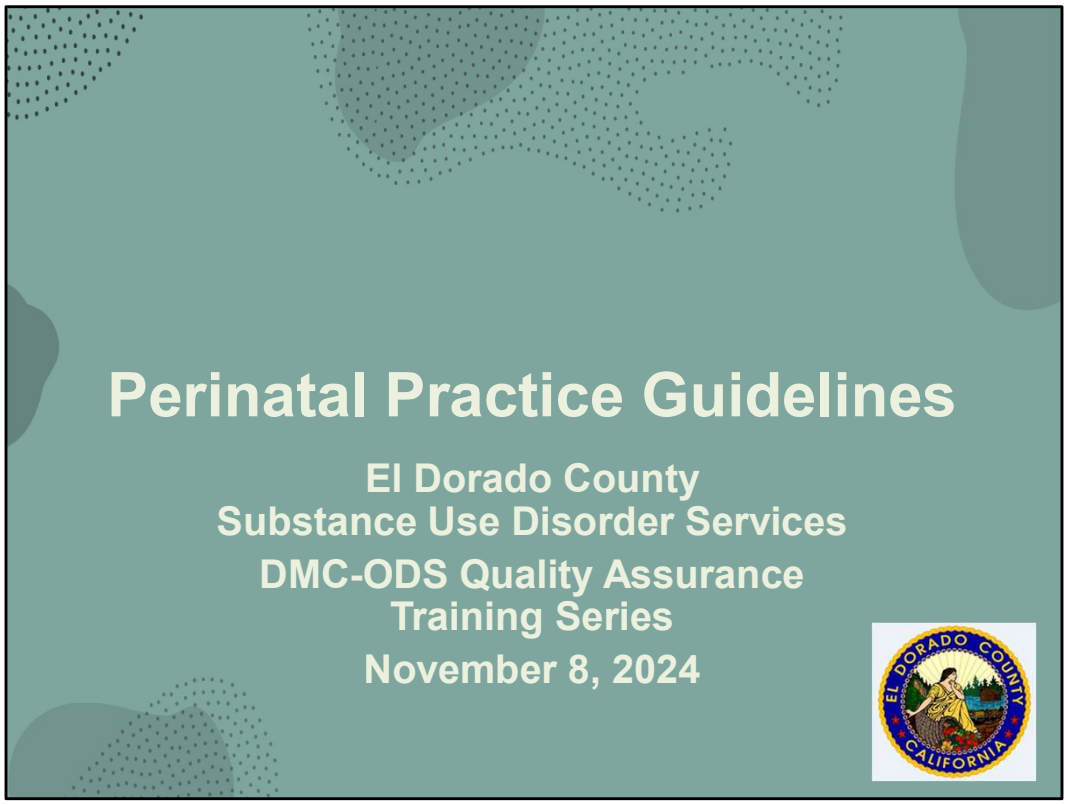
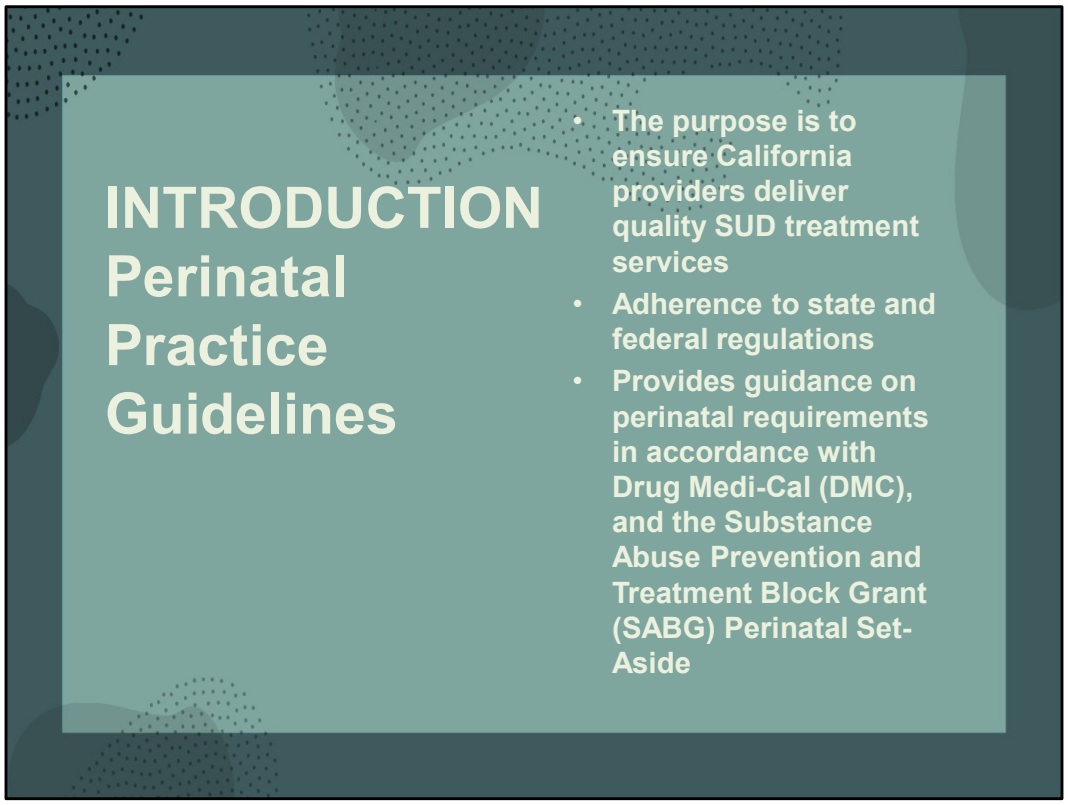
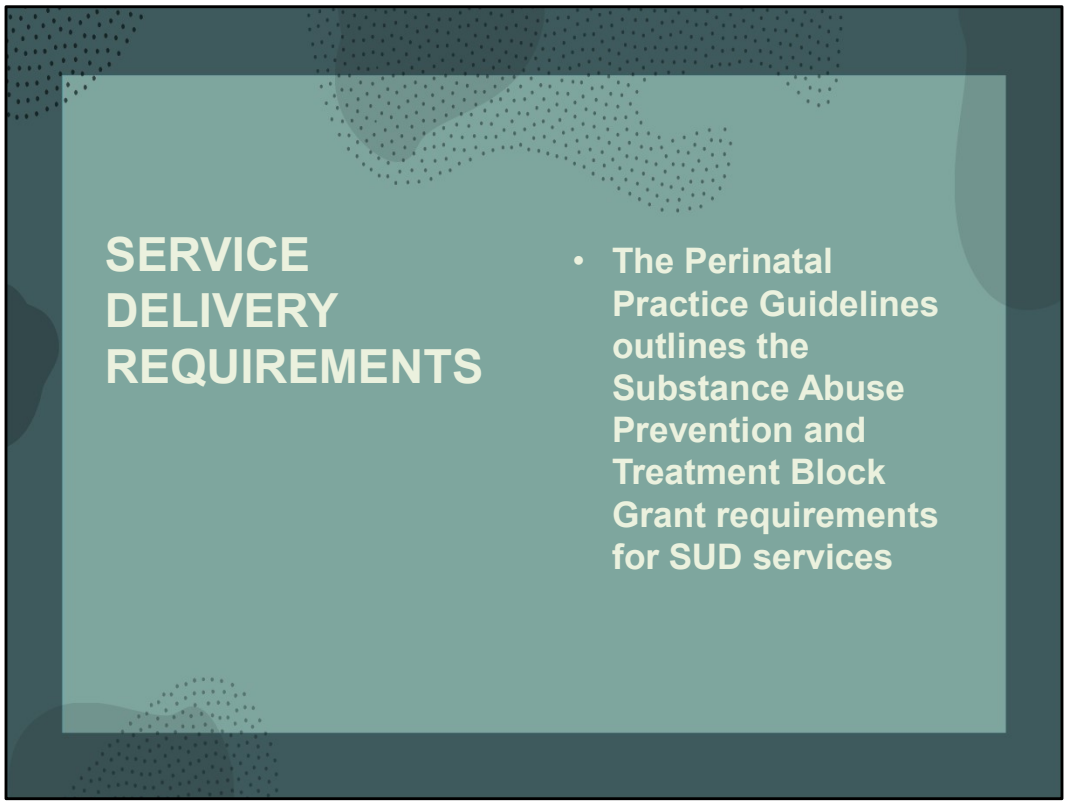


Welcome to the El Dorado County Substance Use Disorder Services DMC-ODS Quality Assurance Training Series presentation of the Perinatal Practice Guidelines.



The purpose of the PPG is to ensure California providers deliver quality SUD treatment services and adhere to state and federal regulations. The PPG provides guidance on perinatal requirements in accordance with Drug Medi-Cal (DMC), 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. Providers must adhere to the requirements as outlined in the PPG.

These Practice Guidelines have been revised as of August 2024.



Counties and Providers receiving Substance Abuse Prevention and Treatment Block Grant (SABG) funding are required to follow the Perinatal Practice Guidelines. The PPG outlines the SABG requirements for SUD services for pregnant and parenting women.

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
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.
SUD treatment providers must serve the following individuals with a SUD
Pregnant women;
Women with dependent children;
Women attempting to regain custody of their children;
Postpartum women and their children; or
Women with substance exposed infants.

