



Section: Substance Use Treatment & Prevention	Policy Name: Women's Specialty Treatment Services	Policy Number: 11.03
Owner: Substance Use, Prevention & Treatment Director	Reviewed By: Joel Smith	Total Pages: 6
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): SUD Community Grant/Block Grant	Final Approval By: <i>Joel Smith, LMSW</i> Joel Smith, LMSW (Jan 21, 2026 11:34:05 EST)	Date Approved: 01/21/26
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): <hr/>	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 1/1/2014

Policy: It is the policy of Southwest Michigan Behavioral Health (SWMBH) to assure appropriate service availability to Women's Specialty Services (WSS) populations. All Michigan Department of Health and Human Services (MDHHS) contract guidelines will be followed in admitting women for treatment.

Purpose: The purpose of this policy is to establish the philosophy and requirements for women's treatment services (designated as both women's specialty programs and gender competent programs). Federal block grant funding for women's specialty services is restricted to assuring access for pregnant women, postpartum women and single men who meet medical necessity criteria, are in treatment, while raising their children. Services offered include the provision of transportation, childcare and medical care access assistance, as well as needed treatment services and coordination.

Scope: This policy applies to all designated women's specialty service providers and gender competent providers. These contractual obligations will be monitored on annual site visits conducted by SWMBH.

Responsibilities: Designated women's programs specialty and gender competent programs are responsible for assuring components of this policy are met.



Definitions:

- A. Eligibility for Women Treatment: Pregnant women, women with dependent children, including women who are attempting to regain custody of their children. Exception can be given for ancillary services for men who are primary caregivers of dependent children.
- B. Gender Competent: Capacity to identify where difference on the basis of gender is significant and to provide services that appropriately address gender differences and enhance positive outcomes for the population.
- C. Gender Responsive (Designated Women's Program): Creating an environment through site selection, staff selection, program development, content and material that reflects an understanding of the realities of the lives of women and girls and that addresses and responds to their strengths and challenges. Gender responsive programs are approved by MDHHS.

Standards and Guidelines:

SWMBH is dedicated to the following fundamental principles as the foundation for integrating women-specific substance use disorder treatment services and non-gender specific services, while focusing on effective and comprehensive treatment of women and their families. Developing a philosophy of working with women with substance use disorders will include:

- A. Program Structure:
 - 1. Treatment revolves around the role women have in society, therefore treatment services must be gender specific.
 - a. Gender responsive programming are not simply "female only" programming that were designed for males.
 - b. A woman's sense of self develops differently in women-specific groups as opposed to co-ed groups.
 - c. Because women place so much value on their role in society and relationships, to not take this into consideration in the recovery process is to miss a large component of a woman's identity.
 - d. Equality does not mean sameness; in other words, equality of service delivery is not simply about allowing women access to services traditionally reserved for men. Equality must be defined in terms of providing opportunities that are relevant to each gender so that treatment services may appear very different depending on to whom the service is being delivered.
 - e. The unique needs and issues (physical/sexual/emotional victimization, trauma, pregnancy, and parenting) of women should be addressed in a safe, trusting and supportive environment.
 - f. Treatment services should build on women's strengths/competencies and promote independence and self-reliance.
 - 2. A relationship model based on the psychological growth of women shall be the foundation for recovery (e.g.: The Self-in-Relation model). With recognition that for women, the primary experience of self is relational; that is, the self is organized and developed in the context of important relationships.

