

<b>SUBJECT</b> SUD Women’s Specialty Services and Gender Competent Programs		<b>CHAPTER</b> 05	<b>SECTION</b> 03	<b>SUBJECT</b> 06
<b>CHAPTER</b> Clinical Practice Guidelines		<b>SECTION</b> Care Delivery		
<b>WRITTEN BY</b> Kim Prowse	<b>REVISED BY</b> Cindy Eckert		<b>AUTHORIZED BY</b> PIHP Board	

**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 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 relate birth defects (ARBD). The PIHP supports

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III. DEFINITIONS (continued):

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.

IV. 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 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.

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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.

V. 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:
  - i. 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.
  - ii. 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.
  - iii. Must be able to arrange for primary pediatric care for children of women who are receiving women's specialty services (WSS), including immunizations.
  - iv. 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;
  - v. Must have the capacity to provide case management services to arrange for and then coordinate the above services as a billable activity; and
  - vi. 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.

VI. PROCEDURES: N / A

VII. EXHIBITS: Michigan Department of Community Health, Policy #11, Attachment A, Fetal Alcohol Spectrum Disorders Program, Fetal Alcohol Syndrome Pre-Screen, October 1, 2009.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**Bureau of Substance Abuse and Addiction Services**

**SUBSTANCE ABUSE TREATMENT POLICY # 11**

**SUBJECT:** Fetal Alcohol Spectrum Disorders

**ISSUED:** August 24, 2009

**EFFECTIVE:** October 1, 2009

**PURPOSE:**

The purpose of this policy is to establish the process and expectations for the screening and referral of children for Fetal Alcohol Spectrum Disorder (FASD) and the inclusion of FASD prevention in treatment programs that serve women.

**SCOPE**

This policy impacts coordinating agencies (CAs) and their provider network of treatment programs that serve women and are funded by Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services.

**BACKGROUND**

Fetal Alcohol Spectrum Disorders (FASD) 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 neurodevelopment disorder (ARND), and alcohol-related birth defects (ARBD).

Each year, as many as 40,000 babies are born with a FASD, costing the nation about \$4 billion. The cost to care for an individual with one of the conditions averages \$860,000 per year according to Harwood et al, 2003. Some individuals' care exceeds \$4.2 million dollars.

Between fiscal year 2000 and 2004, 50% of Michigan women in treatment reported alcohol as their primary, secondary or tertiary substance of choice. In a recent match of those with a substance use disorder treatment admission and those giving birth in Wayne County; it was found that the average number of days clients were using in the thirty days before entering treatment was 10.33 days. It was also found that there were 2,144 births occurring to the 1,680 women who had a substance use disorder treatment admission. Of these women 48% listed alcohol as their primary substance of choice. When looking at the 2,144 births, 562 of these births were reported to the Michigan Birth Defects Registry with eight having the diagnostic code for FAS (3.7 – 7.8 per 1000 births).

**REQUIREMENTS**

Substance use disorder treatment programs are in a unique position to have an impact on the FASD problem in two ways. First, it is required that these programs include FASD prevention within their treatment regimen for those women that are included in the selective or indicated group based on Institute of Medicine (IOM) prevention categories. Second, for those treatment programs that have

contact with the children born to women who have used alcohol it is required that the program screen these children for FASD and, if appropriate, refer for further diagnostics services.

### FASD Prevention Activities

FASD prevention should be a part of all substance use disorder treatment programs that serve women. Providing education on the risks of drinking during pregnancy and FASD detection and services are easily incorporated into the treatment regimes. It is also recommended that programs who serve men with children, consider providing FASD prevention information.

The IOM Committee to Study Fetal Alcohol Syndrome has recommended three prevention approaches. The universal approach involves educating the public and influencing public policies. The selective approach is targeting interventions to groups that have increased risk for FASD problems such as women of childbearing age that drink. The indicated approach looks at groups who have already exhibited risk behaviors, such as, pregnant women who are drinking or who gave birth to a child who has been diagnosed with FASD. This policy recommends using one of the FASD prevention curriculums for women in the selected or indicated group.

The Center for Disease Control (CDC) funds several organizations to develop and evaluate curricula for varied audiences about FASD. Information on the prevention programs developed can be found on the following websites:

Reducing Alcohol-Exposed Pregnancies Through the Use of Community-Level Guided Self-Change Programs <http://www.cdc.gov/ncbddd/fas/reduce.htm>

Project CHOICES (Changing High-Risk Alcohol use and Increasing Contraception Effectiveness Study) <http://www.cdc.gov/ncbddd/fas/choices.htm>

Project BALANCE (Birth Control and Alcohol Awareness: Negotiating Choices Effectively) <http://www.cdc.gov/ncbddd/fas/balance.htm>

Preventing Alcohol-Exposed Pregnancies in Diverse Populations <http://www.cdc.gov/ncbddd/fas/diverse.htm>

Increasing Public Awareness of the Risks of Alcohol Use During Pregnancy through Targeted Media Campaigns <http://www.cdc.gov/ncbddd/fas/pubawareness.htm>

Enhancing Clinical Practices to Prevent Alcohol-Exposed Pregnancies <http://www.cdc.gov/ncbddd/fas/enhancingpractices.htm>

Improving Community-Based Fetal Alcohol Syndrome Prevention Efforts Using the Fetal and Infant Mortality Review Methodology <http://www.cdc.gov/ncbddd/fas/improvingprevention.htm>

The Substance Abuse Mental Health Service Agency (SAMHSA) through the Center for Substance Abuse Treatment has funded the Fetal Alcohol Spectrum Disorders Center for Excellence. Congress authorized the Center for Excellence in 2000. The purpose of the Center is to:

- Study innovative clinical interventions and service delivery improvement strategies.
- Identify communities with exemplary comprehensive systems of care for such individuals.
- Provide technical assistance to communities to develop comprehensive systems of care.
- Train individuals in service systems dealing with persons and families affected by FASD.
- Develop innovative techniques to prevent FASD.

