible



ADMISSION PRIORITY



Under DMC-ODS STCs waitlists have been replaced by warm handoffs to appropriate services or provision of interim services. Admissions are based on medical necessity and ASAM Criteria. If an immediate warm handoff is not possible, SUD treatment providers are required to make interim services available for pregnant and parenting women awaiting admission into treatment. 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. Please refer to the DMC STCs for additional details on Interim services.

Refer to [DMC-ODS STCs](#)



EVIDENCE-BASED PRACTICES



At a minimum, programs will use the following evidence-based practices:

- **Motivational Interviewing**
- **Relapse Prevention**



ESSENTIAL SERVICE COMPONENTS

1. Primary
Medical Care

2. Gender-
Specific
Services

3. Case
Management

4. Primary
Pediatric Care

5. Childcare
while mother is
receiving
services.

6. Therapeutic
Services for
Children



1. PRIMARY MEDICAL CARE

Comprehensive medical care is essential for achievement of treatment goals and long-term recovery from substance use disorders. A comprehensive system serves the whole health needs of individuals and families by integrating medical care and behavioral healthcare into SUD treatment services.



Programs must provide or arrange for primary medical care, including referral for prenatal care to pregnant and parenting women receiving SUD treatment.



Childcare services must be provided while the women are receiving primary medical care services.



2. GENDER-SPECIFIC SERVICES

SUD treatment programs must provide/arrange for gender specific services and other therapeutic interventions including:

- Relationships
- Sexual and physical abuse
- Parenting
- Childcare services must be provided while the women are receiving gender-specific treatment services.



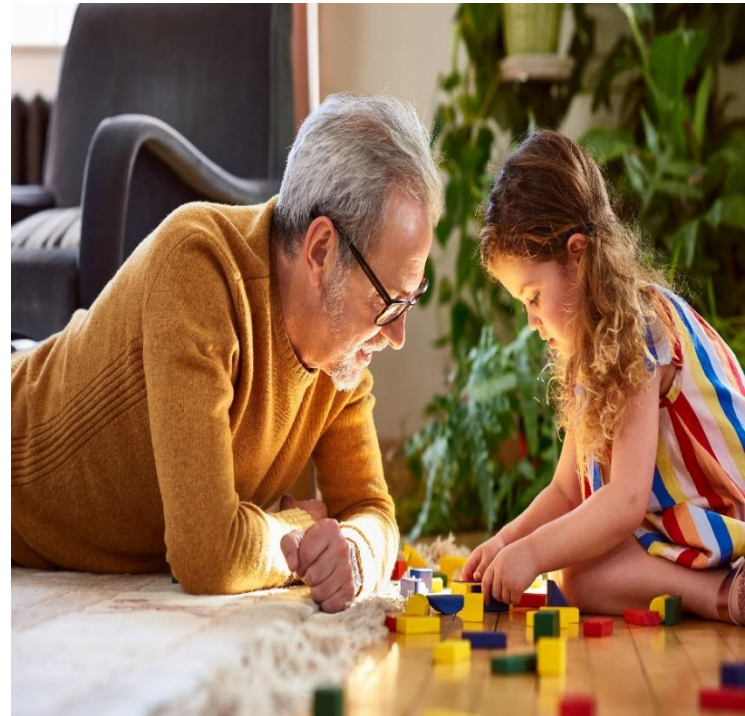


THERAPEUTIC INTERVENTIONS FOR CHILDREN

Screening of children whose mothers enter SUD treatment helps to identify developmental, emotional, behavioral, and attachment and bonding needs, as well as any history of trauma, which may include abuse, neglect, and/or witnessing violence.

