

PERINATAL SERVICES NETWORK GUIDELINES FY 2016-17



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Substance Use Disorder Program, Policy, and Fiscal Division
Office of Women's, Perinatal, and Youth Services

TABLE OF CONTENTS

SECTION A: INTRODUCTION	1
SECTION B: SUD TREATMENT PROGRAM REQUIREMENTS	2
1. TARGET POPULATION	2
2. ADMISSION PRIORITY	3
3. PRIMARY MEDICAL CARE.....	3
4. PRIMARY PEDIATRIC CARE.....	3
5. GENDER-SPECIFIC SERVICES	4
6. THERAPEUTIC INTERVENTIONS FOR CHILDREN	4
7. CASE MANAGEMENT.....	5
8. TRANSPORTATION	5
9. CAPACITY MANAGEMENT	6
10. REFERRALS.....	6
11. WAITING LIST	7
12. INTERIM SERVICES.....	8
13. OUTREACH SERVICES.....	9
SECTION C: BEST PRACTICES FOR SUD TREATMENT PROGRAMS	10
SECTION D: SUD TREATMENT SERVICE TYPES.....	13
SECTION E: REFERENCES	15

SECTION A: INTRODUCTION

The Office of Women's, Perinatal, and Youth Services (OWPYS) within the California Department of Health Care Services (DHCS) maintains current requirements for substance using pregnant and parenting women through the Perinatal Network Services Guidelines (PSNG). The purpose of the PSNG is to ensure California counties and providers deliver quality substance use disorder (SUD) treatment services and adhere to the federal and state regulations.¹

These guidelines fulfill the Women's Services Expenditure Requirement (WSER) in the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Perinatal Set-Aside from the Substance Abuse and Mental Health Services Administration (SAMHSA). The WSER requires states to use specified funds on perinatal clients, regardless of whether perinatal funds are exchanged for discretionary funds. Furthermore, counties are responsible for their portion of the SAPT BG WSER and must meet the requirements as outlined in the PSNG.

OWPYS provides technical assistance (TA) and information to counties, providers, and members of the public on serving the needs of pregnant and parenting women as well as youth with SUDs.

The TA offered to counties assists with program development and increases public awareness of the potential impact of alcohol and drug use. TA services may include telephone calls, literature, newsletters, webinars, and/or other program development resources.

Counties and providers may request TA by submitting a request during the annual county monitoring reviews or by contacting OWPYS through the following methods:

Email: DHCSOWPS@dhcs.ca.gov

Phone: (916) 327-2727

Mailing Address: Department of Health Care Services
Office of Women's, Perinatal, and Youth Services
P.O. BOX 997413 - MS 2622
Sacramento, CA 95899-7413

¹ 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

SECTION B: SUD TREATMENT PROGRAM REQUIREMENTS

This section outlines the minimum requirements for SUD treatment programs that:

- Serve pregnant and parenting women, and
- Receive SAPT BG funding.

As SUD treatment models move toward family-centered care, programs must treat the family as a unit and admit both women and their children into treatment services, when appropriate.² Family-centered services involve a woman's family in her treatment and recovery process. To the woman that is in treatment, family members are defined by who she views as her family and may consist of relatives and adults outside of the traditional family structure.

1. TARGET POPULATION

Pregnant and parenting women are an underserved, at-risk segment of the substance-using population. SUD treatment programs must serve the following individuals with SUDs:³

- a. Pregnant women;
- b. Women with dependent children;
- c. Women attempting to regain custody of their children;
- d. Postpartum women and their children; or
- e. Women with substance exposed infants.

(1) The target population defined above is herein after referred to as pregnant and parenting women.

² 45 C.F.R. § 96.124(e)

³ 45 C.F.R. § 96.124(e); HSC § 11757.59(a)

2. ADMISSION PRIORITY

Among women with SUDs, pregnant women require more urgent treatment services and critical, high-risk prenatal care due to the harmful effects of drug use on the fetus. SUD programs serving pregnant and parenting women shall provide preference to pregnant women.

