



Section: <b>Substance Abuse Treatment &amp; Prevention</b>	Policy Name: <b>Services for Women &amp; Their Children</b>	Policy Number: <b>11.04</b>
Owner: <b>SAPT Director</b>	Reviewed By: <b>Joel Smith</b>	Total Pages: <b>3</b>
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): SUD Community Grant/Block Grant	Final Approval By: <i>Joel A. Smith, LMSW</i> Joel A. Smith, LMSW (Jul 15, 2022 15:57 EDT)	Date Approved:  Jul 15, 2022
Application: <input type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify):	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: <b>1/1/2014</b>

**Policy:** Southwest Michigan Behavioral Health (SWMBH), which is the Prepaid Inpatient Health Plan (PIHP) and Coordinating Agency for Barry, Branch, Berrien, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties in accordance with the Michigan Department of Health and Human Services (MDHHS) will contract for specialized services for women and their children. SWMBH executes the plan requirements by utilizing Designated Women’s Programs through the women and families case manager.

**Purpose:** To describe the contracting of specialized services for women and their children.

**Scope:** This policy applies to all designated women’s specialty service providers. These contractual obligations will be monitored on annual site visits conducted by SWMBH.

**Responsibilities:** Designated women’s programs are responsible for assuring components of this policy are met.

**Definitions:**

Gender –Responsive (Designated Women’s Program): Creating an environment through site selection (through MDHHS approval), staff selection, program development, content and material that reflects an understanding of the realities of the lives of women that addresses and responds to their strengths and challenges.

**Standards and Guidelines:**

- A. Services for women and their children are identified as a priority population under Substance Abuse Prevention and Treatment (SAPT) Community/Block Grant regulations. Services are designed to treat



the customer's level of severity and to achieve permanent changes in a customer's alcohol or drug-using behavior.

- B. The Women and Families Case Managers/programs will advocate to increase and/or improve services for women and families in the region.
- C. The Women and Families Case Managers/programs will, in coordination with SWMBH, monitor and evaluate the activities of women's designated programs in the region.
- D. The Women and Families Case Managers/programs will advocate for priority placement of pregnant women and will provide interim services, as necessary.
- E. The Women and Families Case Managers/programs will coordinate prevention services with state and local agencies.
- F. The Women and Families Case Managers/programs will coordinate medical services with primary care physicians and/or Ob-Gyn's for pregnant women and women with dependent children in substance use disorder treatment.
- G. The Women and Families Case Managers/programs will complete Fetal Alcohol Syndrome Disorder screening as indicated and make referrals as appropriate.
- H. The Women and Families Case Managers/programs will document information required in the annual MDHHS Women's Specialty Services report, and Child Referral Report, and provide this information to SWMBH.
- I. Services for Women and their Children will be provided in a manner consistent with MDHHS Office of Recovery Oriented Systems of Care (OROSC) Substance Abuse Treatment Policy #12 (Women's Treatment Services).

**Procedures:** None

**Effectiveness Criteria:** N/A

**References:** Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (MDCH/OROSC). (2009). Substance Abuse Treatment Policy #1.1: Fetal Alcohol Spectrum Disorders. Retrieved from [https://www.michigan.gov/documents/mdch/TX\\_Policy\\_11\\_FASD\\_295506\\_7.pdf](https://www.michigan.gov/documents/mdch/TX_Policy_11_FASD_295506_7.pdf)  
Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (MDCH/OROSC). (2009). Substance Abuse Treatment Policy #12: Women's Treatment Services. Retrieved from [https://www.michigan.gov/documents/mdch/P-T-12\\_Women\\_Srv\\_eff\\_100110\\_338279\\_7.pdf](https://www.michigan.gov/documents/mdch/P-T-12_Women_Srv_eff_100110_338279_7.pdf)  
45 CFR § 96.131 & 45 CFR § 96.124

**Attachments:**

- A. 11.04A MDHHS Women's Specialty Services (WSS) Annual Report
- B. 11.04B MDHHS Child Referral Report
- C. 11.09A FASD Pre-Screen Form







# 11.04 Services for Women & Their Children

Final Audit Report

2022-07-15

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**WOMEN'S SPECIALTY SERVICES (WSS) ANNUAL REPORT**

PIHP Name:

Fiscal Year:

This form must be completed annually (for the prior Fiscal Year) and submitted electronically by November 30 to: [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov).