SUD programs must provide/arrange for therapeutic interventions for the children of the women receiving SUD treatment services that address the child's:

- Developmental needs
- Sexual Abuse
- Physical Abuse
- Neglect



Refer to [DMC-ODS STCs](#)



3. CASE MANAGEMENT/ CARE COORDINATION

Care coordination services, also known as case management, are the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. SUD treatment programs must provide/arrange for sufficient case management to ensure that pregnant and parenting women, and their children have access to:

Primary
medical care

Primary
pediatric care

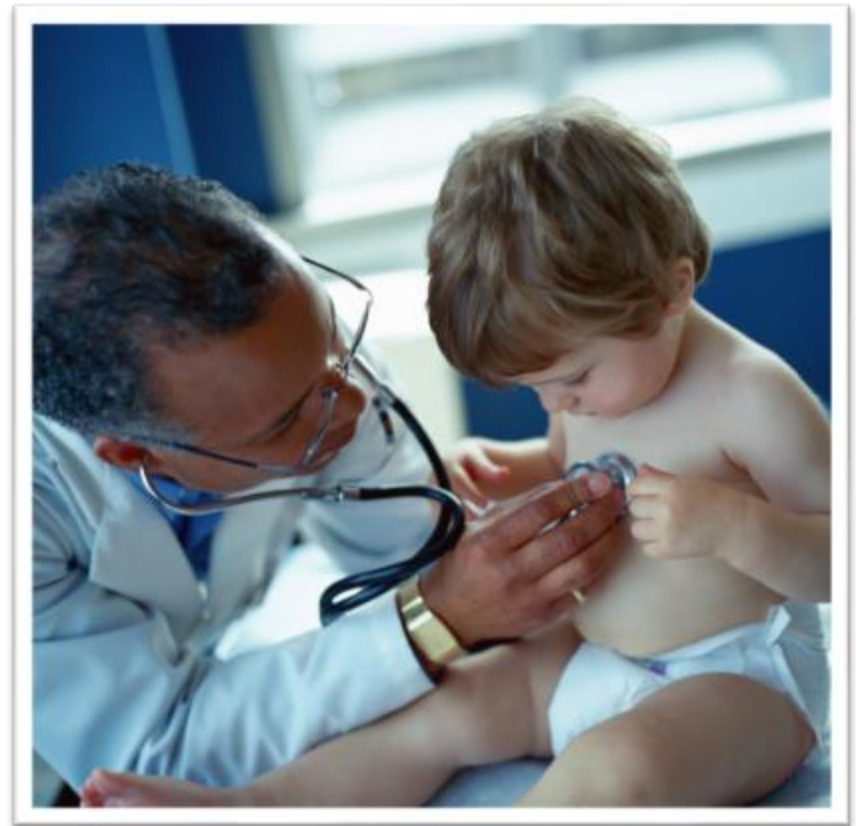
Gender-
specific
treatment

Therapeutic
interventions
for children



4. PRIMARY PEDIATRIC CARE

Preventive pediatric care addresses infant and child health issues before they become severe. When the health and wellbeing of a perinatal treatment participant's children has been addressed, the mother is better able to focus on her own health and recovery. SUD programs must provide or arrange for primary pediatric care, including immunizations for children of pregnant and parenting women while the women are receiving treatment.





5. CHILDCARE

- Childcare is a critical factor that may serve as a barrier to a women's participation
- SUD programs are advised to provide adequate childcare while women participate in SUD treatment
- SUD programs are encouraged to provide on-site childcare services





5 (A) OPTIONS FOR PROVIDING CHILDCARE

When an SUD treatment program is unable to provide licensed on-site childcare services, the SUD treatment program should partner with local licensed childcare facilities or offer on-site license-exempt childcare through a cooperative arrangement.

Option #1: Partner with Licensed Provider

- Programs may partner with local, licensed childcare facilities to offer on-site care, or arrange license-exempt care through a cooperative arrangement between parents.

Option #2: Cooperative Arrangement

- Parents combine efforts
- Any parent watching the child must be a parent, guardian, stepparent, grandparent, aunt or sibling of at least one child in the arrangement.
- No monetary compensation provided.
- No more than 12 children.
- Recommended that an experienced staff member with expertise in child development supervise the coop arrangement.



6. THERAPEUTIC SERVICES FOR CHILDREN

Therapeutic services for children must be comprehensive, developmentally appropriate, culturally responsive, and include the following:

- Screening and assessment of the full range of medical, developmental, emotional related-factors
- Care planning
- Residential care
- Case Management
- Therapeutic childcare
- Developmental services



- Substance abuse education and prevention
- Medical care and services
- Mental Health and trauma services
- Onsite childcare services to be supervised by Childcare Specialist

Refer to:
[DMC-ODS STCs](#)



6 (A) CHILDREN'S MENTAL HEALTH SERVICES

Perinatal programs must include mental health services for the children of the women served with the goal of improving the children's mental health or behavioral issues.

