

Perinatal Practice Guidelines

Training Document for 2025 PPG

Presented by County of San Diego Behavioral Health Services

November 2025



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DHCS Community Services Division is mandated by State and Federal law to update, disseminate, and implement SUD Perinatal Practices Guidelines to address SUD treatment services for women, specifically pregnant and parenting women.

Purpose of the Perinatal Practice Guidelines

- The purpose of the Substance Use Disorder (SUD) Perinatal Practice Guidelines (PPG) is to ensure delivery of quality SUD treatment services and adherence to state and federal regulations.
- The SUD PPG provides guidance on perinatal requirements in accordance with Drug Medi-Cal Organized Delivery System (DMC-ODS), California Advancing and Innovating Medi-Cal (CalAIM), and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) Perinatal Set-Aside from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Providers must adhere to the requirements as outlined in the current SUD PPG published by DHCS.
- The SUD PPG outlines best practices for serving pregnant and parenting women based on resources and research published by the National Association of State Alcohol and Drug Abuse Directors and SAMHSA and in alignment with California statutes and regulations.
- Providers are encouraged to use the best practices as a reference tool to develop comprehensive, individualized, gender-specific, and family-centered SUD services.

The DHCS, Community Services Division provides training and technical assistance (TTA) to counties, providers, and members of the public regarding services for pregnant and parenting women with SUDs. TTA offered to counties and providers assists them with program development and increases public awareness of the potential impact of SUDs. TTA services may include telephone calls, literature, webinars, and/or other program development resources. TTA can be requested by submitting a request during the annual county monitoring reviews or by contacting DHCS through the following methods:

Email: DHCSPerinatal@dhcs.ca.gov

Webpage: <https://www.dhcs.ca.gov/services/MH/Pages/Prevention-and-Youth-Branch.aspx>

CHANGES FROM PPG 2024



Perinatal Practice Guidelines for 2025 include the following changes from PPG 2024:

Assessment Section – p.9

- Added, "The physician shall determine whether substance use disorder services are medically necessary, within 30 calendar days of each beneficiary's admission to treatment date."
- Added reference to BHIN 21-071 for medical necessity and level of care determination requirements, and removed TN No. 20-0006-A.

Care Planning Section – p.10

- Updated to reflect correct terminology and provide clarification. Previously, it read, "In accordance with BHIN No. 23-068, DHCS removed care plan requirements..." It now reads, "In accordance with BHIN 23-068, DHCS removed standalone treatment plan requirements..."

Capacity Management Section – p.13

- Removed a line about updating data more frequently, as DATAR reports can only be run once per month.
- The DATAR website link was updated.
- The webpage where the PPG is located was updated.

Purpose of this training document

- This power point was created by San Diego County Behavioral Health Services Department to serve as an optional training tool of the [Perinatal Practice Guidelines 2025](#) for local Substance Use Disorder (SUD) program that provide perinatal services.
- San Diego County requires that all BHS Perinatal SUD program staff with client contact review the current PPG within 60 days of hire and on an annual basis, as described in the [DMC-ODS Required Trainings \(sandiegocounty.gov\)](#)
- To assist with tracking, the PPG training requirement is listed on the Staffing Status Report (SSR).

Programs must maintain records of PPG training, to include:

1. Program Name
2. Version of Guidelines presented (i.e. 2025 PPG)
3. Method of delivery
4. Sign-in log or signature sheet with staff name and date of the training



Priority Populations

- Due to the harmful effects of substance use on the fetus, pregnant women require more urgent treatment services.
- The priority population for the SUD PPG is pregnant and parenting women.
- In accordance with SUBG requirements, 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 SUD:
 - Women who are pregnant
 - Women with dependent children
 - Women attempting to regain custody of their children
 - Postpartum women and their children
 - Women with substance-exposed infants.

Best Practice

It is encouraged to identify prenatal drug exposure and provide timely care to pregnant women with a SUD to provide a significant buffer against adverse pregnancy outcomes, including premature births and low birth weights.

Admission Priority

Priority admission must be given to pregnant women in the following order:

- Pregnant injecting drug users
- Pregnant substance users
- Injection drug users
- All others

Coverage Period

- 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 maintain coverage through their pregnancy and the 12-month postpartum coverage period regardless of income changes, citizenship, immigration status, or how the pregnancy ends.
- Pregnant women who were eligible for Medi-Cal and received Medi-Cal during the last month of pregnancy shall continue to receive the full breadth of medically necessary services through the end of the 365-day postpartum period.



