



TREATMENT SITE VISIT WOMEN’S SPECIALTY PROTOCOL

The following protocol will be reviewed by LRE staff at your upcoming Women and Families Specialty site-visit.
Please be prepared to provide any required documentation at that time.

Agency Name: Click or tap here to enter text.	Date: Click or tap to enter a date.
Reviewer(s) Name(s): Click or tap here to enter text.	
Site(s) where Women’s Specialty Services are delivered: Click or tap here to enter text.	

Designated Women’s Program

Gender Competent Program

DOCUMENTATION		LRE Comments
1. Current referral agreements are on file.	Choose an item.	Click or tap here to enter text.
2. Monthly Women’s Specialty reports are complete and have been submitted in a timely manner?	Choose an item.	Click or tap here to enter text.
3. A list of licensed child-care providers that have received payments using WSS grant funds within the current fiscal year has been provided.	<input type="checkbox"/> NA (Do not pay for off-site child care)	Click or tap here to enter text.
CLIENT SATISFACTION		LRE Comments
4. A copy of the client satisfaction tool used to assess client satisfaction for the population served through the WSS program is available for review.	Choose an item.	Click or tap here to enter text.
5. A summary report of results for previous fiscal year Women’s Specialty client satisfaction has been provided.	Choose an item.	Click or tap here to enter text.

SERVICE CATEGORIES

SPECIALIZED GENDER-SPECIFIC SUPPORT SERVICES AND MATERIALS		LRE Comments
<p>6. Does your agency provide women-only individual and group treatment sessions that address the issues of relationships, sexual and physical abuse, parenting, self-esteem, and self-determination that are outside the scope of routine treatment services and are not a part of the basic treatment services offered to all clients, male or female?</p> <p>If no, please describe how your agency arranges for these services.</p> <p>Click or tap here to enter text.</p>	Choose an item.	Click or tap here to enter text.
<p>7. Does your agency have a regular schedule for gender-specific group sessions?</p>	Choose an item.	Click or tap here to enter text.
<p>8. Does your agency provide specialized therapy resources (e.g. workbooks, videos, CDs, tapes) specific to a pregnant or parenting woman's recovery?</p> <p>If no, please describe how your agency arranges for clients to access these resources.</p> <p>Click or tap here to enter text.</p>	Choose an item.	Click or tap here to enter text.
<p>9. Does your agency offer or host specialized <u>gender-specific</u> educational or support groups for women?</p> <p>Are any of these groups specific for pregnant or parenting women?</p> <p>If no, please describe how your agency arranges for these services.</p> <p>Click or tap here to enter text.</p>	<p>Choose an item.</p> <p>Choose an item.</p>	Click or tap here to enter text.
PRIMARY HEALTH CARE - DETERMINATION OF NEED FOR AND REFERRAL		LRE Comments
<p>10. Please briefly describe the process used to determine a woman and her child(ren)'s primary health care needs. If a needs assessment tool is used please provide a copy.</p> <p>Click or tap here to enter text.</p>		Click or tap here to enter text.
<p>11. If your agency has used any Women's Specialty funding to pay for medical care on behalf of female clients or their children, please describe the process used to verify that no other funding resources are available for these services.</p> <p>Click or tap here to enter text.</p>		Click or tap here to enter text.
WOMEN'S AND FAMILIES' CASE MANAGEMENT		LRE Comments

<p>12. Describe your agency’s process to ensure that individual and family-centered case management services, beyond the scope of basic treatment, are provided to assure that women’s needs for transportation, child care, medical/dental services, or other public health and social services are addressed?</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p style="text-align: center;">CHILD CARE AND CHILDREN'S THERAPEUTIC SERVICES</p>	<p style="text-align: center;">LRE Comments</p>
<p>13. Please briefly describe how you determine the ages and number of children that a female client is responsible for; and how you collect information about the children sufficient to identify child or family needs.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p>14. Please briefly describe how child care needs are met during the time a child's mother is in formal treatment sessions and/or related therapeutic activities where the child's presence is not appropriate or would be negatively distracting to the client and others.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p>15. Please describe the identification and referral process for the special needs of children whose parents abuse or are addicted to alcohol and/or other drugs (special child assessments, education, counseling, substance abuse prevention, and support services). Identify the community agencies with which you maintain formal referral agreements or equivalent agreements to assure client access to these services.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p style="text-align: center;">TRANSPORTATION</p>	<p style="text-align: center;">LRE Comments</p>
<p>16. Please describe how the transportation needs of and referral process for the special needs of children whose parents abuse or are addicted to alcohol and/or other drugs (special child assessments, education, counseling, substance abuse prevention, and support services). Identify the community agencies with which you maintain formal referral agreements or equivalent agreements to assure client access to these services.</p>	<p>Click or tap here to enter text.</p>
<p>17. Please describe collaboration with Department of Human Services (DHS/FIA/DSS) to access transportation services for WSS Medicaid clients.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>

<p>18. Which of the following transportation services are provided and funded with Women’s Specialty funding?</p> <ul style="list-style-type: none"> <input type="checkbox"/> To and from substance abuse treatment sessions and directly related activities of the program. <input type="checkbox"/> To and from medical appointments, childcare, or other services to which the woman or her child has been referred or are necessary for the woman’s continued participation and progress in the program. <input type="checkbox"/> To school or off-site daycare for children in residence with their mother if the woman is residing at the program. <input type="checkbox"/> To or from another residential or domiciliary IOP treatment program, if a transfer is necessary and no other transportation is available. 	<p>Click or tap here to enter text.</p>
<p>SYSTEM IMPROVEMENT EFFORTS</p>	<p>LRE Comments</p>
<p>19. Discuss any agency efforts to improve retention in treatment for Women’s Specialty clients.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p>20. Discuss any agency efforts to improve the rate of babies of pregnant woman born drug-free and how this is monitored and recorded.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p>21. Discuss any agency efforts to improve services to children of clients for effective and meaningful therapeutic interventions.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p>22. Discuss any agency efforts to improve systems collaboration.</p> <p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>