The postpartum coverage period for individuals receiving postpartum care services begins after the last day of pregnancy through the last day of the month in which the 365th day occurs.

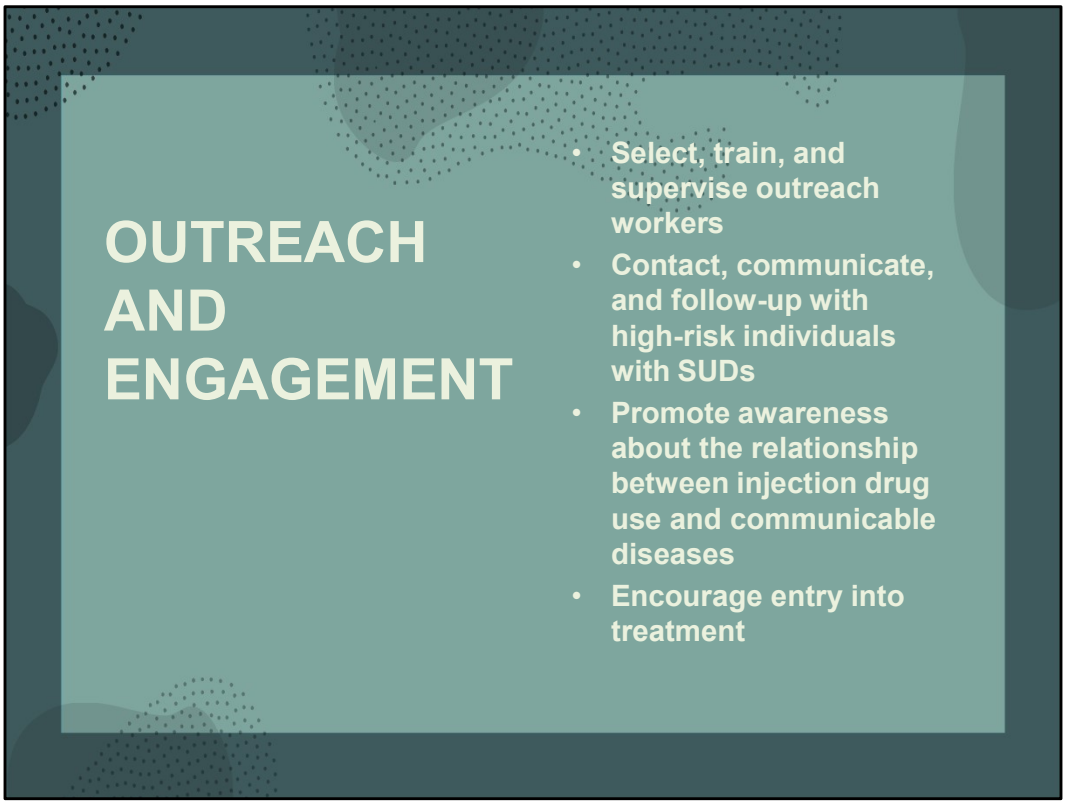
Individuals will maintain coverage through their pregnancy and the 12-month postpartum coverage period regardless of income changes, citizenship, immigration status, or how the pregnancy ends

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

- ❖ Pregnant injecting drug users;
- ❖ Pregnant substance users;
- ❖ Injection drug users; and
- ❖ All others

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. 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
Select, train, and supervise outreach workers;
Contact, communicate, and follow-up with high risk individuals with SUDs, their associates, and neighborhood residents, within the Federal and State confidentiality requirements;
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);
Recommend steps to ensure that does not occur; and
Encourage entry into treatment.

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 rehabilitation as well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Providers shall also provide or arrange for transportation to ensure access to treatment.

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

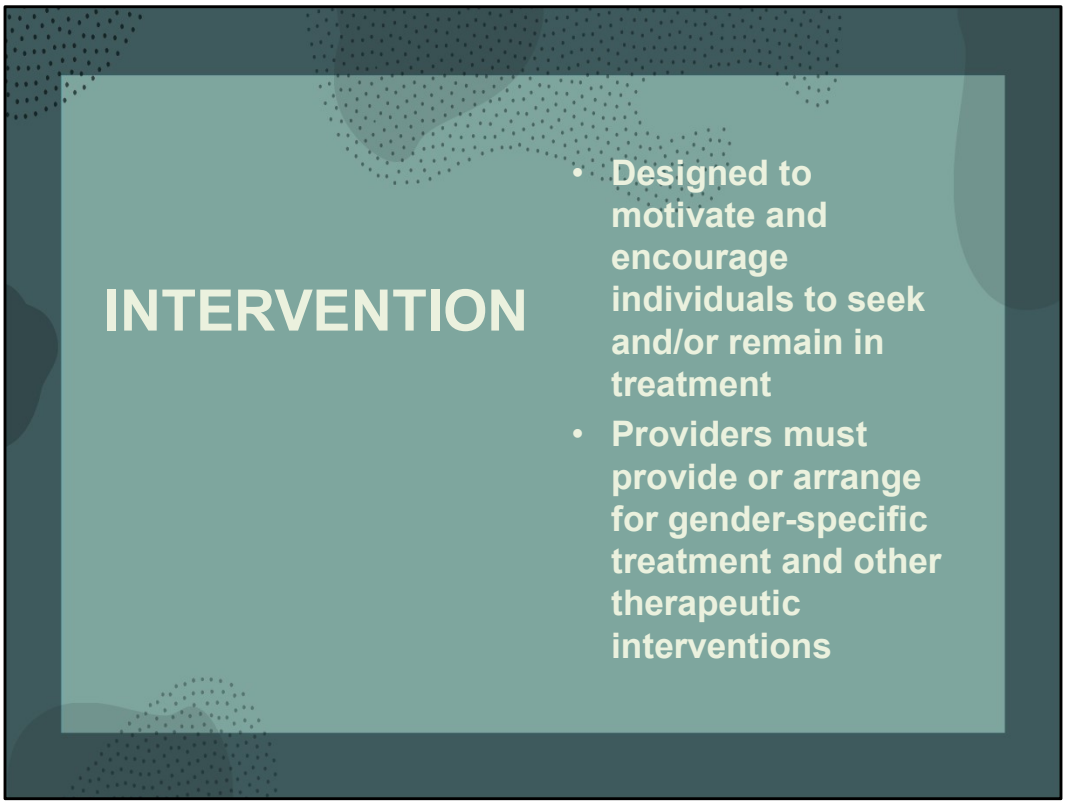
Providers are required to implement infection control procedures designed to prevent the transmission of tuberculosis. In doing so, providers must screen pregnant and parenting women and identify those at high risk of becoming infected.

The most important domains to screen for when working with women include:
» Substance use.
» Pregnancy considerations.
» Immediate risks related to serious intoxication or withdrawal. » Immediate risks for self-harm, suicide, and violence.
» Past and present mental disorders, including posttraumatic stress disorder and other anxiety disorders, mood disorders, and eating disorders.
» Past and present history of violence and trauma, including sexual victimization and interpersonal violence.
» Health screenings, including HIV/AIDS, hepatitis, tuberculosis, and sexually transmitted diseases.

Some refer to screening and assessment interchangeably, however, it is significant to understand the difference to determine and ensure the most appropriate treatment services.

Screening is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.

Assessment is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.



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.

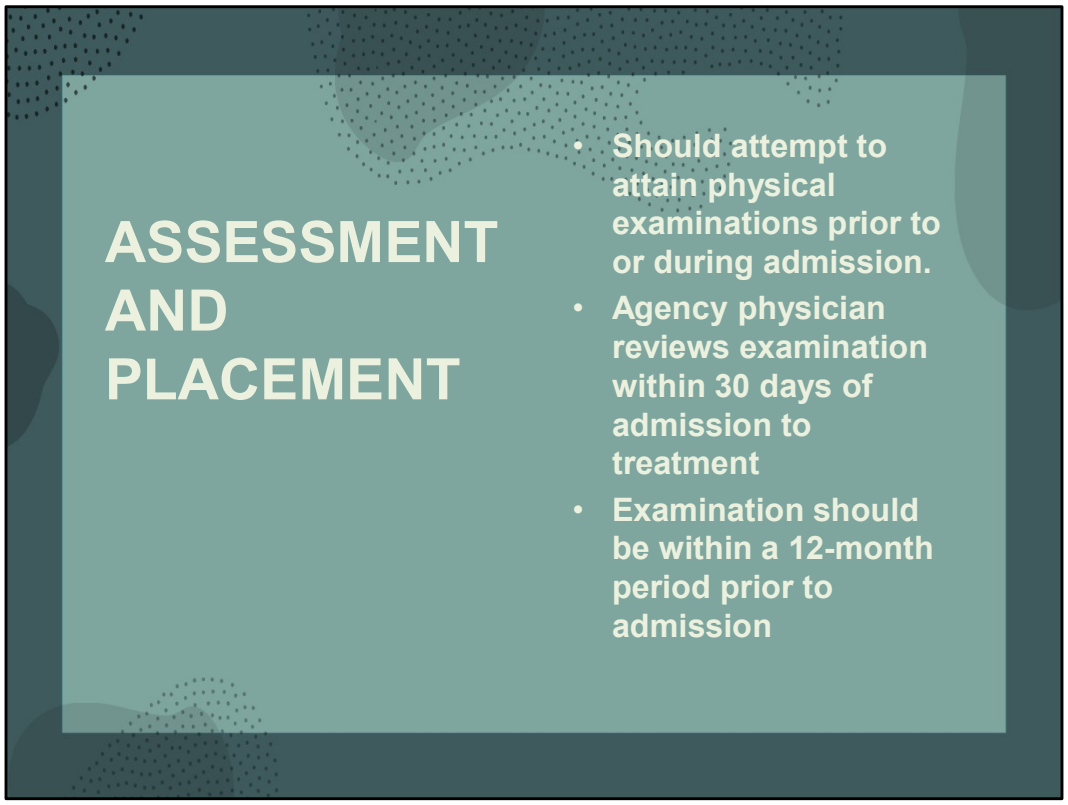
Women have a unique set of needs that are often not addressed in co-ed settings. SUD treatment providers must provide or arrange for gender-specific treatment and other therapeutic interventions for pregnant and parenting women, such as issues of relationships, sexual and physical abuse, and parenting.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

It is encouraged for SUD treatment providers to use brief interventions.

