

PERINATAL SERVICES NETWORK GUIDELINES 2014



**DEPARTMENT OF HEALTH CARE SERVICES
OFFICE OF WOMEN'S AND PERINATAL SERVICES**



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Definition

The term ‘Perinatal’ means treatment services designed for pregnant women and women with dependent children pursuant to Title 45 Code of Federal Regulations (CFR) Part 96, Section 96.124(c).

Background

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) requires States to expend a specified amount of funds for Perinatal services to pregnant women and women with dependent children each state fiscal year (SFY). This requirement is the Women Services Expenditure Requirement (WSER) and a combination for both SAPT BG Perinatal Set-aside and Local Revenue Funds (LRF) must be spent to satisfy this requirement. The County Share of the SAPT Block Grant WSER chart (Attachment A) outlines each county’s share for the 2013-14 SFY.

Introduction

The Perinatal Services Network Guidelines (PSNG) outlines the perinatal service requirements to satisfy the WSER of the SAPT BG. The PSNG also includes core competencies for programs serving perinatal women. These core competencies are included in an effort to promote integrated programming approaches based on theories that fit the psychological, social, and developmental needs of women. The core competencies are not required services but rather standards of care guidelines for women’s services and are included for information purposes only.

Program requirements specific to Perinatal Drug Medi-Cal (DMC) are contained in the California Code of Regulations (CCR), Title 22, Division 3, Health Care Services.

Need for Core Competencies for Perinatal Programs

Research on women and gender differences has produced a significant body of knowledge on women and women’s substance use disorders.¹ Women differ from men in many aspects, including their reasons for initiating substance use, the risk factors for substance use, the consequences they experience, barriers and motivations for entering treatment, treatment service needs, risks of relapse and recovery support needs. There are also differences in drug of choice, relapse predictors, frequency of use, and mode of use.²

Core competencies and recent research help us to understand how to engage women, treat them, and support their recovery. The core competencies included in the PSNG are reflective of state and national efforts to promote core competencies and the Substance Abuse Mental Health Services Administration (SAMHSA) report, *Addressing the Needs of Women and Girls: Developing Core*

*Competencies for Mental Health and Substance Abuse Service Professionals.*²

Perinatal Substance Use Workforce

The success of substance use disorder services is dependent on the abilities of the workforce to implement effective practices. Workforce recruitment, training and evaluation should be structured around the core competencies needed for working with women to ensure the knowledge, skills, attributes and credentials necessary to successfully perform the needed job duties and responsibilities.

Perinatal substance use workforce should have knowledge on the differences between males and females, their effect on substance use and the prevention, intervention, treatment and recovery strategies used to address them.²

Key knowledge areas in relation to women and substance use conditions/disorders include:

- Barriers to treatment
- Collaborative Partners/Referral Mechanisms
- Cultural and Linguistic Appropriate Services
- Evidenced-based Practices
- Family-centered Treatment
- Fetal Alcohol Spectrum Disorder/Substance Exposed Infants
- Gender-specific/responsive interventions
- Grief
- Life Skills Education
- Parenting Education
- Recovery
- Reunification Services
- Sexuality/Human Trafficking
- Specific Populations/Subgroups
 - Pregnancy/Preconception Health
 - Lesbian Gay Bisexual Transgender (LGBT)
 - Women Veterans
 - Youth/Girls Services
 - Co-occurring Disorders
 - Poverty/Homelessness
 - Child Welfare
 - Women Offenders
 - Older Adult Women
- Therapeutic Services for Children
- Trauma-specific/informed Services

Technical Assistance and Program Support

The Office of Women's and Perinatal Services (OWPS) provides program support and technical assistance to counties and providers focused on the improvement of AOD services to women and their children in California.

