



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: 07/01/2017-6/30/2018
(month, day, year of start date – month, day, year of end date)

GRANT/CONTRACT NUMBER: GRK96071 BUDGET YEAR AMOUNT: \$500,000

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 2017-2018 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
We are still in process of completing expansion grants and the new grant.	Expansion grants were awarded less funds than requested, which required negotiations on budget and scope review.	We have completed the negotiation process for two of the grants and contracts are in process and are still in negotiation with one.

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 - Wayside

No – CRAFT

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

CRAFT: Jessica Ondler, former program manager, gave birth on July 6th, 2017 which was approximately five weeks early..

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

CRAFT: 06/06/17 – 09/05/17

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

CRAFT: Before Jessica Ondler gave birth, the program was looking to hire a new program manager and train before Jessica went on maternity leave. During the period Jessica was on maternity leave, Caitlin Callahan was being trained for program manager. The program hired Sydney Grebin, new case manager, who started September 5th, 2017.

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

CRAFT: Caitlin Callahan, 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

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: Wayside was able to track all required information either through our database system and/or through a manual system. One challenge we have faced historically is that we have been unable to track everything in the same system do to the fact that our electronic health record (Celerity) could not be tailored easily to add information. In collecting data we are also reliant on verification with partners which can prevent challenges. Lastly, some data is self-reported, and that information may not always be accurate.

As of January 2018, Wayside is changing our entire client database and electronic medical record system from Celerity to Netsmart. The new Netsmart product is configured to assist with multiple crystal report options that will track all data points for this grant as well as assist in producing analytics on trends; assistance with outreach; working with our multi-dimensional referral team; and, mechanisms that will assist us in following up with women and families after they leave an active care experience.

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 2017-2018 Mid-Year***

MOFAS Objectives: 2017-2018 Mid-Year Progress Report

Data collected during the period of 07/01/2017-12/31/2017

In consultation with the STATE, the Grantee shall schedule, plan and convene periodic meetings with the State for general oversight and project management.

During this period we have had several virtual and in-person meetings to meet the grants objective.

- We met virtually with the State to refine the contracts, goals, and objectives for existing grantees.
- In preparation for the RFP process, we consulted with virtually with the state to determine parameters and timelines. In addition, we connected virtually to discuss drafts and revisions of the RFP.
- We worked in collaboration with the state to plan and coordinate a half-day in-person retreat to provide training and information on the evidence-based parent-child assistance program. Following the in-depth informational overview we worked as a team to determine a scope and plan for the implementation of a modified parent-child assistance program.
- We held a second in-person meeting this period to refine the scope of the implementation process of the parent-child assistance program.
- We worked in collaboration to build a training curriculum on implementing the parent-child assistance program. We worked jointly with the state to deliver the curriculum to key stakeholders.
- We also held virtual meetings to discuss recommendations for awards following the RFP process.

In collaboration with STATE, the GRANTEE shall identify a multidisciplinary group of key stakeholders to participate in an advisory capacity to provide feedback and consultation throughout the project as appropriate.

This period we met with a cohort of the State's grantees to facilitate roundtables and discussions on the process of implementing the parent child's assistance program. We also connected with consultants that are developing and implementing the Community Health Worker certificate training program to get feedback and look for opportunities for collaboration. In future, months we are looking forward to reconnecting with that key cohort and exploring developing a larger advisory group. Also, we will work with consultants to refine its training on Fetal Alcohol Spectrum Disorders and the Parent-Child Assistance Program.

Create and disseminate a general announcement with key information and dates about the distribution of the future RFP.

We developed an announcement to market the RFP to applicable providers across the state. The

State shared the announcement with its stakeholders. We advertised on our website, we developed eblasts, and we shared announcements with professional conference attendees and tribal nations. We used statewide list serves, including culturally specific list serves to conduct outreach.

Develop a Draft RFP and work with key community partners to review and provide feedback.

We developed a draft RFP with input from the State. The RFP went through 3 rounds of revision and provided options for a existing county collaboratives to expand and for new collaboratives to form to provider longer-term recovery community based recovery support services for women in recovery that are pregnant or parenting.

Work in collaboration with the STATE to Develop a marketing and outreach plan for the Metro and Greater Minnesota areas to promote the RFP and project.

We worked in collaboration with the State to create a marketing plan to reach statewide. This included advertising online, using listservs, sending the RFP to previous applicants, highlighting the opportunity at training events and exhibiting events.

Obtain final approval of the STATE to release the RFP.

The State reviewed and approved the RFP prior to it being released to the general public.

Convene and host an optional in-person pre-proposal conference by October 15, 2017, and host a second live virtual pre-proposal conference that will be recorded and provide the option for viewing on-demand.

As part of the pre-proposal submission preparation we hosted an in person pre-proposal conference in Saint Paul. We also hosted an online conference as well with statewide reach. Twelve organizations participated in the pre-proposal conference.

Provide information and technical assistance, throughout the RFP process.

Throughout the process we provided technical assistance to interested proposers. We maintained an electronic list of Frequently Asked Questions and potential applicant questions on the website to ensure all participants had access to the same information and technical assistance as they worked to develop its respective proposals.

Collect proposal submissions ad convene a RFP committee.

We received 9 applications from 5 different counties, including applications from both the metro area and greater Minnesota. We convened a application review committee which included representation from DHS, MDH Safe Harbor, MOFAS, and individuals with lived experience. Each participant received all 9 applications and a scoring sheet and matrix to share their perspective on the quality of the submissions. The top 3 applicants were identified for recommendation of the award.

Announce Grant awards, prepare successful applicants and provide technical assistance for grant kick off.

Two of the three applicants have been approved by the State grant manager and contracts are in progress. The third applicant is still in negotiations. Once all three contracts are executed we will plan the grant kick-off meeting.

Execute subcontracts and coordinate the grant kick-off process.

Each of the applicants were awarded grants that required changes in the budget or scope. With the changes required we are actively in the process of developing contracts with the CRAFT Project in Olmstead County to expand to Winona County, an expansion with Wayside Family Services and remain in negotiations with one recommended provider Dakota County.

In consultation with the STATE, schedule, plan, and conduct periodic site visits.

This period there were no site visits conducted. We intend to conduct site visits during the next interim period.

Conduct quarterly grantee meetings for on-going training, best practice exchanges, and lessons learned with successful sites. Identify trends in metro and rural locations.

We are planning an in-person grant kick-off meeting that will take place in the next period.

GRANTEE will participate in regional collaboration meetings in the metro and Greater Minnesota and periodically convene and facilitate innovation discussions with collaboration members.

This interim period we participated in meetings with DHS with diverse attendees and continue to participate in and facilitate discussions on improving outcomes for working with women that are pregnant and/or parenting with Substance Use Disorders with a primary focus on supporting women with histories of Alcohol Use Disorders.

GRANTEE will work in collaboration with the STATE to assist in the coordination for DHS sponsored training and technical assistance on the Parent Child Assistance Program (PCAP) and explore working with grantees to enhance service delivery by incorporating PCAP principles.

This period we convened two in-person meetings with the State to help prepare for working with State grantees for implementing the evidence based program. We also participated in 2 phone conferences with the state grant manager. We developed a power point presentation to provide a basic overview and introduction to the PCAP program, and hosted a roundtable discussion. We began to work on a second advanced power point to reiterate key components of the program and to host a second facilitated discussion designed to determine technical assistance needs. The advanced training will be presented in the next quarter.

Wayside Objectives: 2017-2018 Mid-Year Progress Report

Data collected during the period of 07/01/2017-12/31/2017

Provide Co-Occurring Substance Abuse Treatment for Women

During the grant period 74 women and their 52 (on site) children were provided co-occurring treatment, parenting support and family/children's services. There were an additional 113 children who did not reside with the mothers during this time period; however, over 90% of those children had on site visits and services provided. 17 of these women entered treatment while pregnant and 9 children were born while Mom was in our care. 100% of women showed a reduced substance use and 100% were provided material, education, and support on smoking cessation. Only 2 women abused substances while in treatment and neither were pregnant. All women received referrals to other health providers and social service agencies that meet other needs which impact sobriety. The toxicology reports from the tests conducted have been requested and we have received assurance that we will receive them in writing. All verbal reports thus far have indicated the babies were born toxin free.