The following is a list of the potential benefits of using brief interventions:
» Reduce no-show rates for the start of treatment.
» Reduce dropout rates after the first session of treatment.
» Increase treatment engagement after intake assessment.
» Increase group participation.
» Increase compliance with outpatient mental health referrals.
» Serve as interim intervention for clients on treatment program waiting lists.

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.

Providers must obtain medical documentation that substantiates the woman's pregnancy.



SUD providers delivering perinatal residential services should attempt to attain physical examinations for beneficiaries prior to or during admission.

Physical examination requirements are as follows:
The agency 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.
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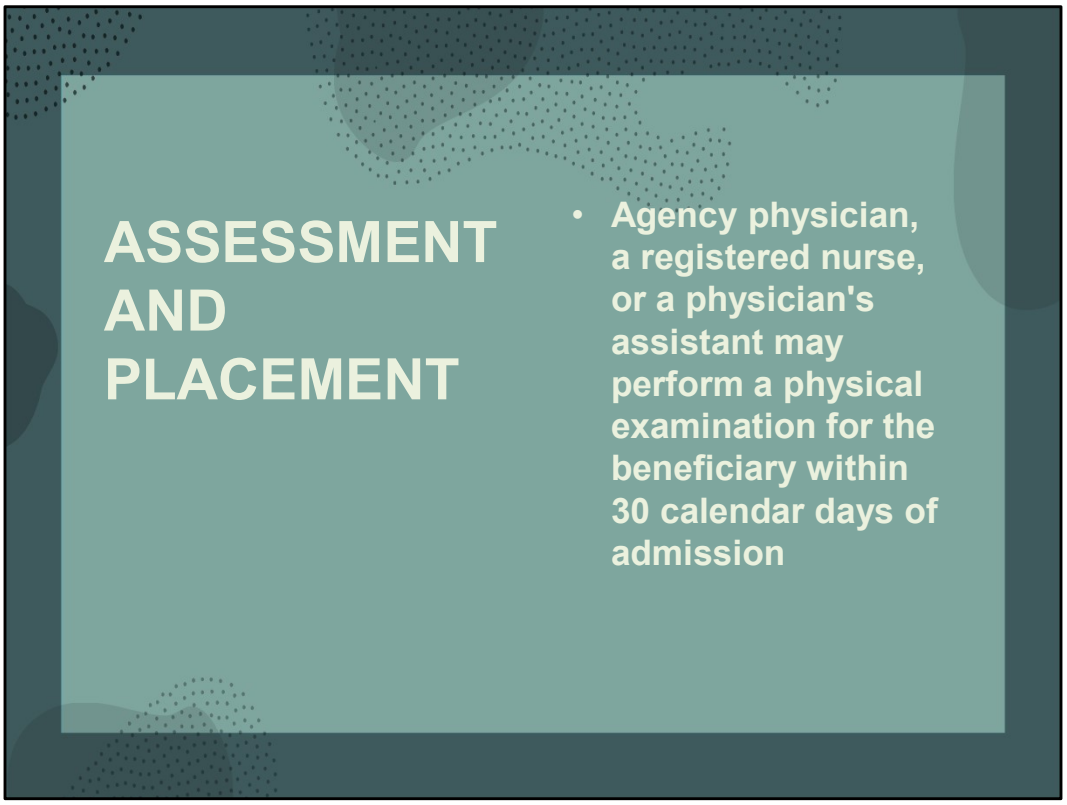
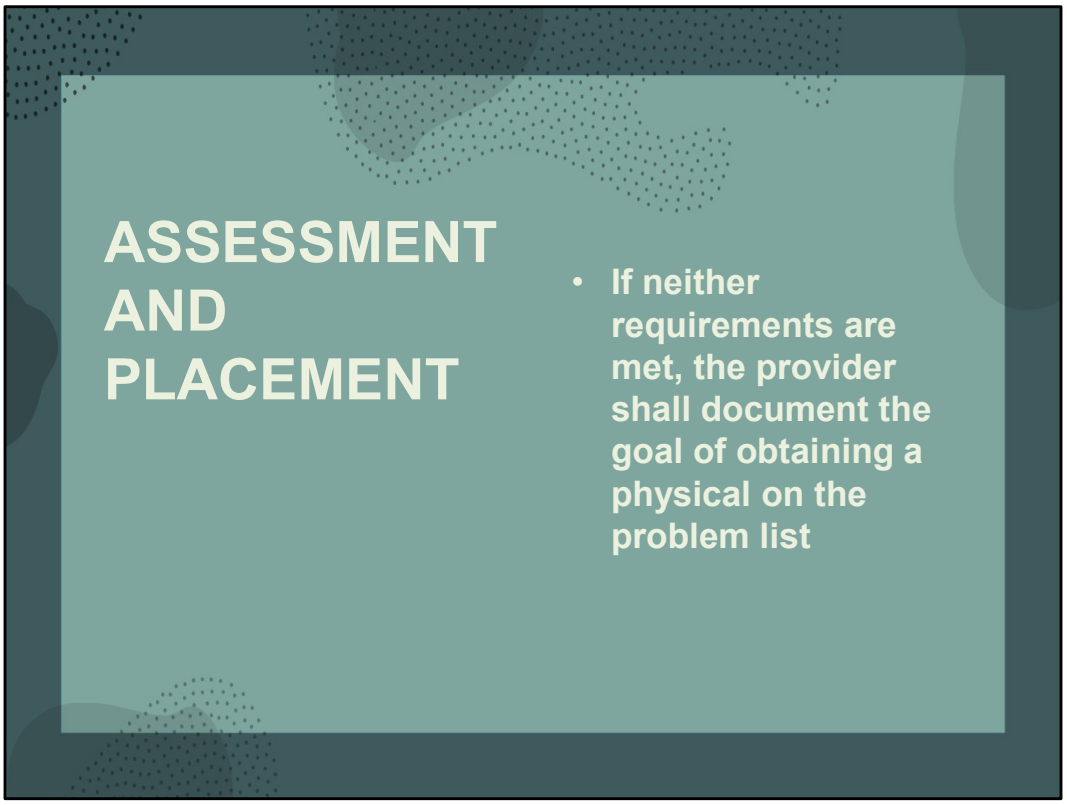


Alternatively, the physician, a registered nurse, or a physician's assistant may perform a physical examination for the beneficiary within 30 calendar days of admission.



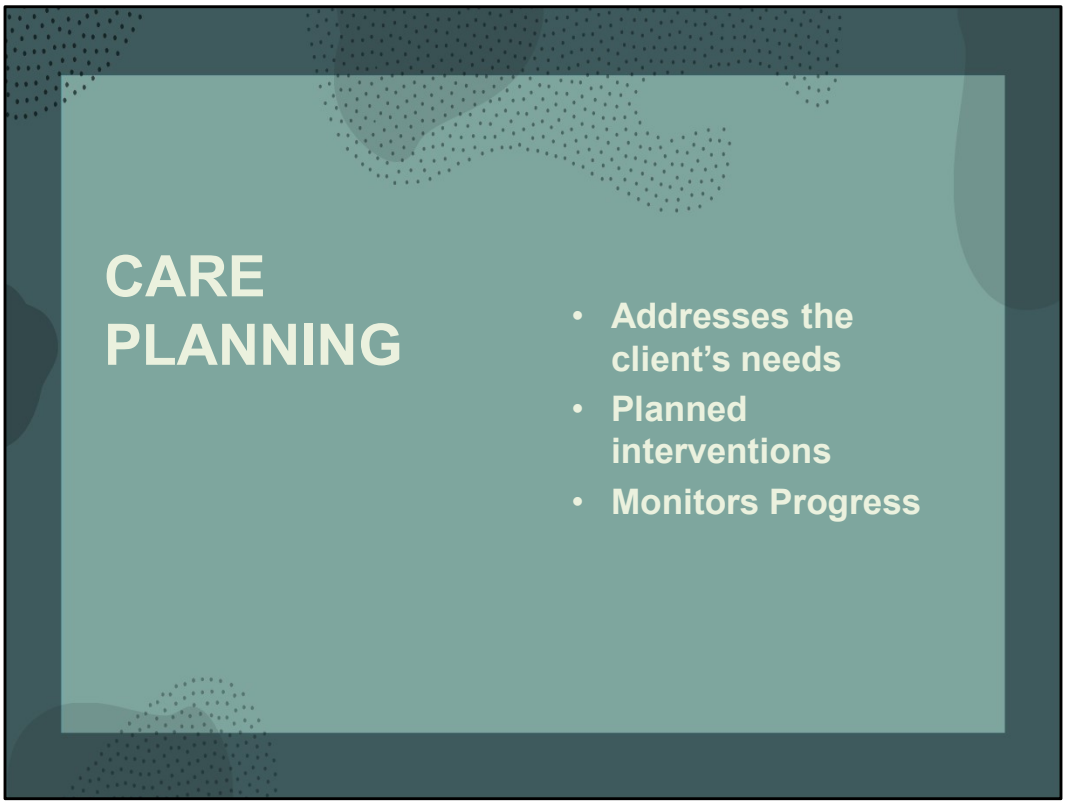
If neither requirements stated are met, the provider shall document the goal of obtaining a physical examination in the beneficiary's problem list, until the goal has been met.

