

County of Marin <b>Behavioral Health and Recovery Services (BHRS)</b>	POLICY NO. BHRS-66
	Next Review Date: June, 2027
<b>POLICY:</b>  <u>PERINATAL SERVICES</u>	Date Approved: June 7, 2024
	By:  Todd Schirmer, PhD, CCHP Director, Behavioral Health and Recovery Services

**POLICY: PERINATAL SERVICES**

**I. PURPOSE:**

The purpose of this policy is to ensure that perinatal services are made available to pregnant and/or parenting clients receiving treatment for substance use.

**II. REFERENCES:**

Substance Use Prevention and Treatment Block Grant (SUBG) Performance Contract  
State/Marin County DMC-ODS Intergovernmental Agreement (IA)  
Title 45 CFR, Section 96.131  
Perinatal Practice Guidelines  
DHCS Payment of First and Last Resort  
BHRS-59 Interim Services

**III. POLICY:**

It is the policy of Marin County Behavioral Health and Recovery Services (BHRS) to provide Perinatal treatment services for pregnant and/or parenting substance using women and ensure compliance with the protocols and requirements of the SUBG Performance Contract and IA regarding SUBG Block Grant Perinatal Set-Aside Funds.

Treatment services to pregnant and parenting women must be provided on a priority basis.

**IV. AUTHORITY/RESPONSIBILITY:**

Contract Managers  
Alcohol and Drug Administrator  
BHRS Director

**V. PROCEDURE:**

The County ensures that providers receiving funding under the SUBG Performance Contract and IA comply with requirements of funding sources and applicable laws and regulations through the below methods.

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County-operated and contracted providers shall follow the regulations set forth in the SUBG Block Grant (BG) requirements and Perinatal Practice Guidelines, as applicable. BHRS contracts Perinatal services and funding to community-based providers. Contracted Perinatal providers must provide the following services to pregnant and parenting women on a priority basis: screening, assessment, case management, counseling, education, vocational services, primary medical care (for both mother and child), transportation, and gender-specific care. Contractors must also provide on-site or off-site childcare and screening, assessment, and therapeutic services for children in the mother’s care. Providers must treat the family as a unit, offering services to the families of perinatal clients. Providers shall publicize the availability of priority treatment services to pregnant and parenting women.

In the event an SUD 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 as follows:

1. Input the 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.
2. Notify the County contract manager by 9am each day that the program serving intravenous substance users reaches or exceeds 90% of its treatment capacity.

The County will notify DHCS upon reaching or exceeding 90% of its treatment capacity within seven days by e-mailing [DHCSPerinatal@dhcs.ca.gov](mailto:DHCSPerinatal@dhcs.ca.gov). The subject line in the email must read “Capacity Management.”

Contractor compliance with this policy shall be achieved through:

1. Distribution of the SUBG and IA requirements, including the Perinatal Practice Guidelines, in the Contractor Manual annually at contract renewal.
2. Approval of contract as to form and legal affect by county counsel.
3. Signature of Contractor on contract agreeing to all conditions set forth in the contract.
4. Approval and execution of contract by the County Board of Supervisors or County Administrative Officer.
5. Review of monthly invoices and SmatCare data to ensure pregnant and parenting clients are served on a priority basis, and to ensure SUBG and Realigned funds are

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used appropriately and in adherence to the DHCS funding Hierarchy – Payment of First and Last Resort.

6. Review of monthly DATAR data to ensure any reporting of reaching or exceeding 90% capacity has been reported in a timely manner to the Contract Manager and DHCS.
7. Annual completion of the Self Audit (Perinatal Services) by Contractor, and subsequent review by BHRS Contract Manager, including Contractor’s signed attestation of adherence to all laws and regulations.
8. At annual Site Visit, Contract Manager shall review contractor policy regarding Perinatal services and timely reporting of capacity. BHRS will review a sample of client files to ensure requirements regarding perinatal services have been met.