Outreach and Engagement

- SUD treatment providers are required to conduct outreach and engagement. Providers serving 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 drugs and communicable diseases, such as HIV, Hepatitis B, Hepatitis C, and Tuberculosis (TB).
 - Recommend steps to ensure that HIV transmission does not occur.
 - Encourage entry into treatment.
- SUD treatment providers delivering treatment services to pregnant and parenting women must publicize the availability of such services.

Best Practice

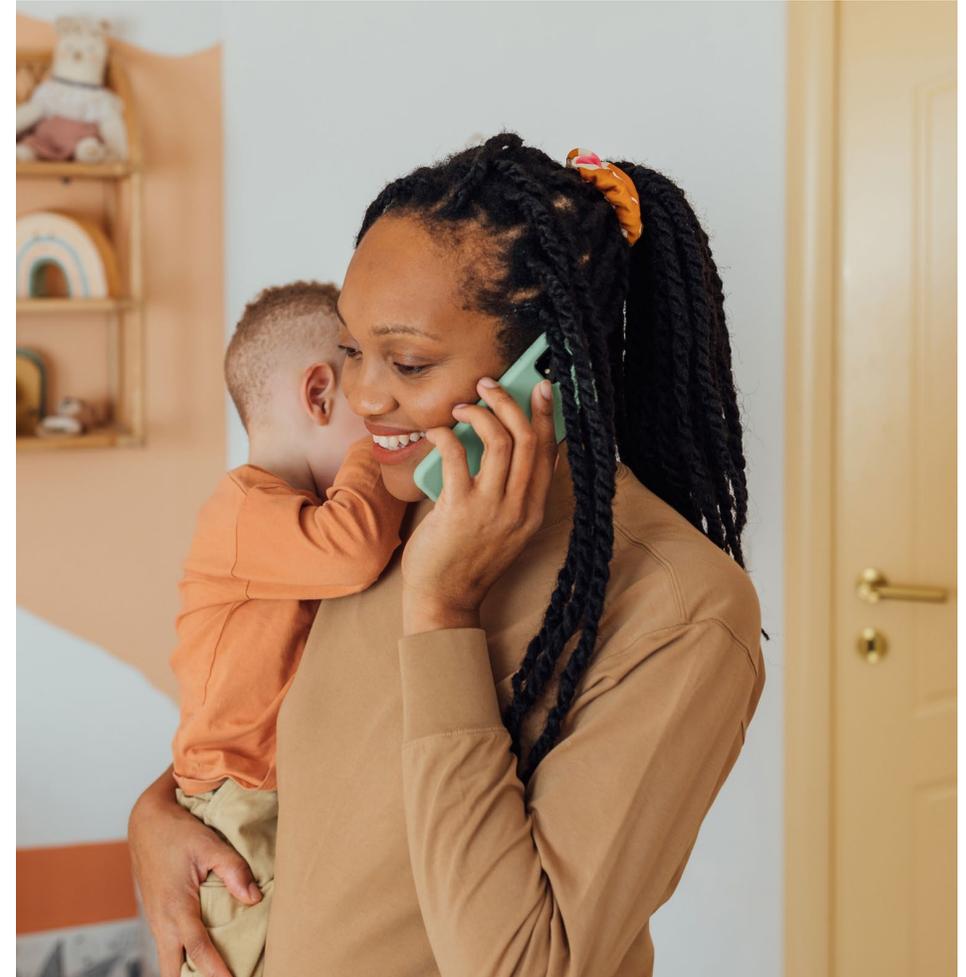
It is encouraged for providers to use the following methods to publicize the availability of services and engage pregnant and parenting women: street outreach programs; public service announcements; advertisements; posters placed in strategic areas; notification of treatment availability distributed to community-based organizations, healthcare providers, and social service agencies; clearinghouse/information resource centers; resource directories; media campaigns; brochures; speaking engagements; health fairs/health promotion; information lines; and multidisciplinary coalitions.

Partnerships

- SUD providers are required to coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, and other services that are medically necessary to prevent risk to the fetus, infant, or mother.
- Providers must provide or arrange for transportation to ensure access to treatment.

Best Practice

It is encouraged to develop partnerships among other local agencies and neighboring communities to share resources to aid in the delivery of services in remote areas. Education should be provided to bring awareness to community-based organizations that serve pregnant and parenting women. Cultivating true partnerships can lead to constructive collaboration and ensure pregnant and parenting women receive services wherever they are in the community. Training should include other social and healthcare facilities and personnel within the community to enhance awareness, identify women with SUD, and increase appropriate referrals.



