

Department of Human Services
Alcohol & Drug Abuse Division

**Grant/Contract Mid-Year Program Progress Report
Women's Recovery Services Grant Initiative**

AGENCY: Minnesota Organization on Fetal Alcohol Syndrome

PROJECT TITLE: MOFAS Recovery Support Project

BUDGET YEAR: 07/28/2016-6/30/2017

(month, day, year of start date – month, day, year of end date)

GRANT/CONTRACT NUMBER: GRK96071 BUDGET YEAR AMOUNT: \$250,000

DHS-CH CONSULTANT'S NAME: Ruthie Dallas

Please follow this format for the Mid-Year Program Progress Report:

1. List each goal/objective task as stated in the Grantee Duties of the Grant Contract. List the program activities related to each goal/objective/task, including:
 - (a.) Number of activities provided
 - (b.) A description of the activities
 - (c.) Number of people attended/participated

****See attached Contract Objectives 2016-2017 Mid-Year***

2. In the table below, list those activities above that are **in progress** or you have **not started** yet, please provide a reason(s) to explain why you are behind or not on target, and the strategies you are using (or plan to use) to complete this activity in the future. Only include activities for which you are behind or not on target for completing by the dates listed in your contract.

Activity Not Completed	Reason(s) Behind or not on Target	Strategies to Complete Activity
N/A		

3. Report any 'Other Activities' your program provided with the grant funds.

None

4. Include copies of any print material developed (brochures, flyers, posters, news articles, etc.) this period

None

5. In the section below please provide an update and status of staffing for this program:

▪Has your program been fully staffed during this reporting period?

Yes - CRAFT

No – Wayside & Resource

If no, please explain why the program was not fully staffed:

Wayside: Due to a staff member leaving, there was a lapse in full coverage.

Resource: During the grant period there were staff shortages in the residential program due to a case manager/counselor being out on medical leave for 6 weeks however the staff returned to work and the residential program is fully staffed.

▪What was the time period that the program was not fully staffed? (provide dates)

Wayside: 06/22/16 – 09/21/16

Resource: 08/29/16 – 10/17/16

▪What steps were/are being taken to fully staff the program?

Wayside: a hiring process was conducted and the program is now fully staffed.

Resource: a hiring process was conducted and the program is now fully staffed.

6. Please submit names, resumes, and contact information for any new staff hired during this reporting period.

See attached resumes.

7. List the internal program staff responsible for working with the program evaluation and Wilder Research:

Wayside: Chaunte Auton and Sara Larson

Resource: Elizabeth Burgos and Kristen Bewley

CRAFT: Jessica Ondler, CRAFT Project Coordinator, primarily works with the program evaluation through Airlink Networks.

a. Has any evaluation activity for this project or program taken place during this reporting period?

Wayside: No

Resource: No

CRAFT: Yes

If YES, include: (a.) the date, (b.) description of activity, and (c.) who and how many people.

CRAFT: Every client that was admitted to the CRAFT program this period completed the AAPI-2 Form A upon admission. The clients who graduated from the CRAFT program this period completed the AAPI-2 Form B. Client demographics are also collected upon admit and throughout a client's participation in the CRAFT program. Clients' children are assessed using the ASQ-3 and the ASQ-SE at the beginning, towards the midpoint, and at the end of their time in CRAFT if mom participates to graduation. Data is recorded and stored in a Microsoft Access Database created and maintained by Airlink Networks.

b. Describe data collection activities completed during this reporting period. Do not include any results, just the data being collected and how it is being collected. Be specific.

Wayside: Information is tracked in the mother's Electronic Health Record (EHR) and as a separate Xcel database for those items we are not able to track in the EHR. Data tracked in the EHR includes all maternal health care received, programming and one-on-one sessions completed by the client, treatment plans and parenting plans. Data tracked in the separate database includes all data required by the grant such as FASD services, healthy birth status, referrals for external services, participation in play therapy, etc.

Resource: We are collecting all data required on the MOFAS Grant Evaluation Data form. Data is updated monthly by program staff.

Challenges and Success Stories

The stories of your program's **challenges** and **successes** are essential to DHS as they are helpful in preparing Minnesota's Federal Block Grant Application, reporting to the legislature, and media communications.

Please include either a Challenge and/or a Success Story with the Mid Year Progress report. **The stories you include must be for services provided under your current grant contract during the previous six months.**

When communicating your Challenge or Success story please be concise, brief, focused, and informative. Please include the following in your description:

• **General Information** –

- 1) Identify if this is a Challenge for the program or a Success.
- 2) Briefly describe the problem.
- 3) Detail the program's response.

- 4) Describe the participant(s)
- 5) Discuss the role and impact of other community or program partners involved (if applicable)

▪**Program impact or participant response**

- a. Success stories- What were the actual outcomes or results?
- b. Challenge stories- How is this challenge impacting the success of your program?

▪**Reflection and Learning –**

- a. What surprise(s) did your program encounter?
- b. What has worked well? What has not work so well?
- c. How will you apply what you've learnt? What are your plans to maintain success or to address the challenge?

****See attached Success Stories 2016-2017 Mid-Year***

MOFAS Objectives: 2016-2017 Mid-Year Progress Report

Data collected during the period of 07/01/2016-12/31/2016

In consultation with the DHS Project Manager schedule, plan and convene periodic meetings for general oversight and project management throughout the grant period, July 1, 2015 – June 30, 2017.

MOFAS staff met with the DHS Project Manager to discuss coordinating site visits with each of the grantees. We worked in collaboration with the Project Manager to modify a DHS site visit form for the current grantees. The site visit form was sent in advance to each of the grantees to prepare for its respective meetings, which were held in August 2016. In addition in August, we met with the DHS Project Manager to discuss screening tools and the status of validating tools for use in chemical health and recovery settings.

In October, MOFAS staff met with the DHS Project Manager to discuss year-to-date outcomes and to discuss opportunities for the expansion of the program to meet unmet needs.

In collaboration with the DHS Project Manager identify a multidisciplinary group of key stakeholders to participate in an advisory capacity to provide feedback and consultation throughout the project as appropriate.

We continue to informally connect with stakeholders from around the state in collaboration with the DHS Project Manager. During his period the DHS Project Manager was instrumental in connecting MOFAS staff to participate on the Prenatal Substance Usage and Child Welfare Workgroup. The workgroup included multiple partners including Healthcare, Alcohol and Drug Treatment, Child Welfare, Child Development, Parent Leadership, Tribal Services, Community Agencies serving Communities of Color, Legal, Judicial and Law Enforcement. During this period the workgroup developed a child welfare and child protection response for statewide implementation, recommended best practices, protocols and services for pregnant women who are using substances and are referred to child protection. The committee convened between July and November and currently the recommendations are being compiled.

In October, MOFAS was invited to participate on the Statewide Initiative for Community-based Prenatal Recovery Oriented Care Summit Planning Committee with diverse stakeholders. This collaboration and will continue into 2017. Also, in December the DHS Project Manager connected MOFAS staff with another important stakeholder group focused on birth outcomes in the African-American community. That collaboration convened in December 2016 and will continue into 2017.

Create and disseminate a general announcement with key information and dates about the distribution of the future request for proposal by July 20, 2015.

Completed in a prior report.

By July 31, 2015, establish overall purpose, goals and objective, for the RFP which is to help mothers build healthy families and prevent future births of children exposed prenatally to alcohol and drugs.

Completed in a prior report.

Establish program eligibility criteria

Completed in a prior report.

Explore replicating Washington State's PCAP sites to learn about the replication and operations of the evidenced-based PCAP model.

We continue to have ongoing conversations with the DHS Project Manager about expanding services and implementing the PCAP model in Minnesota. During this period we developed a funding proposal to implement a training-of-the-trainer on the PCAP model in Minnesota. The proposal will be considered in 2017 and the outcome of the funding request will be announced in late spring/early summer.

Convene and host two (2) in-person optional pre-conferences with one located in the Twin Cities metro and one in the greater Minnesota areas by August 31, 2015, including hosting and recording a virtual pre-proposal conference.

Completed in a prior report.

Provide information and technical assistance as appropriate throughout the RFP process, July 2015 thru September 2015.

Completed in a prior report.

Collect proposal submissions and convene a RFP review committee to evaluate the submissions by September 30, 2015.

Completed in a prior report.

Announce grant awards, prepare successful applicants, and provide technical assistance for grant kick-off and the start of the projects by September 30, 2015.

Completed in a prior report.

Execute subcontracts and coordinate the grant kick-off process by October 15, 2015.

Completed in a prior report.

Conduct grantee training with successful subgrantees throughout the grant period, July 1, 2015 – June 30, 2017.

In September 2016 we collaborated with the DHS Project Manager on a DHS sponsored training for National Recovery Month at the Wellstone Center. MOFAS staff and 3 birth mothers of children with Fetal Alcohol Spectrum Disorders participated on a panel to educate participants

following a viewing of the Film “On Life’s Terms: Mothers in Recovery”. During this period we also provided training to Wayside staff and clients. Our efforts were recognized as we were selected to receive an award from Wayside during this period.

GRANTEE will schedule, plan and conduct periodic site visits at each subgrantee site, with 3 site visits made per site, by the end of each grant year, June 30 2016 and June 30 2017.

The DHS Project Manager and MOFAS participated jointly in the 3 site visit meetings with Resource, Wayside, and the CRAFT project. The sites provided tours, and we reviewed staffing, administration processes, discussed barriers, successes, and lessons learned for each grantee. As part of the financial and administration review we reviewed who was responsible for writing and substantiating progress reports and for completing and submitting expenditure reports. We also audited files to ensure that each grantee had the following documents: Grant contracts with all special conditions and amendments, Final Expenditure Report Forms, Progress Report Forms, and Year End/Final Report Forms.

In addition, we reviewed any additional report systems utilized and ensured that the systems protected individuals’ private information. For grantees using subcontracts, we reviewed the subcontracts to ensure that any subcontracts complied with the grant contracts. We reviewed each agency’s non-discrimination policies and reviewed each grantee’s non-discrimination statements. We reviewed the demographics of program participants, reviewed staffing patterns, and employee handbooks.

As part of the site visit we evaluated grant compliance monitoring and ensured that reports were up to date and submitted on the proper forms. We also tracked expenditures to determine whether spending was on, under, or over. Time was also spent reviewing any budget revision requests. We reviewed the grant goals and objectives and progress made year to date. For any items behind schedule we discussed reasons for the delays and the plan for corrective action. As part of the site visit we discussed evaluation activities and barriers to data collection and evaluation.

Provide on-going technical assistance and support for grantees throughout the remainder of the first grant year, October 1 thru June 30, 2016 and throughout the second grant year, July 1, 2016 – June 30, 2017.

MOFAS continues to provide technical assistance to the three selected recipients. As part of the site visits, we shared best practices and lessons learned from other grantees. Also, we discussed with grantees convening a grant meeting in 2017 to continue to provide technical assistance and support. In addition, we continue to provide information on referrals to each grantee as well. Technical assistance is also provided on summary and fiscal report submissions as needed.

Wayside Objectives: 2016-2017 Mid-Year Progress Report

Data collected during the period of 07/01/2016-12/31/2016

Develop a plan to provide comprehensive, gender-specific alcohol and drug abuse treatment services to high risk mothers (pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs) and their families, specifically to those women who abuse alcohol and drugs during pregnancy or are at-risk for giving birth to a child with a Fetal Alcohol Spectrum Disorder (FASD) through the program which is centered on a supportive, multi-disciplinary case management team approach.

Wayside House's Family Treatment Center provides co-occurring disorder treatment for pregnant and parenting women. Women can have their children reside with them while receiving treatment or may be working towards reunification with their children. Admittance priority is given to pregnant women and ten women entered treatment while pregnant. Wayside has continued its evidence based programming at family which includes individual counseling, group counseling, mental health therapy, trauma-informed care, DBT family life skills, children's programming including play therapy and family programming including family therapy.

Implement a referral team that represents agencies that provide services to the clients. The team will include representatives from social service agencies, child protection, public health, corrections, county financial services, chemical dependency treatment programs, medical, behavioral health, etc.

Wayside continues to work with child protection services, probation, drug courts, Park Nicollet and other medical providers, The Family Partnership and others to provide services to the women and their children.

- a. Program staff will complete individual care plans, developed by the multi-disciplinary team, for at least 30 participants.**

Wayside's staff creates an individualized treatment plan that guides the course of treatment while the woman is receiving services. The plan includes treatment, therapeutic services for experienced trauma, assistance in securing housing at program departure and education, employment and financial management skill building. To date, there have been 42 program participants and 39 women receiving services post-discharge.

- b. The team leader and multi-disciplinary team will assess immediate and ongoing needs of each participant at the time of admission and weekly throughout program participation. The assessment will evaluate the client's needs for the following services: physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs. Based on the individual assessment of needs, the multidisciplinary team will provide or refer women to the needed services throughout their treatment and at the time of discharge.**

At in-take, a comprehensive assessment takes place which covers past and current use of drugs and/or alcohol, current and past physical health conditions and any medications currently in use, current and past mental health and any psychiatric medications currently in use. All clients

participate in a life skills group which provides education that will help women maintain sobriety and regain her life. This includes financial management, education; referrals to job training programs, safe and affordable housing, and emergency needs. At in-take and throughout treatment recommendations can be made by staff for culturally appropriate support services and requests can be made by the client as well. As the client prepares for discharge and after care plan is created. This plan includes referrals for on-going physical, dental and mental health care, and referrals and resources for all areas covered in the life skills program. In total, women receive services for a minimum of six months. If women are not in residential or non-residential care that entire time they continue to receive services post-discharge until that time frame. After discharge from the program women can continue to work with the Peer Support Specialist (formerly Recovery Coach), can continue to receive RAP services and can continue play therapy.

c. Referrals will also be made to community action agencies and other human services, or whenever a referral will be necessary.

Wayside's referral partners include Park Nicollet, The Family Partnership, Melrose, HCMC Mother Baby Program, HCMC Addiction Medicine, Native American Community Clinic, Valhalla, and Mental Health Systems. Please note the comments above for the after care plan for when a woman is discharged from Wayside.

d. Program's multidisciplinary team will ensure that the following are included in each participant's care plan; 1) therapeutic interventions and trauma services to address issues of relationships, emotional, sexual and physical abuse; 2) housing, financial management and job training/education.

All of Wayside's services are trauma informed. The vast majority of the women and children in our care have experienced some type of trauma in their lives and Wayside works diligently to create a safe, healing and nurturing environment. Wayside also provides Seeking Safety which is a curriculum that has an integrative treatment approach developed specifically for PTSD and substance abuse. Assistance is provided day one for housing post-discharge. Women participate in a Life Skills group which covers financial well-being, education and employment. This is detailed further in the report.

e. The case managers will ensure that all participating women have either received a mental health assessment prior to admission, or complete one if necessary during program participation. Need will be based on results from brief screening during intake and ongoing observation.

Women are screened for co-occurring disorders at program entrance and as deemed appropriate by the screening receive a thorough assessment.

f. The Multidisciplinary Team (MT) will assess for and refer to professional support services including domestic violence programs, sexual assault, and crisis programs.

Each client is assessed for support services including those for domestic violence, sexual assault, and crisis care. Wayside works with the following agencies to provide these services Domestic

Abuse Project, Harriet Tubman, Breaking Free, and PRIDE.

- g. GRANTEE's MT will provide culturally and gender-specific supportive educational and recreational activities, and follow-up on referrals for assessments, treatment and activities.**

Wayside only serves women and all services are designed based upon the unique needs of women. Therefore, all services are gender specific. An example of our gender specific programming is Helping Women Recover. Helping Women Recover is a comprehensive, seventeen-session curriculum that addresses the areas that women in treatment identify as triggers for relapse: self, relationships, sexuality and spirituality. It includes issues of self-esteem, domestic violence, and trauma. Wayside provides drumming for the women and discusses spirituality. Wayside also makes referrals out for women who are interested in additional culturally responsive care. Post-discharge women can attend Wayside's Education Series which includes topics to build cultural competency.

GRANTEE will reduce substance abuse among women in treatment and recovery who are either pregnant or have dependent children by providing culturally, gender-specific, comprehensive and coordinated case management services to meet participant's basic needs, stabilize their family situation, improve their involvement in pre-treatment, treatment support and post-treatment recovery activities in order to maintain optimal health. GRANTEE will serve 30 women, participating in the project for a minimum of six months to a maximum of twelve (6-12) months for non-pregnant women with dependent children; and a minimum of six months to a maximum of twelve (6-12) months after the birth for pregnant women.

- a. GRANTEE's staff will visit with participants in their homes or in the office at a minimum of once a month to provide treatment support/recovery and maintenance service to all participants.**

Wayside's chemical dependency treatment has been successful in reducing substance abuse of mothers while in treatment. Wayside provides on average of 32 hours of programming a week for residential clients. Clients receive outpatient services for approximately 10-15 hours a week. Clients who are discharged can continue to work with the Peer Recovery Specialist. This staff member can meet them at their home or other convenient location and discuss recovery and relapse prevention. The Specialist makes contact with each woman at least once a month and the client can reach out as often as they like. RAP services can continue once a week post-discharge. During this grant period, five women have been served. RAP services are available to women who continue to reside in Hennepin County.

- b. GRANTEE will provide referrals to mental health counseling service as required by client. Providers of mental health services will vary and be dependent on client needs and geographical location. Referrals will be made to the client's local Human Service Department if a mental health case manager is needed.**

Wayside provides mental health therapy, play therapy and family therapy in-house. At discharge, each woman receives an after care plan which addresses mental health care needs and provides

the name and contact information for a medical provider. Wayside may also make referrals to the client's local Human Services Department.

- c. GRANTEE's case managers will administer urinary analyses to the clients at the time of their entry, at random points during their stay in the program and at the time of discharge.**

Urine analyses are performed at program entry. Random UAs are performed during the week to verify sobriety and well-being. Urine analyses are also performed at discharge.

- d. GRANTEE's case managers will aid communication between child welfare workers and substance abuse treatment providers;**

Wayside continues to support women who have active children protection services involvement and works with them towards reunification. Many women have active cases at program entry and during this grant time period, 14 families were reunited.

- i. support clients in overcoming barriers to health care services by assisting with MA application process, transportation, setting appointments, choosing providers etc.;**

Wayside's nurse coordinates all medical appointments and transportation is provided to make it to those appointments. Wayside works with Park Nicollet to provide medical care, but a woman can choose her own provider as well. During treatment, all women receive assistance in applying for health insurance.

- ii. assist client to meet basic needs, i.e. transportation, emergency financial assistance, food assistance, etc.;**

While in residential treatment these services are provided except for emergency financial assistance which Wayside does not have the means to do. During their time, staff works to pre-plan for when they enter non-residential services or are fully discharged from care. The Case Manager works with General Assistance, WIC and Medical Cab. There may be transportation assistance available to the women through the other outside services she may be receiving.

- iii. assist clients to obtain competent and dependable child care providers for their dependent children; and,**

During treatment, childcare is provided by Twin Cities Child Care, The Family Partnership and Four Directions. The after care plan includes referrals to other child care providers.

- iv. arrange for public transportation for health care, recreational and other services.**

While in treatment, Wayside provides transportation to all activities outside of the center.

- e. GRANTEE's case managers will also provide funding for recreational opportunities and emergency funding which will assist client in achieving sobriety.**

Recreational opportunities include attending the Alumnae Banquet, Family Fun Day, Stronger Families, Wayside Supportive Housing Carnival, and a Lynx game.

- f. **GRANTEE's case managers will ensure that participants and their families will be provided referrals and support services to achieve self-sufficiency and safety in the home.**
 - i. **Clients in need of employment assistance will be referred to Job Services Centers by the case manager, and will be assisted to explore options to improve their employment status including GED Programs and post-secondary education options.**

Wayside provides a Life Skills group that covers education and employment. Wayside makes referrals for GED tutoring and also pays for GED testing. Clients also receive referrals to Job Services Centers.

- ii. **The client's housing situation will be assessed and referrals made to appropriate resources including financial resources, energy and fuel assistance. GRANTEE case managers will assist the women and their families in getting housing while participating in treatment and support services. In addition, GRANTEE will provide transportation to women to/from activities and professional appointments. GRANTEE will assist in accessing medical rides or public transportation to treatment services as needed.**

Starting day one, Wayside begins to plan for each woman's discharge. This means housing assistance begins right away. Despite the significant shortage of affordable and safe housing Wayside works tirelessly to have a housing plan in place for each family. Wayside's staff connects women to energy and fuel assistance. During the first 30 days of treatment Wayside provides transportation to all appointments outside of the Family Treatment Center. Afterwards, clients are encouraged to utilize public transportation and other resources.

- g. **The GRANTEE case managers will focus on the medical and social case management of the participant-centered, strengths-based care plan through the provision of home visits for parenting and prenatal education in addition to the case management services.**

In residential treatment, each woman meets with a Parenting Coordinator weekly. The staff person and mother create a parenting plan that is revisited at each subsequent meeting. Wayside has recently incorporated an adaptation of Parent Child Interactive Therapy called Child-Adult Relationship Enhancement (CARE). CARE can be used in the whole family environment with every day parenting and not just through the PCIT model of service delivery.

Once women enter non-residential treatment, The Family Partnership utilizes Rebuilding Appropriate Parenting (RAP) and Triple P. The Family Partnership provides in-home visits (1-2.5 hours each) with women and children. Visits made during outpatient treatment include any

family members serving in a co-parenting role. Grantee will utilize its Parenting Coach to work with clients after they transition out of residential treatment or are engaged in its outpatient services. Women can utilize RAP services for as long as the RAP worker and women feel is necessary which is typically six to eight months. During this grant time period six families benefitted from Triple P.

- h. Recognizing the intensity of a holistic/comprehensive assessment, the case managers will utilize a rolling assessment process to identify and prioritize the needs by completing secondary assessments on a timeline that allows the client to focus on her most urgent treatment goals.**

At intake a comprehensive assessment is completed and is the basis for the treatment plan. The treatment plan is updated each week by the counselor and client. Additionally, Wayside utilizes the Problem Index to identify the woman's most urgent needs. A Family Needs Assessment is also completed which works to identify resources needed by the client.

- i. GRANTEE case managers will assess health care needs and insurance status; refer clients without health insurance to social services for access to medical assistance; and, encourage clients to establish a medical home for primary health care.**

Wayside's nurse assesses the health care needs of the mother and her child. At intake insurance status is reviewed and support is given to secure health care insurance if needed. Wayside partners with Park Nicollet for primary health care, but a woman can choose another provider. At discharge, each woman has a medical plan that includes primary and mental health care providers.

- j. GRANTEE's MT will provide home visiting one (1 or more) times per month, as needed, for treatment support, prenatal/parenting education, infant and child development, advocacy and assess need for referrals to support services.**

Please note work of The Family Partnership above.

- k. GRANTEE's case managers will make phone contacts and visits at other locations such as in the Women's Infant's and Children's program (WIC) clinic setting, etc. will help to keep the client and nurse connected.**

During treatment, staff coordinates WIC paperwork and appointments. Wayside has on-site nursing staff that meets with the women.

- l. GRANTEE case managers will also encourage clients to do screening for hepatitis, Sexually Transmitted Infections (STI's), Human Immunodeficiency Virus/ Acquired immunodeficiency syndrome (HIV/AIDS), Tuberculosis (TB) and other screenings as appropriate; encourage routine preventive care; and, refer for tobacco cessation assistance.**

Wayside's nurse performs a TB test at program entry and provides an initial medical check-up. The nurse also schedules a visit with a medical doctor and encourages the women to be screened

for STDs and other preventative care. Wayside offers smoking cessation programs in house through QUITPLAN. QUITPLAN services include free access to text messages, email support, quit guides and two weeks of nicotine patches, gum or lozenges. Women also have access to a quit coach through the QUITPLAN Helpline.

m. GRANTEE will increase the number of healthy infants born to women in substance abuse treatment/recovery maintenance services.

- i. GRANTEE will ensure the provision of individualized health care of all pregnant women participating in the program between November 1, 2015 – June 30, 2017 by a health professional, at entry into the program, after the baby's birth, and throughout the postpartum period to ensure that pregnant women are receiving prenatal and postpartum care.**

Wayside's nurse meets with each client within seven days of entering care. At this appointment, the nurse completes a thorough medical history as well as reviews current medical conditions. Within seven days of entering treatment, each woman meets with a primary health provider. The nurse coordinates all medical appointments during the pregnancy, after birth and postpartum. The nurse reviews medical records after each appointment. At discharge each woman receives a medical care plan. This includes a list of current medications, contact information for their medical providers, medical appointments set up, etc.

- ii. GRANTEE case managers will coordinate with the hospital of delivery for access to birth toxicology results; and, will develop and implement written tracking and documentation for verification of prenatal and postpartum health care which health care verification will include tracking toxicology test results for both mothers and infants born during participation in the program.**

Four babies have been born since the start of the grant period and all have been born healthy which Wayside received through a verbal report. The staff asks for toxicology test results when performed to ensure health and well-being of mother and baby. Wayside's nurse coordinates all prenatal and postpartum medical appointments and reviews the notes from the medical visit to coordinate care at the Family Treatment Center.

- iii. GRANTEE will ensure toxicology screening for the mothers and infants born during program participation.**

Please note above.

GRANTEE's MT will work to increase the number of healthy families and number of healthy infants born to women in recovery from substance abuse by providing activities in the areas of parenting, healthcare and healthy living, children support, and prenatal and post-natal healthcare. Grantee will provide the following through June 30, 2017.

a. GRANTEE will increase knowledge, confidence and positive parenting skills by providing parenting guidance and training, that include drug use effects.

Women at Family Treatment Center participate in programming that teaches positive parenting skills, how to parent sober and the effects of substance abuse during pregnancy. Each mother also has a parenting treatment plan. Wayside has dedicated Parenting Coordinators who support women in their parenting. Wayside offers family therapy, play therapy, and Circle of Parents. Circle of Parents is an evidence-based parenting peer support group facilitated by the Family Services Counselor. Clients generate their own topics and support one another in all areas of parenting. The Facilitator also brings in topics, skills, and educational points for the group to discuss.

b. GRANTEE will provide parenting sessions on an annual basis.

Please note comments above.

c. GRANTEE staff will screen or refer out for screening all children in custody for physical and dental health needs and provide referrals for services to meet assessed needs.

i. GRANTEE will assess the insurance status of the client's children/family; and, refer to social services to determine medical assistance or MN Sure eligibility.

Wayside's Clinical Case Managers works with each client to determine medical assistance or MN Sure eligibility or assists with other medical insurance providers.

ii. GRANTEE will ensure routine well child exams and preventive health care including dental care for their children and family. GRANTEE will assess for health care needs of the client and significant other including tobacco cessation, family planning, mental health, etc.

The nurse at Wayside coordinates all health care appointments for babies and children and transportation is provided. This includes routine exams, medical care for specific medical conditions, and dental care. The nurse also coordinates all medical care for the client. Each client signs a medical release and the nurse reviews the results of the medical appointment and makes notations in the client's electronic health record. Wayside offers smoking cessation services which are noted further below in this report. Wayside's works with Family Tree to provide family planning education. Each client is screened for mental health needs at intake and referrals for treatment by Wayside's staff are made at that time. Wayside provides tele-psychiatry for women in need of psychiatric medications. This service greatly reduces the wait time between intake and this medical appointment and reduces the need for emergency psychiatric care greatly increasing each woman's well-being. Children's dental services can be provided by Ready, Set, Smile or through their schools.

d. GRANTEE will support women who drank during pregnancy and have prenatally exposed their children to alcohol by partnering with Minnesota Organization for

Fetal Alcohol Syndrome (MOFAS) to provide support to women as they acknowledge and address the ramifications of their alcohol and drug use during pregnancy, via local support group or other activities.

Wayside works with MOFAS to provide the Changing Course program. MOFAS' services help women understand the impact their use of drugs and/or alcohol had on infant development. Wayside also has educational information on FASD available to women.

- e. **GRANTEE will provide training to new mothers of infants on safe sleep practices, such as risk factors for SIDs, having all mothers watch videos on safe sleep and shaken baby syndrome. The training will also include teaching infant and child safety including child passenger safety, home safety, etc.**

All women (new mothers with children born at Family Treatment Center) and those who enter treatment with their children continue to receive education on safe sleep, SIDS and shaken baby through in person instruction, videos and handouts. Wayside staff also trains mothers infant and child safety which includes child passenger safety, home safety, safe bathing, pediatric abusive head trauma, and child pacifier safety. Wayside also provides a weekly parenting group based on the evidence-based STEP (Systematic Training for Effective Parenting). STEP offers skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices. STEP is presented in a group format of 8 or 9 weekly, 1.5-hour study groups presented by a trained facilitator using the STEP multimedia kit.

GRANTEE will utilize the Ages & Stages Questionnaire (ASQ) and Ages & Stages - Social-Emotional (ASQ-SE) to identify any growth and development concerns and make referrals as indicated.

Wayside or its partnering organization, The Family Partnership, performs ASQ screenings for all children entering Family. Twenty ASQs were performed by Wayside during this grant time period for children residing onsite. Wayside can begin tracking ASQs performed externally such as through The Family Partnership or Child Protection Services.

- a. **Grantee will assess the participant's children's mental and physical health needs and refer to appropriate service providers for therapeutic interventions to address developmental needs and issues of emotional, sexual and physical abuse, and neglect.**

Based upon the ASQ, referrals are made to The Family Partnership or other providers that can meet the needs of the children. Other referents include Washburn and Nystrom and Associates. Wayside's mental health therapist can provide play therapy onsite. Together these agencies provide services that address emotional needs, sexual and physical abuse, and neglect as well as physical therapy, occupational therapy, and speech therapy.

b. Grantee will encourage participation of all children that are appropriate for Alateen and all family members that are appropriate for Alanon.

Grantee shares support services with family members including Alateen and Alanon. Clients are encouraged to invite family members, or friends, that are supportive of their recovery to a monthly Family Orientation. Family Orientation is held monthly and allows family members to visit Wayside. The individuals are able to take a tour, visit with staff and receive education on Wayside House and the services we provide. Staff also provides education on substance abuse, how it impacts the family structure and how they can support their loved one in treatment. Family members can attend as many Family Orientation sessions as they like.

On discharge case managers will complete an individual continuing care plan with each project participant that specifies the goals, length and location of continuing care programming to include referrals to services within the participant's home location.

After completing residential treatment women complete outpatient treatment which last typically 10 weeks. During outpatient treatment the counselor and client develop an after care plan that provides tools for relapse prevention, mental and physical health care plans, and referral information for community organizations that can promote sobriety. Once a woman is discharged from the Family Treatment Center she can continue to receive RAP services and meet with the Peer Recovery Specialist.

GRANTEE will provide in person or telephone contact with participant 4 weeks from discharge to follow up on parenting and other recovery maintenance resources during transition into their community.

Wayside's Peer Recovery Specialists continue to provide phone (or in person meetings) follow-up with each woman at a minimum of monthly or as often as women request support. The Specialist focuses on recovery and relapse prevention.

GRANTEE will conduct formal follow up on referral, progress, and follow through during program participation of all clients.

a. GRANTEE will utilize a formal tracking form to monitor referrals, progress, and follow through in conjunction with the policies and procedures.

Wayside has an electronic health record system which is used to track, monitor, note progress, and follow through of clients. This record tracks services provided at Wayside and notes those services provided by referral partners. Clients sign medical releases that allow the nurse to track if appointments are kept and concerns being addresses to coordinate services at Wayside.

Each client's treatment plan is reviewed weekly by the counselor and the client. In addition, each week a multi-disciplinary team meets and counselors review cases. Wayside has also developed an additional tracking tool for information that cannot be built into the electronic health record, but is necessary for this grant. This database is in full compliance with the policies and procedures of the organization.

- b. 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.**

Please note response above.

- c. GRANTEE will track the referrals of all program services to know if the women went and received the services and if not, further help getting the women into the needed services will be provided.**

Referrals for services are tracked in the Electronic Health Record or database specifically created for this grant. Client's sign releases so Wayside is able to communicate with referral sources to track if women are utilizing those services, progress being made with referral and recommendations for changes in services. If the services provided by the referral are not appropriate, Wayside makes secondary referrals to better support the women and children and follows through with those providers.

GRANTEE will provide culturally competent staff to serve the needs of the women in the program.

At Family Treatment, 29% of the staff are individuals of color. In addition, all staff participate in cultural competency training. Melanie Heu has provided training, staff can attend the Education Series, the Native American Family Center provided training on Native American culture, parenting practices and historical trauma and Circles of Parents provided training on the African American culture and parenting. In addition, each staff person has funds to attend trainings of their choosing.

GRANTEE certifies that this 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)].

Wayside continues to be fully compliant with federal provisions detailed in Exhibit A.

GRANTEE is required to 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.

Wayside has financial resources available to staff to seek training as related to our gender specific work. Recent trainings include SIDS, shaken baby, bath safety and Relational Cultural Theory.

The GRANTEE's will participate in the data collection system including forms developed and approved by MOFAS in order to measure process and client outcomes. Grantee will, upon request, submit the data collected to assess process and outcomes.

Wayside has systems in place to track all required data either in the client's electronic health record and/or in a database specifically for MOFAS grant tracking.

Utilize a data collecting system in order to effectively evaluate programming. Submit reports to MOFAS on January 10, 2016, June 15, 2016, January 10, 2017, and June 15, 2017.

This report meets the requirement of a progress report 1/10/17.

GRANTEE's will ensure strict compliance with the Federal and State rules and guidelines regarding confidentiality of information on patients participating in to programs.

Wayside is fully HIPPA compliant and receives releases from clients for services provided outside of Wayside.

GRANTEE's will 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 will certify this compliance.

Wayside continues to be in fully compliance with the Pro-Children Act of 1994. Participants who smoke can choose to receive services provided by ClearWay Minnesota's Quit Plan through the Call it Quits Counseling Collaboration with major health plans. Individual counseling will be available to assist women who would like to quit smoking.

GRANTEE's will 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.

Through state and federal funding, Wayside is mandated to provide placement priority for pregnant women. Since the start of the grant period ten pregnant women have been placed with four giving birth at Wayside. All were born toxic free and healthy.

Pregnant women on the wait list receive a number of services from Wayside. We coordinate with probation, child protection services, etc. for the services to be provided at Wayside and to advocate on their behalf. We also provide resources such as Rule 25 Assessment/updates, alternative program recommendations, crisis line, and locations and phone numbers for Detox facilities. The client can also work with the Peer Recovery Specialist. Lastly, they can also attend the Education Series.

GRANTEE will immediately notify MOFAS in writing of any program staff changes, including a position description and resume for newly hired staff, and a plan for the continuance of the duties outlined in the grant contract.

Jess Sauter was hired as the new Family Services Counselor. Please find a copy of her resume included with this report as well as a copy of the position description.

To comply with the provisions of grant clause VII. ACCOUNTING, AUDIT AND EXAMINATION BY LEGISLATIVE AUDITOR, GRANTEE will provide the State with a copy of all signed sub-contracts for services funded under this grant contract.

Wayside has no subcontracts related to this grant.

GRANTEE's staff will obtain Criminal Background Checks on all hires with direct client contact responsibilities. GRANTEE will maintain the Criminal Background Checks on file for inspection, as requested, by MOFAS staff.

As part of the hiring process all staff undergoes a background check. Background checks on kept on file at the Family Treatment Center and available for inspection.

GRANTEE may provide incentives as gift cards, gas cards and phone cards up to a total of \$20 per participant per incentive.

- a. **GRANTEE will ensure that the gift cards and gas cards are not used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks.**

Funding was not used for incentives.

- b. **GRANTEE will ensure that the program participants receiving gift cards or gas cards will sign a statement that any gift cards issued to them will not be used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks. Any participants found to be in violation of this agreement will no longer be eligible to receive gift cards.**

Funding was not used for incentives.

GRANTEE's staff will attend scheduled quarterly meeting, when possible, with all other grant-funded Women Services grantees and the ADAD grant consultant.

No meetings have been scheduled during this time frame.

GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in site visits or attend other meetings on request.

Wayside held a site visit with ADAD during this grant time period.

GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in state-sponsored evidence-based or best practices training in areas such as parenting, children programming, trauma-informed services, family-centered and recovery services models.

No meetings have been scheduled during this time frame.

The GRANTEE agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. Minnesota Statutes section 363A.02 GRANTEE agrees to take affirmative steps to

employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

Wayside has an active nondiscrimination policy in place. This policy includes nondiscrimination based on race, color, creed, religion, national origin, sex, marital status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age.

GRANTEE agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Act.

Wayside complies with the Minnesota Act and other rules and orders of the Department of Human Rights.

GRANTEE agrees that no religious based counseling shall take place under the auspices of this grant contract.

Wayside does not provide any religious based counseling.

Resource Objectives: 2016-2017 Mid-Year Progress Report

Data collected during the period of 07/01/2016-12/31/2016

- (a.) Develop a plan to provide comprehensive, gender-specific alcohol and drug abuse treatment services to high risk mothers (pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs) and their families, specifically to those women who abuse alcohol and drugs during pregnancy or are at-risk for giving birth to a child with a Fetal Alcohol Spectrum Disorder (FASD) through the program which is centered on a supportive, multi-disciplinary case management team approach.

Agency Activities: During the grant period, 30 high-risk mothers (pregnant and parenting women suspected of or know to use or abuse alcohol or other drugs) were included in the cohort group. Out of the 30 women, three were from the outpatient family treatment program and 27 started comprehensive, gender-specific substance abuse treatment services in our residential treatment program. The women receive a co-occurring comprehensive treatment plan, and they work with a multidisciplinary team which includes: licensed alcohol and drug counselors; a trauma informed therapist; a psychiatrist; a registered nurse; recovery advocates/coaches; and, ambulatory urgent care health care services.

- (b.) Implement a referral team that represents agencies that provide services to the clients. The team will include representatives from social service agencies, child protection, public health, corrections, county financial services, chemical dependency treatment programs, medical, behavioral health, etc.

Agency activities: The multi-disciplinary team works closely with a referral team to provide services to each client. The referral team is comprised of:

- Hennepin County Project Child
- Livio (urgent care ambulatory health care services)
- Recover Health Resources (Adult Rehabilitative Mental Health Services - ARMHS)
- Hennepin Child Protection Services
- Ramsey Child Protection services
- RESOURCE's mental health clinic
- New Foundations housing program

- a. Program staff will complete individual care plans, developed by the multi-disciplinary team, for at least 30 participants.

Agency Activities: Each program participant works with her counselor, with input from the multidisciplinary team, upon admission to complete an individual care treatment plan.

- b. The team leader and multidisciplinary team will assess immediate and ongoing needs of each participant at the time of admission and weekly throughout program participation. The assessment will evaluate the client's needs for the following services: physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs. Based on the individual assessment of needs, the multidisciplinary team will provide or refer women to the needed services throughout their treatment and at the time of discharge.

Agency activities: Each program participant is assessed weekly during the clinical multidisciplinary team meeting to evaluate progress, ongoing needs, and referrals to needed services. During the grant period, we conducted ARMHS service referrals for 15 women in the cohort group for assistance with housing, education, mental health needs, and financial management.

- c. Referrals will also be made to community action agencies and other human services, or whenever a referral will be necessary.

Agency activities: Referrals to community agencies are made as needed and when participants meet eligibility for services.

- d. Program's multidisciplinary team will ensure that the following are included in each participant's care plan; 1) therapeutic interventions and trauma services to address issues of relationships, emotional, sexual and physical abuse; 2) housing, financial management and job training/education.

Agency activities: The multidisciplinary team continues to meet this goal for program participants.

- e. The case managers will ensure that all participating women have either received a mental health assessment prior to admission, or complete one if necessary during program participation. Need will be based on results from brief screening during intake and ongoing observation.

Agency Activities: This goal is being met. The program counselors and the registered nurse work collaboratively to ensure that all participants receive a

mental health assessment within 10 days of admission.

- f. The Multidisciplinary Team (MT) will assess for and refer to professional support services including domestic violence programs, sexual assault, and crisis programs.

Agency Activities: This goal is being met. The MT continues to assess in weekly team meetings and makes referrals as appropriate.

- g. GRANTEE's MT will provide culturally and gender-specific supportive educational and recreational activities, and follow-up on referrals for assessments, treatment and activities.

Agency Activities: During the grant period, program participants have taken part in culturally- and gender-specific group programming. Participants (between 15-18 mothers) in residential programming attend a weekly Family Connections group on Saturdays from 9am-11am. During the group sessions, mothers engage with their children in recreational therapeutic activities which include: a family breakfast club; health education; arts and craft activities; and, music therapy. One Saturday per month, outpatient family participants and Building Resilient Family alumni are invited to attend the support group.

- (c.) GRANTEE will reduce substance abuse among women in treatment and recovery who are either pregnant or have dependent children by providing culturally, gender-specific, comprehensive and coordinated case management services to meet participants basic needs, stabilize their family situation, improve their involvement in pre-treatment, treatment support and post-treatment recovery activities in order to maintain optimal health. GRANTEE will serve 30 women, participating in the project for a minimum of six months to a maximum of twelve (6-12) months for non-pregnant women with dependent children; and a minimum of six months to a maximum of twelve (6-12) months after the birth for pregnant women.

Agency activities: As of this reporting period, we have enrolled and served 30 women in the cohort group.

- a. GRANTEE's staff will visit with participants in their homes or in the office at a minimum of once a month to provide treatment support/recovery and maintenance service to all participants.
- b. **Agency Activities: Grantee staff meet with clients once per week for treatment support while they are in residential/primary treatment and when they are referred to Aftercare (MARFU program), the grantee staff meet with**

clients once per month for recovery maintenance support. The MARFU program continues to meet this goal for program participants. Family Case managers, Recovery Case Managers, and Peer Recovery Support Specialists will meet in home to discuss their recovery environment, provide parenting support, and provide supportive recovery-focused 1:1 sessions.

- c. GRANTEE will provide referrals to mental health counseling service as required by client. Providers of mental health services will vary and be dependent on client needs and geographical location. Referrals will be made to the client's local Human Service Department if a mental health case manager is needed.

Agency Activities: All 30 participants in the cohort have been referred to a therapist for a mental health assessment and brief therapy. In addition, the 27 participants in the residential program are required to participate in weekly mental health groups and Seeking Safety groups (trauma and substance abuse education) while engaged in residential treatment.

- d. GRANTEE's case managers will administer urinary analyses to the clients at the time of their entry, at random points during their stay in the program and at the time of discharge.

Agency Activities: All participants are administered urinary analyses at admission to either the residential or the outpatient program. Participants are also administered urinary analyses at random points during program participation.

- e. GRANTEE's case managers will aid communication between child welfare workers and substance abuse treatment providers;
 - i. support clients in overcoming barriers to health care services by assisting with MA application process, transportation, setting appointments, choosing providers etc.;
 - ii. assist client to meet basic needs, i.e. transportation, emergency financial assistance, food assistance, etc.;
 - iii. assist clients to obtain competent and dependable child care providers for their dependent children; and,
 - iv. arrange for public transportation for health care, recreational and other services.

Agency Activities: Counselors communicate with the program’s recovery advocates and recovery coaches to ensure adequate transportation for clients. Within the first week of admission, participants in residential treatment are transported by staff to the aid office to apply for MA/food assistance. In addition, the registered nurse meets with participants to assist them with primary care, pre-natal care, and post-natal care appointments including arranging staff transportation to get to and from appointments. Once clients are stable in program, recovery advocates teach them how to arrange/set-up medical cabs to medical and dental appointments. RESOURCE provides onsite child development services for children ages six weeks to 12 years while their mothers are involved in programming to eliminate transportation barriers.

- f. GRANTEE’s case managers will also provide funding for recreational opportunities and emergency funding which will assist client in achieving sobriety.

Agency Activities: Grantee staff have provided funding for holiday dinner celebrations (such as Thanksgiving, Christmas, and New Year) for participants and their children. Clients are also provided with emergency funding for items such as: diapers; infant formula; identification cards; infant car seats; and more. For example, we also provided emergency funds for psychiatric medication for a client whose insurance had unexpectedly lapsed.

- g. GRANTEE’s case managers will ensure that participants and their families will be provided referrals and support services to achieve self-sufficiency and safety in the home.
 - i. Clients in need of employment assistance will be referred to Job Services Centers by the case manager, and will be assisted to explore options to improve their employment status including GED Programs and post-secondary education options.
 - ii. The client’s housing situation will be assessed and referrals made to appropriate resources including financial resources, energy and fuel assistance. GRANTEE case managers will assist the women and their families in getting housing while participating in treatment and support services. In addition, GRANTEE will provide transportation to women to/from activities and professional appointments. GRANTEE will assist in accessing medical rides or public transportation to treatment services as needed.

Agency Activities: During the grant period, 15 participants in the cohort were found to be eligible and referred to ARMHS worker services for assistance long-term with mental health, transportation, medical appointments, housing assistance, and medication compliance. There are currently five additional participants who will be referred to ARMHS services in the next 30 days.

- h. The GRANTEE case managers will focus on the medical and social case management of the participant-centered, strengths-based care plan through the provision of home visits for parenting and prenatal education in addition to the case management services.

Agency Activity: During MARFU, Family Case managers meet weekly in home with each participating family. The focus is on parenting and building parenting skills, based off of the Parenting curriculum used in group. In addition, partnerships with community agencies (Project Child, WIC, Livio) as well as onsite nursing support at our residential facility help to initiate and support pregnant and parenting women.

- i. Recognizing the intensity of a holistic/comprehensive assessment, the case managers will utilize a rolling assessment process to identify and prioritize the needs by completing secondary assessments on a timeline that allows the client to focus on her most urgent treatment goals.

Agency Activities: Case managers complete a 90-day comprehensive treatment plan with each participant and update it as needed. Participants receive 12 weeks of parenting and prenatal education in residential treatment and up to 24 weeks of parenting education and prenatal education in outpatient treatment (MARFU).

- j. GRANTEE case managers will assess health care needs and insurance status; refer clients without health insurance to social services for access to medical assistance; and, encourage clients to establish a medical home for primary health care.

Agency Activities: At admission, case managers and the registered nurse work with clients to assess health care needs and insurance status. The registered nurse also assists participants to establish a primary care provider and mental health provider in the community. All participants must have a

community-based primary care and mental health care provider prior to discharge from program.

- k. GRANTEE's MT will provide home visiting one (1 or more) times per month, as needed, for treatment support, prenatal/parenting education, infant and child development, advocacy and assess need for referrals to support services.

Agency Activities: Family Case managers meet weekly in home with each participating family. Any referrals, support, parenting skill building, etc. can be completed and worked on during this time

- l. GRANTEE's case managers will make phone contacts and visits at other locations such as in the Women's Infant's and Children's program (WIC) clinic setting, etc. will help to keep the client and nurse connected.

Agency Activities: Case managers assisted 21 participants in establishing appointments with WIC.

- m. GRANTEE case managers will also encourage clients to do screening for hepatitis, Sexually Transmitted Infections (STI's), Human Immunodeficiency Virus/ Acquired immunodeficiency syndrome (HIV/AIDS), Tuberculosis (TB) and other screenings as appropriate; encourage routine preventive care; and, refer for tobacco cessation assistance.

Agency Activities: During the grant period, all 30 participants received education and screenings for STI, HIV/AIDS, TB and tobacco cessation at admission and during weekly health education classes. All participants receive a Mantoux screening within 72 hours of admission.

- n. GRANTEE will increase the number of healthy infants born to women in substance abuse treatment/recovery maintenance services.
 - i. GRANTEE will ensure the provision of individualized health care of all pregnant women participating in the program between November 1, 2015 – June 30, 2017 by a health professional, at entry into the program, after the baby's birth, and throughout the postpartum period to ensure that pregnant women are receiving prenatal and postpartum care.
 - ii. GRANTEE case managers will coordinate with the hospital of delivery for access to birth toxicology results; and, will develop and implement written tracking and documentation for verification of prenatal and postpartum health care which health care verification will include

tracking toxicology test results for both mothers and infants born during participation in the program.

- iii. GRANTEE will ensure toxicology screening for the mothers and infants born during program participation.

Agency Activities: Four mothers in the residential program gave birth to healthy babies while participating in program. Clinical staff and the registered nurse ensured that the mothers followed-up with pre- and post-natal care by verifying appointments and communicating with primary care provider. In addition, the mothers were assessed for postpartum depression by mental health staff (therapist/psychiatrist) after giving birth. The registered nurse obtained medical records for each mother and child, including toxicology records, all of which were negative.

(d.) GRANTEE will work to increase the number of healthy families and number of healthy infants born to women in recovery from substance abuse by providing activities in the areas of parenting, healthcare and healthy living, children support, and prenatal and post natal healthcare. Grantee will provide the following through June 30, 2017.

- a. GRANTEE will increase knowledge, confidence and positive parenting skills by providing parenting guidance and training, that include drug use effects.

Agency Activities: All 30 participants are required to attend two weekly one-hour parenting groups and one weekly two-hour family group. These sessions focus on improving and expanding parenting skills.

- b. GRANTEE will provide parenting sessions on an annual basis.

Agency Activities: All 30 participants are required to attend two weekly one-hour parenting groups and one weekly two-hour family group. These sessions focus on improving and expanding parenting skills.

- c. GRANTEE staff will screen or refer out for screening all children in custody for physical and dental health needs and provide referrals for services to meet assessed needs.
 - i. GRANTEE will assess the insurance status of the client's children/family; and, refer to social services to determine medical assistance or MN Sure eligibility.

- ii. GRANTEE will ensure routine well child exams and preventive health care including dental care for their children and family. GRANTEE will assess for health care needs of the client and significant other including tobacco cessation, family planning, mental health, etc.

Agency Activities: The program’s registered nurse and case manager work with the mothers and their children to ensure that their physical and dental needs are met and that they have an active insurance status, as well as assessment of mental health needs. All 30 participants and their children are assessed for physical, dental, and mental health needs throughout their program stay.

- d. GRANTEE will support women who drank during pregnancy and have prenatally exposed their children to alcohol by partnering with Minnesota Organization for Fetal Alcohol Syndrome (MOFAS) to provide support to women as they acknowledge and address the ramifications of their alcohol and drug use during pregnancy, via local support group or other activities.

Agency Activities: Catie Triviski from Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) provided a four-session training, called “Changing Course”, to program participants. The sessions were held on: 5/24, 5/31, 6/6, and 6/14; training sessions was held from 10:30am to noon. Changing Course is a series of educational classes for women who drank alcohol and/or used drugs during their pregnancy.

- e. GRANTEE will provide training to new mothers of infants on safe sleep practices, such as risk factors for SIDs, having all mothers watch videos on safe sleep and shaken baby syndrome. The training will also include teaching infant and child safety including child passenger safety, home safety, etc.

Agency Activities: During grant period, all 30 program participants received training and education by clinical staff on risk factors for SIDS, safe sleep, shaken baby syndrome, and infant and child safety at intake and throughout their program stay. The training and education was provided at the weekly health education groups facilitated by the registered nurse.

- (e.) GRANTEE will utilize the Ages & Stages Questionnaire (ASQ) and Ages & Stages - Social-Emotional (ASQ-SE) to identify any growth and development concerns and make referrals as indicated.

- a. Grantee will assess the participant’s children’s mental and physical health needs and refer to appropriate service providers for therapeutic interventions

to address developmental needs and issues of emotional, sexual and physical abuse, and neglect.

- b. Grantee will encourage participation of all children that are appropriate for Alateen and all family members that are appropriate for Alanon.

Agency Activities: Staff utilize the ASQ and ASQ:SE at age appropriate intervals. Referrals are made to appropriate services, including physical and mental health needs. Staff encourage participation in Alateen and Alanon.

- (f.) On discharge case managers will complete an individual continuing care plan with each project participant that specifies the goals, length and location of continuing care programming to include referrals to services within the participant's home location.

Agency Activities: Prior to discharge from treatment, the participant and the chemical health professional meet to discuss discharge recommendations and referrals. All discharge summaries include specific goals and referrals, including referral to RESOURCE's MARFU program. The MARFU program discharge includes additional referrals and resources, and referral to RESOURCE's Alumni group.

- (g.) GRANTEE will provide in person or telephone contact with participant 4 weeks from discharge to follow up on parenting and other recovery maintenance resources during transition into their community.

Agency Activities: RESOURCE family advocates and recovery coaches provide follow up via phone or in person post-discharge.

- (h.) GRANTEE will conduct formal follow up on referral, progress, and follow through during program participation of all clients.

- a. GRANTEE will utilize a formal tracking form to monitor referrals, progress, and follow through in conjunction with the policies and procedures.
- b. 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.
- c. GRANTEE will track the referrals of all program services to know if the women went and received the services and if not, further help getting the women into the needed services will be provided.

Agency Activities: RESOURCE staff track referrals and follow up in each client record. This allows team members to follow up with client on referral outcomes and make new or additional referrals as appropriate.

- (i.) GRANTEE will provide culturally competent staff to serve the needs of the women in the program.

Agency Activities: RESOURCE staff are culturally competent, as evidenced by completion of culturally appropriate trainings and continuing education, as well as implementation of culturally appropriate best practices.

- (j.) GRANTEE certifies that this 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)].

Agency Activities: RESOURCE is in compliance .

- (k.) GRANTEE is required to 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.

Agency Activities: RESOURCE staff participate in continuing education, including best practice for women and family services.

- (l.) The GRANTEE's will participate in the data collection system including forms developed and approved by MOFAS in order to measure process and client outcomes. Grantee will, upon request, submit the data collected to assess process and outcomes.

Agency Activities: RESOURCE utilizes all data collection forms developed and approved by MOFAS.

- (m.) Utilize a data collecting system in order to effectively evaluate programming. Submit reports to MOFAS on January 10, 2016, June 15, 2016, January 10, 2017, and June 15, 2017.

Agency Activities: RESOURCE utilizes a data collection system as required.

- (n.) GRANTEE's will ensure strict compliance with the Federal and State rules and guidelines regarding confidentiality of information on patients participating in to programs.

Agency Activities: RESOURCE is in compliance.

- (o.) GRANTEE's will 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 will certify this compliance.

Agency Activities: RESOURCE is in compliance.

- (p.) GRANTEE's will 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.

Agency Activity: Pregnant women are given priority for admission into our Residential and outpatient/aftercare programs.

- (q.) GRANTEE will immediately notify MOFAS in writing of any program staff changes, including a position description and resume for newly hired staff, and a plan for the continuance of the duties outlined in the grant contract.

Agency Activity: There has been no changes in program staff.

- (r.) To comply with the provisions of grant clause VII. ACCOUNTING, AUDIT AND EXAMINATION BY LEGISLATIVE AUDITOR, GRANTEE will provide the State with a copy of all signed sub-contracts for services funded under this grant contract.

Agency Activities: RESOURCE is in compliance.

- (s.) GRANTEE's staff will obtain Criminal Background Checks on all hires with direct client contact responsibilities. GRANTEE will maintain the Criminal Background Checks on file for inspection, as requested, by MOFAS staff.

Agency Activities: RESOURCE obtains Criminal Background Checks on all hires with direct client contact prior to staff start date. HR maintains all Criminal Background Checks; they are available to MOFAS upon request.

- (t.) GRANTEE may provide incentives as gift cards, gas cards and phone cards up to a total of \$20 per participant per incentive.
- a. GRANTEE will ensure that the gift cards and gas cards are not used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks.
 - b. GRANTEE will ensure that the program participants receiving gift cards or gas cards will sign a statement that any gift cards issued to them will not be used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks. Any participants found to be in violation of this agreement will no longer be eligible to receive gift cards.

Agency Activities: RESOURCE ensures that all gas gift card incentives are not for businesses that sell alcohol, tobacco or licit or illicit drugs, including energy drinks.

- (u.) GRANTEE's staff will attend scheduled quarterly meeting, when possible, with all other grant-funded Women Services grantees and the ADAD grant consultant.

Agency Activities: RESOURCE staff will attend any scheduled meetings.

- (v.) GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in site visits or attend other meetings on request.

Agency Activities: RESOURCE will provide the State with up to three (3) days each fiscal year to participate in site visits or attend other meetings on request.

- (w.) GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in state-sponsored evidence-based or best practices training in areas such as parenting, children programming, trauma-informed services, family-centered and recovery services models.

Agency Activities: RESOURCE will provide the State with up to three (3) days each fiscal year to participate in state-sponsored evidence-based or best practices training in areas such as parenting, children programming, trauma-informed services, family-centered and recovery services models.

- (x.) The GRANTEE agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. Minnesota Statutes section 363A.02 GRANTEE agrees to take affirmative steps to employ,

advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

Agency Activities: RESOURCE is in compliance

(y.) The GRANTEE must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The GRANTEE agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rule 5000.3550

Agency Activities: RESOURCE is in compliance.

(z.) GRANTEE agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Act.

Agency Activities: RESOURCE is in compliance.

(aa.) GRANTEE agrees that no religious based counseling shall take place under the auspices of this grant contract.

Agency Activities: RESOURCE is in compliance.

CRAFT Contract Objectives: 2016-2017 Mid-Year

Data collected during the period of 07/01/2016-12/31/2016

GRANTEE will satisfy the state legislative mandate appropriating dollars in the state general fund as a Fetal Alcohol Syndrome Grant to support nonprofit Fetal Alcohol Spectrum Disorders (FASD) outreach prevention programs in Olmsted County. This grant will be entitled “Olmsted County Project Community of Recovery Aiding Families in Transition (CRAFT) Program”. GRANTEE will also satisfy the goals and objectives and complete the tasks sent forth in the proposed workplan set forth, a copy of which is on file in the State office of the Department of Human Services (DHS), Alcohol & Drug Abuse Division (ADAD), 540 Cedar Street, Saint Paul, Minnesota 55155, and is incorporated into this agreement by reference. GRANTEE duties are the following:

- A. Develop a plan to provide comprehensive, gender-specific alcohol and drug abuse treatment services to high risk mothers (pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs) and their families, specifically to those women who abuse alcohol and drugs during pregnancy or are at-risk for giving birth to a child with a Fetal Alcohol Spectrum Disorder (FASD) through the CRAFT Program which is centered on a supportive, multi-disciplinary case management team approach.

A. We provided women’s specific treatment support and recovery maintenance services for 33 clients during this period. Twenty of these women were in the program at the start of this period and 13 women were admitted this period. These services were provided by the sub-contractor Dunatos.

- B. Implement an action team that represents agencies that provide services to the clients. The team will include representatives from social service agencies, child protection, public health, corrections, county financial services, chemical dependency treatment programs, Olmsted Medical Center and Mayo Clinic, Salvation Army and PAIIR.

B. We have implemented a team of representatives from all of the above agencies. Meetings are held every other month for a total of 6 meetings per year. The action team met 3 times this period. These services were provided by the sub-contractor Dunatos.

- a. Olmsted County Project Craft Program staff will complete individual care plans, developed by the multi-disciplinary team, for 90 Project CRAFT participants (45 women between 11/01/2015-06/30/2016 and 45 women between 07/01/2016-06/30/2017).

B.a. We completed individual care plans created by the multi-disciplinary team for 33 clients this period. These services were provided by the sub-contractor Dunatos.

- b. The team leader and multi-disciplinary team will assess immediate and ongoing needs of each participant at the time of admission and weekly throughout program participation. The assessment will evaluate the client's needs for the following services: physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs. Based on the individual assessment of needs, the multidisciplinary team will provide or refer women to the needed services throughout their treatment and at the time of discharge.

B.b. The grantee assessed the physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs of 33 clients this period.

We referred to and/or ensured clients were receiving services from the following:

30 clients to County Assistance (including financial, food and medical assistance), 12 to Olmsted County Child Protection, 1 to Wabasha County Child Protection, 1 to Winona County Child Protection, 5 to Olmsted County Parent Support and Outreach Program (PSOP), 1 to Fillmore County Child and Family Services, 1 to Olmsted County Mental Health Social Worker, 2 to Olmsted County Victim Services, 15 to Olmsted Medical Center for physical health and 4 for mental health, 18 to Mayo Clinic for physical health and 5 for mental health, 2 to Generose, 1 to the Rochester VA Clinic for physical and mental health, 2 to Planned Parenthood, 5 to Valhalla Dental, 6 to Apple Tree Dental, 4 to Rochester Community Dental, 1 to Grant Flourine D.D.S., 2 to Blue Stem Mental Health Center, 1 to Riverstone Psychological Services, 2 to Psychological Consultants, 6 to Empower CTC for mental health services and 6 for chemical health services, 1 to Fountain Centers, 1 to Fernbrook Family Center, 2 to Pathways Halfway House, 4 to Zumbro Valley Health Center for chemical health and 7 for mental health, 1 to Crossroads Treatment, 3 to Odyssey Treatment, 4 to Common Ground Treatment Center, 3 to Associates in Psychiatry and Psychology, 4 to Avalon Counseling Services L.L.C., 4 to Adult Rehabilitative Mental Health Services (ARMHS), 1 to Olmsted County DBT, 1 to Highland Meadows DBT, 2 to Sharon Davern (therapist), 1 to Reset My Soul, 1 to Mercy's Place, 1 to Moving On (Olmsted County), 4 to Hawthorne Adult Education, 1 to Rochester Community and Technical College (RCTC), 1 to Rasmussen College, 10 to a Public Health Nurse (home visits), 16 to Public Health Services (in group), 19 to Parents Are Important in Rochester (PAIIR-in group), 4 to the Zumbro Valley Crisis Line (in group), 9 to the YMCA (in



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group), 5 to EmPower CTC Codependency Education (in group), 5 to EmPower CTC Mental Health Education (in group), 9 to EmPower CTC Credit and Budgeting Education (in group), 24 to Women, Infants, Children Program (WIC), 3 to Families First of Minnesota, 2 to Crisis Nursery, 1 to Family Access Center (run by Family Service Rochester), 1 to Baby Steps, 1 to Cradle of Hope, 3 to Birthright, 6 to First Care, 5 to Rochester Workforce Center, 4 to Olmsted County Housing and Redevelopment Authority (OCHRA), 7 to Salvation Army (housing), 3 to Zumbro Valley Housing Services and Outreach, 2 to Interfaith Hospitality Network, 3 to Women's Shelter, 2 to the Bridges Program, 2 to Gage East (housing), 1 to Cronin Home, 5 to Three Rivers, 5 to Energy Assistance Program, 1 to Rochester Outreach Center, 3 to Society of St. Vincent de Paul, 5 to Rochester Workforce Center, 1 to Kelly Services, 10 to Channel One Food Shelf, 7 to medical rides, 2 to YMCA, 1 to Legal Assistance of Olmsted County, 33 to AA/NA or, 3 to Celebrate Recovery, 5 to Recovery is Happening, 2 to Next Chapter Ministries, 17 to Olmsted Corrections, 1 to Mower Corrections, 1 to Dodge Corrections, 1 to Wabasha Corrections, and one to Goodhue Corrections. The sub-contractor, Dunatos, provided these referrals to clients to meet their ongoing needs.

- c. Referrals will also be made to community action agencies and other human services, or whenever a referral will be necessary.

B.c. See section B.b. for referrals.

- d. Program's multidisciplinary team will ensure that the following are included in each participant's care plan; 1) therapeutic interventions and trauma services to address issues of relationships, emotional, sexual and physical abuse; 2) housing, financial management and job training/education.

B.d. We included in each participant's care plan therapeutic interventions, trauma services, housing, financial management, and job training/education on an as needed basis for 33 clients this period. Reference section B.b. for referrals. The sub-contractor, Dunatos, provided these referrals to clients to meet their ongoing needs.

- e. The case managers will ensure that all participating women have either received a mental health assessment prior to admission, or complete one if necessary during program participation. Need will be based on results from brief screening during intake and ongoing observation.

B.e. The grantee ensured that 33 clients received a mental health assessment, if necessary, either prior to admission or during program

participation. Referrals to mental health providers were made if needed. Also, the grantee completed initial ASAM score ratings for 13 clients that were admitted, 4 clients who had participated for over one year, and 14 clients who were discharged or graduated this period. These services were provided by the sub-contractor Dunatos.

- f. The Multidisciplinary Team (MT) will assess for and refer to professional support services including domestic violence programs, sexual assault, and crisis programs.

B.f. See section B.d.

- g. GRANTEE's MT will provide culturally and gender-specific supportive educational and recreational activities, and follow-up on referrals for assessments, treatment and activities.

B.g. All CRAFT activities are geared to address the needs of women with a history of substance abuse who are also pregnant and/or parenting.

- C. GRANTEE will reduce substance abuse among women in treatment and recovery who are either pregnant or have dependent children by providing culturally, gender-specific, comprehensive and coordinated case management services to meet participants basic needs, stabilize their family situation, improve their involvement in pre-treatment, treatment support and post-treatment recovery activities in order to maintain optimal health. GRANTEE will serve 45 women annually, participating in Project CRAFT Program for a minimum of six months to a maximum of twelve (6-12) months for non-pregnant women with dependent children; and a minimum of six months to a maximum of twelve (6-12) months after the birth for pregnant women.

C. See sections C.a. - C.n.

- a. GRANTEE's Olmsted County staff will visit with participants in their homes or in the office at a minimum of once a month to provide treatment support/recovery and maintenance service to all participants.

C.a. This period the multi-disciplinary team completed 13 home or office visits in July, 18 in August, 11 in September, 15 in October, 14 in November, and 14 in December. We also see these clients during our bi-weekly support groups. We offered 8 support groups in July, 8 in August, 8 in September, 6 in October, 7 in November, and 8 in December. These services were provided by the sub-contractor Dunatos.

- b. GRANTEE will provide referrals to mental health counseling service as required by client. Providers of mental health services will vary and be dependent on client

needs and geographical location. Referrals will be made to the client's local Human Service Department if a mental health case manager is needed.

C.b. We assured that 33 clients had their mental health needs met. We referred for mental health assessments and treatment as needed. See section B.b. for referrals. These services were provided by the sub-contractor Dunatos.

- c. GRANTEE's case managers will administer urinary analyses to the clients at the time of their entry, at random points during their stay in the program and at the time of discharge.

C.c. We have conducted 13 alcohol and drug tests near entry, 86 throughout, and 2 near graduation. We were unable to obtain urinary analyses on many of the clients who were discharged, due to loss of contact or lack of participation. These services were provided by the sub-contractor Dunatos.

- d. GRANTEE's case managers will aid communication between child welfare workers and substance abuse treatment providers;
 - i. support clients in overcoming barriers to health care services by assisting with MA application process, transportation, setting appointments, choosing providers etc.;

C.d.i. We have provided assistance with the MA application process as well as transportation to, or assistance obtaining, health care services on an as needed basis for any clients in need of those services this period. These services were provided by the sub-contractor Dunatos.

- ii. assist client to meet basic needs, i.e. transportation, emergency financial assistance, food assistance, etc.;

C.d.ii. We have transported 13 clients to CRAFT group and/or professional services this period. We also provided gas vouchers to 21 clients and bus passes to 1 client for support activities this period. We have provided baby care necessities (diapers and wipes) to 17 clients this period. These services were provided by the sub-contractor Dunatos.

- iii. assist clients to obtain competent and dependable child care providers for their dependent children; and,

C.d.iii. See section C.e regarding assistance with childcare.

- iv. arrange for public transportation for health care, recreational and other services.

C.d.iv. We have provided bus passes to 1 client to assist with public transportation this period. These services were provided by the sub-contractor Dunatos.

- e. The OCPCP's MT team will make referrals to Families First of Minnesota for women who are engaged in treatment services and do not have licensed childcare available, or provide assistance in accessing licensed childcare at no charge to allow the client to carry out their treatment plan of care and to facilitate the mothers' participation

C.e. We have provided 3 clients with referrals to Families First of Minnesota this period and 2 clients specifically to the Crisis Nursery program. These services were provided by the sub-contractor Dunatos.

- f. GRANTEE's case managers will also provide funding for recreational opportunities and emergency funding through the PH program which will assist client in achieving sobriety.

C.f. We host and fund a recreational social event the first Monday of each month for clients who are eligible to attend. We held 6 social events during this period. No funding through the PH program was utilized this period. These services were provided by the sub-contractor Dunatos.

- g. GRANTEE's case managers will ensure that participants and their families will be provided referrals and support services to achieve self-sufficiency and safety in the home.

- i. Clients in need of employment assistance will be referred to Job Services Centers by the case manager, and will be assisted to explore options to improve their employment status including GED Programs and post-secondary education options.

C.g.i. We have provided referrals and information for clients regarding job search and educational activities as needed this period. See B.b. for job search and educational referrals. These services were provided by the sub-contractor Dunatos.

- ii. The client's housing situation will be assessed and referrals made to appropriate resources including financial resources, energy and fuel

assistance. GRANTEE case managers will assist the women and their families in getting housing while participating in treatment and support services. In addition, GRANTEE will provide transportation to women to/from CRAFT activities and professional appointments. GRANTEE will assist in accessing medical rides or public transportation to treatment services as needed.

C.g.ii. We have provided referrals and information for clients regarding housing, financial resources and energy/fuel assistance as needed this period. See C.g.ii. regarding transportation. See B.b. for assistance referrals. These services were provided by the sub-contractor Dunatos.

- iii. GRANTEE's early childhood educator and case managers will assess the safety of the client's housing situation using the Home Safety Checklist, and assistance will be provided to obtain home safety supplies including smoke detectors, batteries, cupboard latches, outlet covers, etc.

C.g.iii We have assessed the homes of clients during home visits and offered assistance with any necessary safety supplies. The early childhood educator provided Home Safety checklists to all clients that we met with and supplies as needed. These services were provided by the sub-contractor Dunatos.

- h. The GRANTEE case managers will focus on the medical and social case management of the participant-centered, strengths-based care plan through the provision of home visits for parenting and prenatal education in addition to the case management services.

C.h. See section C.a. regarding home visits. The childhood educator and case managers developed and utilized a strengths-based care plan and offered parenting and prenatal education at all home visits this period. These services were provided by the sub-contractor Dunatos.

- i. Recognizing the intensity of a holistic/comprehensive assessment, the case managers will utilize a rolling assessment process to identify and prioritize the needs by completing secondary assessments on a timeline that allows the client to focus on her most urgent treatment goals.

C.i. See section B.a. regarding individual care plans.

- j. GRANTEE case managers will assess health care needs and insurance status; refer clients without health insurance to social services for access to medical assistance; and, encourage clients to establish a medical home for primary health care.

C.j. See sections B.b. and C.d.i. regarding referrals to and assistance with obtaining medical assistance (social services) and a medical facility.

- k. GRANTEE's MT will provide home visiting one (1 or more) times per month, as needed, for treatment support, prenatal/parenting education, infant and child development, advocacy and assess need for referrals to support services.

C.k. This period our licensed early childhood educator has met with clients and their children for home or office visits. The early childhood educator had visits with 8 children in July, 7 in August, 8 in September, 8 in October, 9 in November, and 14 in December. Treatment support, prenatal/parenting education, infant and child development, advocacy and assessing needs for referrals to support services is implemented by both the case managers and the childhood educator based on the professional's knowledge of the subject. These services were provided by the sub-contractor Dunatos.

- l. GRANTEE's case managers will make phone contacts and visits at other locations such as in the Women's Infant's and Children's program (WIC) clinic setting, etc. will help to keep the client and nurse connected.

C.l. See section B.b. regarding referrals made to the WIC program.

- m. GRANTEE case managers will also encourage clients to do screening for hepatitis, Sexually Transmitted Infections (STI's), Human Immunodeficiency Virus/ Acquired immunodeficiency syndrome (HIV/AIDS), Tuberculosis (TB) and other screenings as appropriate; encourage routine preventive care; and, refer for tobacco cessation assistance.

C.m. See Section B.b. regarding referrals to health care providers.

- n. GRANTEE will increase the number of healthy infants born to women in substance abuse treatment/recovery maintenance services.
 - i. GRANTEE will ensure the provision of individualized health care of all pregnant women participating in the program between November 1, 2015 – June 30, 2017 by a health professional, at entry into the program, after the baby's birth, and throughout the postpartum period to ensure that pregnant women are receiving prenatal and postpartum care.

C.n.i. We ensured that individualized health care was provided for 10 clients who were pregnant this period. See Section B.b. regarding referrals

to health care providers. This service was completed by the sub-contractor Dunatos.

- ii. GRANTEE case managers will coordinate with the hospital of delivery for access to birth toxicology results; and, will develop and implement written tracking and documentation for verification of prenatal and postpartum health care which health care verification will include tracking toxicology test results for both mothers and infants born during participation in the program.

C.n.ii. We had 7 births this period and requested toxicology screens and access to medical records for each pregnant client upon admit. This service was completed by the sub-contractor Dunatos.

- iii. GRANTEE will ensure toxicology screening for the mothers and infants born during program participation.

C.n.iii We have received the toxicology results for 6 of the 7 infants born this period and 6 of the 7 mothers who gave birth this quarter. Five of the 6 infants tested were negative for all substances at birth. Five of the 6 mothers tested was negative for all substances at the time of delivery. One infant and mother tested positive for marijuana at the time of delivery. One infant and mother were not tested due to hospital error. CRAFT staff sent a request for toxicology screens to be performed upon delivery however they were missed. This service was compiled by the sub-contractor Dunatos.

- iv. GRANTEE will provide education on FASD and the effects of other drugs to participants through printed materials and at least quarterly training sessions.

C.n.iv. All 33 participants have had FASD and the effects of other drugs education printed materials available to them this period. CRAFT has provided information at group sessions or home visits at least once per quarter. We will continue to offer this service at least quarterly. This service was completed by the sub-contractor Dunatos.

- D. GRANTEE's MT will work to increase the number of healthy families and number of healthy infants born to women in recovery from substance abuse by providing activities in the areas of parenting, healthcare and healthy living, children support, and prenatal and post-natal healthcare. Grantee will provide the following activities from November 1, 2015 – June 30, 2017.

D. We have a PAIR parenting facilitator come to group sessions twice a month during the school year and once a month in the summer to provide parenting training. There have been 19 clients that have received this training at group, though it was available to all participants. We have met with PAIR each quarter to discuss individual progress. The parenting training was provided by PAIR. We also have a public health nurse come to group sessions approximately once a month to provide parenting training. There have been 16 clients that have received this training at group, though it was available to all participants. The parenting training was provided by Olmsted County Public Health.

- a. GRANTEE will increase knowledge, confidence and positive parenting skills by providing parenting guidance and training that includes drug use effects.

D.a. See section C.n.i.v. regarding FASD and effects of other drugs education and section D. regarding parenting training.

- b. GRANTEE will contract with a parenting facilitator to provide a minimum of twenty-one (21) one-hour group sessions of parenting training on an annual basis to all participants, two (2) one-hour group sessions per month during the school year (September – May) and one (1) one-hour group session per month during non-school months (June –August) for each grant year. The training will include at least twenty-one (21) one- hour group sessions by Parents Are Important in Rochester (PAIR), using PAIR’s Parenting Curriculum.

D.b. See section D. regarding parenting training.

- i. Grantee will meet with facilitator each quarter to review individual participant’s progress. Participants found to need additional parenting education skills will be referred to further training and one-to-one parenting education.

D.b.i. We have contact with the PAIR educator a minimum of once a month to review group topics and progress. Participants are referred on an as needed basis to additional parenting education through the PAIR program. This service was completed by the sub-contractor Dunatos.

- ii. Grantee will administer the Adult Adolescent Parenting Inventory – Version 2: (AAPI-2) as a pre-test within ten (10) days of admission for each client, and again towards the end of the program with each client when they have completed the parenting education and training sessions.

D.b.ii. We utilize the Adult-Adolescent Parenting Inventory. We have

administered the pre-test to 13 clients who were admitted this period within 10 days of admission. We have administered the post-test to 2 clients who have completed the parenting education this period. These services were provided by the sub-contractor Dunatos.

- iii. GRANTEE will utilize an evidence-based curriculum to assess, teach and model parenting skills, i.e. Nurse Child Assessment Satellite Training (NCAST), Growing Great Kids (GGK).

D.b.iii. The early childhood educator (contracting with the subcontractor Dunatos), PAIR, and Olmsted County Public Health use evidence-based curriculums to assess, teach and model parenting skills in the group and home visit setting. This service was completed by the sub-contractor Dunatos, PAIR and Olmsted County Public Health.

- c. GRANTEE staff will screen or refer out for screening all children in custody for physical and dental health needs and provide referrals for services to meet assessed needs.

D.c. We have assessed the needs of 54 children to ensure their physical health and dental care needs are met. We ensured services were being received (or made a referral) for 21 children to Olmsted Medical Center, 31 children to Mayo Clinic, 1 to Winona Health, 1 to Stanley Jones Physical Therapy, 3 to Apple Tree Dental, and 5 to Valhalla Dental. In some cases, mothers had parental rights but did not have their children in their care due to a CPS case. We still ensured that their physical and dental needs were met but did not need to make referrals. These services were provided by the sub-contractor Dunatos.

- i. Grantee will ensure that all children whose mother is in the OCPC program are up-to-date on immunizations.

D.c.i. We have ensured that 54 children are up-to-date on immunizations. These services were provided by the sub-contractor Dunatos, Mayo Clinic, and Olmsted Medical Center.

- ii. Grantee will refer participants to the Women's Infant's and Children's program, Minnesota Family Investment Program, and the Public Nurse Home Visiting Program for newborns upon admission into the OCPC program.

D.c.ii. We have referred 7 children that was born this period to the Women's, Infant's and Children's program, Minnesota Family Investment

Program, and the Public Nurse Home Visiting Program. Thirty children this period utilized the WIC program and 9 children had an assigned public health nurse. See section B.b. for all referrals to the above programs. These referrals were provided by the sub-contractor Dunatos.

- iii. Grantee will refer participant to additional treatment/support services which grantee deems needed including, but not limited to; family planning, mom and baby classes through ECFE, information on child development, and breast feeding support network information.

D.c.iii. We have referred 19 clients to parenting classes through PAIR within our group services. These referrals were provided by the sub-contractor Dunatos and PAIR. See additional referrals pertaining to the above services in section B.b. (including Planned Parenthood, Public Health, and WIC).

- iv. GRANTEE will assess the insurance status of the client's children/family; and, refer to social services to determine medical assistance or MN Sure eligibility.

D.c.iv. See section C.d.i. regarding assistance with medical insurance and services.

- v. GRANTEE will ensure routine well child exams and preventive health care including dental care for their children and family. GRANTEE will assess for health care needs of the client and significant other including tobacco cessation, family planning, mental health, etc.

D.c.v. We have ensured that 33 clients and 54 children have had access to child exams and preventative health care this period. See sections B.b. and D.c. for health care referrals. These referrals were provided by the sub-contractor Dunatos.

- d. GRANTEE will ensure that the Early Childhood Educator will provide prenatal and post-natal health education including nutrition. The staff will require pregnant women to follow pre-natal medical care and coordinate care with primary medical provider.

D.d. We ensured that prenatal and postnatal health education was provided for 10 clients who were pregnant and/or gave birth this period. See Section B.b. regarding referrals to health care providers. These services were provided by the sub-contractor Dunatos.



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- e. GRANTEE will support women who drank during pregnancy and have prenatally exposed their children to alcohol by partnering with Minnesota Organization for Fetal Alcohol Syndrome (MOFAS) to provide support to women as they acknowledge and address the ramifications of their alcohol and drug use during pregnancy, via local support group or other activities.

D.e. FASD education is provided by CRAFT case managers, as well as EmPower's medical director Ann Lansing who is a Certified Addictions Registered Nurse- Advanced Practice, on a quarterly basis during group services. These services were provided by the sub-contractor Dunatos.

- f. GRANTEE will ensure that the MT will provide training to new mothers of infants on safe sleep practices, such as risk factors for SIDs, having all mothers watch videos on safe sleep and shaken baby syndrome. The training will also include teaching infant and child safety including child passenger safety, home safety, etc.

D.f. We provided training on infant and child safety to all of our clients this period through home visits and group sessions. Various safety topics were also addressed by a trained PAIR parent educator and a public health nurse in the group setting. These services were provided by an on-staff early childhood educator (contracting with the subcontractor Dunatos), PAIR and Olmsted County Public Health.

- E. GRANTEE will work to decrease the likelihood children of women in substance abuse treatment support or recovery maintenance services and increase substance abuse protective factors, reduce substance abuse risk factors and increase resilience of clients' children by providing strength-based age-appropriate children's programming, through contract with Parents Are Important in Rochester (PAIR), for children in the custody of ninety (90) OCPCP participants (forty five (45) women between 11/01/2015 – 06/30/2016 and forty five (45) women between 07/01/2016 – 06/30/2017).

E. See section I.b. regarding children's programming.

- F. The Early Childhood Educator, with oversight by case managers, will refer children and adolescents for diagnostic assessments and therapeutic interventions related to drug addiction, mental and emotional health, and family wellness. The assessment will address: mental health, developmental needs and issues of emotional, sexual and physical abuse, and neglect. Documentation will be made of referral, progress, and follow through.

F. Our multi-disciplinary team is working with the clients to assess and address the therapeutic needs of their children. Referrals have been made to Fernbrook (1), Olmsted County Youth Behavioral Health (1), Rochester



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School District- ECSE (1), Head Start (1), Early Head Start (3), PAIR (2), Boys & Girls Club (6), the YMCA (2), and the Imagination Library (8). These services were provided by the sub-contractor Dunatos.

- G. GRANTEE case managers will ensure that all children of the OCPC program participants are up-to-date on immunizations, and will receive primary pediatric care, including immunizations and dental care from their provider or by referral to local resources including: Public Health Clinics, Children’s Dental Health Services, Rochester, Community Dental, Apple Tree Dental, and others.

G. See section D.c. regarding physical health referrals and D.c.i. regarding immunizations.

- H. GRANTEE will utilize the Ages & Stages Questionnaire (ASQ) and Ages & Stages - Social-Emotional (ASQ-SE) to identify any growth and development concerns and make referrals as indicated.

H. The childhood educator assesses all dependent children of clients that we have contact with using the age appropriate ASQ-3 at the beginning, middle and final stages of their participation in the program. The childhood educator has completed 14 ASQ-3s at admit or shortly after birth, 2 ASQ-3s at midpoint, and 2 ASQ-3s at the end of their time in CRAFT. The childhood educator has provided referrals as needed based on the results of the assessments. The childhood educator follows the same protocol as with the ASQ-3. The childhood educator has completed 4 ASQ-SEs at admit or shortly after birth, 2 ASQ-SEs at midpoint and 4 ASQ-SEs at the end of their time in CRAFT this period. These services were provided by the sub-contractor Dunatos.

- a. Grantee will assess the participant’s children’s mental and physical health needs and refer to appropriate service providers for therapeutic interventions to address developmental needs and issues of emotional, sexual and physical abuse, and neglect.

H.a. We have assessed 54 children in order to meet their mental and physical health needs. See sections D.c. and G. for referrals. These referral services were provided by the sub-contractor Dunatos.

- b. Grantee will provide an early childhood educator to provide 2 –hour group session two (2) times per week for children age 1-17 of the women in the program each quarter. Provided there are children in the following age ranges, there will be at least 2 groups each week for each age range, Groups will be divided similar to the following breakdown: ages one to three (1 to 3), ages three through six (3 to 6);

ages seven through twelve (7 to 12); and ages thirteen to seventeen (13 to 17), for a total of four (4) hours of programming per week for the children.

H.b. We have a licensed childhood educator on staff come to group twice a week to provide children's programming. This period there were 8 support groups in July, 8 in August, 8 in September, 6 in October, 7 in November, and 8 in December. Of the 25 children who participated in this group programming there were 22 children in the 0-3 age group, there were 2 children in the 4-6 age group, there was 1 child in the 7-12 age group, and there were 0 children in the 13-17 age group served. Some of these children came twice each week, but some only came once a week due to school, transportation, appointments, and parental attendance. In some cases, some of the mothers had parental rights but did not have their children in their care due to a CPS case. Therefore, there were a number of children that did not attend this programming. The children's programming is provided by the licensed childhood educator and Dunatos.

- c. Grantee will encourage participation of all children that are appropriate for Alateen and all family members that are appropriate for Alanon.

H.c. We have encouraged participation of all children and family members that are appropriate for Alateen or Alanon.

- I. On discharge case managers will complete an individual continuing care plan with each CRAFT project participant that specifies the goals, length and location of continuing care programming to include referrals to services within the participant's home location.

I. We have provided 2 clients with individual continuing care plans at graduation. At times, clients were discharged due to loss of contact or were unwilling to meet with staff prior to discharge and it was not possible to provide continuing care plans. This service was provided by the grantee and the sub-contractor Dunatos.

- J. GRANTEE will provide in person or telephone contact with participant 4 weeks from discharge to follow up on parenting and other recovery maintenance resources during transition into their community.

J. We have provided in person or telephone contact with 2 clients during week four following graduation. These clients with whom we followed up with needed no further assistance with transition into their communities. Clients are reminded at their final home visit that as alum of the program they are always welcome back to groups and social events for further support. It appears we are providing adequate referrals for resources upon

graduation. These services were provided by the sub-contractor Dunatos.

- K. GRANTEE will conduct formal follow up on referral, progress, and follow through during program participation of all clients.
 - a. GRANTEE will utilize a formal tracking form to monitor referrals, progress, and follow through in conjunction with the policies and procedures.
 - b. 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.
 - c. GRANTEE will track the referrals of all program services to know if the women went and received the services and if not, further help getting the women into the needed services will be provided.

K. (a.-c.)- We have utilized a database and a data specialist from Airlinks Networks Inc., as well as program staff, to track referrals and client progress, home visits, group attendance, transportation, consultations with other case workers and phone contact for all clients this period. Summaries of interactions with clients and case workers are kept in a paper file as well. These services were provided by the sub-contractor Dunatos and Airlinks Networks Inc.

- L. GRANTEE will provide culturally competent staff to serve the needs of the women in the program, reflecting the cultures represented in the Rochester and surrounding area.

L. CRAFT case managers and childhood educator have had cultural diversity training through their degree programs and continue to attend cultural diversity training workshops as required by their respective licenses.

- M. GRANTEE certifies that this 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)].

M. Although CRAFT is not a Rule 31 licensed treatment program, pregnant drug-abusing women get advocacy and action when reporting laws or priority treatment status comes into play. Staff will encourage the women to self-report and empower themselves. However, when it becomes necessary to take involuntary action such as notifying a screening unit or

child protection intake regarding danger to a fetus staff will do so.

- N. GRANTEE is required to 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.

N. CRAFT staff attends continuing education training as needed to fulfill the requirements of their respective licenses. The majority of the trainings are related to chemical and/or mental health services and best practice models.

- O. The GRANTEE's will participate in the data collection system including forms developed and approved by MOFAS in order to measure process and client outcomes. Grantee will, upon request, submit the data collected to assess process and outcomes.

O. CRAFT staff continuously collects data from admit to discharge of each client who participates in the CRAFT program. We utilize forms developed by CRAFT staff and a database developed by Airlinks Networks Inc. to measure progress and outcomes. We submit the data to MOFAS as requested. These services were provided by the sub-contractor Dunatos and Airlinks Networks Inc.

- P. Utilize a data collecting system in order to effectively evaluate programming. Submit reports to MOFAS on January 10, 2016, June 15, 2016, January 10, 2017, and June 15, 2017.

P. See section O. regarding data collection and submission of data.

- Q. GRANTEE's will ensure strict compliance with the Federal and State rules and guidelines regarding confidentiality of information on patients participating in to programs.

Q. We are in compliance and emphasize the importance of confidentiality to the participants upon admit and continuously throughout the program. Clients sign an informed consent form upon admission stating they will abide by confidentiality rules and guidelines. We obtain and keep on file releases of information for any client information staff shares.

- R. GRANTEE's will 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 will certify this compliance.

R. We have this in our facility clauses and talk about the positives of having

a smoke-free environment for children and adults. Dunatos assures that no smoking is ever allowed inside the premises, near entry ways, or while children and adults are being transported in agency vehicles.

- S. GRANTEE's will 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.

S. See section M. regarding preference in admission to treatment centers and provide interim services to pregnant women in need of treatment. This also applies to IDUs.

- T. GRANTEE will immediately notify MOFAS in writing of any program staff changes, including a position description and resume for newly hired staff, and a plan for the continuance of the duties outlined in the grant contract.

T. We have immediately notified MOFAS in writing of any program staff changes and have provided any required paperwork. Our former case manager resigned in October 2016 and we notified MOFAS of her end date (10/28/2016). We hired a new case manager in October 2016 and notified MOFAS of her start date (10/24/2016) with CRAFT.

- U. To comply with the provisions of grant clause VII. ACCOUNTING, AUDIT AND EXAMINATION BY LEGISLATIVE AUDITOR, GRANTEE will provide the State with a copy of all signed sub-contracts for services funded under this grant contract.

U. To the CRAFT staff's knowledge, the State has all signed contracts for this grant. We have not been informed otherwise.

- V. GRANTEE's staff will obtain Criminal Background Checks on all hires with direct client contact responsibilities. GRANTEE will maintain the Criminal Background Checks on file for inspection, as requested, by MOFAS staff.

V. CRAFT and the sub-contractor Dunatos have obtained background checks on all employees and interns who have direct client contact responsibilities and the background checks are maintained on file.

- W. GRANTEE may provide incentives as gift cards, gas cards and phone cards up to a total of \$20 per participant per incentive.



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- a. GRANTEE will ensure that the gift cards and gas cards are not used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks.

W.a. The gift cards we provide are for fuel only and cannot be used on merchandise.

- b. GRANTEE will ensure that the program participants receiving gift cards or gas cards will sign a statement that any gift cards issued to them will not be used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks. Any participants found to be in violation of this agreement will no longer be eligible to receive gift cards.

W.b. The gift cards we provide are for fuel only and cannot be used on merchandise.

- c. GRANTEE will provide incentives based on the following criteria:

- i. Monthly Social Events are based on a woman's attendance in CRAFT groups. In the month prior to the Social Event, a woman must attend a minimum of three (3) groups and/or be working full time or attending school. Social Events are a CRAFT group activity that varies from month to month depending on client interest and weather.

W.c.i. We have held and funded 6 social events during this period for the clients who attended the minimum of three group sessions the month prior or are attending school or work full-time.

- ii. Gift cards are typically a fifteen (\$15) dollar card for gas or a sixteen dollar (\$16) bus card, these are given once a month to a mother who is a CRAFT program participant when she schedules and keeps an appointment with her case manager for a home visit.

W.c.ii. We provided 46 \$15 gas cards and 1 \$16 bus pass this period.

- iii. Gift cards of \$20.00 are given when a woman completes an education program, such as a General Educational Development (GED) program, a parenting-related program or starts employment.

iv.

W.c.iii. We provided a \$20 fuel gift card to 2 clients upon completion of the CRAFT program this period.

- X. GRANTEE's staff will attend scheduled quarterly meeting, when possible, with all other grant-funded Women Services grantees and the ADAD grant consultant.

X. Grantee and sub-contractor Dunatos is willing to participate in quarterly meetings with other grant-funded Women Services grantees and the ADAD grant. We have not been requested to do so in this reporting period.

- Y. GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in site visits or attend other meetings on request.

Y. Grantee and sub-contractor Dunatos is willing to participate in site visits and attend other meetings. The CRAFT site visit was held at EmPower CTC on August 24, 2016.

- Z. GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in state-sponsored evidence-based or best practices training in areas such as parenting, children programming, trauma-informed services, family-centered and recovery services models.

Z. Grantee and sub-contractor Dunatos is willing to participate in state-sponsored evidence-based or best practices trainings. We have not been requested to do so in this reporting period.

- AA. The GRANTEE agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. Minnesota Statutes section 363A.02 GRANTEE agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

AA. The CRAFT staff and sub-contractor Dunatos does not discriminate due to race, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regards to current employees or applicants. CRAFT staff agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

- BB. The GRANTEE must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The GRANTEE agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or



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transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rule 5000.3550

BB. The CRAFT staff and sub-contractor Dunatos does not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. CRAFT staff agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices.

- CC. GRANTEE agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Act.

CC. The CRAFT program is in compliance with the Minnesota Human Rights Act.

- DD. GRANTEE agrees that no religious based counseling shall take place under the auspices of this grant contract.

DD. The CRAFT staff and sub-contractor Dunatos adhered to this agreement and no religious based counseling took place under the auspices of this grant contract during this period.

Success Story

Section 1: General Information

Service Provider: Wayside

Section 2: Services and Outcomes

Although Wayside is able to celebrate many success stories, one story stands out is the story of Angela. Angela is a 37 year-old Caucasian female. She entered Family Treatment when she was 12 weeks pregnant and with her first child. Angela's drug of choice was heroin and methamphetamine. Angela was also actively participating in prostitution at admit. Because of her heroin use, Angela was receiving medication assisted therapy (MAT) to ensure that she would have a healthy pregnancy. MAT was also used to manage her cravings and withdrawal symptoms.

Angela was involved with Hennepin County Drug Court, Hennepin County Project Child, Breaking Free, Pride, and receiving medical and OBGYN/Pre-natal services through HCMC. While receiving services, Angela reported that Breaking Free and Pride helped her to develop positive and supportive relationships. Angela successfully completed the Breaking Free program the same day that she completed outpatient services at Wayside. Although she completed the program, Angela realized she could still benefit from attending groups there and has been regularly doing so.

At Wayside, Angela was open to all referrals made, understanding that these additional supports would help her realize long-term sobriety. Angela also was committed to regularly attending all programming during her residential and outpatient involved with the Family Treatment Center. During her time at Wayside, Angela had no positive UA's or BA's. Through Breaking Free's programming and Wayside's services, Angela continued to work on her goal of no longer engaging in prostitution and has successfully abstained from returning.

Angela successfully completed all of her residential and outpatient treatment goals and recommendations. She reported and displayed motivation to continue to engage in a sober lifestyle for the rest of her life. This month, Angela gave birth to a healthy and chemically free baby. Angela continues to work on her recovery journey by attending sober support groups at least twice a week and also has a sponsor.

Success Story

Section 1: General Information

Service Provider: Resource

Section 2: Services and Outcomes

On November 15, 2016 Building Resilient Families (BRF) residential program admitted a 25 year old Asian American (Hmong) pregnant woman. At intake the client reported that she had not sought pre-natal care during her pregnancy and she thought her baby was due in January 2017. Client admitted to staff that she used methamphetamine throughout her pregnancy and a child protection report was made. Client decided to seek treatment due to family encouraging her to seek help.

Upon intake client met with program RN to complete health assessment. RN assisted client in establishing prenatal care and made all necessary medical appointments for client. Client was transported to all medical appointments by program staff (Recovery Advocates) and was seen weekly for prenatal care. Client learned that her due date was December 4, 2016.

Client met with counselor within the first week of admission to complete comprehensive treatment plan. Client attended all residential groups including two weekly parenting groups. Within 10 days of admission client met with mental health therapist to complete with a diagnostic assessment and met with program psychiatrist for evaluation. Client met with program nurse weekly and received health education on areas related to prenatal care and infant safety.

Client had a healthy baby on December 4, 2016. Staff assisted her in bonding with newborn and obtaining necessary items for baby including applying for WIC. Client was diagnosed with post-partum depression following the birth of her baby by program psychiatrist and continues to be assessed on a weekly basis. Client is also receiving therapy for anger management. Client continues to reside in residential treatment and is actively working towards her goals. Client verbalized experiencing moments of wanting to give up on treatment however she has stated that the reason she has decided to continue is because of the support she has received in treatment.

Success Story

Section 1: General Information

Service Provider: CRAFT Project Staff

Section 2: Services and Outcomes

CRAFT staff met Lindsey on 1/21/2015 through a referral from Pathways Halfway House for Women in Rochester, MN. At the time of admission to CRAFT, Lindsey had a 7-month-old son. She was living at Pathways following the completion of an inpatient treatment at Fountain Centers. She was working with Houston County Child Protective Services on an open CHIPS case due to her use of methamphetamine while caring for her infant son. Her son was in foster care with a family member of Lindsey's in Houston County. She was in a long-term relationship with a man who also had a significant history of substance abuse. They were new in recovery together and she reported that their relationship was often turbulent. Lindsey was looking for further support in her sobriety and working with CPS when she was informed about CRAFT.

On entering the program, Lindsey stated that in the past she had abused alcohol, marijuana, cocaine, heroin, methamphetamine, prescription medications, and hallucinogens. Her primary drugs of choice were meth and alcohol. At the onset of her time with CRAFT, Lindsey stated she had been sober for approximately six weeks. She expressed a strong desire to maintain sobriety in an effort to reunite with her son. While working her case plan with CPS, Lindsey discovered that she was pregnant with her second child. Lindsey's goals were to maintain sobriety, maintain physical and mental health, obtain and maintain full-time employment, deliver a healthy baby, reunite with her oldest son, provide a safe and sober home for her children, and be a great mother. Lindsey knew she needed to remain sober to meet and succeed with these goals. She wanted to join CRAFT so she could receive support, meet other moms, gain parenting knowledge, and connect with community resources.

CRAFT staff provided services to Lindsey according to her individual care plan that was developed over the course of groups and home visits. Her plan included:

- **Sobriety**
 - CRAFT encouraged Lindsey to connect with other sober support services such as AA/NA meetings, Celebrate Recovery, or Recovery is Happening.



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- CRAFT encouraged Lindsey to find and utilize a sponsor.
- CRAFT groups allowed the opportunity for Lindsey to build and maintain healthy and sober relationships with other members of the group. With time, Lindsey's long-term sobriety made her an asset to newcomers in the CRAFT group.
- CRAFT staff provided Lindsey with random urinalyses to maintain accountability.
- **Employment**
 - CRAFT staff encouraged Lindsey to maintain a balance between work and other obligations. While working on her case plan for CHIPS, Lindsey was often trying to accomplish multiple tasks at once. Her CRAFT case manager continued to work with Lindsey on developing a schedule that allowed time for her to take care of herself as well as her sons and other responsibilities.
 - Lindsey was present when the Rochester Workforce Center came to talk about job searching and resumes.
- **Finances**
 - CRAFT worked with Lindsey to encourage setting and maintaining a budget.
 - CRAFT provided Lindsey with contact information for resources in the community that could assist with finances to pay bills or cover deposits or rent.
 - CRAFT provided Lindsey with gas cards to assist with transportation costs as she was traveling from out of town to attend CRAFT groups.
 - Lindsey was present at CRAFT group when we had Family Means come to talk about credit and budgeting.
- **Health**
 - Lindsey was present at CRAFT group when we had a public health nurse talk about the services they provide as well as various other health and safety topics involving families.
 - Lindsey was encouraged to set and attend appointments for her physical health, including prenatal appointments and to take any physical health medications as prescribed.



