



Current Status: *Active*

PolicyStat ID: 7165230



| | |
|----------------|--|
| Origination: | 03/2016 |
| Effective: | 05/2020 |
| Last Approved: | 05/2020 |
| Last Revised: | 05/2020 |
| Next Review: | 05/2021 |
| Owner: | <i>Darlene Owens: Director, Substance Use Disorders, Initiatives</i> |
| Policy Area: | <i>Substance Use Disorders</i> |
| References: | |

Women's Specialty Services

POLICY

The purpose of the policy is to provide guidance on the delivery of Women Specialty Services (WSS). These services are designed for women or men who are the primary caregivers for children. Eligible women must be either pregnant or parenting a minor child or at risk of losing custody of a child, and/or attempting to regain custody of their children.

PURPOSE

The purpose of this policy is to establish the philosophy, requirements and procedures for women’s substance use disorder (SUD) treatment services (designated women’s programs and gender competent programs) within the Detroit Wayne Integrated Health Network (DWIHN) region.

Women's specific funding is restricted to assuring access to treatment for chemically dependent pregnant women, postpartum women, or single men who are the head of their household; with parenteral rights and responsible for raising their children; who are in treatment. Access is assured through the provision of transportation, child care, and medical care for the enrollee and their children.

Michigan law extends priority population status to men whose children have been removed from the home or are at risk of being removed under the child protection laws. To support their entrance into and success in treatment, men who are shown to be the primary caregivers for their children are also eligible to access ancillary services such as child care, transportation, case management, therapeutic, interventions for children, and primary medical and pediatric care, as defined by 45 CFR Part 96.

APPLICATION

This policy applies to all providers in the DWIHN region who are designated as Women and Families Specialty (gender-responsive) programs and those providers who are determined by DWIHN to be gender competent. This policy is applicable to SUD Women Specialty Services providers who receive WSS Block Grant funding.

KEY WORDS

1. Eligible
2. Gender competent
3. Gender-Responsive

4. Five Federal Requirements

STANDARDS

1. The Michigan Department of Health and Human Services (MDHHS) is dedicated to the following fundamental principles as the foundation for integrating women-specific substance use disorder treatment service and integrated service, while focusing on effective and comprehensive treatment of women and their families.
 - a. Program Structure
 1. Treatment revolves around the role women have in society, therefore SUD treatment services must be gender specific.
 - i. Gender-responsive programs are not simply “female only” programs that were designed for males.
 - ii. A woman’s sense of self develops differently in women-specific groups as opposed to co-ed groups.
 - iii. 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.
 - iv. 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.
 - v. The unique needs and issue (e.g., physical/sexual/emotional victimization, trauma, pregnancy, and parenting) of women should be addressed in a safe, trusting, and supportive environment.
 - vi. SUD treatment and services should be built on women’s strengths/competencies and promote independence and self-reliance.
 2. A relational model, based on the psychological growth of women shall be the foundation for recovery (e.g., the Self-in-Relation model). The 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. (Surrey, 1985)
 - a. A model that emphasizes the importance of relationships in a women’s life, and attempts to address the strengths as well as the problems arising for women from a relational orientation.
 - b. A model that emphasizes the importance of forming trusting relationships with other women.
 3. A collaborative philosophy, driven by the woman and her family, shall be used.
 - a. Utilizing cross-systems collaboration and the involvement of informal supports to promote a woman’s recovery.
 - b. A client-centered, goal-oriented approach to accessing and coordinating services across multiple systems by:
 1. Assessing, needs, resources and priorities
 2. Planning for how the needs can be met

3. Establishing linkages to enhance a woman's access to services to meet those identified needs
 4. Coordinating and monitoring service provision through active cross-system communication and coordinated treatment/service plans.
 5. Removing barriers to treatment and advocating for services.
 6. A woman's needs determine the connections with agencies and systems that impact her life or her family's life, despite the number of agencies or systems involved.
 7. Ideally, each woman will have a single, collaborative treatment plan or service plan used across systems. When this is not possible, care coordination of as many systems as possible will lessen the confusion, stress and is the key that creates progress in a woman's life.
4. A model of empowerment is utilized in SUD treatment and recovery planning.
 - a. The client 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 a 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 the formal system is very small or not needed at all.
 5. Employment is recommended as an important component in recovery and serves as an important therapeutic tool.
 - a. The structure of work is a benefit to recovery, and SUD treatment providers need to be aware of the work requirement of Temporary Assistance for Needy Families (TANF)/Jobs Education and Training (JET). Historically, SUD treatment providers have been reluctant to encourage clients to return to work or engage in work related activities during the early stages of recovery. However, waiting to address employment concerns may create further challenges for the client facing JET requirements.
 6. A multi-system approach that is culturally aware shall be employed in the recovery process.
 - a. Gender specificity and culturally competence go hand-in-hand. There are a number of 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.
 7. Education and Training of Staff
 - a. In addition to current credentialing standards, individuals working and providing direct service with Designated Women's Program (Gender Responsive) must have completed a minimum of 12 semester hours, or the equivalent, of gender specific SUD training or 2080 hours of supervised gender specific SUD training/work experience within a designated women's program. Those not meeting the requirements must be supervised by another individual working within the program, and be working towards meeting the requirements. This training and supervision must be provided by another individual within the agency. Documentation is required to be kept in personnel files.
 - b. 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 with the program and be working meeting the requirements. This training supervision must be provided by another individual within the authority. Documentation is required to be kept in personnel files.

8. Appropriate topics for gender specific substance use disorder training include, but are not limited to:
 - a. Women's Studies
 - b. Trauma
 - c. Grief
 - d. Relationships
 - e. Parenting
 - f. Child Development
 - g. Self-esteem/empowerment
 - h. Relational treatment model
 - i. Women in the Criminal Justice system
 - j. Women and Addiction
9. Treatment - Programs that are designed to meet women's needs tend to be more successful in retaining women clients. For a provider to be able to offer women-specific treatment, its programs shall include the following criteria;
 - a. Accessibility- Providers must demonstrate a process to reduce barriers to treatment by ensuring that priority population requirements are met, as well as providing ancillary services or ensuring that appropriate referrals to other community agencies are made.
 1. There are many barriers that may critically inhibit attendance and follow-through for women and children. They may include child care, transportation, hours of operation and mental health concerns.
 - b. Assessment- Assessment shall be continuous process that assesses the client's psychological needs and strengths within the family context, and through which progress is measured in terms of increased stabilization/functionality of the individual/family. In addition, all assessments shall be strength-based.
 1. Women with children need to be assessed and treated as a unit. Women often both enter and leave treatment because of their children's needs. By assessing the family and addressing areas that need strengthening, providers give women a better chance at becoming stable in their recovery.
 - c. Psychological Development- Providers shall demonstrate an understanding of the specific stages of psychological development and modify therapeutic techniques according to client needs, especially to promote autonomy.
 1. Many of the traditional therapeutic techniques reinforce women's guilt, powerlessness and "learned helplessness," particularly as they operate in relationships with their children and significant others.
 - d. Abuse/Violence/Trauma- Providers must develop a process to identify and address abuse/violence/trauma issues. Services will be delivered in trauma-informed setting and provided safety from abuse, stalking by partner's family, other participants, visitors and staff.
 - e. Family Orientation- Providers must identify and address the needs of family members through direct service, referral or other processes. Family are a family of choice defined by the client themselves. Agencies will include informal supports in the treatment process when it is in the best interest of the

client.

1. Many women present in a family context within major family ties and responsibilities that will continue to define their sense of self. Drug and alcohol use in a family puts children at risk for physical and emotional growth and developmental problems. Early identification and intervention for the children's problems is essential.
- f. Mental Health Issues- Providers must demonstrate the ability to identify concurrent mental health disorders, and develop a process to have the treatment of these disorders take place in an integrated fashion with substance use disorder treatment and other health care. It is important to note, that treatment of both mental health issues and substance use disorder, may lead to the use of medication as an adjunct to treatment.
1. Women with substance abuse problems often present with concurrent mood disorders and other mental health problems.
- g. Physical Health Issues Providers shall:
1. Inquire about health care needs of the client and her children, including completing the Fetal Alcohol Syndrome Disorder (FASD) screening as appropriate (MDCH/BSAAS Treatment Policy #11)
 2. Providers will ensure that FASD prevention education not the risks of drinking during pregnancy will be provided to all women.
 3. Prenatal care for women using/abusing substance is especially important, as their babies are at risk from serious physical, neurological, and behavioral problems
 4. Early identification and intervention for children's physical and emotional growth and development, and for other health issue in a family is essential.
 5. Providers are to screen clients for being at risk of communicable diseases such as HIV, TB, hepatitis and sexually transmitted diseases. Appropriate referral for education, prevention, and treatment is required.
- h. Legal Issue
1. Providers shall document each client's compliance and facilitate required communication to appropriate authorities within the guidelines of federal confidentiality laws. Additionally, programs will individualized treatment in such a way as to ensure client compliance with legal authorities.
 - i. Women entering treatment may be experiencing legal problems, including custody issues, civil actions, criminal charge, probation and parole. This adds another facet to the treatment and recovery planning process, and reinforces the need for case management associated with women's services.
- i. Sexuality/Intimacy/Exploitation Providers shall:
1. Conduct an assessment that is sensitive to sexual abuse issue;
 2. Demonstrate competence to address these issues;
 3. Make appropriate referrals;
 4. Acknowledge and incorporate these issues in the recovery plan;
 5. Assure that the client will not get exposed to exploitive situations that continue abuse patterns within the treatment process (co-ed groups are not recommended early in treatment, physical

separation of sexes is recommended in residential treatment settings).

6. A high rate of treatment non-compliance among female with substance use disorders, with a history of sexual abuse has been document. The frequent incidence of sexual abuse among women with substance use disorders necessitates the inclusion of problem-specific questions during the initial evaluation (assessment) process. Lack of recognition of a sexual abuse history of improper management of disclosure can contribute to high rate of non-compliance in this population.
- j. Survival Skills- Providers must identify and address the client's needs in the following areas, including but not limited to:
 1. Education and literacy
 2. Job readiness and job search
 3. Parenting skills
 4. Family planning
 5. Housing
 6. Language and cultural concerns
 7. Basic living skills/self-care
- k. The provider shall refer to appropriate services and comment both the referrals and outcomes.
 1. Women's treatment is often complicated by a variety of problems that must be addressed and integrated into the therapeutic process. Many of these problems may be addressed in the community, utilizing community resources. Which will in turn help the client build a supportive relationship with their community.
- l. Continuing Care/Recovery Support Providers shall:
 1. Develop a recovery/continuing care plan with the client to address and plan for the client's continuing care needs;
 2. Make and document appropriate referral as part of the continuing care/recovery plan;
 3. Remain available to the client as resource for support and encouragement of at least one year following discharge.
 - i. In order for a woman to maintain recovery after treatment, she needs to be able to retain a connection to treatment staff or case manager, and receive support from appropriate services in the community.

QUALITY ASSURANCE/IMPROVEMENT

The DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The SUD WSS providers quality improvement program must include measures for both the monitoring of and the continuous improvement of the program or process described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWVHN staff, SUD providers, MCPNs, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual

requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY AND REFERENCES

1. State of Michigan, State Office of Administrative Hearings and Rules, Michigan Administrative Code, Substance Abuse Service Program, https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448-16825--,00.html
2. **Covinton, S., Surrey, J .** (2000). The Relational Model of Women’s Psychological Development: Implications for Substance Abuse. Work in Progress, no 91. Wellesley, Mass.: Stone Center, Working Paper Series, 2000.
3. **Wandell, Kara and Werner, Deborah** ,“Guidance to States: Treatment Standards for Women with substance Use Disorders, “ National Association of State Alcohol and Drug Abuse Directors, 2008.
4. **Mee-Lee D., Shulman GD, Fishman M, Gastfriend DR, and Griffith JH, eds.** (2001). ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorder, Second Edition-Revised (ASAM PPC-2R). Chevy Chase, MED: American Society for Addiction Medicine, Inc.
5. **Surrey,J.** (1985). Self in Relation: A Theory of Women’s Development. www.wcwonline.org, retrieved 11/20/09.

RELATED POLICIES

[Fetal Alcohol Spectrum Disorder \(FAS\) Policy](#)

RELATED DEPARTMENTS

1. Substance Use Disorders,
2. Claims Management
3. Clinical Practice Improvement
4. Information Technology
5. Quality Improvement
6. Utilization Management
7. Recipient Rights

CLINICAL POLICY

Yes

INTERNAL/EXTERNAL POLICY

EXTERNAL

EXHIBIT(S)