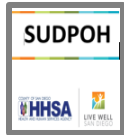
Goal of MH Services is to Improve children's MH or behavioral issues

Children Served:
Children who are assessed to have developmental or behavioral needs

Provided by a CA Licensed or Licensed eligible clinician

Clinician shall provide screening, assessment, and therapeutic interventions

Interventions are promising, age appropriate, integrated, accessible, culturally competent and strengths-based



6 (B) CHILDREN'S MENTAL HEALTH CLINICIAN Perinatal Program Staffing

Perinatal Programs are staffed with 1 FTE Licensed or License-eligible mental health clinician, experienced in providing services to children to provide mental health interventions.

This clinician is to screen the children to determine need for mental health services, including but not limited to, parent-child bonding. The clinician shall also provide assessments and therapeutic interventions for children screened to have emotional, behavioral, or attachment needs. If those needs exceed the level of care provided by the Perinatal program, children shall be linked with high level care to meet their needs.





TRANSPORTATION

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

**Primary
medical care**

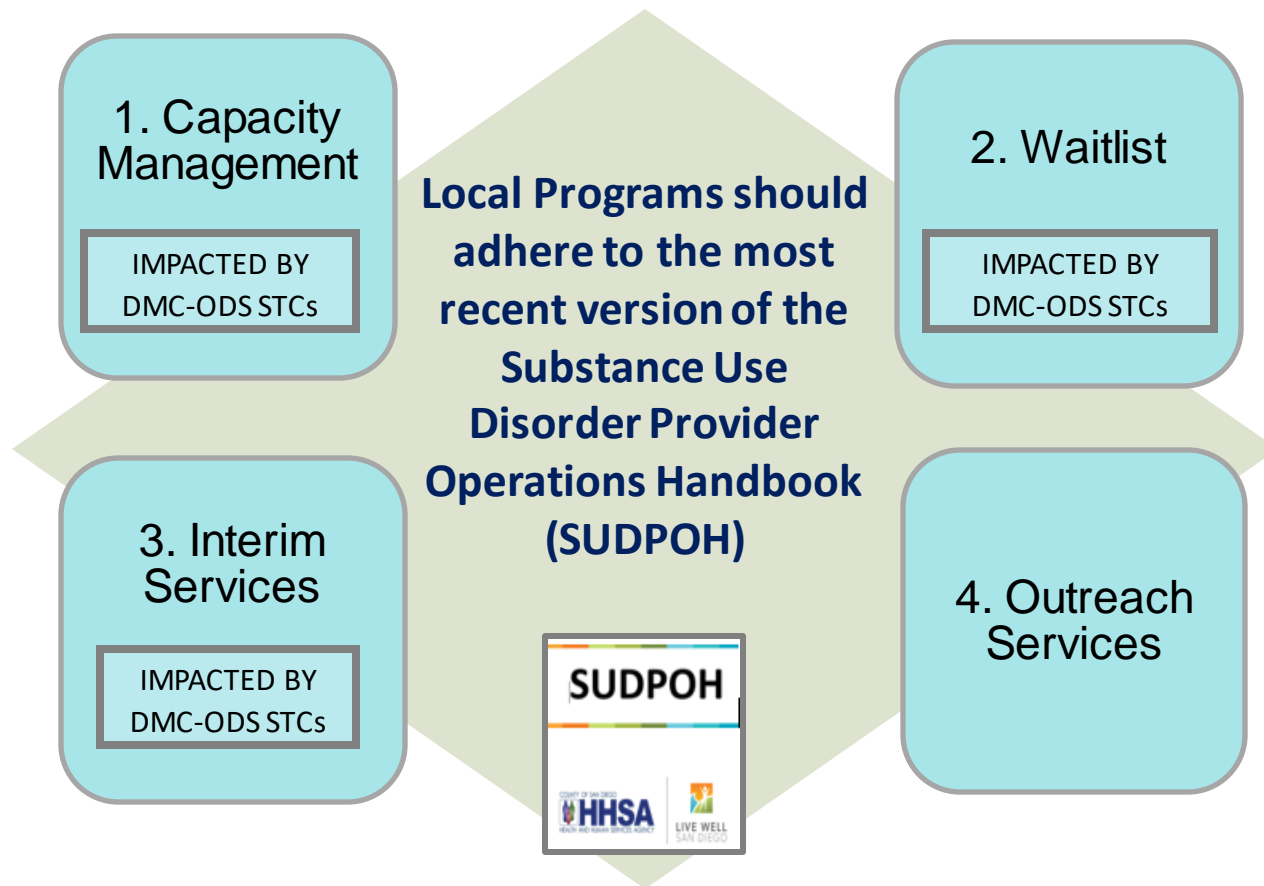
**Primary
pediatric
care**

**Gender-
specific
treatment**

**Therapeutic
services for
children**



RULES AND REGULATIONS



Refer to [DMC-ODS STCs](#)



1. CAPACITY MANAGEMENT

The capacity management requirement of the perinatal network service guidelines has been impacted by DMC-ODS in that those seeking services are to be provided services immediately or provided a warm handoff to a program that can meet the individuals needs at this time. Individuals shall not be placed on waitlists, and programs shall be continuously monitoring request for services, capacity, and access times, and when indicated, making connections to the appropriate treatment providers.

- When a SUD treatment program cannot admit a pregnant woman because of insufficient capacity, the program must refer the woman to DHCS through its capacity management program.
- When a SUD treatment program serving intravenous substance users reaches or exceeds 90 percent of its treatment capacity, the program must notify DHCS via email within seven days.