Improve Birth Outcomes for Children Born During Treatment

During the grant period, 9 children were born. 100% of mothers who were pregnant received pre-natal care. 100% of the children born while Mom resided at Wayside received pre-natal care and post-natal care within the hospital system of the mother's choice. Wayside is in the process of obtaining all written toxicology reports. Wayside was given verbal reports by all child protection workers and the hospitals that the children who received lab tests were born toxin free. One of our long-time challenges has been that securing written reports was not an easy process from HCMC. Our lengthy partnership with HCMC has now deepened and we believe that they now will provide these reports to us in writing.

Prevent Perinatal and Environmental Impacts of Drug Abuse on Infants and Children

Wayside is able to provide a substance free environment for women to achieve sobriety increasing their overall health and well-being and reducing the effects of a mother's alcohol abuse on children. All children at Family Treatment received an informal FASD screening. All Mothers received education on FASD.

Improve Physical and Mental Health of Mothers and Children

100% of mothers and children are receiving physical health care. Mothers and children who have screened for a need for mental health care are receiving it. 100% children and mothers received a complete physical within seven days of entering care. For women this includes screening for sexually transmitted infections and immunizations for children. Also, within seven days, women receive referrals for dental care.

Stabilize, Strengthen, Preserve and Reunify Families

All women at Family Treatment received services aimed at reunification with their children including parenting coordination, support, and education. 38 women were able to have either supervised, unsupervised, trial home, or overnight visits with their children. During the grant

period, 8 children were reunited with their mothers. While their mothers are in programming all children receive therapeutic child care.

Activities Not Completed

N/A

Staffing

We changed our primary nurse at this location from Elisheva Carlson to Carol Bell.

Pregnant Women and Women with Dependent Children Service Summary Form

Included with this report.

Products Developed

Wayside utilized MOFAS materials and did not develop any of its own; however, we are building a curriculum for our Family Treatment Model independent of this grant's deliverables and will be using that to assist other providers statewide.

Gender-specific chemical dependency treatment for mothers

This grant requires that we serve 45 women during the grant period and we have already served 74 in the first six months. Wayside's Family Treatment Center (FTC) provides co-occurring disorder treatment for pregnant and parenting women. Our program's focus is to serve the unique needs of women who struggle with substance use disorders. At FTC, Women can have their children reside with them while receiving treatment and many are able to work towards reunification with their children. Admittance priority is given to pregnant women and 17 women entered treatment while pregnant. Wayside has continued its evidence-based programming at FTC which includes individual counseling, group counseling, mental health therapy, trauma-informed care, DBT therapy, children's programming with play therapy, and family programming with family therapy. We also provide robust recovery support and education programming which includes a focus on FASD prevention, peer support, care coordination, MAT, case management, whole health, developmental trauma prevention, and parenting support.

Referral Team

Wayside leadership and program staff have identified, reached out, and engaged the following stakeholders to establish their Multi-Disciplinary Referral and Advisory Team:

Sharon Carmody, MD, Unity Hospital women's health physician representative, Hennepin County child protection services staff representative, probation officer representative, County drug court representative(s), Louis Winter, RN NP Park Nicollet medical provider representative, Family Partnership's representative, the Parent Mentor Program Executive Director - Larene Randle, Parent Mentor and Circle of Parents representative - Lisa Deputie, MIWRC Executive Director Patina Park, and American Indian Family Center representative, Dr. Gourneau and her team, Kendall Johnson Senior Director of Behavioral Health at Health Partners and her team, Dr. Brian Graham – Director of Addiction Medicine at Hennepin County Medical Center, Lee Blons –



Department of Human Services Alcohol & Drug Abuse Division

Executive Director of Beacon Interfaith Housing Services and her team, Community Action of Ramsey County – Brooke Walker and her team, and Danielle Klutz with Minnesota Council on Crime.

Wayside's staff with the guidance of this team creates an individualized treatment and care plan that guides the course of treatment while the woman is receiving services and now incorporates intentional advisory partnership connections and in-home care plans to take place after the care experience.

The individualized treatment and care plan includes treatment, therapeutic services for trauma, assistance in securing housing at program departure and education, employment and financial management skill building. This treatment plan is reviewed weekly by staff to make any changes, adjustments, etc. as needed. The MT has not yet been able to all attend the same meeting due to schedules, maternity leave, and a myriad of other barriers that have arisen. We are planning on using our Zoom Technology and Project ECHO Hub Status to connect this team on a regular basis in 2018 to make it easier for individuals to participate. We have; however, been able to communicate with the team members one on one and/or in smaller groups.

The Wayside case manager coordinates all wrap-around services mothers need in addition to substance abuse and co-occurring treatment. This case manager coordinates the external referrals so women receive comprehensive and highly individualized care. Women are provided culturally specific services (including the participation in culturally specific groups and out of treatment activities), screened for co-occurring disorders at program entrance and when indicated throughout the treatment period, connected to free education opportunities that would enhance her whole family health focus, referred to services that will help with victim support for domestic violence experience, provided with a robust whole health manual/binder in order to track her referrals and provide guidance, assessed for housing needs, assisted with enrollment in housing wait lists and applications, transported and assisted with community based supports relating to financial literacy programming (FAIM), and any other referrals deemed to be relevant to her throughout her relationship with us.

During the grant period 81 referrals were made for women and children to receive services in addition to those provided at Wayside.

GRANTEE will develop and convene a quarterly interdisciplinary collaborative advisory group that includes at minimum least one local government, at least one community based organization, family home visiting, and members in long-term recovery.

Wayside has identified these partners/clients and is in the process of scheduling this convening at the time of this report. All members were met with individually or in small groups; however, were not convened all at one time. This and the Multi-Disciplinary Referral Team listed above will be in place at the time of the next report.

Reduction in substance abuse

Wayside's chemical dependency treatment has been successful in reducing substance abuse for 100% of mothers while in treatment.

Programming

Wayside provides on average of 32 hours of programming a week for residential clients which exceeds all state regulatory requirements. Clients are also able to receive outpatient aftercare services for approximately 10-15 hours a week. Random UAs are performed during the week to verify sobriety and well-being. Mental health services continue to be provided internally for women who indicate a need for these services. Wayside continues to support women who have active child protection service involvement and works with them towards reunification. Wayside meets all basic needs while women are in treatment and coordinates all external appointments by providing transportation. Wayside also coordinates all childcare while mothers are in programming.

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.

Babies born since the start of the grant period have all been born healthy. The nurse arranges prenatal and postpartum health care and arranges all transportation to appointments. Staff ask for toxicology test results in writing when performed to ensure health and well-being of mother and baby. See above.

Parenting programming | Family Services

All 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. The nurse at Wayside coordinates all health care appointments for babies and children and transportation is provided. 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.

ASQ

Wayside or its partnering organization, The Family Partnership, perform ASQ screenings for all children entering Family. 22 ASQs were performed during this grant time period.

Continuing Care Plan

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.

Four-week follow-up

Wayside's Recovery Coaches continue to provide phone (or in person meetings) follow-up with each woman after she has left treatment for four weeks.

Referral follow up, progress and follow through during treatment

Clients meet with their counselor weekly who reviews the treatment plan and progress made. Treatment plans are updated weekly and tracked in Wayside's electronic health record. Clients sign medical releases that allow the nurse to track if appointments are kept and concerns being addresses to coordinate services at Wayside.

Culturally competent staff

At Family Treatment, 7% of the staff are individuals of color. In addition, all staff participate in culturally competence and cultural awareness trainings. We recently hired a Multi-Cultural Programming Counselor who will share her time between our Family Treatment and Women's Treatment locations. She will provide analysis, training, and improvement suggestions to our Senior Director of Clinical Services and VP of Clinical Programs for ongoing improvements in this area.

Compliance

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

Continuing education

Each staff member is allotted \$200 for continuing education purposes as related to our gender specific work. Staff are also encouraged to apply for Wayside's Education Plans that allow them to receive paid internships, portions of their school tuition, or fees for certification courses or competencies.

Data collection

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.

Evaluation and reporting

This report meets the requirement of a progress report on 1/15/18.

Confidentiality of information

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

Compliance regarding environmental tobacco smoke

Wayside continues to be in fully compliance with the Pro-Children Act of 1994. Wayside offers smoking cessation services for those women who want it.

Placement priority for pregnant women

Through state and federal funding, Wayside is mandated to provide placement priority for pregnant women. Since the start of the grant period 17 pregnant women have been placed with 9 giving birth at Wayside. All were born toxic free and healthy.