The Michigan Department of Health and Human Services requires each agency that provides substance abuse services to pregnant women and women with dependent children, funded by the Substance Abuse Prevention and Treatment Block Grant, to complete an annual report. The report covers services that are specifically funded by the women's block grant set-aside. These programs and services are designed for this population consistent with the Federal Block Grant law and regulations applicable to the set-aside program.

45 CFR Part 96.131 requires providers of services to pregnant women to "publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agencies."

Please indicate any and all activities that apply to your agency's publicity/outreach process for women's services.

TV Ads	<input type="checkbox"/>
Radio Ads	<input type="checkbox"/>
Newspaper Ads	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Printed matter, e.g. pamphlets	<input type="checkbox"/>
Outreach/speaking engagements	<input type="checkbox"/>
Other Specify	<input type="checkbox"/>



### Prepaid Inpatient Health Plan (PIHP) Specific Information

Please indicate the number of children receiving ancillary services:

### Designated Specialty Program Information

Provider	Type of Service Provided (OP, Res., etc.)	Capacity Women-Children

### Outcome Information

Provide information from all programs on the following:

Provider	DWP Provider (Check)	Number of Pregnant Women Who Completed Treatment or Transferred	Number of Drug Free Births (at time of delivery)	Number of Women Served Who are Pregnant in Treatment	Number of Eligible Women Who are Still in Treatment
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
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## Program Information

If any programs changed their services during the fiscal year, please indicate the following:

- What specific changes were made:
- Why were the changes made:
- Describe the impact of the changes in terms of outcomes:

Describe how the Pre-Paid Inpatient Health Plan is working to ensure **improvements** in the following areas:

1. Babies of pregnant women are born drug free:
2. Children receive effective and meaningful therapeutic interventions:
3. Systems collaboration:
4. Please indicate any other service improvements that you have made or are in the process of implementing:
5. Describe your service provision for father's who are also considered to be primary caregivers for their minor children.

We are interested in identifying gender specific women's evidence-based programs and/or evidence-based practices offered in Michigan. Examples of evidence-based programs are curriculum-based programs such as "Seeking Safety" or "Beyond Trauma" and the parenting program "Nurturing Parent." Examples of evidence-based practices include "motivational interviewing" and "Family Group Decision Making." Promising practices are programs or strategies that show characteristics of evidence-based practice/program without having proven itself through documented research and replication, but for which you have at least some local evaluation data to support program effectiveness.

Please provide information on any women's gender specific evidence-based programs/practices offered by your agency:



**Evidence-Based Programs/Practices (NREPP)**

	Contact Person/Agency	Phone	Email
	Contact Person/Agency	Phone	Email
	Contact Person/Agency	Phone	Email

**Promising Programs**

	Contact Person/Agency	Phone	Email
	Contact Person/Agency	Phone	Email
	Contact Person/Agency	Phone	Email

**Enhanced Women's Services Information ONLY**

**Outcome Information**

Provider	# of Total Women Participating	# of Pregnant Women Participating	# of Women Who Achieved Stable Employment or Income	# of Women Who Achieved Stable Housing	# of Women Actively Using Contraceptive Methods	# of Pregnant Women Who Consistently Participated in Prenatal Care	# of Non-Substance Exposed Births	# of Families Reunited

**Children's Information**

Number of Children	
Number of Children Up-to-Date on Immunizations	
Number of Children who Received Referrals for Services	

Indicate the most common referrals for mother (father) and children.