- a. Specifically, SUD treatment programs must provide priority admission to treatment in the following order:⁴
 - (1) Pregnant injection drug users;
 - (2) Pregnant substance users;
 - (3) Injection drug users; and
 - (4) All others.

3. PRIMARY MEDICAL CARE

Comprehensive medical care is essential for a woman's participation in treatment and long-term recovery from SUDs. A comprehensive system serves the woman as a whole by integrating medical care and behavioral health care into SUD treatment services. Programs must provide or arrange for primary medical care, including a referral for prenatal care to pregnant and parenting women receiving SUD treatment services.⁵

- a. Child care services must be provided while the women are receiving primary medical care services.⁶

4. PRIMARY PEDIATRIC CARE

Preventative pediatric care addresses infant and child health issues before they become severe. When the health and well-being of a woman's child has been addressed, the woman is better able to focus on her own health and recovery.

- a. SUD treatment programs must provide or arrange for primary pediatric care, including immunization for the children of pregnant and parenting women, while the women are receiving SUD treatment.⁷

⁴ 45 C.F.R. § 96.131(a)

⁵ 45 C.F.R. § 96.124(e)(1)

⁶ 45 C.F.R. § 96.124(e)(1); 45 C.F.R. § 96 App. A(6)

⁷ 45 C.F.R. § 96.124(e)(2)

5. GENDER-SPECIFIC SERVICES

Women have a unique set of needs that are often not addressed in co-ed settings. SUD treatment programs must provide/arrange for gender-specific SUD treatment services and other therapeutic interventions for pregnant and parenting women including the following:⁸

- a. Relationships;
- b. Sexual and physical abuse; and
- c. Parenting.

(1) Child care services must be provided while the women are receiving gender-specific treatment services.⁹

6. THERAPEUTIC INTERVENTIONS FOR CHILDREN

Therapeutic interventions for children, whose mothers enter SUD treatment, help to address children's developmental, emotional, and physical needs. Tools for screening and assessment help provide appropriate programs and services to children.¹⁰ SUD treatment programs must provide/arrange for therapeutic interventions for the children of the women receiving SUD treatment services to address the child's:¹¹

- a. Developmental needs;
- b. Sexual abuse;
- c. Physical abuse; and
- d. Neglect.

⁸ 45 C.F.R. § 96.124(e)(3)

⁹ 45 C.F.R. § 96.124(e)(3); 45 C.F.R. § 96 App. A(6)

¹⁰ Therapeutic Services for Children Whose Parents Receive Substance Use Disorder Treatment, National Association of State Alcohol and Drug Abuse Directors (2011)

¹¹ 45 C.F.R. § 96.124(e)(4)

7. CASE MANAGEMENT

Case management services are the arrangement, coordination, and monitoring of services to meet the needs of individuals and families.¹² SUD treatment programs must provide/arrange for sufficient case management to ensure that pregnant and parenting women, and their children, have access to the following services:¹³

- a. Primary medical care;
- b. Primary pediatric care;
- c. Gender-specific treatment; and
- d. Therapeutic interventions for children.

8. TRANSPORTATION

Transportation services provide a method of transportation for individuals to access SUD treatment services, obtain medical care or employment.¹⁴ SUD treatment programs must provide/arrange for transportation to ensure that pregnant and parenting women, and their children, have access to the following services:¹⁵

- a. Primary medical care;
- b. Primary pediatric care;
- c. Gender-specific treatment; and
- d. Therapeutic services for children.