Screening

- SUD treatment providers are required to conduct an alcohol and drug use screening to identify women who have or are developing SUD. Screening must be conducted using validated screening tools.
- Screening is typically a brief process for identifying whether certain conditions may exist and usually involves a limited set of questions to establish whether a more thorough evaluation and/or referrals are needed.
- Providers are required to implement infection control procedures designed to prevent the transmission of TB. Providers must screen pregnant and parenting to identify those at high risk of becoming infected.

Best Practice

It is encouraged to regularly screen women to effectively minimize the risk of fetal exposure to alcohol or drugs. When women are screened for SUD during pregnancy, education may be provided about the risks of substance use. Screening serves to identify women whose pregnancies are at risk due to substance use, which allows for early intervention services or referral for appropriate treatment services. Although screening may reveal an outline of a client's substance involvement, it does not result in diagnosis. The most important domains to screen for when working with women include:

- Substance use, including the type, frequency, and impact of alcohol or other drug consumption
- Pregnancy considerations, including stage of pregnancy, potential risks to maternal and fetal health, and impact of substance use on the pregnancy
- Immediate risks related to serious intoxication or withdrawal
- Immediate risks for self-harm, suicide, and violence
- Past and present mental health disorders, including PTSD and other anxiety, mood, and eating disorders
- Past and present trauma experience, including sexual victimization and interpersonal violence
- Health screenings, including HIV/AIDS, hepatitis, tuberculosis (TB), and sexually transmitted diseases.

Intervention

- SUD treatment providers are required to provide intervention services to pregnant and parenting women.
- Intervention services are designed to motivate and encourage individuals with SUD to seek or remain in treatment.
- SUD treatment providers must provide or arrange for gender-specific treatment and other therapeutic interventions for pregnant and parenting women to address such issues as relationships, sexual and physical abuse, and parenting.
- Childcare services must be provided while women receive gender-specific treatment services.
- Therapeutic interventions must be provided or arranged for children of women receiving SUD treatment services.

Best Practice

It is encouraged for SUD treatment providers to use brief interventions. Identifying specific risk factors for initiation of use may help determine potential barriers and problem areas, anticipate intervention strategies, and contribute to individually tailored treatment planning. The following are 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 and a more collaborative treatment environment.
- Increase compliance with outpatient mental health referrals.
- Serve as interim intervention for clients on treatment program waiting lists.

Assessment

- SUD treatment providers are required to conduct assessments of pregnant and parenting women.
- Specific assessment requirements are detailed in [BHIN 23-068](#) and [BHIN 21-071](#).
- Assessments may be initial and periodic and may include contact with family members or other collaterals focused on the individual's treatment needs.
- The admission process begins with assessing the individual's needs to ensure placement in the most appropriate treatment modality and continuum of services to adequately support recovery. SUD providers delivering perinatal services must have procedures for admission to treatment and must complete a personal, medical, and substance use history for all individuals upon admission. The physician shall determine whether substance use disorder services are medically necessary within 30 calendar days of each client's treatment admission date.
- Providers must obtain medical documentation that substantiates the woman's pregnancy.
- All SUD providers should attempt to obtain a physical examination for the individual before or upon admission. The physician must review the most recent physical exam (obtained within the past 12 months) within 30 days of admission; or, a physical exam may be performed within 30 days by a physician, registered nurse, or physician's assistant; or, a goal to obtain a physical exam should be maintained until the goal is met.

Best Practice

It is encouraged to perform initial and ongoing assessments to ensure pregnant and parenting women are continuously placed in the appropriate level of care, considering the nature and severity of the SUD, the presence of co-occurring mental or physical illnesses, and identification of other needs.

Care Planning

- Care planning is a required service activity that consists of developing and updating documentation to plan and address the client's needs and planned interventions, and to address progress and restoration of the best possible functioning level.
- Providers shall prepare individual care plans or problem lists as specified in [BHIN 23-068](#) for pregnant and parenting women with SUD, based on information obtained through the intake and assessment process and with meaningful member participation in the planning process.
- Perinatal-specific services shall include:
 - 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 mother and infant.
 - Coordination of ancillary services, such as medical/dental, education, social services, and community services.
- Per BHIN 23-068, standalone treatment plans are not required except for Narcotic Treatment Programs (NTP) and are replaced by new behavioral health documentation requirements, including problem list & progress note requirements.
- Pregnant women with a documented history of addiction to opioids may be admitted to NTP maintenance treatment without documentation of a 2-year history of addiction or prior treatment failures. Within 60 days post-partum, a woman shall be evaluated by a physician to determine whether continued maintenance treatment is needed.