OWPS program support and technical assistance areas of focus include, but are not limited to:

- Access, Engagement and Retention
- Collaborative Partners/Referral Mechanisms
- Cultural Competency
- Domestic Violence
- Employee Retention/Hiring
- Evidence-based practices
- Family-centered Treatment
- Fetal Alcohol Spectrum Disorder
- Gender-specific Informed Response
- Life Skills Education
- Parenting Education
- Perinatal Services Network Guidelines
- Pregnancy/Preconception Health
- Reunification/Permanency
- Screening and Intervention service
- Specific Populations
- Substance Exposed Infants
- Therapeutic Services for Children
- Trauma-informed Services



OWPS conducts assessments and local level data analysis to provide resources, evidence-based practices and promising practices specific to a program's identified needs.

If you are interested in receiving technical assistance and program support please contact the Office of Women's and Perinatal Services at dhcsowps@dhcs.ca.gov or 916-322-0495.

A. Target Population

Regulation (45CFR 96.124)

Perinatal funded programs must serve women who are either:

- Pregnant and substance using; or
- Parenting and substance using, with a child(ren) ages birth through 17 years.

Parenting also includes a woman who is attempting to regain legal custody of her child(ren).

Core Competency

Counties and Treatment Providers identify alcohol and substance use disorders for pregnant women, postpartum women, and their children and support services directed at bringing pregnant and postpartum women into treatment and caring for alcohol and other drug exposed infants.

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

B. Admission Priority

Regulation (45 CFR 96.131(a))

Any pregnant woman who seeks or is referred for and would benefit from services are given preference in admissions to treatment facilities.

Priority admission for all women in perinatal funded services must be given in the following order:

1. Pregnant injection drug users;
2. Pregnant substance users;
3. Parenting injection drug users; and
4. Parenting substance users.

A program's admission criteria must comply with the Americans with Disabilities Act (ADA) of 1990. The ADA of 1990 prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation. Specific information regarding the ADA is contained in each State-County Contract.

Core Competency

Women who have a positive screen for substance use disorders should receive a further assessment to guide patient-centered treatment planning.

Counties and Treatment Providers establish partnerships with healthcare providers for the provision of screening, brief intervention and referral to treatment services.

Screening:

During new encounters, clients in healthcare settings should be screened for at-risk drinking and substance use problems and dependency.

Brief Intervention:

Clients identified by screening to be at risk of problems related to substance use should receive a brief motivational counseling intervention by a healthcare provider trained in this technique.

C. Referral to Other Program

Regulation (45 CFR 96.131(c) (45 CFR 96.126(b))

Pregnant Women

- a. When a program is unable to admit a substance-using pregnant woman because of insufficient capacity or because the program does not provide the necessary services, referral to another program must be made and documented. (45 CFR 96.131(c))
- b. Pregnant women must be referred to another program or provided with interim services, which should also include a referral for prenatal care, no later than 48 hours after seeking treatment services. (45 CFR 96.131(c))

Injection drug-using women must be either:

- a. Admitted to a program no later than 14 days after making the request; or
- b. Admitted to a program within 120 days after making the request, if interim services are provided. (45 CFR 96.126(b))

To assist programs in making appropriate referrals, each county must make available a current directory of its community resources.

Core Competency

Counties and Treatment Providers establish partnerships with other Counties and Treatment Providers for the provision of referral to treatment services when capacity is not available.

D. Interim Services

Regulation (45CFR 96.121)

Interim Services is defined as services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease.

These are services provided to pregnant women or injection drug using women seeking substance abuse treatment who cannot be admitted to a program due to capacity limitations.

Interim Services include:

- a. Counseling and education about human immunodeficiency virus (HIV) and tuberculosis (TB), and the risk of needle sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur;
- b. Referrals for HIV or TB treatment services, if necessary;
- c. Counseling pregnant women on the effects of alcohol and other drug use on the fetus;
- d. Referrals for prenatal care for pregnant women.

Core Competency

Counties and Treatment Providers include education on the risks of binge drinking during the first trimester and Fetal Alcohol Spectrum Disorders (FASD) as a part of their counseling pregnant women on the effects of alcohol and other drug use on the fetus.