Indicate the number of women who were able to avoid incarceration, residential treatment, and out of home placement of the children. How were EWS helpful in this?

**CHILD REFERRAL REPORT**

This report must be submitted electronically each quarter by the due date to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov. Due dates are: 1/31, 4/30, 7/31 and 10/31.

This report is to identify the number of children who "enter" services with their mother. Though the child might not be physically present, the clinician and case manager should ask about any concerns regarding the child/ren, and record and track all referrals made for services.

Region - PIHP:	
Fiscal Year:	
Quarter:	
Date Submitted or Date Revised:	
Contact Person's Name, Title:	
Contact Person's Email:	

REPORTING TABLE	Prevention Services	Treatment Services	Mental Health Services	Other
1. Number of Children Referred				
2. Number of Children Who Accessed				
3. Number Who Refused Services				
4. Number of Children Entering Residential Treatment with their Parent(s)	N/A		N/A	N/A
5. Number of Children in Residential Treatment with Current CPS or Foster Care Involvement	N/A		N/A	N/A

**COMMENTS:**

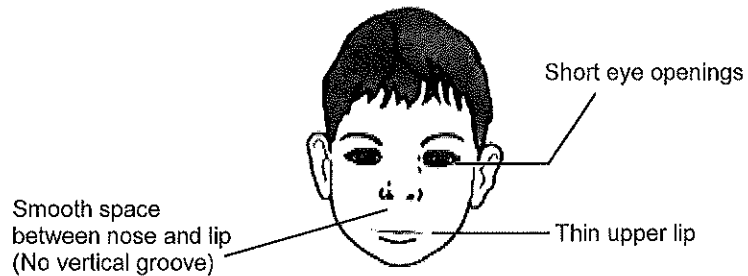
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**INSTRUCTIONS:**

1. Indicate the total number of children referred for each service category listed across the top. There may be some "duplication" if a child is referred for more than one service.
2. Indicate the number of children (parents) who accessed the service they were referred to. This will require follow up with the family.
3. Indicate the number of children (parents) who refused the service they were referred to.
4. Indicate the number of children who entered **RESIDENTIAL** treatment with their parent(s)
5. Indicate the number of children in **RESIDENTIAL** treatment who have a current CPS or Foster Care involvement

**Michigan Department of Community Health  
Fetal Alcohol Spectrum Disorders Program  
FETAL ALCOHOL SYNDROME (FAS) PRE-SCREEN**

FAS is a birth defect caused by alcohol use during pregnancy. FAS is a medical diagnosis. This form is not intended to take the place of a diagnostic evaluation.



**FACIAL FEATURES**

Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Race:
City/State/Zip code:		Birthdate:
Parent/Caregiver Name(s):		Home Phone:
<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Other		Work Phone/Cell:

*If 2 or more of the identifiers listed below are noted, the individual should be referred for a full FAS Diagnostic Evaluation.*

IDENTIFIERS	Check or explain if a concern exists
1. Height and weight seem small for age	
2. Facial features (See diagram above)	
3. Size of head seems small for age	
4. Behavioral concerns: (any one of these qualifies as an identifier) <ul style="list-style-type: none"> <li>• Sleeping/eating problem</li> <li>• Mental retardation or IQ below familial expectations</li> <li>• Attention problem/impulsive/restless</li> <li>• Learning disability</li> <li>• Speech and/or language delays</li> <li>• Problem with reasoning and judgment</li> <li>• Acts younger than children the same age</li> </ul>	
5. Maternal alcohol use during pregnancy	

Any previous diagnosis: \_\_\_\_\_

Screener \_\_\_\_\_ Agency \_\_\_\_\_

Contact the nearest center to schedule a complete FAS diagnostic evaluation.

**FAS DIAGNOSTIC CENTERS IN MICHIGAN**

Ann Arbor: 734-936-9777

Grand Rapids: 616-391-2319

Marquette: 906-225-4777

Detroit: 313-993-3891

Kalamazoo: 269-387-7073