¹² 45 C.F.R. § 96 App. A(3)

¹³ 45 C.F.R. § 96.124(e)(5)

¹⁴ 45 C.F.R. § 96 App. A(28)

¹⁵ 45 C.F.R. § 96.124(e)(5)

9. CAPACITY MANAGEMENT

Capacity management systems track and manage the flow of clients with SUDs entering treatment. These systems target priority populations, specifically pregnant women and women using injection drugs, to ensure timely placement into the appropriate level of care. Priority admission to treatment is critical for pregnant women using injection drugs as they pose a greater risk of harm to themselves and the fetus.¹⁶

- a. 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.¹⁷

- (1) The Drug and Alcohol Treatment Access Report (DATAR) system is DHCS's capacity management program used to collect data on SUD treatment capacity and waiting lists.¹⁸

- b. When a SUD treatment program serving intravenous substance users reaches or exceeds 90 percent of its treatment capacity, the program must notify DHCS through DATAR within seven days.¹⁹

- (1) Programs must report their capacity to DATAR on a monthly basis.²⁰

10. REFERRALS

A referral occurs when a SUD treatment program has insufficient capacity to provide treatment services to a woman in need of SUD treatment services.²¹ Referral services include a brief assessment of a woman's needs in order to determine the appropriate referral to SUD treatment or other services.²² It is important to consistently refer a woman to the appropriate SUD services while she is still motivated to enter treatment.

When a pregnant woman receives a referral for SUD treatment services, and a program is unable to provide these services due to capacity, the SUD treatment program must:

- a. Provide interim services to a pregnant woman (intravenous and non-intravenous drug users), including a referral for prenatal care, within 48 hours of the request.²³

¹⁶ Capacity Management for Substance Abuse, SAMHSA (2009)

¹⁷ 45 C.F.R. § 96.131(c)

¹⁸ Drug and Alcohol Treatment Access Report Web User Manual, DHCS (2014)

¹⁹ 45 C.F.R. § 96.126(a)

²⁰ Drug and Alcohol Treatment Access Report Web User Manual, DHCS (2014)

²¹ 45 C.F.R. § 96.131(c)

²² 45 C.F.R. § 96 App. A(17)

²³ 45 C.F.R. § 96.126(b)(2); 96.131(d)(2)

(1) Refer to Section B(12), Interim Services, for more information.

b. When assisting the target population who are in need of SUD treatment services for intravenous drug use, SUD treatment programs must:

(1) Admit intravenous drug users within 14 days of the request;²⁴ or

(2) Admit intravenous drug users within 120 days;²⁵ and

i. Make interim services available within 48 hours of the request; including referral for prenatal care.²⁶

11. WAITING LIST

SUD treatment programs must submit all waiting list information to DATAR. 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.²⁷

The waiting list, DATAR, is a tool used to track the number of women awaiting admission to SUD treatment. SUD treatment programs serving the target population must create and maintain a waiting list once a program's capacity has been reached.

As space becomes available, clients are matched with appropriate treatment services. SUD treatment programs must do the following:

a. For the purposes of treating women using injection drugs, establish a waiting list to ensure women in this sub-population are placed in comprehensive treatment within 14 days.²⁸

b. If any individual cannot be placed in comprehensive treatment within 14 days, the SUD treatment program must enroll the individual in interim services while awaiting admission into treatment.²⁹

(1) Refer to Section B(12), Interim Services, for more information.

c. When a SUD treatment program has a woman actively on the waiting list, the SUD treatment program must address the woman as follows:³⁰

²⁴ 45 C.F.R. § 96.126(b)(1)

²⁵ 45 C.F.R. § 96.126(b)(2)

²⁶ 45 C.F.R. § 96.126(b)(2)

²⁷ 45 C.F.R. § 96.126(c)

²⁸ 45 C.F.R. § 96.126(d)

²⁹ 45 C.F.R. § 96.126(d)

³⁰ 45 C.F.R. § 96.126(d)