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

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

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.

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



The Perinatal Practice Guidelines have been updated to reflect CalAIM revisions.

It is required to complete a care plan. Care planning is a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions, and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best possible functional level.

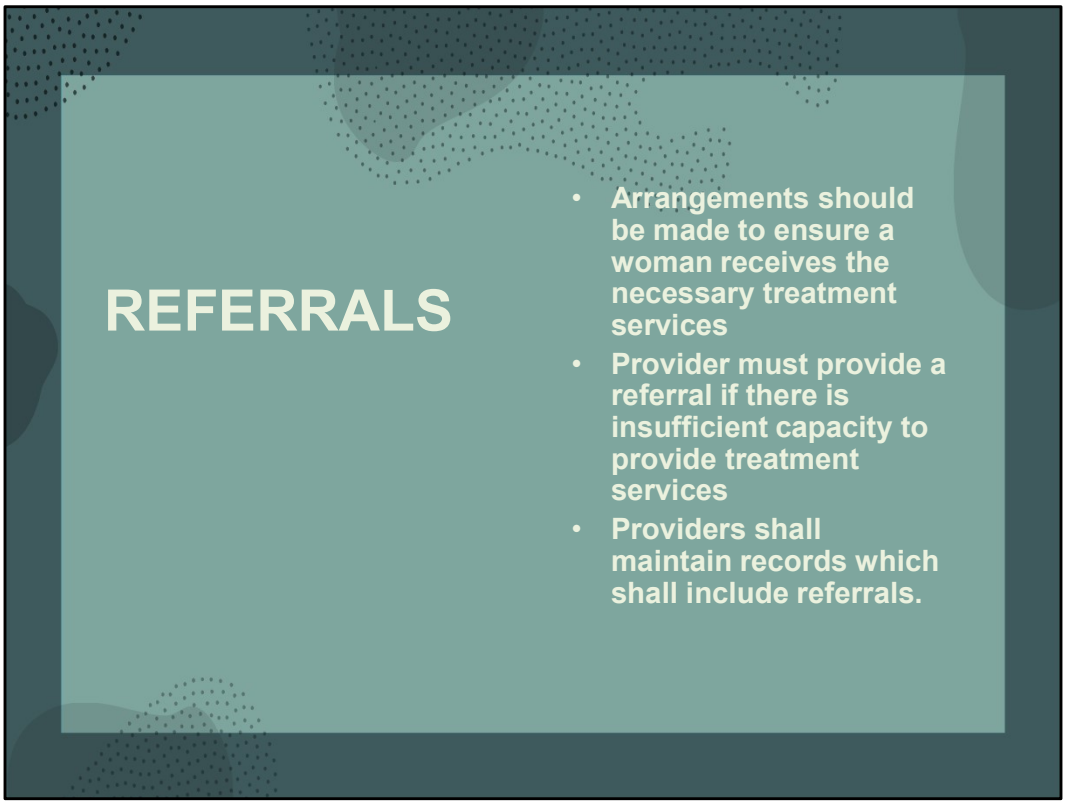
The provider shall prepare an individualized care plan or problem list based on the information obtained during the intake and assessment process

It is important to develop an individual care 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.

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 care plans or problem lists

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

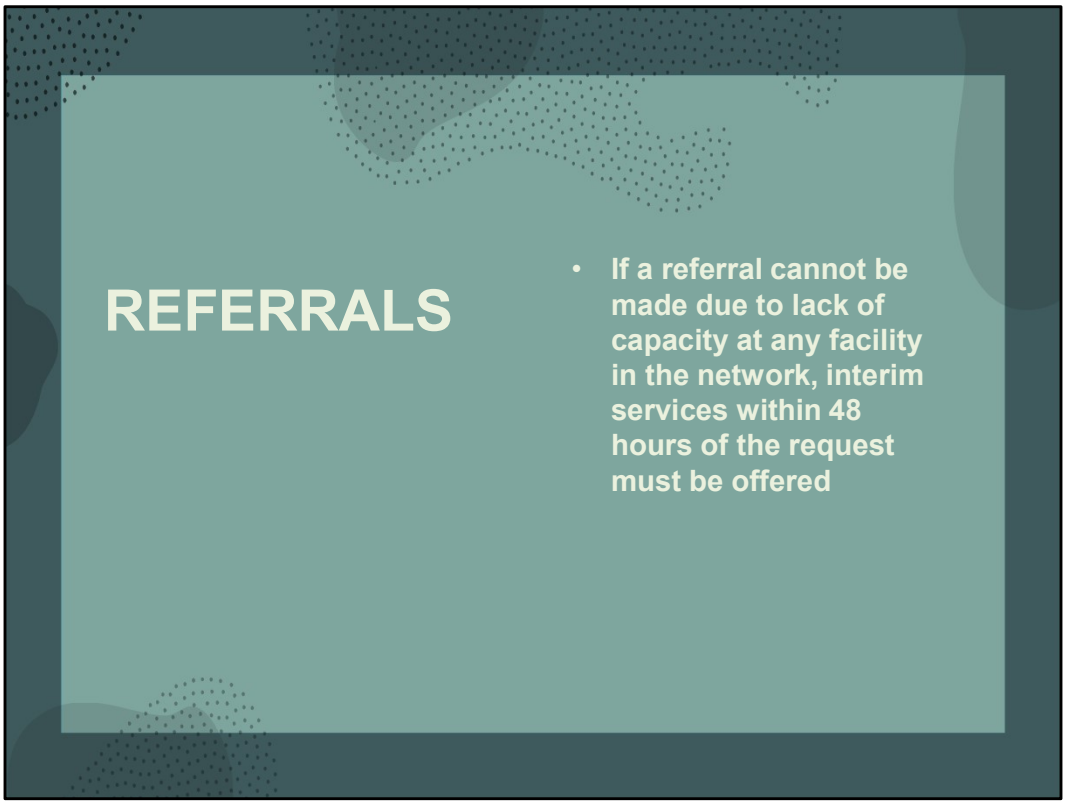
- Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- Access to services, such as arrangement for transportation;
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- Coordination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



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.

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.

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



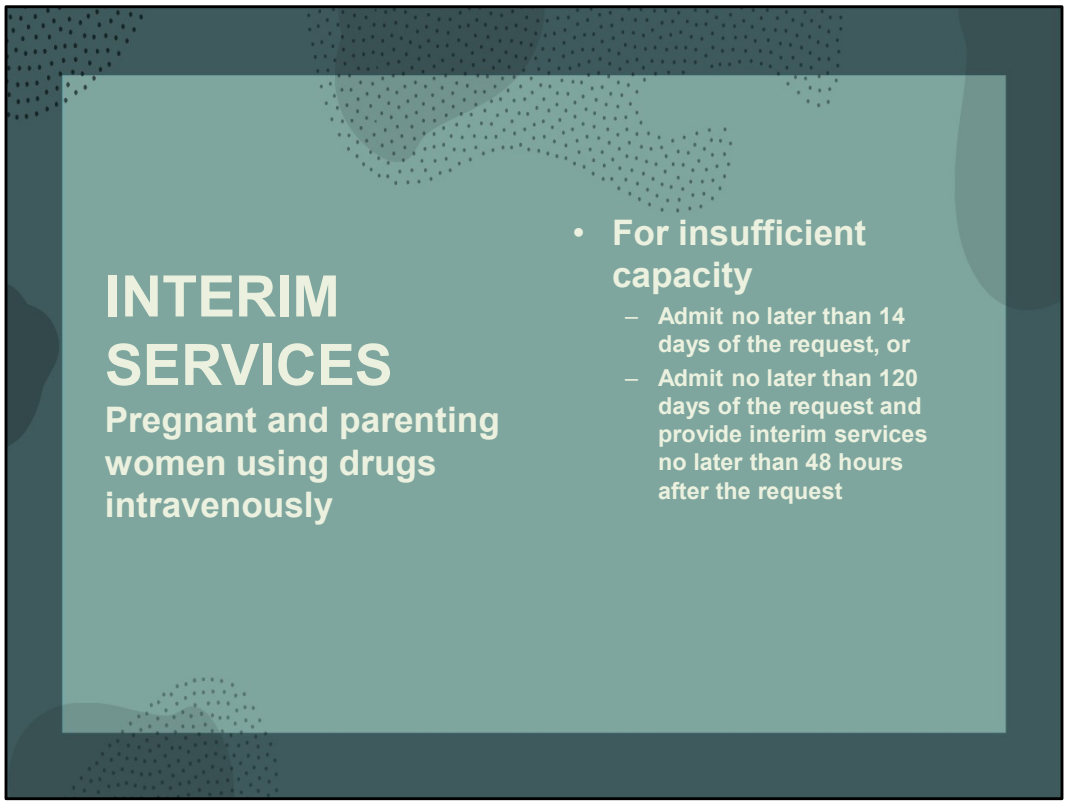
If no treatment facility has the capacity to provide treatment services, the provider will make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