Counties and Treatment Providers collaborate and partner with local health department for HIV counseling and testing activities to help eliminate gaps and overlaps in programs, coordinate education and other prevention efforts, including infectious disease testing, viral hepatitis testing, and outreach services for out-of-treatment intravenous drug users. For more information see [Bulletin 13-03](#).

E. Women-Specific Treatment and Recovery Services-

Regulation (45CFR 96.124(e)(3))

Programs must provide or arrange for a women's only, gender-specific, environment with substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, and parenting and childcare while the women are receiving these services.

Core Competency

Counties and Treatment Providers expand the capacity to meet the needs of women and girls to include gender-specific prevention, treatment and recovery needs.

Counties and Treatment Providers develop and implement gender-responsive treatment environments, person-centered, culturally-competent, recovery-oriented systems of care that uses research on gender-specific differences to support positive outcomes for clients.

Knowledge and Skill:

- Gender specific differences
- Relational approaches in working with women and girls
- Understanding trauma and women and girls behavioral health needs
- Family-centered needs of women and girls
- Special considerations during pregnancy
- Women's health and health care
- Collaboration and interdisciplinary skills

Attitude/Attributes:

- Respect and empathy
- Recovery-oriented
- Service attitudes/attributes; and
- Self-awareness and desire for professional development

F. Case Management

Regulation (45 CFR 96.124(e)(5))

Programs must provide or arrange for sufficient case management to ensure that women and their children, including women who are attempting to regain custody of their children, have access to primary medical care, primary pediatric care, women's only, gender-specific substance abuse recovery and treatment, and other needed services.

Core Competency

Counties and Treatment Providers systematically promote initiation of care and engagement in treatment for substance use disorders in a participant-centered, goal-oriented process. Women and their children with substance use problems or dependency to receive supportive services to facilitate their participation in ongoing treatment.

- a. Initiation of treatment after first contact;
- b. Continuation of treatment beyond the admission/intake assessment and upon transfer from one level of care to another;
- c. Attendance at treatment settings for a sufficient length of time and with an adequate number of sessions per week;
- d. Review accomplishments, outcomes, and barriers to completing recovery goals; and
- e. Comprehensive assessment of women's needs for services; assisting the participant in obtaining those services, example service areas include:
 - Prenatal Education
 - Mental Health Services
 - Intimate Partner Violence
 - Safe Housing
 - Child Care
 - Employment Support
 - Vocational Training
 - Education
 - Financial Services
 - Health and Wellness

G. Transportation

Regulation (45 CFR 96.124(e)(5))

Programs must provide or arrange transportation for pregnant women and women with dependent children including women who are attempting to regain custody of their children to

ensure that women and their children have access to treatment services, primary medical care, primary pediatric care, therapeutic services for children, and to obtain employment.

Transportation services are those services or activities that provide or arrange for the travel, including travel costs. (45 CFR Part 96 Appendix A(28))

H. Therapeutic Services for Children

Regulation (45 CFR 96.124 (e)(4))

Programs must provide or arrange therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.

Core Competency

Counties and Treatment Providers screen children for physical, development, social-emotional and behavioral concerns and to deliver a variety of prevention/early intervention services to children whose parents enroll in alcohol and SUD treatment.

Create and maintain formal and informal linkages with a comprehensive network, including, but not limited to: child welfare agencies, child care providers, and pediatricians and other primary care providers.

- a) Screening and Assessing Children
- b) Referrals for in-depth Services
- c) Therapeutic Service Provided by Perinatal Programs
 - Perinatal Program Staff Training
 - Child Care
 - Parenting Skills
 - Evidence-based Programs and Practices
- d) Collaborative Opportunities
 - Home Visiting Nurses
 - University Partnerships
 - Perinatal Councils and Task Forces
- e) County/Treatment Provider Initiatives
 - Children Assessment Centers
 - Parent Training Institutes

I. Child Care

Regulation (45 CFR 96.124 (e)(1)(3) and Title 22, Division 12, Chapter 1)

Child care must be available for program participant's children while the women are participating in on-site treatment program activities and off-site ancillary services.