The FASD Center provides information and lists of resources on its website ([www.fascenter.samhsa.org](http://www.fascenter.samhsa.org)). SAMHSA has produced a video that is free of charge called "Recovering Hope." This video would be a good resource for use during FASD prevention or education sessions.

### FASD Screening

For any treatment program that serves women, it is required that the program complete the FASD prescreen for children that they interact with during their mother's treatment episode. Substance use disorder clinicians do not need to be able to diagnose a child with any disorder in the spectrum of FASD, but do need to be able to screen for the conditions of FASD and make the proper referrals for diagnosis and treatment. The decision to make a referral can be difficult. When dealing with the biological family, issues of social stigma, denial, guilt and shame may surface. For adoptive families, knowledge of alcohol use during pregnancy maybe limited. The following guidelines were developed to assist clinicians in making the decision as to whether a referral is needed. Each case should be evaluated individually. However, if there is any doubt, a referral to a FAS Diagnostic Clinic should be made.

The following circumstances should prompt a clinician to complete a screen to determine if there is a need for a diagnostic referral:

- When prenatal alcohol exposure is known and other FAS characteristics are present, a child should be referred for a full FASD evaluation when substantial prenatal alcohol use by the mother (i.e., seven or more drinks per week, three or more drinks on multiple occasions, or both) has been confirmed.
- When substantial prenatal alcohol exposure is known, in the absence of any other positive criteria (i.e., small size, facial abnormalities, or central nervous system problems), the primary care physician should document exposure and monitor the child for developmental problems.
- When information regarding prenatal exposure is unknown, a child should be referred for a full FASD evaluation for any one of the following:
  - Any report of concern by a parent or caregiver that a child has or might have FASD
  - Presence of all three facial features
  - Presence of one or more facial features with growth deficits in weight, height or both
  - Presence of one or more facial features with one or more central nervous system problems
  - Presence of one or more facial features with growth deficits and one or more central nervous system problems

- There are family situations or histories that also may indicate the need for a referral for a diagnostic evaluation. The possibility of prenatal exposure should be considered for children in families who have experienced one or more of the following:
  - Premature maternal death related to alcohol use (either disease or trauma)
  - Living with an alcoholic parent
  - Current or history of abuse or neglect
  - Current or history of involvement with Child's Protective Services
  - A history of transient care giving institutions
  - Foster or adoptive placements (including kinship care)

The attached Fetal Alcohol Syndrome (FAS) Pre-Screen Form can be used to complete the screening process. It also lists the Fetal Alcohol Diagnostic Clinics located in Michigan with telephone numbers for easy referral. These clinics complete FASD evaluations and diagnostic services. The clinics also identify and facilitate appropriate health care, education and community services needed by persons diagnosed with FAS.

## REFERENCES

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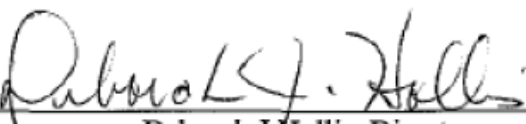
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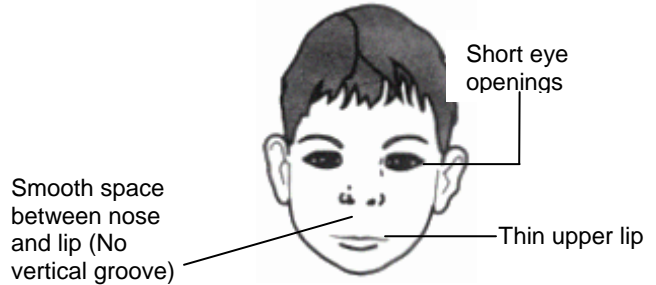
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APPROVED BY:

  
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**Michigan Department of Community Health  
Fetal Alcohol Spectrum Disorders Program  
FETAL ALCOHOL SYNDROME (FAS) PRE-SCREEN**

FAS is a birth defect caused by alcohol use during pregnancy. FAS is a medical diagnosis. This form is not intended to take the place of a diagnostic evaluation.



**FACIAL FEATURES**

Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Race:
City/State/Zip code:		Birthdate:
Parent/Caregiver Name(s):		Home Phone:
<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Other		Work Phone/Cell:

*If 2 or more of the identifiers listed below are noted, the individual should be referred for a full FAS Diagnostic Evaluation.*

IDENTIFIERS	Check or explain if a concern exists
1. Height and weight seem small for age	
2. Facial features (See diagram above)	
3. Size of head seems small for age	
4. Behavioral concerns: (any one of these qualifies as an identifier) <ul style="list-style-type: none"> <li>• Sleeping/eating problem</li> <li>• Mental retardation or IQ below familial expectations</li> <li>• Attention problem/impulsive/restless</li> <li>• Learning disability</li> <li>• Speech and/or language delays</li> <li>• Problem with reasoning and judgment</li> <li>• Acts younger than children the same age</li> </ul>	
5. Maternal alcohol use during pregnancy	

Any previous diagnosis: \_\_\_\_\_

Screener \_\_\_\_\_ Agency \_\_\_\_\_

Contact the nearest center to schedule a complete FAS diagnostic evaluation.

<b>FAS DIAGNOSTIC CENTERS IN MICHIGAN</b>		
Ann Arbor: 734-936-9777	Grand Rapids: 616-391-2319	Marquette: 906-225-4777
Detroit: 313-993-3891	Kalamazoo: 269-387-7073	