Notification of staffing changes

There have been no staffing changes since being awarded the grant. Our Family Services Supervisor has gone on maternity leave and will return in April of 2018.

Sub-contracts

Wayside has no subcontracts related to this grant.

Criminal background checks

As part of the hiring process all staff undergo a thorough background check that includes fingerprinting and criminal database research.

Incentives

Funding was not used for incentives.

Quarterly meetings with grant-funded agencies and ADAD grant consultant

Wayside continues to manage ADAD grantee meetings and all staff attend these meetings.

Site visits and meetings

Wayside participates in all site visits and meetings as requested by ADAD as well as assists in all coordination of ADAD Women's Grantees meetings, summits, and calls.

State-sponsored training

Wayside staff continue to participate in ADAD trainings

Nondiscrimination policy

Wayside has an active nondiscrimination policy in place.

Minnesota Act

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

Religious based counseling

Wayside does not provide any religious based counseling. We do provide access to culturally specific programming and encourage clients to seek healthy spiritual practices if they choose to do so.

CRAFT Contract Objectives: 2017-2018 Mid-Year

Data collected during the period of 07/01/2017-12/31/2017

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 35 clients during this period. Twenty of these women were in the program at the start of this period and 15 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 PAIR.

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 2 times this period. One action team meeting was cancelled due to MOFAS training in St. Paul in the month of September. 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 07/01/2017-06/30/2018 and 45 women between 07/01/2018-06/30/2019).

B.a. We completed individual care plans created by the multi-disciplinary

team for 35 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 35 clients this period.

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

34 clients to County Assistance (including financial, food and medical assistance), 18 to Olmsted County Child Protection, 1 to Wabasha County Child Protection, 1 to Winona County Child Protection, 1 Dodge County Child Protection, 1 Goodhue Child Protection, 9 to Olmsted County Parent Support and Outreach Program (PSOP), 1 Child Adult Relationship Enrichment Program (C.A.R.E.), 4 to Olmsted County Mental Health Social Worker, 2 to Olmsted County Victim Services, 8 to Olmsted Medical Center for physical health and 4 for mental health, 14 to Mayo Clinic for physical health and 4 for mental health, 1 Lake City Family Physician physical health and mental health, 1 Health Partners- Woodbury, 1 to Planned Parenthood, 3 to Apple Tree Dental, 5 to Rochester Community Dental, 1 ABC Child and Family Therapy, 5 to Psychological Consultants, 12 to Empower CTC for mental health services and 10 for chemical health services, 1 to Fountain Centers, 4 to Fernbrook Family Center, 1 to Pathways Halfway House, 1 to Zumbro Valley Health Center for chemical health and 4 for mental health, 2 to Odyssey Treatment, 2 to Common Ground Treatment Center, 3 Wellcome Manor, 1 Wayside Family Treatment, 1 to Associates in Psychiatry and Psychology, 1 to Highland Meadows, 1 to Reset My Soul, 1 Metro- Methadone, 2 to Moving On (Olmsted County), 3 to Hawthorne Adult Education, 4 to Rochester Community and Technical College (RCTC), 1 Colorado Tech College, 8 to a Public Health Nurse (home visits), 14 to Public Health Services (in group), 17 to Parents Are Important in Rochester (PAIR-in group), 5 to EmPower CTC Codependency Education (in group), 8

to EmPower CTC Addiction and Relapse (in group), 5 to EmPower CTC Fitness and Physical Health (in group), 8 Fire Safety Training (in group), 27 to Women, Infants, Children Program (WIC), 7 to Families First of Minnesota, 1 to Crisis Nursery, 2 to Family Access Center (run by Family Service Rochester), 1 to Baby Steps, 2 to Birthright, 6 to First Care, 8 to Rochester Workforce Center, 2 to Olmsted County Housing and Redevelopment Authority (OCHRA), 6 to Salvation Army, 1 to Zumbro Valley Housing Services and Outreach, 1 Shelter Care Plus, 6 to Women's Shelter, 1 to the Bridges Program, 3 to Gage East (housing), 1 to Cronin Home, 1 to Three Rivers, 3 to Energy Assistance Program, 4 to Society of St. Vincent de Paul, 3 Catholic Charities, 11 to Channel One Food Shelf, 1 Community Food Response, 6 to medical rides, 1 to YMCA, 3 to Legal Assistance of Olmsted County, 35 to AA/NA, 1 to Next Chapter Ministries, 2 L.I.N.K., 1 Southeastern Minnesota Legal Services (SMRLS), 1 Southeastern Minnesota Multi-county Housing and Redevelopment Authority (SEMMCHRA), 13 to Olmsted Corrections, 1 to Mower Corrections, 1 Winona Corrections, 1 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 35 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 35 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 15 clients that were admitted and 11 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 12 home or office visits in July, 14 in August, 11 in September, 15 in October, 11 in November, and 11 in December. We also see these clients twice a week during our support groups. We offered 7 support groups in July, 8 in August, 8 in September, 8 in October, 6 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 35 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 15 alcohol and drug tests near entry, 78 throughout, and 5 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 15 clients to CRAFT group and/or professional services this period. We also provided gas vouchers to 21 clients and bus passes to 0 clients for support activities this period. We have provided baby care necessities (diapers and wipes) to 16 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 0 clients 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 11 children in July, 13 in August, 10 in September, 15 in October, 7 in November, and 12 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 July 1, 2017 – June 30, 2019 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 14 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 9 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 9 infants born this period and 9 mothers who gave birth this quarter. Eight of the 9 infants tested were negative for all substances at birth. Eight of the 9 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. 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 35 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 July 1, 2017 – June 30, 2019.

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 14 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 15 clients who were admitted this period within 10 days of admission. We have administered the post-test to 5 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 56 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, 27 children to Mayo Clinic, 3 Red Wing Physical Health, 2 Lake City Family Physician, 1 Fairview (physical health), 2 to Apple Tree Dental, 4 Community Health Dental, 1 Pediatric Dentistry, and 3 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 56 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 9 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. 30 children this period utilized the WIC program and 12 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 17 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 35 clients and 56 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 14 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.

- 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 07/01/2017 – 06/30/2018 and forty five (45) women between 07/01/2018 – 06/30/2019).

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 (4), Rochester School District- ECSE (3), Head Start (2), Early Head Start (5), PAIR (4), ABC Child and Family Therapy (4), and the Imagination Library (5). 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 8 ASQ-3s at admit or shortly after birth, 5 ASQ-3s at midpoint, and 6 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 6 ASQ-SEs at admit or shortly after birth, 3 ASQ-SEs at midpoint and 7 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 56 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 7 support groups in July, 8 in August, 8 in September, 8 in October, 6 in November, and 8 in December. Of the 36 children who participated in this group programming there were 25 children in the 0-3 age group, there were 4 children in the 4-6 age group, there was 5 children 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 5 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 5 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.



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- 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.



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- 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, 2018, June 15, 2018, January 10, 2019, and June 15, 2019.

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 program manager resigned in July 2017 and we notified MOFAS promptly after her resignation. We promoted our current case manager to program manager in August 2017. We hired a new case manager in September 2017 and notified MOFAS of her start date (09/05/2017) 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 54 \$15 gas cards and 0 \$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 4 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.

- 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 transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of



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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 successes in every family we serve, the story of Kaya, a 26 year old Native American woman, particularly shows the impact of Wayside's services. The day Kaya came to Wayside, she was homeless, 32 weeks pregnant with her third child, and struggling with use of heroin, methamphetamine, and other substances. Kaya's older two children were in the care of foster families, and Kaya was involved with Child Protection, Drug Court, and Probation.

Kaya arrived at Wayside desperate for change. Within her first week, Wayside staff were able to connect Kaya with HCMC Addiction Medicine, where she began medication assisted therapy (MAT) to manage withdrawal symptoms for herself or her unborn child. Kaya was also able to apply for medical insurance and begin attending regular prenatal appointments with reliable transportation. As Kaya stabilized, she was able to begin regular visits with her older child, and to begin processing the barriers to their relationship and to her own confidence as a parent.

While at Wayside, Kaya accepted all referrals, seeing each as a potential opportunity. She regularly sought out staff, from her primary counselor, to the clinical case manager, to her family services counselor, and nurse, to ask questions, explore ideas, and advocate for herself and her children. Wayside staff also connected Kaya to Bright Beginnings, a program providing case management, cultural activities, and support groups for pregnant Native American women with substance use disorders. Through this program, Kaya has developed her identity outside of substance use, and connected with a structured and supportive resource that will be with her long after she leaves Wayside.

While still at Wayside, Kaya delivered a healthy baby boy who tested negative for all illicit substances. Due to the progress she had made in treatment, Kaya had Child Protection's full support to bring her newborn home with her. Kaya is expected to discharge from Wayside within the next month, with plans to continue MAT, attend outpatient substance use programming, outpatient mental health services, and culturally specific groups. Kaya has blossomed in her time at Wayside - and although her strength has been her own, Wayside was able to meet her with the



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services and expertise to enable these.

Success Story

Section 1: General Information

Service Provider: CRAFT Project Staff

Section 2: Services and Outcomes

CRAFT staff met Elizabeth on 1/27/16 through a referral from Olmsted County Corrections. At the time of admission to CRAFT, Elizabeth was 2 months pregnant. She was living with a roommate who was an active user while attending intensive outpatient treatment, and mental health treatment at Zumbro Valley Health Center. She was engaged to a man who was currently in prison who has perpetrated sexual and physical assaults against her for over a period of more than three years. Elizabeth's longest prior period of sobriety was six months, and she was looking for ongoing support in her pursuit towards sobriety.

On entering the program, Elizabeth stated that in the past she had abused methamphetamine, alcohol, marijuana, cocaine/crack, prescription drugs, and hallucinogens. Her primary drugs of choice were methamphetamine and alcohol. At the onset of her time with CRAFT, Elizabeth stated she had been sober for approximately three months. She expressed a strong desire to maintain sobriety to have a healthy baby and to avoid prison time. Elizabeth's goals were to maintain sobriety, achieve her GED, have a healthy baby, obtain and maintain employment, provide a safe and sober home for her child, and better her life for the sake of her child. Elizabeth knew she needed to remain sober to succeed with these goals. She decided to join CRAFT so that she could receive support, make connections with other new mothers, gain parenting knowledge, and connect with community resources.

CRAFT staff provided services and support to Elizabeth according to her individual care plan that was developed over the course of groups she attended, and home visits she maintained. Her plan included:

- **Sobriety**
 - CRAFT encouraged Elizabeth to complete her treatment at Zumbro Valley Health Center.
 - CRAFT encouraged Elizabeth to continue AA/NA meetings on a regular basis.



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- CRAFT groups and socials gave Elizabeth the opportunity to build and maintain sober, healthy relationships with other members of the group. Elizabeth's experience and sobriety made her an asset to have for new clients with CRAFT.
- CRAFT supported Elizabeth in finding and utilizing a sponsor.
- CRAFT staff provided Elizabeth with random Urinalyses to maintain accountability.
- **Education**
 - CRAFT encouraged Elizabeth to continue her studies and achieve her GED.
 - CRAFT provided Elizabeth with resources to get her on track to higher education through Rochester Community and Technical College.
 - CRAFT encouraged Elizabeth to attend birthing and breastfeeding classes prior to her delivery.
 - Elizabeth was present as CRAFT group when Hawthorne came to discuss options for college preparation.
- **Health**
 - CRAFT encouraged Elizabeth to seek attention for her mental health and violent behavior.
 - CRAFT encouraged Elizabeth to continuously attend prenatal appointments as well as post-natal well child checks for her daughter.
 - CRAFT encouraged Elizabeth to complete her Moving On course with Olmsted County probation.
 - Elizabeth was present at CRAFT during public health nurse visits to learn about services they provide, and health and safety topics related to families.
 - Elizabeth was present for health-related speakers including a mental health practitioner discussing DBT, the Zumbro Valley Crisis Line, the YMCA, topics related to first aid, co-dependency, nutrition and proper portion sizes, self-assurance, stress management, and self-care.
- **Spirituality**
 - CRAFT encouraged Elizabeth to continue her Bible studies through Autumn Ridge Church.
 - CRAFT supported Elizabeth in her mission to begin leading Bible studies through her church.
- **Employment**
 - CRAFT encouraged Elizabeth to look for employment in the community.
 - Elizabeth was present when the Rochester Workforce Center came to discuss topics such as cover letters, resumes, interviewing, and personal skills.
 - CRAFT encourages Elizabeth to maintain a balance between work life, home life, and mental health.