3. A collaborative philosophy, driven by the woman and her family (family-centered), shall be used. A family-centered approach means that the focus is on the family, as defined by the customer themselves.
 - a. Utilizing cross systems collaboration and the involvement of informal supports to promote a woman's recovery.
 - b. A customer-centered, goal-oriented approach to accessing and coordinating services across multiple service systems by:
 - i. Assessing needs, resources, and priorities,
 - ii. Planning for how the needs can be met,
 - iii. Establishing linkages to enhance a women's access to services to meet her identified needs,
 - iv. Coordinating and monitoring service provision through active cross-system communication and coordinated treatment/service plans, and
 - v. Removing barriers to treatment and advocating for services.
 - c. A woman's needs determine the connections with agencies and systems that impact her life or her family life, despite the number of agencies or systems involved
 - d. Ideally, each woman will have a single, collaborative treatment plan or service plan used across systems. When this is not possible, the coordination of as many systems as possible will lessen the confusion and stress this creates in a woman's life.
 - e. Care Coordination and case management is key to a women's program in recovery.
4. A model of empowerment is utilized in treatment and recovery planning:
 - a. The customer is shown and taught how to access services, advocate for herself and her family, and request services that are of benefit to her and her family.
 - b. This process is woven into recovery and could be taught by a recovery coach or case manager.
 - c. The ultimate goal for the service system is to weave the woman so well into the informal support systems that the role of formal services is very small or not needed at all.
5. Employment is recommended as an important component in recovery and services as an important therapeutic tool.
 - a. The structure of work is a benefit to recovery and treatment providers need to be aware of the public assistance work requirements. Historically, treatment providers have been reluctant to encourage clients to return to work or to engage in work-related activities during early stages of recovery. However, the waiting to address employment concerns may create further challenges for the customer facing public assistance requirements.
6. A multi-system approach that is culturally aware shall be employed in the recovery process. Gender specificity and cultural competence go hand-in-hand. There are several gender and cultural competencies that allow people to assist others more effectively. This requires a willingness and ability to draw on community-based values, traditions and customs, and to work with knowledgeable people of and from the community.

B. Education/Training of Staff:

1. In addition to current credentialing standards, individuals working and providing direct services within a designated women's program (gender responsive) must have completed a minimum of 12 semester hours, or the equivalent, of gender specific substance use disorder training or 2080 hours of supervised gender specific substance use disorder training/work experience within a designated



women's program. Those not meeting the requirements must be supervised by another individual who meet this requirement working within the program and be working towards meeting the requirements. Documentation is required to be kept in personnel files.

2. Those working and providing direct service within a gender competent program must have completed a minimum of 8 semester hours, or the equivalent, of gender specific substance use disorder training or 1040 hours of supervised gender specific substance use disorder training. Those not meeting the requirements must be supervised by another individual working within the program and be working towards meeting the requirements. Documentation is required to be kept in personnel files. Other arrangements can be approved by the MDHHS Substance Use, Gambling and Epidemiology Section, Women's Treatment Specialist.

Appropriate topics for gender specific substance use disorder trainings include, but are not limited to:

- a. Women's Studies
 - b. Child Development
 - c. Trauma
 - d. Self-esteem/empowerment
 - e. Grief
 - f. Relational Treatment Model
 - g. Relationships
 - h. Women in the criminal justice system
 - i. Parenting
 - j. Women and addiction
3. Media Campaigns for Designated Women's Programs
45 CFR Part 96.131 requires providers of services to pregnant women to "publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference." Providers may accomplish this by:
 - a. Street outreach programs
 - b. Ongoing public service announcements (radio/television)
 - c. Regular advertisements in local/regional print media
 - d. Posters placed in targeted areas
 - e. Frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agenciesAny media campaign initiated by designated women's programs will consult with SWMBH and MDHHS, accordingly, to assure language and content meet MDHHS requirements.

C. Gender Responsive Policy

As required by MDHHS, providers are required to have a gender responsive policy for treating this population.

Procedures: None

Effectiveness Criteria: N/A



- References:** Bloom, B. & Covington, S. (2000, November). Gendered justice: program for women in correctional settings. Paper presented to the American Society of Criminology, San Francisco, CA, and p.11.
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- Mee-Lee D., Shulman G.D., Fishman M., Gastfriend D.R., & Griffith J.H., eds. (2001). ASAM patient placement criteria for the treatment of substance-related disorders. (Second Edition-Revised) (ASAM PPC-2R). Chevy Chase, MD: American Society for Addiction Medicine, Inc.
- Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (MDCH/OROSC). (2009). Substance Abuse Treatment Policy #11: Fetal Alcohol Spectrum Disorders. Retrieved from https://www.michigan.gov/documents/mdch/TX_Policy_11_FASD_295506_7.pdf
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- Surrey, J. (1985). Self in relation: a theory of women's development. Retrieved November 20, 2009 from www.wcwonline.org.

Attachments: None

11.03 Women's Specialty Treatment Services

Final Audit Report

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