Child care must meet applicable standards of state and local law. Child care must be provided in accordance with the California Department of Social Services regulations for licensed and/or licensed-exempt child care, TITLE 22, DIVISION 12, CHAPTER 1.

The Pro-Children Act of 1994 (20 United States Code 6081 et. seq.) prohibits smoking in any indoor facility where services for children are federally funded or where the facility is constructed, operated, or maintained by federal funds.

Core Competency

Counties and Treatment Providers remove barriers to treatment and support mother and child bonding by providing on-site child care for participant's children between birth and 36 months while the mothers are participating in the program.

Counties and Treatment Providers develop and implement safe, culturally-competent, trauma-informed child care; screen children for physical, development, social-emotional and behavioral concerns and deliver a variety of prevention/early intervention services.

J. Education Components

Regulation (45 CFR 96.121 and HSC 11757.59(b))

Programs must provide or arrange for the following services:

- Parenting skills building and child development information; (HSC 11757.59(b))
- Educational/vocational training and life skills resources; (HSC 11757.59(b))
- Education and information on the effects of alcohol and drug use during pregnancy and breast feeding; and (45 CFR 96.121)
- TB and HIV education and counseling. (45 CFR 96.121)

Core Competency

Counties and Treatment Providers provide parenting education and education/prevention interventions specific to children and families whose parents have substance use disorders or a

history of trauma and address challenges to children's growth, development, and self-esteem.

Counties and Treatment Providers communicate with parenting women and girls about their parenting approach and children's health and safety. Counties and Treatment Providers provide or refer to trauma-informed parenting support programs.

Counties and Treatment Providers conduct an assessment of women's needs for educational/vocational training and life skills resources and provide or assist women in obtaining those services.

Counties and Treatment Providers include education on the risks of binge drinking during the first trimester and Fetal Alcohol Spectrum Disorders (FASD) as a part of their counseling pregnant women on the effects of alcohol and other drug use on the fetus.

Counties and Treatment Providers collaborate and partner with local health department for HIV counseling and testing activities to help eliminate gaps and overlaps in programs, coordinate education and other prevention efforts, including infectious disease testing, viral hepatitis testing, and outreach services for out-of-treatment intravenous drug users. For more information see [ADP Bulletin 13-03](#))

K. Primary Medical Care and Pediatric Care

Regulation (45 CFR 96.124 (e)(1)(2) and 45 CFR 96.137)

Programs are required to provide or arrange for primary medical care for women in treatment, including referrals for prenatal care. They also must provide or arrange for primary pediatric care, including immunizations, for dependent children. (45 CFR 96.124(e)(1)(2))

Programs providing direct primary medical care for women and/or primary pediatric care for dependent children must seek alternative funding for these services before using federal perinatal funds. (45 CFR 96.137)

Core Competency

Counties and Treatment Providers educate women how to communicate effectively with health care providers (e.g., preparing a list of questions, listening, taking notes, asking for written information, and disclosing sensitive personal information).

Counties and Treatment Providers conduct comprehensive screening for Primary Medical Care and Pediatric Care.

Counties and Treatment Providers provide or refer for assessment and treatment, for the following areas in addition to Prenatal, Primary Medical Care and Pediatric Care:

- Dental services;
- Reproductive health information and referrals to community resources for reproductive health care, including gynecologic/obstetric professionals;
- Body image, healthy eating, and exercise patterns with women and girls and assist them in developing healthy eating and physical activity habits; and
- Exercise, nutrition, and self-care programs that are trauma-informed and gender-relevant.

Specific to Pregnant/Postpartum

- Use strength-based approaches to support pregnant women to remain engaged in services, and to counter stigma and judgment that pregnant women may experience in the community;
- Screen for the continuum of maternal and postpartum emotions and disorders such as anxiety, depression, and psychosis, and take appropriate action when needed;
- To communicate effectively and in an open, unbiased, and supportive way while working with women and girls, particularly with regard to reproductive health, pregnancy, and parenting decisions; and
- Assess and address grief and loss issues related to pregnancy outcomes.