PERINATAL SERVICES NETWORK GUIDELINES FY 2016-17

- (1) The program must admit the woman to the program and provide SUD treatment within 120 days.
- (2) If a woman cannot be located or refuses treatment, the woman may be removed from the waiting list and not provided treatment within the 120 days.
 - i. If a woman was previously on the waiting list and did not receive SUD treatment services (e.g. refused treatment services or was not able to be contacted), and requests treatment at a later date, and space is not available, SUD treatment programs must:³¹
 - (a) Provide interim services;
 - (b) Add the woman to the waiting list (including DATAR); and
 - (c) Admit the woman to a SUD treatment program within 120 days from the most recent request.
- d. When SUD treatment programs provide interim services, as outlined in Section B(12), SUD treatment programs must:³²
 - (1) Develop a tool to maintain contact with the women awaiting admission; and
 - (2) Consult DATAR to ensure women on the waiting list are admitted to treatment as early as possible.

12. INTERIM SERVICES

Interim services are defined as services provided until a woman is admitted to a substance use treatment program. 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 transmission of disease.³³

- a. At a minimum, interim services must counsel and educate women in the following areas:³⁴
 - (1) Human Immunodeficiency Virus (HIV);
 - (2) Tuberculosis (TB);
 - (3) Risks of needle sharing;

³¹ 45 C.F.R. § 96.126(d)

³² 45 C.F.R. § 96.126(c)

³³ 45 C.F.R. § 96.121

³⁴ 45 C.F.R. § 96.121

- (4) Risks of HIV and TB transmission to sexual partners and infants;
 - (5) Steps to ensure HIV and TB transmission does not occur; and
 - (6) If necessary, referral for HIV or TB treatment services.
- b. Additionally, the SUD treatment program must, at a minimum, provide the following interim services to pregnant women who cannot be placed in treatment:³⁵
- (1) Counseling on the effects of alcohol and drug use on the fetus; and
 - (2) Referral for prenatal care.
- c. If a SUD treatment program has insufficient capacity and a referral to treatment has been made, the program must offer interim services within 14 days of the request to women who request SUD treatment and cannot be placed in the SUD treatment program.³⁶

13. OUTREACH SERVICES

Effective outreach engages individuals in need of treatment services making it more likely they will attend treatment, participate in activities, and complete treatment and recovery support services. SUD treatment programs serving women using injection drugs must, at a minimum, use the following research-based outreach methods:³⁷

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

³⁵ 45 C.F.R. § 96.121

³⁶ 45 C.F.R. § 96.126(c)

³⁷ 45 C.F.R. § 96.126(e)

SECTION C: BEST PRACTICES FOR SUD TREATMENT PROGRAMS

This section outlines best practices for serving pregnant women and women with dependent children. These best practices are based on resources and research published by the National Association of State Alcohol and Drug Abuse Directors (NASADAD)³⁸ and SAMHSA.³⁹ This section also aligns with the regulations set forth in state law.⁴⁰

The purpose of this section is to complement the mandates outlined in statute and provide quality standards for the delivery of SUD services to pregnant women and women with dependent children. This section will be used by counties and programs as a reference tool to develop comprehensive, individualized, gender-specific, and family-centered SUD treatment services.

1. 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.⁴¹

According to California law, SUD treatment programs are advised to provide adequate child care while the women participate in SUD treatment.⁴² Furthermore, SUD treatment programs are encouraged to provide on-site, licensed child care in accordance with child care licensing requirements.⁴³ Conducting child care within close proximity of the SUD treatment program may serve as a motivation for the mothers to stay in treatment.⁴⁴

When a SUD treatment program is unable to provide licensed on-site child care services, the SUD treatment program should partner with local, licensed child care facilities or offer on-site, license-exempt child care through a cooperative arrangement between parents for the care of their children.⁴⁵

³⁸ Guidance to States: Treatment Standards for Women with Substance Use Disorders, NASADAD (2008)

³⁹ 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, SAMHSA (2009)

⁴⁰ HSC §§ 11757.50 through 11757.61; 22 CCR § 51341.1

⁴¹ 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, SAMHSA (2009)

⁴² HSC § 11757.59(b)(2)(F)

⁴³ 22 CCR §§ 101151 through 101163

⁴⁴ TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women, SAMHSA (2009)