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- Lindsey was encouraged to set and attend appointments for her mental health and take any mental health medications as prescribed.
- Lindsey was present at CRAFT group for various other health-related speakers including a nutritionist from the SNAP program that shared healthy recipes and nutritional information, Planned Parenthood, the YMCA, and the Zumbro Valley Crisis Line.
- **Parenting support**
 - CRAFT provided Lindsey with some basic supplies needed for infant care (i.e. diapers and wipes).
 - Lindsey received free clothing for her sons during multiple group donation days.
 - While Lindsey attended CRAFT groups, she received information on parenting and infant development from PAIR's (Parents Are Important In Rochester) parent educator and from a public health nurse.
 - Lindsey worked with CRAFT's early childhood educator at monthly home visits to monitor and learn more about her sons' developments.

Due to her commitment to sobriety during pregnancy and strong involvement with the CRAFT program, Lindsey delivered a healthy baby boy on 2/25/2016. Both Lindsey and her newborn tested free of any substances in the toxicology screen performed at the time of delivery. Lindsey was doing so well with CPS at the time she delivered her second son that she was able to take him home and not involve foster care. Although this was a positive, it also became overwhelming for Lindsey to try to juggle a newborn, a home, a relationship and finding time to drive for visits with her oldest son in another county.

Though she had nearly 16 months of sobriety, Lindsey had a one time lapse with alcohol in May of 2016. She stated she started to lose touch with the things she was doing to maintain sobriety due to life stressors and moving back to her home town. She admitted her relapse to her CRAFT case manager and to the group and worked to get back on track with her sobriety. She made a point to attend CRAFT groups regularly, reached out to other moms in the group, reengaged in her mental health services that she had been utilizing less up to her relapse, and spoke with her CPS case worker for support and to create a relapse prevention plan. By the time Lindsey graduated, she had five months of sobriety again.

When Lindsey started in the CRAFT program, she was living in a halfway home, was

unemployed, and was involved in a CHIPS case with CPS. Over her time with CRAFT, Lindsey graduated from the Pathways program and continues to attend as alum, found and maintained full-time employment, secured safe and sober housing for herself and her children, and completed her CHIPS case plan successfully closing her CPS case and regaining custody of her oldest son. Lindsey built herself a support system through CRAFT and her other sober support groups. She has learned to utilize her supports and continues to strengthen those relationships.

Section 3: Reflection and Learning

One challenge in working with Lindsey towards the beginning was her focus on working full-time. The fear was that she would overwhelm herself and not be able to focus on her sobriety and visits with her oldest son. CRAFT staff constantly worked with Lindsey to evaluate her physical and emotional well-being and encouraged her to devise a plan for self-care. Another challenge was Lindsey's relationship with her boyfriend, her family and friends from the small town she originated from. While Lindsey relocated to the Rochester area for much of her time with CRAFT, she eventually moved back to Houston County due to the cost of living and to be closer to help with her boys. While a few of her family members were very supportive of her sobriety, others were still living a substance use lifestyle. Lindsey worked hard to nurture the healthy relationships and distance herself from the use and lifestyle she had left behind. It took practice and self-reflection, but eventually, Lindsey was able to separate herself from her boyfriend when he would start to slip back into old habits. Towards the end of her participation in CRAFT, Lindsey shared with the group that she ended the relationship, which in this case, could be seen as progress.

What surprised me was that at many times, due to unforeseen complications in her case plan, Lindsey would express wanting to "give up". However, when she would share her frustrations and struggles with the CRAFT group, she would receive useful advice and ideas as well as unconditional encouragement from the group members. This always seemed to push Lindsey through the day and on to the next obstacle. Eventually, she was sharing in group that her boys would both be home with her and her CHIPS case would be closing.

What didn't work well was always getting Lindsey to slow down and take some time for herself. She is a very determined individual who saw self-care as another obstacle to progress. What worked well with Lindsey was to encourage her to take time to relax while involving her children or somehow helping others. Lindsey thrived when she was busy and felt useful. Next time what I would do differently is look further into ways for Lindsey to become more involved with the sober community and to help her incorporate that into her self-care routine. She was always so busy with work and her children that sober socialization would have been a great

benefit to her well-being.

Lindsey was a pleasure to have as a CRAFT participant. The step by step problem solving, planning, encouragement, and support helped her overcome obstacles she faced with sobriety, parenting, relationships, and her overall physical and mental health. Since Lindsey regularly attended group sessions, she developed many healthy relationships that provided her with support, perspective, and encouragement from women in similar situations. Groups provided Lindsey with the encouragement and support she needed to maintain the skills she had learned to regain and maintain sobriety. The professional support from CRAFT staff, friendships from participants, and Lindsey's commitment to her family and sobriety made the difference in her being able to stay sober, take care of herself, and be a great mom. Lindsey graduated on 8/30/2016 and has attended CRAFT group sessions since as alum.

WAYSIDE HOUSE JOB DESCRIPTION

PROGRAM: Wayside Family Treatment Center

JOB TITLE: Family Services Counselor

REPORTS TO: Family Services Supervisor

PURPOSE: Responsible for delivering parent and family services with focus on the mother/child relationship, case management, education and therapeutic services at Wayside Family Treatment, a Rule 31 chemical dependency treatment program for women and their children

RESPONSIBILITIES

Essential Functions:

Duties including, but not limited to, the following:

- Provide parent and family services at Wayside Family Treatment, including: education groups, individual sessions, child and parent assessments, case management and coordination of care.
- Complete screenings, assessments, and treatment planning for each client and children as necessary.
- Make appropriate referrals and coordinate care to assist client in obtaining resources and meeting treatment planning goals for client and their children.
- Coordinate parent-child visitation schedule with Child Protection workers. Observe and evaluate parent-child visits.
- Provide required education for Rule 31 chemical dependency treatment program, including topics such as Shaken Baby Syndrome, Safe Sleeping, and SIDS.
- Maintain accurate, timely and complete records, including but not limited to documenting progress, screenings, collateral contacts, and assessments.
- Maintain on-going communication with multi-disciplinary team and collateral workers, including providing written reports and discharge information.
- Responsible for assisting families in enrollment of their children in school or daycare programs.
- Complete all required child development assessments and enter the data in the specified database.

- Role model behavior that is consistent with and supportive of people in recovery from chemical dependency. Such behavior will include upholding ethical standards of Wayside Family Treatment programs, reliable attendance, mediation and/or conflict resolution, respectful assertiveness and open communication. Demonstrate respect and appreciation for diverse cultures and lifestyles.

Additional Duties:

- Assist in parenting and family program planning, implementation, and evaluation.
- Participate in in-services, workshops and other continuing education relative to quality client care.
- Follow all Rule 31 and individual licensing requirements and standards; including, following confidentiality laws and mandated reporting.
- Provide transportation to client appointments and to obtain resources as needed.
- Ability to be on-call as assigned.
- Provide crisis intervention/evaluation as needed.
- Participate in on-site clinical supervision and staff meetings.
- Represent Wayside Family Treatment in the community in a positive and constructive manner.
- Perform additional duties as assigned.

QUALIFICATIONS

- MUST have mental health licensure (LGSW, LAMFT, LPC, etc) or LADC license in good standing.
- Mental Health licensure preferred.
- Must be able to pass DHS background study and be free of communicable disease.
- Experience in parent education and family advocacy preferred.
- Previous experience and/or understanding of addiction and recovery preferred.
- Demonstrated ability to work with and relate effectively to women and children of diverse economic and cultural backgrounds.
- Must have current MN driver license and good driving record.
- Strong attention to detail and flexibility; thinking capabilities and humor are welcome.
- Must have a minimum of 2 years free of chemical use problems.

Physical Requirements: Must be able to lift 25 lbs. Must be able to climb stairs.

Caitlin Callahan

914 16th Ave NE Rochester, MN 55906
(507) 271-1554
Caitlin.callahan@waldenu.edu

Education:

Minnesota School of Business: Rochester, MN Graduation Date: December 2013
Bachelors of Science in Criminal Justice- GPA 3.98/ Achieved Honors Quarterly

Walden University: Minneapolis, MN Expected Graduation Date: February 2017
Master of Social Work

Skills:

I am masterful in the use of Microsoft Word, Excel, PowerPoint, Outlook, and Access. I am very detail orientated, organized, and demonstrate strong written and oral communication skills.

Employment History:

Women's Shelter, Inc.: Rochester, MN April 2016-September 2016
Community Advocate

- ❖ Screen and complete intake on new women
- ❖ Crisis Intervention with clients in and out of shelter
- ❖ Assist with Order of Protections and Harassment Orders
- ❖ Advocate for clients in and out of shelter
- ❖ Referrals for clients to other services and programs

Interfaith Hospitality Network: Rochester, MN November 2014-April 2016
Case Manager

- ❖ Screen and admit new guests
- ❖ Conduct and assess individuals with their case plan
- ❖ Advocate on behalf of guests to ensure they receive services and programs
- ❖ Plan and facilitate life skills training for Family Stabilization Program
- ❖ Track outcome measures
- ❖ Enter and maintain data in FPForce, HMIS, and Pathways data bases
- ❖ Serve on local Homeless Community Network and CoC

Dressbarn: Rochester, MN

April 2012-November 2014

Assistant Manager

- ❖ Assist customers with finding and purchasing merchandise
- ❖ Complete transactions in a timely and professional manner
- ❖ Assist in floor moves, merchandising, display maintenance, and floor presentation
- ❖ Assist in processing and replenishing merchandise and monitoring floor stock
- ❖ Maintain a flexible schedule

Minnesota School of Business: Rochester, MN

October 2012-December 2013

Math Tutor

- ❖ Assist teachers in the classroom with assignments and students
- ❖ Tutor students individually outside the classroom

JcPenney: Rochester, MN

September 2009- April 2012

Stock and Freight Lead Associate

- ❖ Process and replenish merchandise
- ❖ Move merchandise from freight truck to stock room
- ❖ Display merchandise and assist in floor sets

Janet Lang Dance Studio: Rochester, MN

September 2008-2010

Dance Teacher Assistant and Office Assistant

- ❖ Assisted dance teachers with students ages 3 and up
- ❖ Assisted parents with questions and scheduling
- ❖ Processed tuition payments
- ❖ Entered registration information into database
- ❖ Maintained a clean and friendly environment

Volunteer:

Bluestem Center: Rochester, MN

September 2016-Present

Intern

- ❖ Participate with intake of new clients
- ❖ Observe therapy sessions
- ❖ Work directly on timelines, ROI, and DA
- ❖ Training for therapy styles

Women's Shelter Inc.: Rochester, MN

September 2015-February 2016

Intern

- ❖ Participate with intake of women and families
- ❖ Advocacy
- ❖ Referrals to other agencies and resources in the community
- ❖ Help the women and families become safe and stable

Interfaith Hospitality Network: Rochester, MN

October 2013-December 2013

Intern

- ❖ Participate with intake of families
- ❖ Participate in daily meetings with families
- ❖ Participate in home visits with families
- ❖ Help families become stable
- ❖ Provide families with resources in the community
- ❖ Enter data into Family Promise

Wabasha County Probation Office: Wabasha, MN

Summer 2011

Volunteer

- ❖ Worked with a juvenile probation officer in all aspects of the job
- ❖ Located companies to participate in the Sentence to Serve Program
- ❖ Developed a new tracking spreadsheet for the Sentence to Serve program
- ❖ Worked with clients directly and presented at local schools regarding probation issues

Boys and Girls Club: Rochester, MN

Fall 2011

Volunteer

- ❖ Help assist children with their school homework
- ❖ Assist in keeping the children entertained by playing games

References:

Excellent references available upon request.

Jessica M. Sauter

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Minneapolis, MN, 55404
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(507) 401-1516

Education:

2009-2012 **Saint Mary's University**, Minneapolis, MN
Masters in Marriage and Family Therapy

2006 **Southwest Minnesota State University**, Marshall, MN
B.S. Social Work

Experience:

2015-Curent **Behavioral Therapy Solutions of Minnesota**, Woodbury, MN
Family Consultation Therapist

- Conducts home-based family therapy and/or skills training with children and their families
- Works with children with Autism Spectrum Disorder (ASD), OCD, ODD and other diagnoses or challenging behaviors
- Manages assigned clinical caseload under the supervision of a licensed professional if not currently licensed
- Manages documentation effectively
- Participates in clinical consultations and team meetings
- Collaborates with Program Supervisor, multidisciplinary team and external providers to coordinate and plan services

2012-2015 **Minnesota Autism Center**, Minnetonka, MN
Behavioral Therapist

- Provided individualized Applied Behavioral Analysis (ABA) services directly to clients with Autism spectrum disorder in the home, Minnesota Autism center, school, and the community.
- Assisted clients with skill assessment and development.
- Coordinated educational outings with clients while progressing with therapy.
- Collected data and provided accurate progress notes for each client.

2007-2012 **Companion Housing Program, Inc.**, St. Louis Park, MN
Program Supervisor

- Hired and trained staff and managed staff quality of care expectations.
- Assisted residents with developing independent living skills.

- Developed risk management plans, outcome plans, and managed resident files/medications.

2007-2010 **Along Side Services**, Carver, MN

Residential Support

- Assisted residents with activities of daily living.
- Reviewed and updated Individual Service Plans.
- Provided community integration and social skills training to clients with developmental delays.

2006-2007 **CHOICE, Inc.**, Excelsior, MN

Supportive Employment Specialist

- Worked directly with participants in the community at their place of employment.
- Maintained and modified program plans in accordance with state rules and regulations.
- Develop and implement Individual Program Plans.

Practicum Experience:

January 2012-October 2012 **Safety Center**, Bloomington, MN

Intern

- Facilitated group therapy sessions, Family Therapy session, and Animal Assisted Therapy sessions with adult male sex offenders
- Implemented Cognitive Behavioral Therapy and mental health management
- Collected data and provided accurate progress notes for each client

Volunteer Experience:

September 2000-September 2001 **Theresa House**, Mankato, MN

Volunteer Assistant

- Volunteered at a homeless shelter for women, children, and families.
- Participated in case management services including providing transportation, tutoring, ILS skills, childcare.
- Assisted in managing donation services.