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

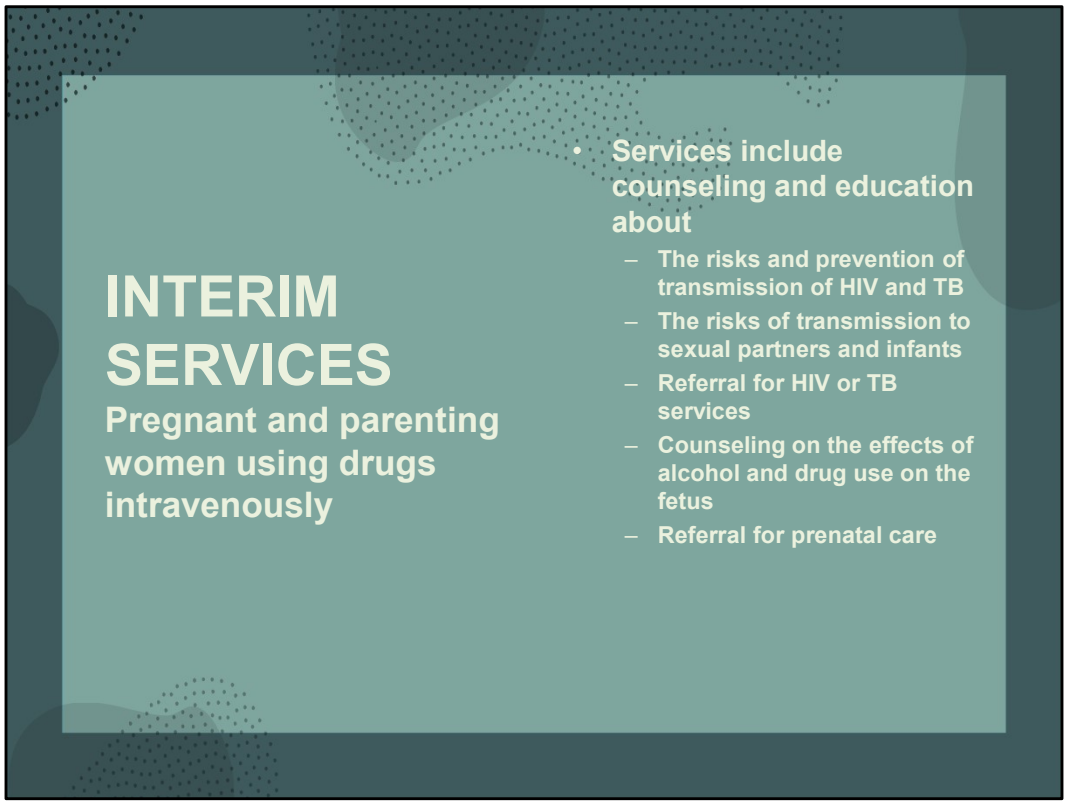
- Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- Access to services, such as arrangement for transportation;
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- Coordination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

SUD treatment providers will make interim services available for pregnant and parenting women awaiting admission into treatment.

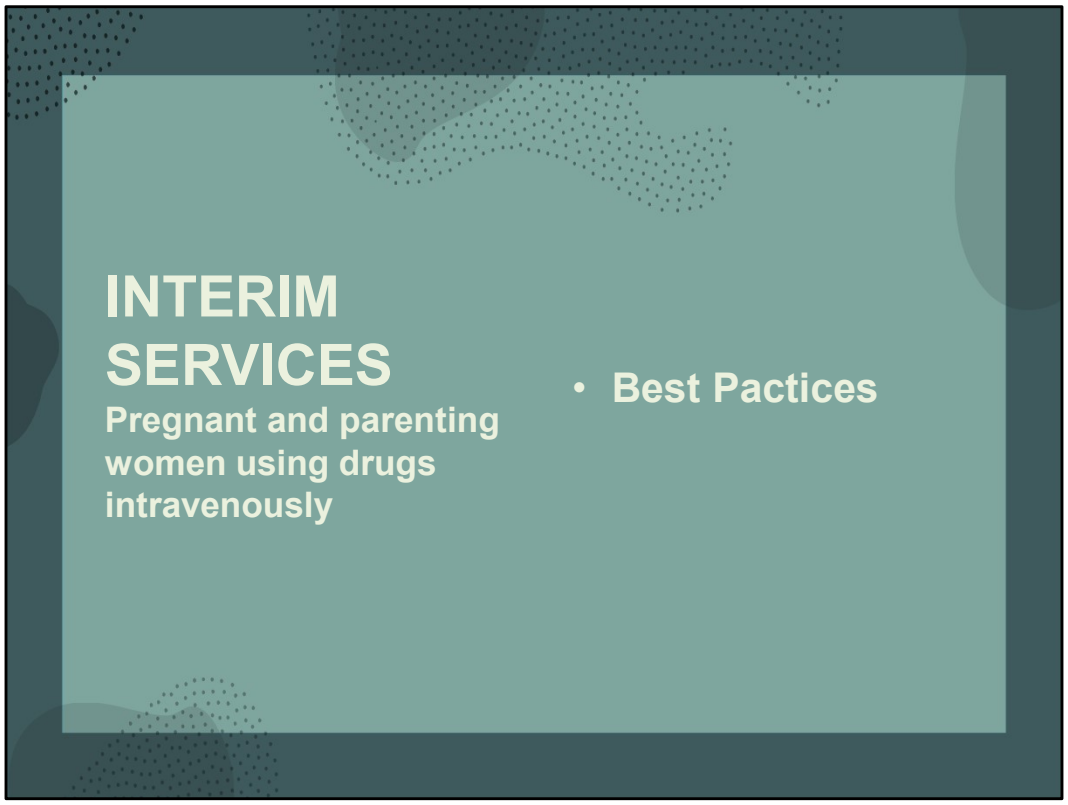
The purpose of providing interim services is to reduce the adverse health effects of substance use, promote the health of the woman, and reduce the risk of disease transmission.



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:
Admit the woman no later than 14 days of the request; or
Admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request.
At a minimum, interim services include the following:

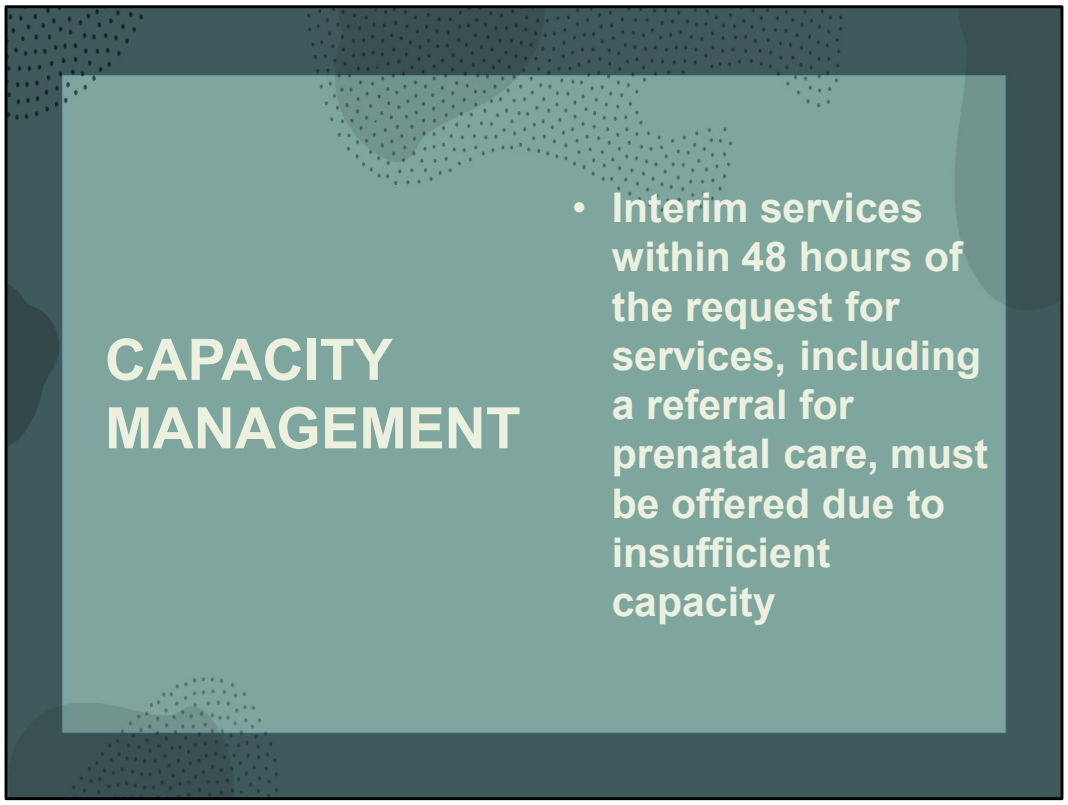


At a minimum, interim services include the following:
Counseling and education about the risks and prevention of transmission of HIV and TB;
Counseling and education about the risks of needle-sharing;
Counseling and education about the risks of transmission to sexual partners and infants;
Referral for HIV or TB services;
Counseling on the effects of alcohol and drug use on the fetus; and
Referral for prenatal care.