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

PERINATAL SERVICES NETWORK GUIDELINES FY 2016-17

All of the following conditions must be met in the event of a cooperative arrangement:⁴⁶

- Parents shall combine their efforts so that each parent rotates as the responsible care giver with respect to all the children in the cooperative;
- Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, 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 child care 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 children's needs and help the woman address child specific issues.⁴⁷

In addition, it is recommended that child care services include therapeutic and developmentally appropriate services to help identify a child's developmental delays, including behavioral health issues.⁴⁸ When appropriate and possible, child care services should be tailored to each child and support the child's individual needs. This includes taking a child's culture and language into account 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:⁴⁹

- Intake;
- Screening and assessment of the full range of medical, developmental, emotional related-factors;
- Care planning;
- Residential care;
- Case management;

⁴⁶ 22 CCR § 102358; HSC § 1596.792(e)

⁴⁷ 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)

⁴⁸ TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women, SAMHSA (2009); Guidance to States: Treatment Standards for Women with Substance Use Disorders, NASADAD (2008)

⁴⁹ TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women, SAMHSA (2009).

- Therapeutic child care;
- Substance abuse education and prevention;
- Medical care and services;
- Developmental services; and
- Mental health and trauma services.

2. 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.⁵⁰ The mothers can practice these skills alone or with their children. According to state regulation, the incorporation of parenting skills into a woman's treatment plan is recommended to help the woman and her child(ren) while the woman is in treatment.⁵¹ Additionally, 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:⁵²

- 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 her ability to cope with parenting skills.

⁵⁰ TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women, SAMHSA (2009); Guidance to States: Treatment Standards for Women with Substance Use Disorders, National Association of State Alcohol and Drug Abuse Directors (2008)

⁵¹ HSC § 11757.59(b)(2)(E); 22 CCR § 51341.1(c)(3); 51341.1(c)(4)(A); 51341.1(d)(4)

⁵² TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women, SAMHSA (2009)

SECTION D: SUD TREATMENT SERVICE TYPES

SUD treatment services consist primarily of outpatient and residential services, aimed at stabilizing and rehabilitating individuals with SUDs. Pregnant and parenting women with SUDs may be referred to any of the following services, as necessary:

1. OUTPATIENT TREATMENT SERVICES

Outpatient treatment services are services provided where the client does not reside in a treatment facility, but instead continues to live at home or in a non-clinical setting. The following are examples of types of outpatient treatment programs:

a. Intensive Outpatient Treatment (IOT)

IOT services, formerly day care habilitative services, are provided to clients a minimum of three hours per day, three days per week.⁵³ These programs are often scheduled around work or school to accommodate daily schedules.

b. Outpatient Drug Free (ODF) Treatment

ODF treatment can be either group or individual. ODF treatment services are provided with or without medication and may also include counseling and supportive services.⁵⁴

c. Narcotic Treatment Program (NTP)

In an outpatient NTP, treatment services are provided to detoxified opioid addicts. Clients are administered prescribed medications (narcotic replacement drugs) on a routine basis to alleviate the symptoms of withdrawal from opioids. Programs provide an ambulatory care setting for a safe withdrawal.⁵⁵

⁵³ 22 CCR § 51341.1; CalOMS Tx Data Collection Guide, DHCS (2014)

⁵⁴ CalOMS Tx Data Collection Guide, DHCS (2014)

⁵⁵ 22 CCR § 51341.1; CalOMS Tx Data Collection Guide, DHCS (2014)

2. RESIDENTIAL TREATMENT SERVICES

Residential services are services provided where the client resides in a treatment facility. Adults (18 and over) whose substance use problems are severe in nature and must be cared for in specialized treatment facilities receive comprehensive inpatient services. If appropriate, services will include children of substance-using women, while the mother is seeking treatment.⁵⁶ In addition, if the residential treatment facility determines that a child needs services, the facility is to provide short-term residential care including comprehensive treatment and services.⁵⁷ Refer to section B(6) for more information about Therapeutic Interventions for Children.