- **Finances**
 - CRAFT worked with Elizabeth to create a timeline to pay off all her legal fines.
 - CRAFT provided Elizabeth with contact information for resources in the community to help with finances.
 - CRAFT provided Elizabeth with gas cards to assist with transportation costs.
 - Elizabeth was present at groups where finances were the topics including credit and budgeting.
- **Parenting Support**
 - CRAFT provided Elizabeth with some basic supplies needed for infant care (i.e. diapers and wipes).
 - Elizabeth received free clothing and baby items for her daughter during multiple group donation days.
 - While Elizabeth was in CRAFT groups, she received information on parenting and infant development from PAIR's (Parents are Important In Rochester) parent educator, a public health nurse, and CRAFT's Early Childhood Educator.
 - Elizabeth was present at group for topics including car seat safety, struggles of co-parenting, regulating child emotions and temper tantrums, communicating with children, child literacy, age appropriate toys and skill development, and age appropriate discipline.

Section 2: Program Impact

During her pregnancy, Elizabeth was sentenced to the Work Release Program. Due to her commitment to sobriety throughout pregnancy and her involvement with the CRAFT program, Elizabeth delivered a healthy baby girl on 8/14/2016. Both Elizabeth and her newborn tested free of any substances in the toxicology screen performed at the time of delivery. Elizabeth made the decision to move home where her family was supportive of her recovery and commitment to a better life for her and her daughter. After the birth of her child, Elizabeth was required to complete Work Release for her remaining 36 days.

Not only did she attend CRAFT regularly twice a week, she paid all her fines, completed all her community service, successfully completed outpatient treatment through Zumbro Valley Health Center, completed her work release, achieved her GED, completed the Moving On classes with probation, and found and maintained part-time employment, and secured safe and sober housing for her and her daughter. Elizabeth completed CRAFT with zero relapse and twenty-two months of sobriety on 8/15/2017. Elizabeth created a new reality through her support systems she developed during her time with CRAFT. She has learned to utilize her community support, and continues to maintain and strengthen her relationships by continuing with CRAFT as an alum.

Section 3: Reflection and Learning

One challenge in working with Elizabeth towards to beginning was her relationship with her fiancé. CRAFT staff constantly worked with Elizabeth to evaluate her emotional well-being and encouraged her to choose the safest plan for her and her daughter. Elizabeth ultimately ended her engagement, and decided that her daughter could make the decision when she is old enough to decide if she wants her father to be a part of her life. Her focus and main priority is her daughter's well-being.

What surprised me was that Elizabeth had every opportunity to “give up” as she encountered many setbacks from decisions she made prior to her recovery. However, every time she was pushed to her limits, she came back even stronger. She was a knowledgeable voice during groups often offering empathy and carefully thought out advice to her group members. Although she may be young, her unconditional encouragement, knowledge, and background made her wise beyond her years, and someone to look to for support for new members of CRAFT, as well as alum.

Elizabeth often struggled with self-care. She always put others before herself and would drop everything to help anyone. She often overlooked the fact that she needed to take care of herself before she could care for another. Something that worked well was continuously reminding her that she needed to take time for herself. Being an active participant in group was also an eye opener for her. She often saw herself through the stories fellow group members would tell. Hearing their stories allowed her to reflect on where she was, and how far she has come. Next time what I would do differently would be to look for Elizabeth to be more of a mentor and involved in the sober community. She has so much knowledge and passion that I think helping others would allow her to incorporate that into her own self-care.

Elizabeth was an absolute pleasure to have as a CRAFT participant. The planning, encouragement, support, and relationships she experienced were a positive force in her road to sobriety, parenting, relationships, and her overall mental health. She developed healthy relationships that taught her and provided her with support, encouragement, and perspective from women in similar situations. Groups provided her with accountability, encouragement, and knowledge she needed to maintain her path to recovery. The support she received from fellow participants, CRAFT staff, and supportive family made the difference in her ability to stay sober, and be a great parent. Elizabeth graduated 8/15/2017; she continues to participate as an alum, and has stayed clean and sober.