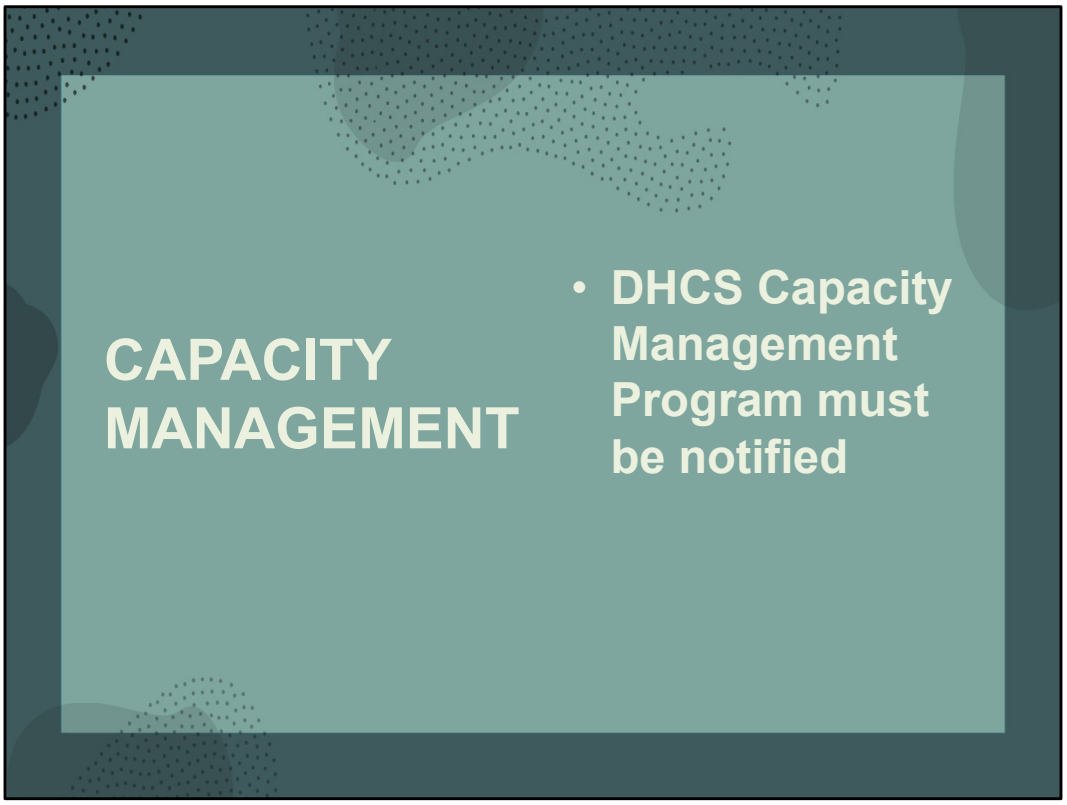


It is encouraged to use these additional methods for providing Interim Services for pregnant and parenting women while they are awaiting admission into treatment:
» Peer mentorship
» Services by telephone or e-mail » Risk assessment activities
» Drop-in centers

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.



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.



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

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. The DATAR system is DHCS's capacity management program used to collect data on SUD treatment capacity and waiting lists.

A provider and/or county must also notify DHCS upon reaching or exceeding 90 percent of its treatment capacity within seven days.

Providers and/or counties must notify DHCS by emailing the PYSU email inbox at DHCSOWPS@dhcs.ca.gov.

The subject line in the email must read "Capacity Management."

Long waiting periods and delayed services often serve as a barrier for substance users seeking treatment. 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. 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. In addition, SUD treatment providers must do the following:

Ensure injection drug users are placed in comprehensive treatment within14 days.

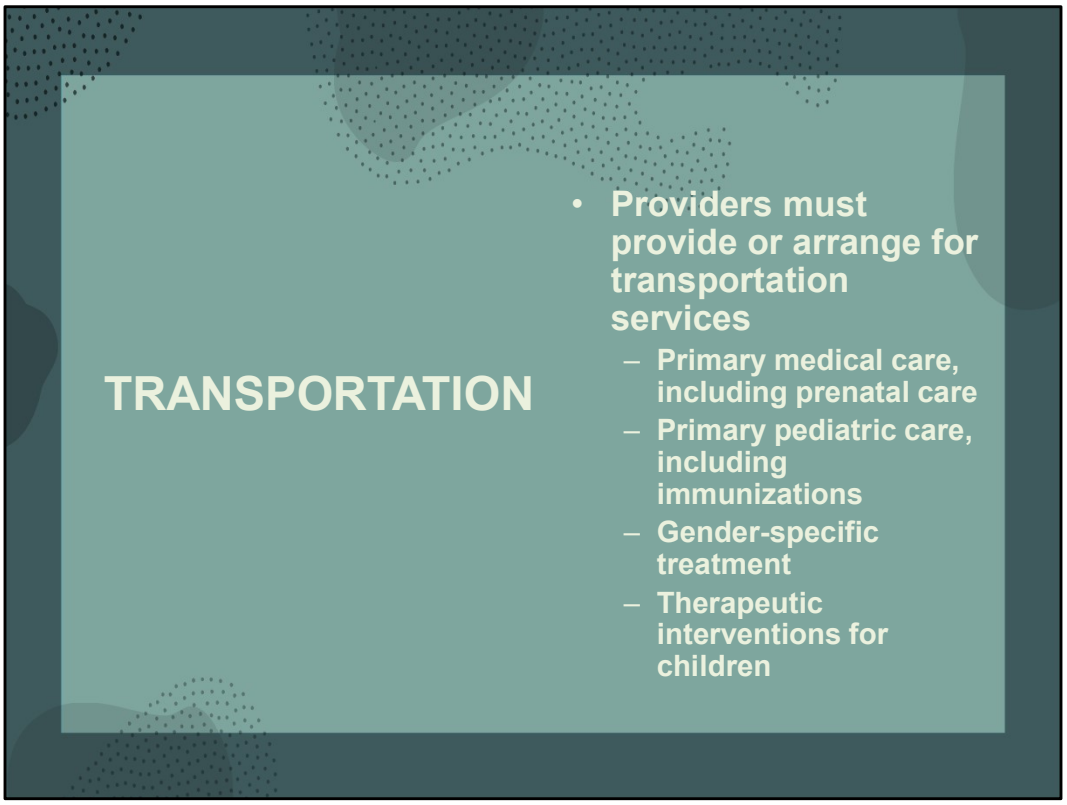
If any individual cannot be placed in comprehensive treatment within 14 days, then the provider must admit the woman no later than 120 days and provide interim services no later than 48 hours after the request.

Refer to Interim Services for more information.

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. If a woman requests treatment at a later date and space is not available, refer to Referrals, Interim Services and Capacity Management for more information.
SUD treatment providers must develop a tool to maintain contact with the women waiting for admission to treatment.
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.

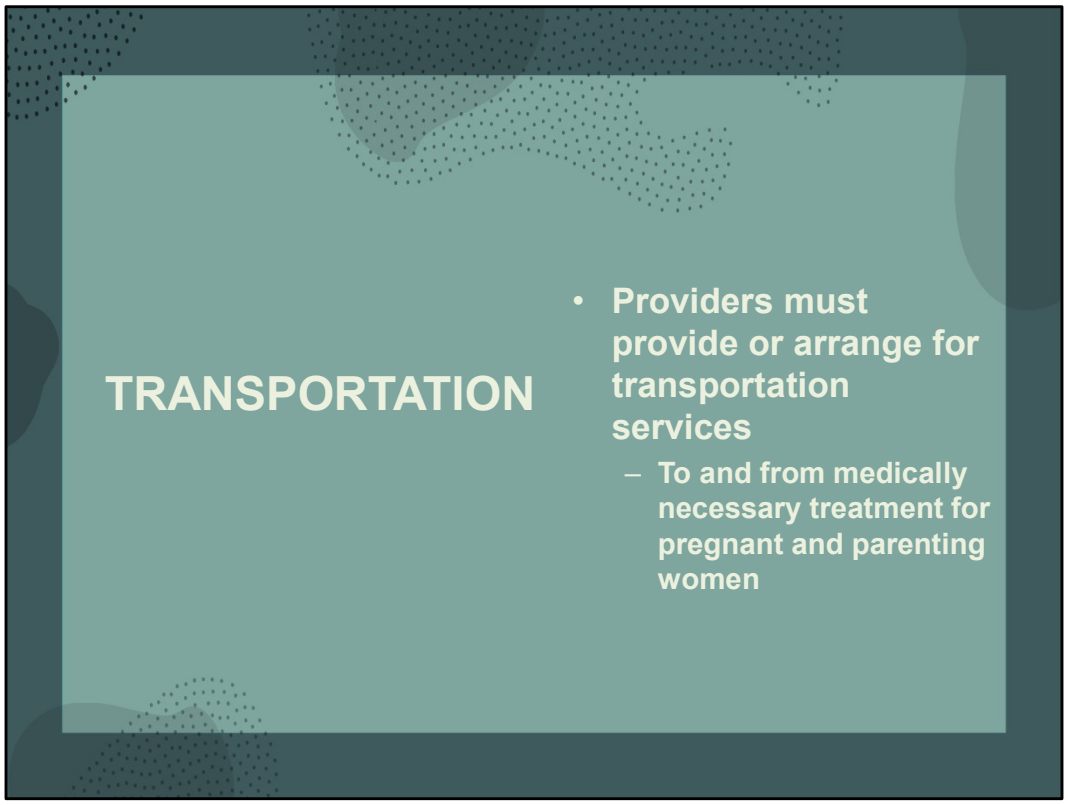
Case management allows for efficient use of resources, skills, and services across system. Case management services are provided by a single point of contact who arranges, coordinates, and monitors the services to meet the needs of pregnant and parenting women and their families. Furthermore, case management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

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



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:
Primary medical care, including prenatal care;
Primary pediatric care, including immunizations;
Gender-specific treatment; and
Therapeutic interventions for children.



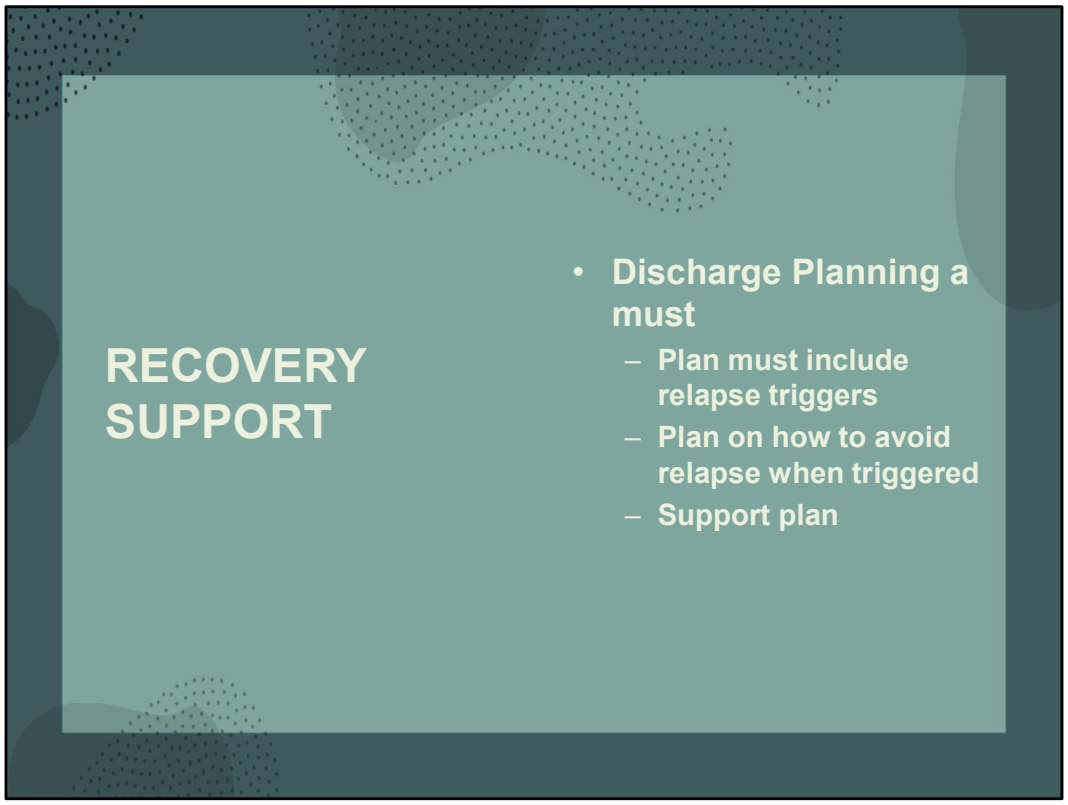
To ensure access to SUD treatment services, it is essential to provide or arrange for transportation services.

In addition, SUD treatment providers shall provide or arrange transportation to and from medically necessary treatment for pregnant and parenting women.

It is encouraged to use these additional methods for providing transportation services:

- ❖ Provide vouchers and tickets for public transportation.
- ❖ Implement contracts with community-based transportation services (i.e., Uber, Lyft, shuttle services, etc.).
- ❖ Provide company owned vehicles.

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.



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

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.

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

Per DHCS Medi-Cal Eligibility Division Information Letter No.: I 23-34, 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 365 days postpartum. Postpartum begins the last day of pregnancy.

A pregnant or parenting woman can stay in residential treatment longer than the 30 or 60 days if the assessment indicates such a need.

Providers must adhere to the following requirements when delivering SUD services in Perinatal Residential Treatment and Intensive Outpatient Treatment:
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
Intensive Outpatient Treatment Services-Mother and child habilitative services shall be provided to pregnant and parenting women. 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.

It is recommended that pregnant and parenting women are provided with interim services while they are awaiting admission into treatment. 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. 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 women. Examples of interim services include peer mentorship, services by telephone or e-mail, risk assessment activities, and drop-in centers.

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.

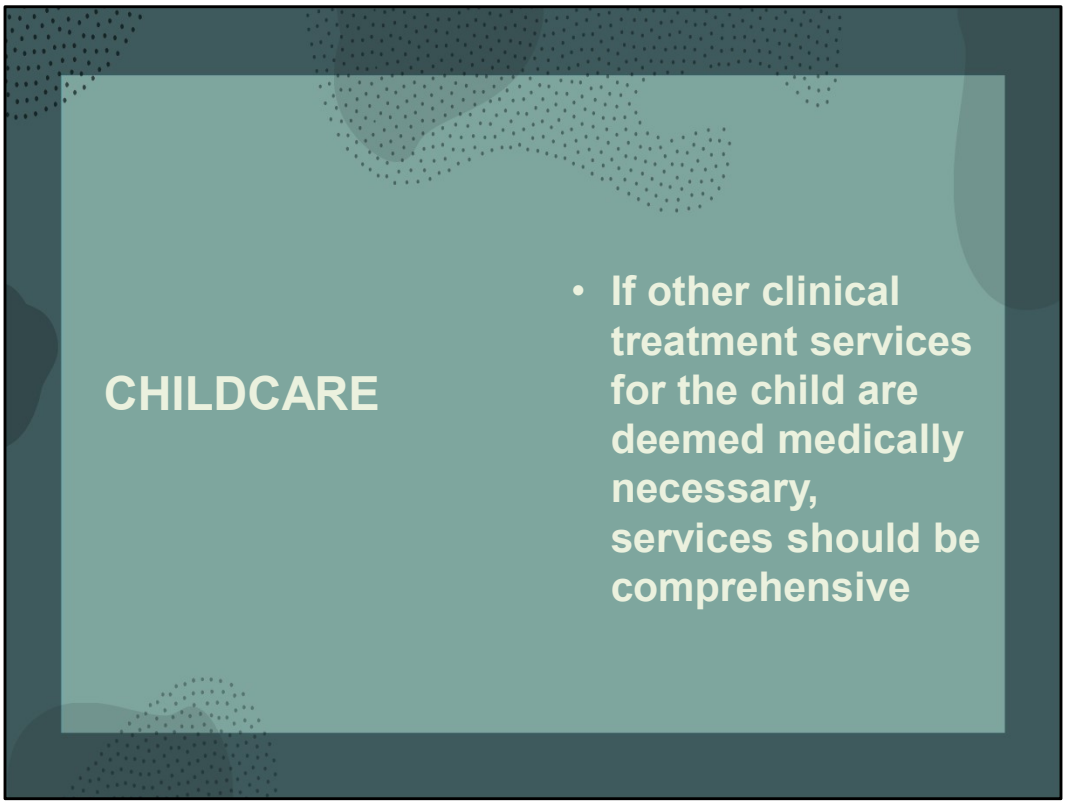
SUD treatment providers are encouraged to provide on-site, licensed childcare in accordance with childcare licensing requirements. Conducting childcare within close proximity of the SUD treatment provider may serve as a motivation for the mothers to stay in treatment.