The following are common residential treatment service types:

a. Short Term Residential Treatment (90 days or less)

Short term residential care services are designed for participating periods of 90 days or less in non-acute care.⁵⁸

b. Long Term Residential Treatment (over 90 days)

Long term residential care services are designed for participating periods exceeding 90 days in non-acute care.⁵⁹

⁵⁶ 45 C.F.R. § 96.124(e)

⁵⁷ 45 C.F.R. § 96 App. A(24)

⁵⁸ CalOMS Tx Data Collection Guide, DHCS (2014)

⁵⁹ CalOMS Tx Data Collection Guide, DHCS (2014)

SECTION E: REFERENCES

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition. Available from: http://cfoc.nrckids.org/WebFiles/CFOC3_updated_final.pdf
- California Code of Regulations Title 22 Social Security. Division 3. Subdivision 1. Chapter 3. Article 4. Section 51341.1. Drug Medi-Cal Substance Use Disorder Services. Available from: [https://govt.westlaw.com/calregs/Document/I12C91B008DA411E4A0F094BBA3CAFB62?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I12C91B008DA411E4A0F094BBA3CAFB62?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))
- California Code of Regulations Title 22 Social Security. Division 12. Chapter 1. Child Care Center General Licensing Requirements. Articles 1-2. Sections 101151-101163. Available from: [https://govt.westlaw.com/calregs/Document/I95BC79A0D4C011DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=StatuteNavigator&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I95BC79A0D4C011DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=StatuteNavigator&contextData=(sc.Default))
- California Code of Regulations Title 22 Social Security. Division 12. Chapter 3. Article 2. Licensing, Section 102358. License Exemptions. Available from: [https://govt.westlaw.com/calregs/Document/IC90FF890D4C011DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IC90FF890D4C011DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))
- California Department of Health Care Services (2014). *California Outcomes Measurement System Treatment (CalOMS Tx) Data Collection Guide*. Available from: http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf
- California Department of Health Care Services (2014). *Drug and Alcohol Treatment Access Report (DATAR) DATAR Web User Manual*. Available from: http://www.dhcs.ca.gov/provgovpart/Documents/DATARWeb_Manual_04-15-2014.pdf
- California Health and Safety Code, Division 2, Chapter 3.4, California Child Day Care Facilities Act. Available from: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=3.4.&article=1.

PERINATAL SERVICES NETWORK GUIDELINES FY 2016-17

- California Health and Safety Code, Division 10.5, Part 1, Chapter 2, Alcohol and Drug Affected Mothers and Infants Act of 1990. Available from:
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=10.5.&title=&part=1.&chapter=2.&article=
- Code of Federal Regulations (1993), Title 45, Public Welfare, Part 96, Subpart L – Substance Abuse Prevention and Treatment Block Grant. Available from:
<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>
- National Association of State Alcohol and Drug Abuse Directors. (2008). *Guidance to States: Treatment Standards for Women with Substance Use Disorders*. Available from: <http://nasadad.org/wp-content/uploads/2010/12/Guidance-to-States-Treatment-Standards-for-Women.pdf>
- National Association of State Alcohol and Drug Abuse Directors. (2011). *Therapeutic Services for Children Whose Parents Receive Substance Use Disorder Treatment*. Available from: http://www.cffutures.org/files/publications/Child_Therapeutic_Services_FINAL.pdf
- Substance Abuse and Mental Health Services Administration. (2009). *Capacity Management for Substance Abuse*. Available from: <http://www.narbha.org/includes/media/docs/Capacity-Management-for-Substance-Abuse-Treatment-Systems.pdf>
- Substance Abuse and Mental Health Services Administration. (2009). *TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women*. Available from: <http://store.samhsa.gov/shin/content//SMA14-4426/SMA14-4426.pdf>
- 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*. Available from: <http://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf>