

MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE
WOMEN'S SPECIALTY SERVICES

I. POLICY

It is the policy of Macomb County Office of Substance Abuse (MCOSA) to provide treatment and case management services to eligible pregnant women, women, or single men parenting a minor child or at-risk of losing custody of a child to qualify for specialty substance use disorder (SUD) services.

II. PURPOSE:

The purpose of this policy is to establish the philosophy and requirements for accessing women's specialty services, including but not limited to: designated women's programs, gender competent, and intensive case management programs.

The Michigan law extends priority population status to men and whose children have been removed from the home or are at danger of being removed under the child protection laws. To support their entrance into and success in treatment, men who are shown to be the primary caregivers for their children are eligible to access ancillary services as child care, transportation, case management, therapeutic interventions for children and primary medical and pediatric care as defined by 45 CFR, Part 96.

III. PROCEDURES

A. ACCESS TO TREATMENT

1. Consumers can contact the Macomb County Access Management System (AMS) or any of the outpatient providers for women's specialty services.
2. The following types of consumers qualify for services:
 - a. Pregnant women with IV drug use;
 - b. Pregnant women;
 - c. Women up to one year post-partum;
 - d. Involvement with Children's Protective Services;
 - e. IV drug use;
 - f. Men who are the primary caregiver

B. GENDER RESPONSIVENESS (Designated Women's Program)

1. Providers who are designated by the Michigan Department of Community Health (MDCH), can provide women's specialty services.

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2. Providers are required to provide gender specific SUD treatment and therapeutic interventions for women that address relationships, trauma, abuse, parenting, and childcare.
3. Providers are required to conduct FASD screening for all women with children.
4. A designated women's program is required to meet the following needs of pregnant women and women with children.
 - a. Primary medical care for women, including referral to prenatal care if pregnant, and while the women are receiving such services, childcare for their dependent children;
 - b. Primary pediatric care, including immunizations for their children;
 - c. Therapeutic interventions for children in custody of women in treatment that address their developmental needs, issues of abuse, and neglect;
 - d. Sufficient case management and transportation to ensure that women and their dependent children have access to services.

C. GENDER COMPETENT

1. Providers are required to have a MCOSA approved curriculum established outlining the women's gender competent services.
2. Providers are required to have a MCOSA approved schedule outlining the women's gender competent services.

D. PROGRAM REQUIREMENTS

1. Programmatic Structure
 - a. Gender-specific treatment;
 - b. Relational model (Self-in-Relation model);
 - c. Collaborative approach with the women and their family members;
 - d. Empowerment model is utilized in treatment and recovery planning;
 - e. Employment;
 - f. Cultural multi-system approach

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2. Required Women-specific Treatment Services
 - a. Assessment for abuse/violence/trauma;
 - b. Family orientation;
 - c. Mental health issues;
 - d. Physical health issues;
 - e. Referrals for legal issues;
 - f. Sexuality/intimacy/exploitation;
 - g. Survival skills;
 - h. Continuing care/recovery support.

E. EDUCATION AND TRAINING

1. Designated women's program must employ staff members who have completed a minimum of twelve (12) semester hours, or equivalent, of gender specific SUD training or 2080 hours of supervised gender specific SUD training/work experience within a designated women's program.
2. Gender Competent programs must employ staff members who have completed a minimum of eight (8) semester hours, or the equivalent, of gender specific SUD training or 1040 hours of supervised gender specific SUD training.
3. Staff members who do not meet the training requirements must be supervised by another individual working within the program, and be working towards meeting the requirements.
4. Documentation of training and work experience is required to be in the personnel files.

F. WOMEN AND FAMILIES SPECIALIZED CASE MANAGEMENT SERVICES

1. Clients who are screened through the Access Management System (AMS) can be directly referred to women and families case management. The Women and Families Case Manager provides case management services to clients who are required to meet the following screening criteria:
 - a. Priority given to a Macomb County resident;

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- b. Current women's services must be funded by one of the following: Medicaid, Healthy Michigan, Block Grant/PA2, Women's Specialty funds;
 - c. Must be a current client of a Macomb County contracted treatment facility;
 - d. Must meet at least two (2) of the following designated areas of need:
 - i. Multiple treatment episodes/relapses;
 - ii. First time in treatment and lack primary support group;
 - iii. Pregnant substance user;
 - iv. Open Child Protective Services/Foster Care case.
 - v. Extreme economic concerns (lack of food, shelter, clothing, etc.);
 - vi. Concerns with primary support group (living with substance using family/friends);
 - vii. Untreated mental health concerns.
 - e. Must be willing to commit to case management services.
2. Individuals who are not eligible for case management services include:
- a. Individuals who do not meet eligibility criteria in more than one area;
 - b. Individuals who are self-pay and do not qualify for funding support;
 - c. Individuals who are unwilling to engage in their case.
3. Once an appropriate referral has been accepted by the Women and Families Case Manager, the following process should take place.
- a. The Women and Families Case Manager contacts the client to explain the program. If the client agrees to participation in services, a new record is added in the Case Management tab in Tier.

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- b. The Case Manager schedules an initial face-to-face visit with the client. This could occur at the provider, in the community, home visit, or at the treatment agency. The following forms are reviewed and completed with the client during the initial visit:
 - i. Communicable Disease Risk Screen;
 - ii. Permission to Transportation;
 - iii. Consent to be seen;
 - iv. Release of Information;
 - v. Self-Sufficiency Matrix.
 - c. The Case Management Summary Form should be printed from the Case Management tab in Tier and included in the client file. Case Managers should not take complete client files off the premises, and these files should be locked in the designated file cabinet at the end of the day.
4. Case Management services can also be directly accessed at the MCOSA Gender Responsive and Competent approved contracted provider sites.

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