

Section:	Policy Name:		Policy Number:
Substance Use Treatment &	Services for Women & Their Children 11.04		11.04
Prevention			
Owner:	Reviewed By:		Total Pages:
Substance Use, Prevention &	Joel Smith		3
Treatment Director			
Required By:	Final Approval By:		Date Approved:
☐ BBA ⊠ MDHHS ☐ NCQA	7.0/ / C.	15612 1 11 (Cla)	
☑ Other (please specify):	100LA. UN	1ith, LMSW	Apr 16, 2024
SUD Community Grant/Block	1 -	Apr 16, 2024 17:01 EDT)	удан ш
Grant			
Application:	Line of Business:		Effective Date:
☐ SWMBH Staff/Ops	☐ Medicaid	$\square$ Other (please specify):	1/1/2014
☐ Participant CMHSPs	☐ Healthy Michigan		
⊠ SUD Providers	☑ SUD Block Grant		
☐ MH/IDD Providers	☐ SUD Medicaid		
☐ Other (please specify):	☐ MI Health Link		Name of the last o

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 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:**

<u>Gender – Responsive (Designated Women's Program):</u> 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 drugusing 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 coordination childcare services, as indicated.
- 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.
- J. 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 #11: Fetal Alcohol Spectrum Disorders. Retrieved from

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

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

### **Revision History**

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
4	5/14/19	Throughout	Modified language to update contract requirements (7-9). Added appropriate attachments.	J. Smith
5	5/24/21	Throughout	Added Child Referral Report information; minor text changes.	J. Smith
6	6/21/22	Throughout	Eliminated OROSC language	J. Smith
7	3/28/24	Н	Added childcare language	J. Smith
		, , ,		
***************************************				
		7,0,000		
		,		

### 11.04 Services for Women & Their Children

Final Audit Report

2024-04-16

Created:

2024-04-16

By:

Megan O'Dea (megan.odea@swmbh.org)

Status:

Signed

Transaction ID:

CBJCHBCAABAAEWMG9v0FRwp8uN3jevtMhFUtGwXDuaE2

### "11.04 Services for Women & Their Children" History

- Document created by Megan O'Dea (megan.odea@swmbh.org) 2024-04-16 8:12:17 PM GMT
- Document emailed to joel.smith@swmbh.org for signature 2024-04-16 8:12:39 PM GMT
- Email viewed by joel.smith@swmbh.org 2024-04-16 8:19:58 PM GMT
- Signer joel.smith@swmbh.org entered name at signing as Joel A. Smith, LMSW 2024-04-16 9:01:23 PM GMT
- Ø<sub>⊕</sub> Document e-signed by Joel A. Smith, LMSW (joel.smith@swmbh.org) Signature Date: 2024-04-16 9:01:25 PM GMT Time Source: server
- Agreement completed. 2024-04-16 - 9:01:25 PM GMT

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

PIHP Name:

Fiscal Year:

	be completed annually (for the prior Fiscal Year) and submitted of to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov.	electronically
substance abuse by the Substance report. The report set-aside. These	epartment of Health and Human Services requires each agency e services to pregnant women and women with dependent child ce Abuse Prevention and Treatment Block Grant, to complet out covers services that are specifically funded by the women's expression and services are designed for this population consistent law and regulations applicable to the set-aside program.	dren, funded e an annual s block grant
availability to su receive such pre public service a print media, pos treatment distril	6.131 requires providers of services to pregnant women to "puch women of services from the facilities and the fact that pregneterence. This may be done by means of street outreach programments (radio/television), regular advertisements in laters placed in targeted areas, and frequent notification of availabilities to the network of community-based organizations, ocial service agencies."	mant women ams, ongoing ocal/regional ability of such
Please indicate for women's serv	any and all activities that apply to your agency's publicity/outre	ach process
Ī	TV Ads	
	Radio Ads	
	Newspaper Ads	
	Internet	
	Printed matter, e.g. pamphlets	

Outreach/speaking engagements

Other Specify

### **Unduplicated Treatment Services Provided**

Provide the following information on all programs that the PIHP determines provides gender competent treatment services to women eligible for specialty and receiving ancillary services (case management, transportation, child care and etc.):

Provider	DWP in Region Provider	Out of Region Provider	Number of Women with Dependent Children	Number of Women Trying to Regain Custody	Number of Pregnant Women	Total Number of Children
		<del>                                     </del>				
			-			
		H				
• • • • • • • • • • • • • • • • • • • •						
						-

### 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:

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
	**			
				,
<u></u>				
	Provider	DWP Provider (Check)  Pregnant Women Who Completed Treatment or	DWP Provider (Check)  Pregnant Drug Free Births (at time of delivery)	DWP Provider (Check)  Pregnant Women Who Completed Treatment or Check Treatment or Check Treatment Treatme

### **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 Phone Email Person/Agency Phone Email Contact Person/Agency Contact Phone Email Person/Agency **Promising Programs** Contact Phone Email Person/Agency Contact Phone Email Person/Agency Contact Phone Email Person/Agency

# Enhanced Women's Services Information ONLY

### Outcome Information

			1		
# of Families Reunified					
# of Non- Substance Exposed Births					
# of Pregnant Women Who Consistently Participated In Prenatal Care					
# of Women Actively Using Contraceptive Methods					
# of Women Who Achieved Stable Housing					
# of Women Who Achieved Stable Employment or Income				:	
# of Total Pregnant Women Women Participating					
# of Total Women Participating					
Provider					

## 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: <u>MDHHS-BHDDA-Contracts-MGMT@michigan.gov</u>. 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:	

### **INSTRUCTIONS:**

- 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)
- Indicate the number of children in RESIDENTIAL treatment who have a current CPS or Foster Care involvement

Rev. 10-21-2020