

# SITE REVIEW PROTOCOL

## SERVICES for WOMEN & CHILDREN      FY'08

Requirement: (Contract Section 2 Paragraph f pages 16 & 17)

**Describe or submit** your Women and Families Services Plan and how you are fulfilling your Women and Families Annual Action Plan requirements.

**For the following areas, describe how services are delivered:**

### Transportation

Does your program provide transportation for women with identified need      Y      N  
How is it provided? \_\_\_Public transportation \_\_\_Taxi \_\_\_Volunteer \_\_\_ Other  
(Please explain)

Are notations made in the client charts regarding use of these services?      Y      N  
Are policies and procedures in place for this service? (**Provide copies**)      Y      N

How many women are involved with the transportation service? \_\_\_\_\_

How many children are involved with the transportation service? \_\_\_\_\_

### Child Care

Does your program provide child care for women with identified needs?      Y      N

How is child care is provided? \_\_\_On site \_\_\_ Reimbursed private care \_\_\_ Other (Please Explain):

Are notations made in the client charts regarding use of these services?      Y      N  
Are policies and procedures in place for this service? (**Provide copies**)      Y      N

### Primary Medical Care For Women

Are primary medical care services provided for women receiving substance abuse services (including prenatal care)      Y      N  
Are medical services for women provided on-site?      Y      N  
Are there current Qualified Service Agreements in place for medical and      Y      N

prenatal care services with the local health Department or other physicians?		
- referral logs?	Y	N
- documented?	Y	N
Are notations made in the client charts regarding use of these services?	Y	N
Are policies and procedures in place for these services? <b>(Provide copies)</b>	Y	N

**Primary Pediatric Care For Children in Legal Custody of the Female Client**

Is basic information collected on each dependent child of each female client, including need for primary care?	Y	N
Are pediatric primary care services provided at treatment site?	Y	N
Are there current Qualified Service Agreements in place with the local health department (including immunizations) or other physicians?	Y	N
-with other providers	Y	N
-referral logs kept and available?	Y	N
For children who are receiving Medicaid, are medical services being coordinated with their QHP?	Y	N
Are notations made in the charts regarding pediatric medical needs and follow-up on referrals?	Y	N
Are policies and procedures in place for these services?	Y	N

**Gender-Specific Substance Abuse Treatment and other interventions for Women which address issues of relationships, abuse (sexual, emotional, physical, et al.) and Parenting.**

Are policies and procedures in place for these services? Y N  
**(Provide copies, including treatment program outlines, content, schedule(s))**

For each of the following, are services provided on-site:

- interventions in relationships?	Y	N
- interventions re sexual and physical/emotional abuse?	Y	N
- parenting skills programs?	Y	N

If off-site, are there current Qualified Service Agreements in place to provide parenting skills programs?            Yes    No

If yes, please describe:

For women who are receiving Medicaid mental health services, are their services coordinated with their QHP, CMHSP? If no, why not?	Y	N
Are notations made in client's charts regarding progress or status in each of these areas?	Y	N
Are there referral logs, payment vouchers? What is the ratio of female therapists to female clients?	Y	N
Documentation that direct service staff have training in women's specific issues and substance abuse	Y	N

**Therapeutic interventions for children in custody of women in Treatment to include such issues as developmental needs, and issues of abuse and/or neglect.**

Are age-appropriate assessments of all minor children offered?	Y	N
Does your program utilize the FAS pre-screening and screening tool for children ?	Y	N
Are children's therapeutic services provided at the same treatment site?	Y	N
Are there current Qualified Service Agreements in place for children's therapeutic services off-site?	Y	N
For children who are receiving Medicaid mental health services, are their services coordinated with their QHP, CMHSP?  If no, why not?	Y	N
Is there a chart for each child - linked to the parents chart - with notations made on treatment goals and progress when appropriate?	Y	N
Are policies and procedures in place for these services?	Y	N
Are issues of child neglect, sexual or physical abuse addressed?	Y	N

What number of children have accessed therapeutic interventions? \_\_\_\_\_

What is the "as of" date for the preceding question? \_\_\_\_\_

Describe the therapeutic interventions used:

### **Case Management**

Are policies and procedures in place for case management services?	Y	N
Are case management services provided on site?	Y	N
If yes, please explain and provide written documentation		
Are linkages with other needed services documented?	Y	N
- referral logs, payment vouchers?	Y	N
Are treatment plans in place for each client?	Y	N
- listing all required services and status/action?	Y	N
-documenting patient progress for all referred services?	Y	N
Is client discharge and "aftercare" planning documented in chart?	Y	N
Are treatment plans individualized?	Y	N

How many women are involved in the case management service? \_\_\_\_\_

How many children are involved in the case management service? \_\_\_\_\_

*How does the Program coordinate care with other funding sources and or treatment facilities?*

### **Checklists and Follow-up**

Women's Needs Checklist and follow-up in client chart with appropriate documentation?	Y	N
Children's Needs Checklist and follow-up in client chart with appropriate documentation?	Y	N

**Age range of children accepted into the program \_\_\_\_\_ Yrs to \_\_\_\_\_ Yrs**

