

Lancaster County Drug and Alcohol Commission Treatment Policy and Procedure Manual	<i>CMCS # 5</i> <i>Policy: Overview of Interim Services for Pregnant Women Who Inject Drugs, Pregnant Women Who Use Substances, and Persons Who Inject Drugs (PWID)</i>
<i>Most Current Revision: 07/01/2021</i> <i>Effective Date:07/01/2020</i>	<i>Page: 1 of 2</i>

I. Purpose:

To establish an overarching protocol* to ensure that the contracted service providers are cognizant of the importance of making interim services available to pregnant women who inject drugs, pregnant women who use substances, and persons who inject drugs if treatment services are not immediately available following the LoCA.

It is critical that interim services are made available as these services assist to reduce adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of a disease until the individual is admitted to a treatment program.

*All contracted service providers MUST have their own written policies/procedures regarding these overarching protocols. See *CMCS #6 Written Procedures by Service Providers Outlining Protocols for the Interim Period Before Admit Into Recommended Level of Care*

II. Procedure:

DDAP identifies pregnant women who inject drugs, pregnant women who use substances, and persons who inject drugs (PWID) as priority populations. LCDAC and its contracted service providers must ensure interim services are accessible for these priority populations if treatment services are not immediately available.

- A. At the first contact, all individuals shall be screened for emergent care needs. If emergent care needs are identified, an immediate referral to appropriate services must occur. If no emergent care needs are identified and a Level of Care Assessment (LoCA) is deemed necessary, then a LoCA must be conducted to determine the need for treatment.
- B. If treatment is indicated as a result of the LoCA, refer the individual to a treatment provider that has the capacity to provide treatment services ***immediately***.
 - 1. If no treatment facility has the capacity to admit the individual immediately, contact must be maintained with the individual until admission to treatment occurs.
 - 2. Further, if treatment admission has not occurred within 48 hours following the LoCA, supportive and interim services must be made available until treatment admission has

occurred. Supportive services may include services such as case management or recovery support services. Required interim services are listed below.

3. Required interim services are listed below:

a. Interim services for **PREGNANT WOMEN** must include:

- i Counseling and education about Human Immunodeficiency Virus (HIV) and tuberculosis (TB).
- ii Counseling and education about the risks of needle sharing;
 - iii. Counseling and education about the risks of transmission to sexual partners and infants;
 - iv. Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur;
 - v. Referral for HIV and TB treatment services, if necessary;
 - vi. Counseling on the effects of alcohol and drug use on the fetus;
 - vii. Referral for prenatal care.

b. Interim services for **PERSONS WHO INJECT DRUGS (PWID)** must include:

- i Counseling and education about HIV and TB;
- ii Counseling and education about the risks of needle sharing;
- iii Counseling and education about the risks of transmission to sexual partners and infants;
- iv Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur
- v. Referral for HIV and TB treatment service, if necessary.

C. *All contracted service providers MUST have their own written policies/procedures regarding these overarching protocols. See *CMCS #6 Written Procedures by Service Providers Outlining Protocols for the Interim Period Before Admit Into Recommended Level of Care*

Approved by:  7/1/2021
Rick Kastner LCDAC Executive Director Date