

# Expand Community-Based Recovery Support Services for Women that are Pregnant, Parenting, and Their Families



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## Summary

Alcohol Use Disorders are a serious issue for both the mother and her offspring. Minnesota has worked to expand supportive services for pregnant and parenting women in recovery from Alcohol- and other Substance- Use Disorders in Minnesota to promote building healthy families and to prevent future births of child exposed to alcohol and drugs by providing community-based and home-based recovery maintenance services.

## Purpose

The goal of this legislation was to provide technical assistance and funding to support the development of regional collaboratives to increase the number of babies born toxic free to women in recovery. Family-centered long term recovery support services are critical for women in returning to the community for establishing a chemical free lifestyle, improving economic and social well-being of families. Poverty, stigma, lack of community connections, and poor employment prospects are some of the major challenges many women in recovery face reintegrating into the community. Understanding those unique challenges faced the current long term supports that are available including, but are not limited to the following services:

- Developing comprehensive care plans for the women and their families
- Assistance for women to develop a recovery support network
- The provision of relapse prevention tools and services
- Housing, employment, and community service support and referrals designed to aid in economic stability
- Provide referrals as needed to access health insurance and establish a primary care medical home
- Provide referrals and assistance for accessing behavioral health and mental health services
- Providing supportive, non-judgmental, and effective parenting support and training
- Encourage screening for Sexually Transmitted Infections
- Referrals for tobacco cessation services
- Screen or refer out screening for all children in custody for physical, behavioral, and dental needs
- Ensure all children are up-to-date on immunizations
- Arrange for transportation for health care, recreational, and other services
- Access to both community-based and home-based services and supports
- Coordination with hospital of delivery for access to birth toxicology screening and results for mothers and infants born during program participation
- Administer periodic urinary analysis to clients at entry, randomly during program, and at discharge
- Assist women and families to obtain competent, dependable, and appropriate child care
- Maintain an emergency assistance fund to support clients in maintaining sobriety
- Provide funding and access to recreational and social events

## Model Legislation

### Section 1. {Title.} Appropriation

(a) \$500,000 in fiscal year 2018 and \$500,000 in fiscal year 2019 are appropriated from the general fund to the commissioner of human services for a grant to the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS). Of this amount, MOFAS shall make grants to eligible regional collaboratives that fulfill the requirements in paragraph (c).

(b) "Eligible regional collaboratives" means a partnership between at least one local government and at least one community-based organization and, where available, a family home visiting program. For purposes of this paragraph, a local government includes a county or multicounty organization, a tribal government, a county-based purchasing entity, or a community health board.

(c) Eligible regional collaboratives must use grant funds to reduce the incidence of fetal alcohol syndrome disorders and other prenatal drug-related effects in children in Minnesota by identifying and serving pregnant women suspected of or known to use or abuse alcohol or other drugs. The eligible regional collaboratives must provide intensive services to chemically dependent women to increase positive birth outcomes.

(d) MOFAS must make grants to eligible regional collaboratives from both rural and urban areas.

(e) A grant recipient must report to the commissioner of human services annually by January 15 on the services and programs funded by the appropriation. The report must include measurable outcomes for the previous year, including the number of pregnant women served and the number of toxic-free babies born.