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

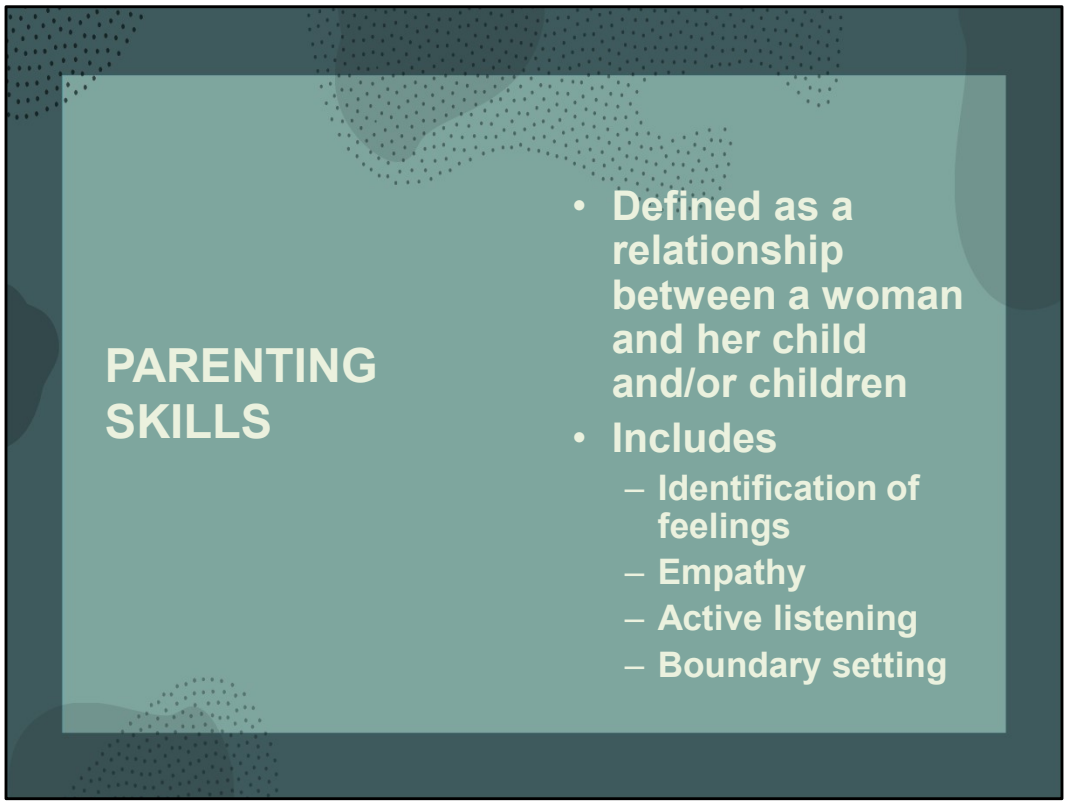
All of the following conditions must be met in the event of a cooperative arrangement:
Parents shall combine their efforts, so each parent rotates as the responsible care giver with respect to all the children in the cooperative arrangement;
Any person caring for the children shall be a parent, legal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

When possible, it is recommended that women offering childcare in the cooperative arrangement be directed under the supervision of an experienced staff member with 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 issue. NOTE: This staff member should have passed a background check before working in the program's childcare.

In addition, it is recommended that childcare services include therapeutic and developmentally appropriate services to help identify a child's developmental delays, including emotional and behavioral health issues.
When appropriate, childcare 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.



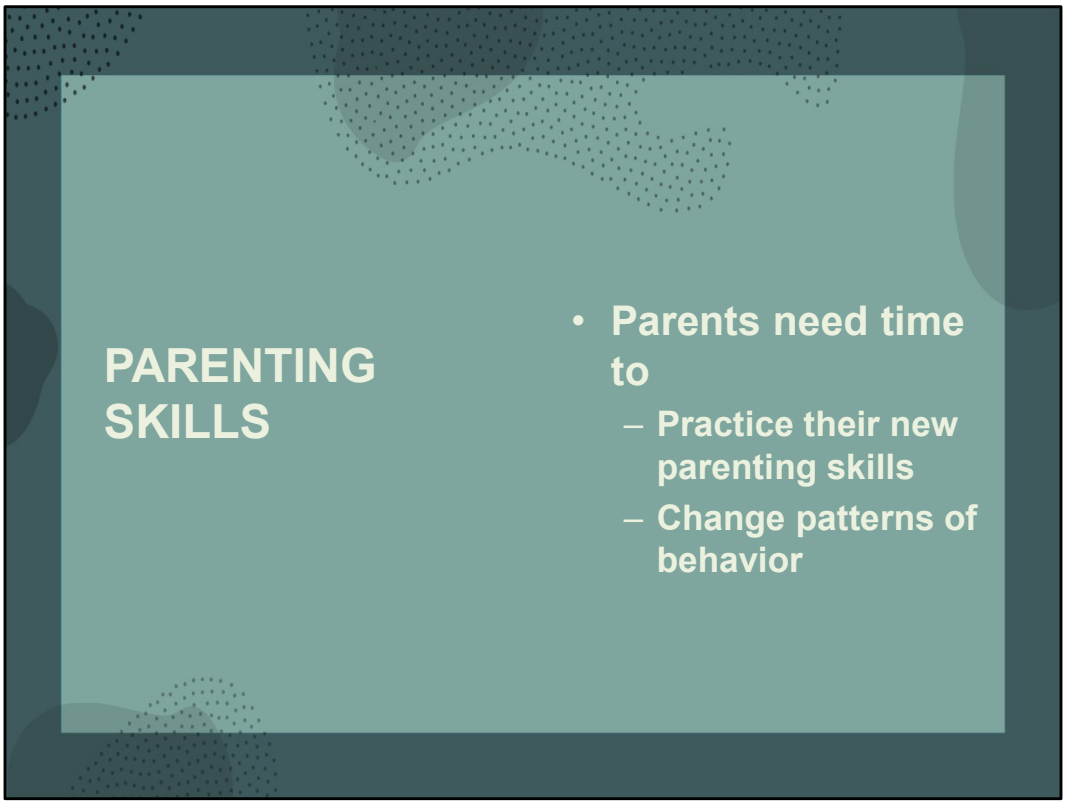
Furthermore, if other clinical treatment services for the child are deemed medically necessary, services should be comprehensive and, at a minimum, include the following:
Intake;
Screening and assessment of the full range of medical, developmental, emotional related-factors;
Care planning;
Residential care;
Case management;
Therapeutic child care;
Substance abuse education and prevention;
Medical care and services;
Developmental services; and
Mental health and trauma services.



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. The mothers can practice these skills alone or with their children.

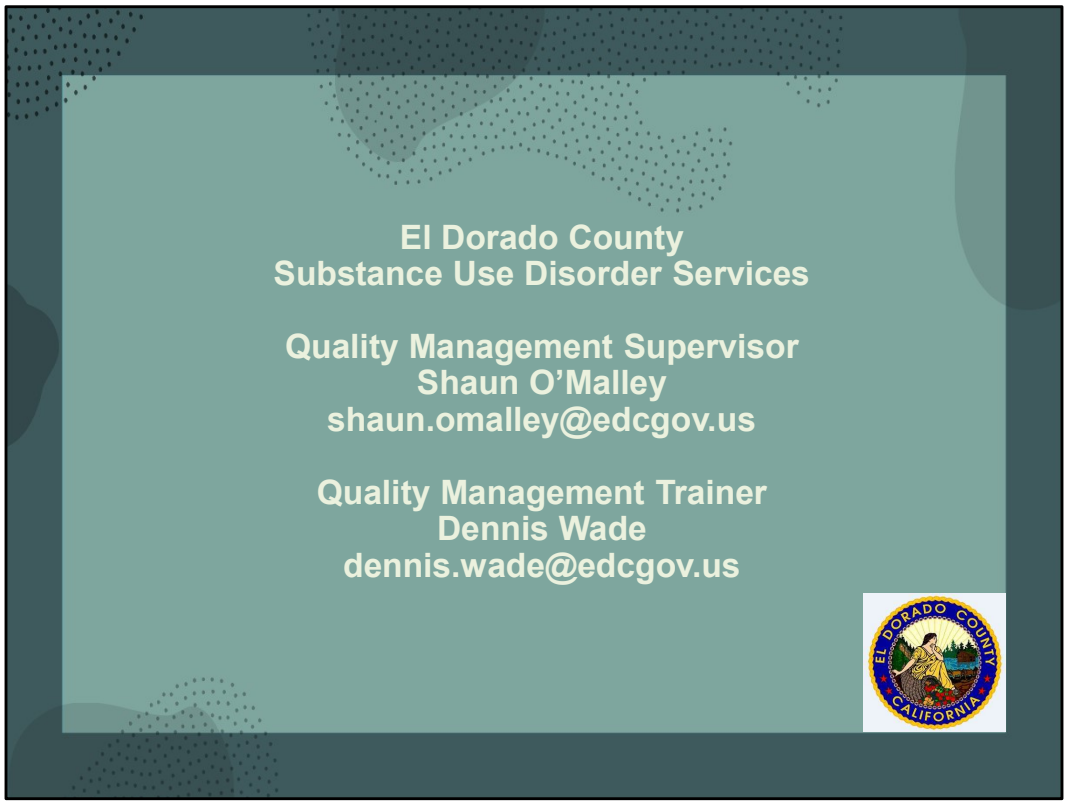
The incorporation of parenting skills into a woman's treatment plan is required to help the woman and her child(ren) while the woman is in treatment. Parenting skills can be improved through education in child development, skill-building training, counseling, modeling, and problem-solving in specific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

Topics for parenting skills and relationship building can include, but are not limited to, the following:
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;
Integration of culturally competent parenting practices and expectations;
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;
Children's substance abuse prevention curriculum; and
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.

Questions



Thanks for taking part in this training. If you have questions that come up after you leave this training, please feel free to reach out to Shaun or me and we will be glad to answer or find them for you.

As I stated earlier, anyone here for this training will receive a certificate of attendance, suitable for framing.

Remember to sign into the sign in sheet link we sent to your email address. Must be signed in to received credit for attending.

Enjoy the rest of your day.