Referrals

- SUD treatment providers are required to make a referral when the provider has insufficient capacity to provide treatment services to a pregnant or parenting woman.
- If no treatment facility has capacity to provide treatment services, the provider shall make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

Best Practice

It is encouraged to use SAMHSA's Screening, Brief Intervention, and Referral to Treatment Initiative (SBIRT) to provide opportunities for early intervention with at-risk SUD pregnant and parenting women, as many people with SUDs do not seek specialty addiction treatment but often enter the healthcare system through general medical settings.

When reporting referrals, providers should not include referrals to non-treatment services such as medical appointments, 12-Step programs, or other recovery support services.



Interim Services

- SUD treatment providers are required to make interim services available for pregnant and parenting women awaiting admission to treatment.
- The purpose of providing interim services is to reduce the adverse health effects of substance use, promote women's health, and reduce the risk of disease transmission.
- If an SUD treatment provider has insufficient capacity to treat a pregnant or parenting woman who uses drugs intravenously and a referral has been made, the provider must admit the woman no later than 14 days of the request or must 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:
 - Counseling and education about the risk and prevention of transmission of HIV and TB, the risks of needle-sharing, and the risks of transmission to sexual partners and infants
 - Referral for HIV and TB services
 - Counseling on the effects of alcohol and drug use on the fetus, and referrals for prenatal services.

Best Practice

It is encouraged for providers to use these additional methods for providing interim services for pregnant and parenting women: peer mentorship; services by telephone or email; risk assessment activities; and drop-in centers.

Capacity Management

- SUD treatment providers are required to maintain a capacity management system to track and manage the flow of members with SUD entering treatment, which serves to ensure timely placement into the appropriate level of care.
- When an SUD treatment provider cannot admit a pregnant or parenting woman because of insufficient capacity, the provider shall provide or arrange for interim services within 48 hours including referral for prenatal care.
- If a treatment facility has insufficient capacity to provide treatment services, the provider must refer the woman to DHCS through the DATAR, which collects data on treatment capacity and waiting lists.



Best Practice

DHCS uses data from the Drug and Alcohol Treatment Access Report (DATAR) to effectively locate and refer applicants to available and appropriate treatment options. DATAR data is collected monthly.

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 DATAR for each month by the 10th of the following month. For more information regarding the DATAR program and technical assistance, visit the DHCS DATAR webpage at <https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

Waiting List

- It is required to maintain a waiting list to ensure pregnant and parenting women receive timely treatment. SUD treatment providers must submit waiting list information to DATAR upon reaching capacity.
- Waiting lists must include a unique patient identifier for each injection substance user seeking treatment and include those who are receiving interim services while awaiting admission to treatment.
- SUD treatment providers:
 - Must develop a mechanism for maintaining contact with the women awaiting admission to treatment.
 - As space becomes available, the provider shall match the woman with an SUD treatment provider offering the appropriate treatment services within a reasonable geographic area.
 - Must ensure injection drug users are placed in comprehensive treatment within 14 days.
 - If an individual cannot be placed in comprehensive treatment within 14 days, the provider must admit the woman within 120 days and provide interim services within 48 hours after the request.
 - May remove a woman from the waiting list and not provide treatment within 120 days if she cannot be located or refuses treatment.
 - Days waited include only those days waiting for treatment due to the unavailability of a slot. Circumstances unique to the individual's life are not counted as days on the waiting list.

Case Management

- SUD treatment providers are required to provide or arrange for case management to ensure that pregnant and parenting women and their children have access to:
 - Primary medical care, including prenatal care, and childcare while receiving these services
 - Primary pediatric care, including immunizations
 - Gender-specific treatment
 - Therapeutic interventions for children to address developmental needs and trauma (abuse and neglect)

Best Practice

It is encouraged to apply the following case management principles. Case management:

- Is client-driven and driven by client needs.
 - The aim of case management is to provide the least restrictive level of care necessary so that disruption of the client's life is minimized.
- Involves advocacy.
 - The goal when assisting clients with diverse services and at times contradictory requirements is to promote the client's best interests.
- Is community-based.
 - Case management helps clients negotiate with community agencies and integrate formal and informal care resources.
- Is pragmatic.
 - Case management begins where the client is and responds to tangible needs such as food, shelter, clothing, and transportation.
- Is anticipatory.
 - Requires the ability to understand the course of addiction, to foresee problems, understand options, and take appropriate action.
- Is flexible.
- Is culturally sensitive.

