Date: August 16, 2019

CYF Memo: #9- 19/20

To: CYF Perinatal Residential and Outpatient
Substance Use Disorder (SUD) Treatment Providers

From: Yael Koenig, CYF Deputy Director

Re: **Perinatal Child Clinician**

This memo is intended to clarify the role and purpose of the Perinatal Program's Child Clinician which differs from the role of a Licensed Practitioner of the Healing Arts (LPHA). The Peri-Child Clinician provides non-DMC services, as these services are for the child and not the parent, although at times the parent is included. The Child Clinician is funded through a separate, non-DMC treatment cost center which uses dedicated County-funds. These funds are specifically allocated to support Perinatal SUD Programs to meet the regulatory and best-practice guidelines outlined in the Department of Health Care Services (DHCS) Perinatal Practice Guidelines.

As indicated in the SUDPOH, below are the primary objectives of the Peri-Child Clinician:

Services for Children of Parents Receiving SUD Services
Embedded in each of the Perinatal Outpatient and Residential treatment programs is a mental health Child Clinician who is designated to work directly with the children of mothers receiving SUD services. The purpose is to:

- Screen children to determine need for mental health services, to include but not limited to, parent-child bonding;
- Provide assessment and therapeutic interventions for children screened to have emotional, developmental, behavioral, or attachment needs;
- Identify and link children with higher level needs to specialty behavioral health services;
- Collaborate with County-designated contractors offering therapeutic services for children, to include but not limited to, Healthy Development Services (HDS) and Developmental Screening and Enhancement Program (DSEP).

If the Peri-Child Clinician is engaged in family work that is DMC billable, please alert the program Contracting Officer's Representative (COR) to ensure that the program's budget is set up appropriately to allocate the staff time to this role. Additionally, the Peri-Child Clinician would need to have completed all appropriate trainings in order to provide DMC-ODS billable services.

The primary purpose and priority of the Peri-Child Clinician is to provide services to the children of the mother's receiving treatment services. If programmatic structure permanently or temporarily seeks to shift the Peri-Child Clinicians duties beyond non-DMC services to the child, a discussion with the COR needs to occur prior to any change as it may require an Administrative Adjustment to the budget and/or other changes.

In summary, it is critical that a discussion occurs with the program COR if the Peri-Child Clinician will be billing Medi-Cal or engaging in activities that extend beyond providing therapeutic services for the children.

CC: County of San Diego BHS Quality Management