FY27 PROGRAM DESCRIPTION

HAMHDS PROGRAM: PPW SUD CASE MANAGEMENT
CARF PROGRAM: CASE MANAGEMENT/SERVICES COORDINATION

PHILOSOPHY OF PROGRAM

This program provides supportive, person-centered, recovery-oriented case management for pregnant women and women with children who have a documented substance use disorder and case management need. The program uses a trauma informed approach to provide services to mothers and support to children impacted by substance use. This population benefits from specialized case management services to help mitigate barriers to recovery and ensure stability of the family unit. Services are guided by principles of recovery, self-determination, and empowerment. Staff emphasize skill building, linkage, monitoring, coordination of services and collaborative problem solving to promote impendence and stability.

DESCRIPTION OF SERVICES

Case management services are provided to pregnant women and mothers with substance use disorders as well as support to their children in Henrico, New Kent and Charles City counties. Comprehensive case management services provided to mothers vary in type and intensity based upon need. Program staff assist participants in identifying, linking and utilizing community resources for themselves and obtaining support for children in the home.

Services for mothers include linkage, completing applications for entitlements, referrals to medical care, housing, vocational as well as community support organizations. Staff provide education about financial literacy, budgeting, parenting and employment options. Staff can help mothers enroll children in school, navigate and coordinate with DSS, courts, and others. Mothers may be referred to appropriate services such as outpatient mental health and substance use therapy, Medication Assisted Treatment and psychiatric services. Transportation may be provided if available. Childcare is available to support mothers while attending personal medical and behavioral health care. Individuals receive a comprehensive needs assessment through SDA and more specific case management review at the first program appointment. Individual service plans are collaboratively developed, and progress is monitored through the completion of a quarterly review and the DLA-20. All mothers and children are linked to health care providers to address medical and behavioral health needs.

RN Liaison services are available via grant funding to mothers in Henrico, Chesterfield and Hanover Counties as well as the Cities of Richmond and Colonial Heights. The RN liaison has been established to increase awareness of infant and maternal health needs among hospital personnel and community providers. Of particular importance is the need to support mothers with substance use disorders and infants who have been exposed to substances in utero. The RN liaison role provides interim services such as linkage to resources in the community. A warm handoff will be provided to treatment providers and/or to the mother's home Community Services Board (CSB).

Agency and DBHDS policy require pregnant women who use substances to be seen within 48 hours of request for services. In addition, the agency requires all persons using any substance intravenously or actively using opiates, to include mis-using pain mediation, be seen within 14 days. The organization does not use Artificial Intelligence (AI) in service delivery or for health data analysis and processing

CONTRACT SERVICES

The case management team does not utilize contract services.

STAFFING

All staff have appropriate education, experience and training. Case managers must have a bachelor's degree in a human service field (Psychology, Social Work, Counseling, and Nursing) and be certified by the Virginia Department of Health Professionals as a Qualified Mental Health Professional (QMHP). Individuals with previous experience in case management are preferred. Supervisors must have a master's degree in the human services field and be licensed.

The case management team consists of a full-time supervisor, 2 full-time Qualified Mental Health Professionals (QMHP) and a SUD Certified Registered Peer Recovery Specialist (CRPRS). All staff are trained in trauma-informed care and case managers are required to successfully complete the state certification modules for case management. In addition, all staff receive training in therapeutic options. REVIVE and maintain active CPR Adult and Pediatric certifications

PROGRAM GOALS

Assist pregnant and parenting women reach maximum level of functioning through outreach, supportive and referral to community providers.
To Demonstrate the initiation of case management services for pregnant women and women seeking Medication Assisted Treatment within 48 hours and 14 days for non-pregnant women.
To Ensure individuals and children are connected with appropriate medical care.
To regularly monitor progress and match intervention to the individual's changing needs through quarterly reviews and treatment plan updates.
To provide services that individuals view as helpful and valuable.
To ensure that community stakeholders and partners report satisfaction with services.
To demonstrate good stewardship of regional funding by providing quarterly updates to partners regarding program effectiveness.

PROGRAM OBJECTIVES

Annually, objectives are developed to measure effectiveness, efficiency, service access, individual and stakeholder satisfaction within the program. These measures consider three important factors: quality, customer value and financial performance. See program specific performance improvement goals and objectives.

FEES

Fees are collected only for services to mothers enrolled in services, there is no fee for the supports provided to children. Services are billed through Medicaid, third-party payers, and/or state and local funding depending on eligibility.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION AND RE-ADMISSION

Admission can occur through referral to SDA or directly admitted if already open to the agency. Internal referents complete a Credible AG Referral Form. External stakeholders can contact the program supervisor directly or submit a referral form electronically. Program staff can be accompanied by the individual through the SDA process. In addition, childcare may be arranged in order to ensure privacy for mom. Finally, potential participants can also contact program supervisor for information and assistance in case opening.

ORIENTATION OF INDIVIDUALS TO THE PROGRAM/SERVICE

Individuals receive an orientation to the program at the initial program appointment. An overview to the program is completed and any questions regarding services are answered. Also reviewed are the hours of service, crisis plan and an emergency contact number. This information is given to the

individual by the person conducting the initial interview. The individual signs the orientation form which is part of the electronic health record.

EMERGENCY CLINICAL CONSULTATION
The Emergency Services Program serves as primary back up for emergency clinical consultation when the primary case manager or unit supervisor is unavailable. Emergency services are available 24 hours a day/7 day a week.

TELEHEALTH
Staff may remain in contact with participant via telephone and, in rare circumstances, contact may occur via tele video via a HIPPA compliant telehealth platform.

MEDICATION MANAGEMENT
Medication management is not provided. Education on the importance of medication adherence and strategies related to increasing compliance is provided. Referrals to medical, psychiatric and medication assisted treatment providers will be made as needed.

SECLUSION/RESTRAINTS/EMERGENCY HOLDS
Seclusion and restraint are prohibited and are not used in any agency programs. Brief physical holds are used only by staff trained in Therapeutic Options in an emergency.

TRANSFER/DISCHARGE PROCEDURES
Participants may remain in case management services as long as they have documented needs that can be supported. Referrals to other services within the agency may occur as needed. Participants play an active role in discharge planning, and the process is collaborative. Case closure may occur after 30 days of no contact with outreach attempts completed and documented. To reestablish services, individuals may return through the Same Day Access process. Should a participant move out of the catchment area, staff will collaborate with the receiving locality to ensure a smooth transition