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REGION 10 PIHP

SUBJECT SUD Women's Specialty Services and Gender Competent Programs		CHAPTER 05	SECTION 03	SUBJECT 06
CHAPTER Clinical Practice Guidelines		SECTION Care Delivery		
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I. APPLICATION:

- ☐ PIHP Board ☐ CMH Providers ☒ SUD Providers
☐ PIHP Staff ☐ CMH Subcontractors

II. POLICY STATEMENT:

It is the policy of the Region 10 PIHP to have care delivery guidelines for substance use disorder (SUD) Women's Specialty Services (WSS) and Gender Competent treatment programs, in accordance with the Michigan Department of Health and Human Services policies and contract.

III. DEFINITIONS:

Women's Specialty Services (WSS): Federally mandated substance use disorder (SUD) services that are available to the priority populations of pregnant women, women with dependent children, and women attempting to regain custody of their children who are in SUD treatment. Michigan Law extends priority population status to men whose children have been removed from the home or are in danger of being removed. Men who are shown to be the primary caregivers for their children are also eligible to access ancillary services. WSS is a Michigan Department of Health and Human Services (MDHHS) program designation.

Gender Competency: Gender competence is the capacity to identify where difference on basis of gender is significant, provide services that appropriately address gender differences, and enhance positive outcomes for the population. Gender competence can be characteristic of anything from individual knowledge and skills to teaching; learning and practice environments; literature and policy. SUD treatment programs engaged in the practice of gender competence will provide specialized programming, focused not only on substance abuse, but also, for example, on trauma, relationships, self-esteem, and parenting. Staff serving this population should have training in women's issues relating to the previously mentioned programming areas, as well as HIV/STI's, family dynamics, child welfare, and any other appropriately relevant topics.

Gender Competent Program: Region 10 PIHP SUD provider organizations with gender specific SUD programs and at least one practitioner meeting MDHHS required gender competency

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qualifications can be identified by the PIHP as a gender competent program. Organizations meeting the qualifications may request this status when completing the organizational Privileging and Credentialing Application.

Fetal Alcohol Spectrum Disorders (FASD): This is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol related birth defects (ARBD). The PIHP supports the inclusion of FASD prevention in treatment programs that serve women

FASD Screening: It is required that SUD treatment programs complete the FASD prescreen for children that they interact with during their mother's treatment episode. Clinicians do not need to be able to diagnose a child with any disorder in the FASD spectrum, but they are required to complete a prescreen for the conditions of FASD and make proper referrals for diagnosis and treatment.

A clinician should be prompted to complete a prescreen to determine if there is a need for diagnostic referral under the following circumstances:

- When prenatal alcohol exposure is known and other FASD characteristics are present. A child should be referred for a full FASD evaluation when substantial prenatal alcohol use by the mother has been confirmed.
- When prenatal alcohol exposure is known, and other FASD characteristics are absent. The primary care physician should be alerted to allow for documentation of the exposure and ongoing monitoring for developmental concerns.
- When prenatal exposure to alcohol is unknown, a child should be referred for a full FASD evaluation if any one of the following are present:
 - Parent or caregiver report of concern that the child has or might have FASD;
 - Presence of all three physical facial features;
 - Presence of one or more facial features accompanied with growth deficits in weight, height, or both;
 - Presence of one or more facial features accompanied with one or more central nervous system problems;
 - Presence of one or more facial features accompanied with growth deficits, and one or more central nervous system problems.

WSS and Gender Competent Program Practitioner Requirements:

a. WSS Designated Program Practitioner Competency Training Requirements:

- Must have a minimum of 12 semester hours, or 120 continuing education hours, or equivalent, of gender specific substance use disorder training within the last 10 years;
- OR**
- 2080 hours of supervised gender specific substance use disorder training/work experience

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within a designated WSS program within the last 10 years.

Staff members not meeting the requirements must be supervised by a Gender Competent Practitioner working within the program, with a written plan towards meeting the requirements. Documentation of trainings and supervision is required to be kept in personnel files. Additionally, practitioners are required to complete 6 continuing education hours annually in an appropriate topic for WSS programming.

b. Gender Competent Program Practitioner Training Requirements:

- Must have a minimum of 8 semester hours, or 80 continuing education hours, or the equivalent, of gender specific substance use disorder training within the last 10 years;
- OR**
- 1040 hours of supervised gender specific substance use disorder training/work experience within a gender competent program within the last 10 years.

Staff members not meeting the requirements must be supervised by a Gender Competent Practitioner working within the program, with a written plan towards meeting the requirements. Documentation of trainings and supervision is required to be kept in personnel files. Additionally, practitioners are required to complete 6 continuing educational hours annually in an appropriate topic for gender competency.

IV. **STANDARDS:**

- A. At admission, the woman must be either pregnant or parenting a minor child or at risk of losing custody of a child (applicable to male with primary custody and/or at risk of losing primary custody of dependent child).
- B. The provider organization must be designated by MDHHS as a Women Specialty Services (WSS) Provider and/or have privileges from the PIHP as a Gender Competent Provider.
- C. Any provider organization rendering Women's Specialty Services (WSS) and/or Gender Competent services must be appropriately licensed and credentialed to provide SUD services.
- D. Treatment programs designated as a Women's Specialty Services (WSS) provider in accordance with the requirements specified in 45CFR 96.124 must provide or arrange for the following:
 - 1. Must have the capacity to arrange for primary medical care for women through a Medicaid Health Plan (MHP), or primary care physician (PCP), including referral for prenatal care if pregnant, and while the women are receiving substance abuse treatment.
 - 2. Must have the capacity and capability to provide gender competent specific substance use disorder treatment services and other therapeutic intervention for women, which may include, but is not limited to, issues of relationships, sexual and physical abuse (trauma), and parenting.
 - 3. Must be able to arrange for primary pediatric care for children of women who are receiving women's specialty services (WSS), including immunizations.

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4. Must have the capacity to provide therapeutic interventions for children in custody of women in treatment, which may, among other things, address their developmental needs, risk of Fetal Alcohol Spectrum Disorder, pre-natal drug exposure, trauma, and neglect;
5. Must have the capacity to provide case management services to arrange for and then coordinate the above services as a billable activity; and
6. Must have the capacity to arrange or directly provide transportation services to ensure women and their dependent children have access to the above-mentioned services which include: treatment, child care, therapeutic interventions and medical appointments.

E. It is required that the program includes FASD prevention within their treatment regimen.

F. For those treatment programs that have contact with children born to women having used alcohol during pregnancy, it is required that the program screen these children for FASD (or arrangement for such screening), and if appropriate, refer for further diagnostic services.

V. **PROCEDURES:**

None.

VI. **EXHIBITS:**

None.

VII. **REFERENCES:**

- A. Michigan Department of Community Health, Substance Abuse Treatment Policy #11, Fetal Alcohol Spectrum Disorders, October 1, 2009.
- B. Michigan Department of Community Health, Treatment Policy #12, Women's Treatment Services, October 1, 2010.