2. WAITING LIST

DMC-ODS and local requirements require that individuals be provided services or given a warm handoff to another program. In the event that interim services are needed, the Perinatal Practice Guidelines are to be followed.

SUD Programs Must:	Once on the Waitlist:	If woman refuses or cannot be contacted:
<p>Establish a waitlist to ensure women who are using IV drugs are place into treatment within 14 days.</p>	<ul style="list-style-type: none"> • Enrolled in interim services while waiting admission. • Program maintains contact with the woman. • Ensure admission to treatment as soon as possible. 	<p>She can be removed from waitlist. If she comes back and space is not available, program must:</p> <ul style="list-style-type: none"> • Provide interim services • Add the woman to waitlist • Admit into treatment within 120 days

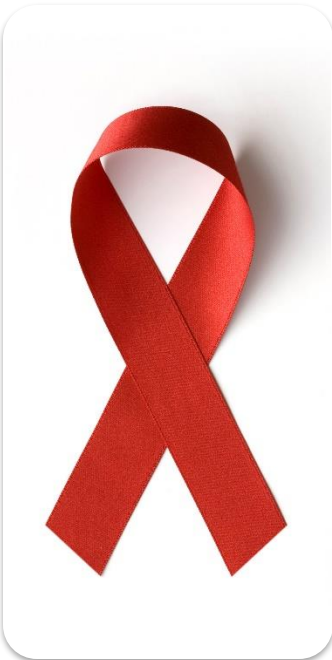
DMC-ODS IMPACT

Admissions- Individuals eligible for DMC-ODS services *shall not be placed on waiting lists* and program will be continuously monitoring requests for service, capacity, and access times and when indicated making connections to appropriate treatment providers





3. INTERIM SERVICES



At minimum, Interim services must counsel and educate women on:

- Human Immunodeficiency Virus (HIV)
- Tuberculosis (TB)
- Risks of needle sharing
- Risks of HIV and TB transmission to sexual partners and infants
- Steps to ensure HIV and TB transmission does not occur and if necessary, referral for HIV or TB treatment services
- Counseling on the effects of drugs and alcohol on the fetus
- Referral for prenatal care.

Individuals eligible for DMC-ODS services shall not be placed on waiting lists and program will be continuously monitoring requests for service, capacity, and access times and when indicated making connections to appropriate treatment providers





3 (A) REFERRAL TIMELINE

When a pregnant women receives a referral and the program cannot provide services due to capacity, program must:

- Provide interim services to a pregnant woman (IV and non-IV drug users), including a referral for prenatal care within 48 hours of the request.