L. Administration

a) Reporting

Regulation (45 CFR 96.122(f))

Once admitted into a perinatal program, a woman's participation must be documented on the California Outcomes Measurement System (CalOMS).

Core Competency

Counties and Treatment Providers collect additional client outcome and program performance data elements to evaluate program performance. Examples include: treatment initiation, treatment engagement, treatment retention, continuity of care measures, children accompanying mother to treatment (count, screened, assessed, and referred), child welfare and reunification, and health and pregnancy outcomes.

b) Fund Source

Regulation (45 CFR 96.124(c))

Women Services Expenditure Requirement: Counties must implement procedures to ensure the requirements of Title 45 Code of Federal Regulations (CFR) Part 96, Section 96.124(c) are met. The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires States to expend a specified amount of funds for Perinatal services to pregnant women and women with dependent children each state fiscal year (SFY). This requirement is the Women Services Expenditure Requirement (WSER) and a combination for both SAPT BG Perinatal Set-aside and Local Revenue Funds (LRF) must be spent to satisfy this requirement. The County Share of the SAPT Block Grant WSER chart (Attachment A) outlines each county's share for the 2013-14 SFY.

SAPT BG Exchange Program:

The SAPT BG Exchange Program was created because California's least populous counties lack sufficient populations to result in an ongoing demand for specialized treatment services for Perinatal and Adolescent/Youth. Exchanging Perinatal and Adolescent/Youth treatment funds for Discretionary funds allows the least populous counties to best respond to treatment needs and reduces the return of unspent SAPT funds to the federal government. Counties receiving additional Discretionary funds are expected to utilize these funds to treat substance use disorder clients, including Perinatal and Adolescent/Youth treatment clients, to the extent they have such clients. SAPT BG Exchange Counties are responsible for their county shares of the SAPT Block Grant Women Services Expenditure Requirement and must meet the requirements set forth in the Perinatal Services Network Guidelines.

c) Public Notice and Outreach

Regulation (45 CFR 96.131(b))

Counties must publicize that pregnant women are given preference in admission to recovery and treatment programs and encourage women in need of treatment services to access them. Public notice may include:

- Ongoing public service announcements (radio/television)
- Regular advertisements in local/regional print media
- Posters placed in targeted areas
- Social media

- Frequent notification of availability of such treatment distributed to the network of community based organizations:
 - a) Health care providers
 - b) Social service agencies

Core Competency

Counties and Treatment Providers identify eligible pregnant and parenting women in need of treatment services and encourage them to take advantage of these services. Outreach also may be used to educate the professional community on perinatal services so that they become referral sources for potential clients.

d) Program Monitoring

Regulation (OMB Circular A-133)

Pursuant to OMB Circular A-133 §____.400(d)(3), Contractor shall monitor the activities of all its non-profit Subcontractors to ensure that:

- Subcontractors are complying with program requirements and achieving performance goals.
- Subcontractors are complying with fiscal requirements, such as having appropriate fiscal controls in place, and are using awards for authorized purposes.

Contractor can use a variety of monitoring mechanisms, including limited scope audits, on-site visits, progress reports, financial reports, and reviews of documentation supporting requests for reimbursement, to meet the Contractor's monitoring objectives. The Contractor may charge federal awards for the cost of these monitoring procedures as outlined in OMB Circular A-133.

References

¹ Brady, T. M., & Ashley, O. S. (Eds.). (2005). *Women in substance abuse treatment: Results from the Alcohol and Drug Services Study (ADSS)* (DHHS Publication No. SMA 04-3968, Analytic Series A-26). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

² Substance Abuse and Mental Health Services Administration (2011). *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals*. HHS Pub. No. (SMA) 11-4657. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Perinatal Services Network 2014 Guidelines

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