Transportation

- SUD treatment providers are required to provide or arrange for transportation to ensure pregnant and parenting women and their children have access to services and community resources and to and from medically necessary treatment services.
- Medi-Cal offers transportation to and from appointments for services covered under Medi-Cal, including medical, dental, mental health, and SUD appointments and to pick up prescriptions and medical supplies.
- The [DHCS Transportation webpage](#) provides information on how to schedule transportation services.



Best Practice

It is encouraged for providers 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

- Treatment providers are required to provide recovery support services for pregnant and parenting women with SUD.
- SUD Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and the development of parenting skills.
- Treatment providers shall continue to provide recovery support services to pregnant and parenting women upon treatment completion to encourage continue health and wellness.
- Within 30 calendar days of the date of the last face-to-face treatment contact with a client, the provider shall complete a discharge summary which includes the duration of treatment from date of admission to date of discharge; reason for discharge; summary of the treatment episode; and prognosis.

Best Practice

It is encouraged to use a variety of recovery support methods such as clinical treatment, medications, faith-based approaches, peer support, family support, and self-care. Recovery support services help people navigate the systems of care, remove barriers to recovery, stay engaged, and live full lives in their communities of choice. SAMHSA's 4 Major Dimensions of Recovery are:

- Health – Overcoming or managing one's symptoms and making informed, healthy choices that support physical and emotional well-being.
- Home – Having a stable place to live.
- Purpose = Conducting meaningful daily activities, such as work, school, volunteering, caregiving, and resources and ability to participate in society.
- Community – Having relationships and social networks that provide support, friendship, love, and hope.

Treatment Modalities

- It is required to provide Residential, Outpatient Drug-Free Treatment Services, Narcotic Treatment Programs, Intensive Outpatient Treatment Services, and Naltrexone Treatment Services to pregnant and parenting women.
- If the need is indicated by the assessment, a pregnant or parenting woman may stay in residential treatment longer than 30 or 60 days.
- **Licensed Residential SUD Treatment Services**
 - Providers offering residential SUD services to pregnant and parenting women shall provide a range of activities and services. Supervision and treatment services shall be available day and night, 7 days a week.
- **Outpatient Programs**
 - 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 2 and no more than 12 clients at the same time.



Parenting Skills

- SUD treatment providers are required to incorporate parenting skills into the client's care plan. 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.
- Parenting skills involve the relationship between a woman and her child that includes identification of feelings, empathy, active listening, and boundary setting. These skills may be practiced by the woman alone or with her child.

Best Practice

It is encouraged to match parenting, coaching, and other support groups to a woman's treatment services to improve her coping ability and give her time to practice new skills and change patterns of behavior to improve interactions with her children. Topics for parenting skills and relationship building may include:

- 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 education for mothers
- Children's mental health needs and substance use prevention curriculum
- Education for mothers about child safety

Best Practices for Childcare

- It is encouraged that SUD treatment providers provide on-site, licensed childcare in accordance with childcare licensing requirements. When an SUD treatment provider is unable to provide licensed on-site childcare services, the provider should partner with local licensed childcare facilities or 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 for a cooperative childcare arrangement:
 - Parents combine their efforts, so each parent rotates as the responsible caregiver for all the children in the cooperative arrangement.
 - Individuals caring for the children must 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 in the cooperative arrangement.
 - Nor more than 12 children can receive childcare in the same place at the same time.
- It is recommended that the women offering childcare in the cooperative arrangement be directed under supervision of an experienced staff member with child development expertise and who has passed a background check.
- Children born to mothers with SUD are at greater risk of in-utero exposure to substances. These children may require childcare that extends beyond basic supervision.
- It is recommended that childcare services include services to help identify a child's developmental delays, including emotional and behavioral issues.

REFERENCES



DHCS Substance Use Disorder Perinatal Services
[Perinatal Services \(ca.gov\)](#)

DHCS 2025 Perinatal Directory
[2025 Perinatal Directory](#)

DHCS Substance Use Disorder Perinatal Practice Guidelines, November 2025
[Perinatal Practice Guidelines 2025](#)

SAMHSA Tip 51: Addressing the Specific Needs of Women
[TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women | SAMHSA Publications and Digital Products](#)