

SITE REVIEW PROTOCOL

SERVICES for WOMEN & CHILDREN **FY'09**

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 prenatal care services with the local health Department or other physicians? Y N

- 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? (Provide copies)	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

Outreach and marketing

Describe how the Program is working to ensure improvements:

