

## **6-Year Work plan: DHS-ADAD Women Services Statewide Plan Including FASD Initiative**

**July 1, 2010 – June 30, 2016**

In July 2010, the Minnesota Department of Human Services (DHS) Alcohol and Drug Abuse Division (ADAD) issued a Request For Proposals (RFP) utilizing federal block grant funding for qualified responders to provide recovery services for women. The purpose is to establish and maintain a comprehensive, gender-specific service delivery system that addresses the unique needs and barriers to treatment and recovery for women with substance use disorders who are pregnant or have dependent children. This system will assist the state in moving towards a vision that all women can receive individualized, high-quality, research-based treatment for substance use disorders that also cultivates the healthy development of their children and families.

In the fall of 2011, eleven (11) Women Recovery Programs were awarded block grant funding to provide gender-specific, integrated and collaborative, family-centered treatment support and recovery services for pregnant and parenting women with substance use disorders by improving their overall effectiveness in areas of treatment access, treatment completion and increased involvement in post-treatment recovery and recovery maintenance activities. Many of these women and their children/families have unrecognized prenatal alcohol exposure or FASD. These grant-funded Women Recovery Programs will work towards increasing their competence in identifying red flags for alcohol/drug exposure and how to create more successful recovery and earlier identification/intervention for this target population. The anticipated outcomes for these funded services are:

- 1) To help these women remain alcohol and drug free;
- 2) Deliver drug-free babies;
- 3) Obtain or regain employment;
- 4) Stay out of the criminal justice system;
- 5) Find stable housing ; and,
- 6) Promote a recovery-oriented environment by providing strength-based supplemental and continuing care services.

This federal block grant funding for Women Services aligns well in enhancing and promoting DHS Chemical Mental Health Services Administration (CMHS) and ADAD's mission and goals and in establishing a system that operates to serve effectively pregnant and parenting women with substance use disorders by encouraging and supporting research-informed practices, expanding the use of successful models, and systematically monitoring outcomes. All of the programming for this grant funding is geared towards meeting CMHS's Seven Goals for Achieving Excellence:

- 1) Eradicate the stigma associated with addiction,
- 2) Improve access to the right care at the right time,
- 3) Establish best practices,
- 4) Integrate substance abuse into primary health care and mental health services,
- 5) Strive to reduce the overall cost of care,

- 6) Promote wellness, and
- 7) Help reduce the far-reaching consequences of addiction.

The scope of work for this Statewide Plan includes ADAD supporting public and private non-profit community-based programs to establish, operate and/or expand, and maintain comprehensive, gender-specific, family-centered programs to serve communities that have substance use disorders among pregnant and parenting women with substance use disorders. All programs are to strive to be a family-centered treatment model program with a trauma-informed environment and a culturally competent organization. All eleven grant funded programs must provide the required services as specified in each of their respective work plans which include specific objectives and timelines during the 5-year grant period in order to comply with the federal block grant and state requirements. These services include:

**Goal A:** To increase access to substance abuse treatment and support services for women with substance use disorders who are either pregnant or have dependent children, including those with co-occurring disorders or opiate addiction, by conducting outreach and engagement activities that will address barriers (systemic and personal) that keep women from treatment and embrace the services that are appropriate for them once in treatment.

- 1) Outreach and engagement, pretreatment and early intervention, comprehensive and coordinated case management, screening/brief intervention, assessment;

**Goal B:** To reduce substance abuse among women in need of or in treatment and in recovery who are either pregnant or have dependent children by providing comprehensive and coordinated case management services to meet participants basic needs, stabilize their family situation, improve their involvement in treatment support and post-treatment recovery activities.

- 2) All services are to be provided for a minimum of six (6) months to a maximum of 12 months for non-pregnant women with dependent children, and for a minimum of six (6) months to a maximum of 12 months after the birth for women who are pregnant while in the program;
- 3) A multidisciplinary team made up of a Licensed Alcohol and Drug Counselor (LADC), recovery coach, and a public health nurse to achieve objectives and carry out activities of the grant-funded program;
- 4) Establish A Consumer Group that will be used throughout the grant cycle to ensure participation and feedback from clients in all areas of program development including planning, implementation, and evaluation;
- 5) Provide culturally and gender-specific case management services led by LADC with a multi-disciplinary team who will design an Individual Care Plan for all clients.

**Goal C:** To increase the number of healthy families and number of healthy infants born to women in recovery from substance abuse by providing activities and referrals in the areas of parenting, healthcare and healthy living, children support, and prenatal and post natal healthcare.

- 6) Provide either directly or through referral, the following:
  - a. Child Care / Child Development Services
  - b. Transportation to/from pretreatment/treatment/health/rehabilitative activities (i.e. primary medical care including referral for prenatal care, trauma services, peer recovery support groups, aftercare, job search activities)
  - c. Parenting Skills and Child Development Education
  - d. Fetal Alcohol Spectrum Disorder (FASD) education
    - Each grant-funded program will provide Fetal Alcohol Spectrum Disorder education to all mothers participating in treatment support and recovery maintenance services during the term of the grant contract.
- (a) The grantee's RN/PHN and Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) will maintain primary responsibility for providing FASD education to participating mothers. This service will be mandatory for all participating mothers.
- (b) MOFAS will provide training and technical assistance to staff, including consultation and referral.
- (c) FASD education will be provided in both individual and group education format through didactic education and informational literature.
- (d) Each grantee will support women who drank during pregnancy and have prenatally exposed their children to alcohol by partnering with MOFAS to provide support to women as they acknowledge and address the ramifications of their alcohol and drug use during pregnancy via Birth Mothers Network support group or other activities.
- (e) Grantee's RN will partner with MOFAS to refer women to the MOFAS Hand in Hand Series (a five-week educational series provided by MOFAS). This series will provide information on the disorder and how to more effectively parent children living with the challenges of prenatal exposure.
- (f) MOFAS will provide Grantee staff training on fetal alcohol syndrome.
- (g) Mothers in need of additional education, support, and referral related to FASD will receive this time with the RN. The Grantee's RN will assess and

identify the level of need for FASD education upon admit and throughout program participation.

(h) The Grantee's RN/PHN will submit monthly documentation in the form of a FASD education log and report to the program's designated staff person indicating utilization, education service and type, critical issues, and curriculum progress and/or status.

- e. Medical (hepatitis, HIV/AIDS, STDs), dental, other physical health care services
    - Client health education will be provided by program staff and community professionals and includes information concerning the Human Immunodeficiency Virus (HIV), other sexually transmitted infections, drug and alcohol use during pregnancy, and Hepatitis.
  - f. Therapeutic interventions and trauma services for women to address issues of relationships, emotional, sexual and physical abuse
    - In addition lectures are given to address multiple issues common in addiction lifestyles of women such as prostitution, abusive relationships, and Posttraumatic Stress Disorder. Lectures will be provided on various mental health diagnoses along with information on the appropriate use of prescribed medication.
  - g. Provide funds for emergency needs
  - h. Housing support and assistance, financial management and job training/education
  - i. Recovery and community support services
- 7) A minimum of monthly monitoring through home and office visits for provision of treatment support and/or recovery maintenance services to women who gave birth in the program or have given birth within six (6) or less months prior to coming to the program.
- 8) Provide telephone or in-person contact with each woman four (4) weeks from discharge from the program to follow-up on parenting and other recovery maintenance resources during transition into their community.
- 9) Alcohol and drug testing at entry, randomly throughout, and at discharge from the program.
- 10) Development of, or participation in, safe and healthy recreational activities to provide ongoing support for the women and their families.
- 11) Healthcare assessments (pre natal and post natal), including nutritional needs, must be performed by a health professional at entry into the program [establish home visiting services to provide prenatal support and education for pregnant women]; after birth of the baby; and, throughout the postpartum period. Link families to local health home visiting services. This includes building a partnership or collaboration with the local public health agencies.

**Goal D:** To decrease the likelihood that children of women in substance abuse treatment support or recovery maintenance services will become chemically dependent and ensure that children in the care of substance abusing parents are protected and are receiving adequate care, by providing age-appropriate children's programming for the children in the custody of Program participants throughout the grant period.

- 12) Diagnostic assessments and therapeutic interventions, if appropriate, for children in custody of women in treatment which may, among other things, address developmental needs and issues of emotional, sexual and physical abuse, and neglect. Grantees are to use the Minnesota Child Well Being Assessment Tool which is a standardized approach to assess the 8 domains of a child and to formally identify areas of needs and strengths and assure referrals are made that stem directly from a standardized assessment protocol.
- 13) Primary pediatric care, including immunization, for their children, whether or not the children are in the care of the mother.
- 14) Develop a plan to address the mental health needs of children.
- 15) Ensure that education is provided on safe infant sleep since substance abuse, including tobacco, is a potent risk factor for SIDS and sleep-related infant deaths.
- 16) Optional services were provided by some grantees, but not all, in areas such as a) the provision of housing for women with their dependent children during the mother's treatment for substance use disorders; and, b) utilization of screening/brief intervention practices including community-based screening, brief intervention and referral, guidelines for screening for substance abuse during pregnancy, and 5 A's intervention for treating tobacco dependence.
- 17) Other compliance requirements for each grantee include:
  - a. Each grantee will conduct formal follow-up on referral, progress, and follow through during program participation of all RUR clients.
    - During participation in the program, each woman's progress and follow through with treatment support and recovery maintenance activities will be formally monitored in individual and group supervision with the Clinical Client Services Supervisor.
    - Develop formal written policies and procedures for tracking follow through on treatment support and recovery maintenance activities to be approved by DHS ADAD staff.

- Utilize a formal tracking form to monitor referrals, progress, and follow through in conjunction with the policies and procedures.
  - Referral to, utilization, and follow through with all program services will be documented in the participating mother's file and into the specific program services log by the designated Program Specialist or staff person. Grantee will track the referrals of all program services to know if the women went and received the services and if not, will provide further help to get the women into the needed services.
- b. Participate in all evaluation activities required by the contracted evaluator. Where grantee's evaluation efforts duplicate those of the contracted evaluator, the grantee will follow the procedures determined by the contracted evaluator.
  - c. Program will be operated in compliance with the provisions of Federal Substance Abuse Prevention and Treatment Block Grant, Health and Human Services Code of Federal Regulations (CFR) Title 45, Part 96 requiring that pregnant women are provided preference in admission to treatment centers as provided by 96.131, and are provided interim services as necessary and as required by law; [Sec. 1927(a)(b)].
  - d. Each grantee, its contractors and collaborators, must understand and adhere to guidelines on Federal regulations on confidentiality and other State and local laws, regulations, and reporting requirements, such as the Child Welfare Act of 1980 and the 2003 reauthorization of the federal Child Abuse Prevention and Treatment Act (CAPTA), Minnesota Reporting of Child Maltreatment of Minors statute 626.556, the Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA) at Minnesota Statutes 260.751 to 260.835 and the Minnesota Tribal/State Indian Child Welfare Agreement.
  - e. Grant-funded program must be licensed or affiliated with a Rule 31 licensed program.
  - f. Attend all scheduled quarterly meetings with all other grant funded Women Services grantees and the ADAD grant consultants.
  - g. Provide the State with up to five (5) days each fiscal year to participate in site visits or attend other meeting on request.
  - h. Provide the State with up to three (3) days each fiscal year to participate in state sponsored evidence-based or best practices trainings in areas such as parenting, children programming, trauma-informed services, family-centered and recovery services models.

- i. Provide to the State with up to three (3) days each fiscal year to participate in cultural competency trainings to improve the substance abuse treatment experiences for Native Americans and other racial-ethnic groups, including but not limited to: African Americans/Africans, Asians, Hispanics, Immigrant populations, and to provide cultural awareness education, to explore causal reasons for alcohol and drug abuse among Native Americans and other racial-ethnic populations, to identify Native American and other racial-ethnic groups cultural and spiritual ways, and other ways that contribute to the prevention, treatment and aftercare of alcohol and drug abuse among individuals and families.
  - j. Provide program staff with continuing education related to women-specific recovery services and best practices models for serving women who are pregnant or have dependent children.
  - k. Participate in the data collection system including forms developed and approved by ADAD through its outside evaluation agency, in order to measure process and client outcomes. Grantee will, upon request, submit the data collected to assess process and outcomes.
  - l. Ensure strict compliance with the Federal and State rules and guidelines regarding confidentiality of information on patients participating in chemical dependency programs.
  - m. Comply with Certification Regarding Environmental Tobacco Smoke; Public Law 103-227, also known as Pro-Children Act of 1994, requiring that this language be included in any subcontracts which contain provisions for children's services and that all subcontractors shall certify this compliance.
  - n. Ensure that pregnant women are provided preference in admission to treatment centers and provide interim services to pregnant women in need of treatment in compliance with all applicable requirements in Health and Human Services Code of Federal Regulations (CFR) Title 45, Part 96.131 (a) federal block grant requirements relating to drug and alcohol treatment programs and their role in the provision of treatment to injection drug users (IDU's) and substance abusing pregnant women.
- E. To develop webpage on prenatal alcohol exposure and fetal alcohol spectrum disorder (FASD) on DHS-ADAD website by June 30, 2013.