When assisting the target population who are in need of SUD treatment services the program must:

- Admit IV drug users within the first 14 days of the request, **or**
- Admit IV drug users within the first 120 days of the request, **and**
- Make interim services available within 48 hours of the request including a referral for prenatal care.



4. OUTREACH

SUD treatment programs are expected to use the following practices:

- Select, train and supervise outreach workers
- Contact, communicate, and follow-up with high-risk individuals with SUDs
- Promote awareness among women using injection drugs about the relationship between injection drug use and communicable diseases such as HIV
- Recommend steps to ensure that HIV transmission does not occur
- Encourage entry into treatment.

Refer to [DMC-ODS STCs](#)



PARENTING SKILLS

Incorporation of parenting skills into a woman's treatment plan is recommended to help the woman and her children while the woman is in treatment. Parenting skills can be improved through education on child development, skill-building training, counseling, modeling, and problem-solving in specific instances of parent-child interaction.

Locally, programs are to provide Incredible Years evidence-based parenting education.

Services include, but are not limited to, education on the effects of SUD on the development of infants and children, the special needs of infants and children exposed to SUD, and skills relating to discipline, physical health, nutrition, and age-appropriate activities.



Refer to:
[DMC-ODS STCs](#)



PARENTING SKILLS

Included in Treatment Plan

TOPICS INCLUDE:

Developmentally
age-appropriate
programs for
children

Parenting education
for mothers

Strategies to
improve nurturing
for mothers and
children

Appropriate parent
child roles including
modeling
opportunities

Nutrition

Children's
substance abuse
prevention
curriculum

Children's mental
health needs

Integration of
culturally competent
parenting practices
and expectations;

Education for
mothers about child
safety



LEVELS OF CARE

Residential Services



Outpatient Services



DMC-ODS includes new levels of care within residential and nonresidential programs. Programs must be certified in order to provide these services. See next slide for further explanation.



Refer to [DMC-ODS STCs](#)



CONTINUUM OF CARE IN SAN DIEGO



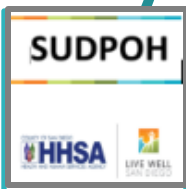
Residential Services (3.2, 3.5, 3.1)



Outpatient Services (2.1, 1.0)



Recovery Services



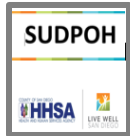
Recovery Residences



DATA COLLECTION AND REPORTING

Counties and providers are responsible for collecting and submitting data to the Department.

Counties and providers may be required to provide additional data for monitoring or evaluation purposes, as requested by the Department.



DATA REPORTING

- Program should submit San Diego Web Infrastructure for Treatment Services (SanWITS) data, including contacts, admission, annual updates, discharge, ASAM, billing, and other data as required.
- CalOMS Tx Data Collection is the method by which program data is reported to the DHCS. To read or download a copy of the CalOMS Tx Data Collection Guide, [click here](#).
- DATAR is a supplement of CalOMS. Programs should submit DATAR through DATARWeb as required by State. Access to DATAR is provided by BHS MIS unit. To read or download a copy of the DATARWeb User Manual, [click here](#)
- Programs should follow “Web Based System Manuals-Alcohol & Substance Use Services” section 1.2.8 of the [BHS Technical Resource Library](#)
- Individual Program Requirements All programs should collect and report data in compliance with the SUDPOH.



FOR PROGRAM SPECIFIC REQUIREMENTS:

- The following resources can be referenced at the [Technical Resource Library \(TRL\)](#) and/or [Optum Website](#):
 - Perinatal Practice Guidelines
 - Substance Use Disorder Providers Operational Handbook (SUDPOH)
 - Substance Use Disorder Uniform Record Manual (SUDURM)
 - Code of Federal Regulations
 - Title 22, Sections 51341.1, 51490.1, and 51516.1
 - Title 45 SAPT



You have now completed the required annual training for the Perinatal Network Service Guidelines.

Please ensure that your Program Manager or designee has recorded your completion.