

# Chrysalis' Effecting Positive Change Program

*Annual evaluation report*

AUGUST 2008

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**Prepared by:**  
Monica Idzelis

Wilder Research  
451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700  
[www.wilder.org](http://www.wilder.org)

# Contents

Introduction.....	1
Program background.....	1
Target population.....	2
Program services.....	2
Program staff.....	3
Services summary .....	4
Success story.....	22
Program assessment.....	25
Overview of evaluation.....	25
Methods .....	25
Process evaluation results .....	27
Outcome results .....	37
Discussion of results .....	45
Lessons learned.....	47
Impact of grant.....	49
Challenges and barriers.....	50
Future outlook.....	51
A-API-2 contact information .....	53
Appendix.....	55
Evaluation instruments .....	57
Quarterly tables.....	82
Year-end tables .....	83

# Figures

1. Full-time equivalent staff (FTEs).....	3
2. Referrals at intake for clients admitted between July 2007 and June 2008 .....	6
3. Issues addressed with clients and referrals by program staff July 2007 – June 2008 .....	7
4. Continuing education activities for program staff: July 2007 – June 2008 .....	20
5. Clients who entered the program and were served this year (July 2007 – June 2008).....	28
6. Demographic characteristics of participants at intake: July 2007 – June 2008 .....	28
7. Parental status of participants at intake: July 2007 – June 2008.....	29
8. Clients’ Child Protection (CP) involvement and custody status at intake: July 2007 – June 2008 .....	29
9. Client education at intake: July 2007 – June 2008 .....	30
10. Client housing and transportation status at intake: July 2007 – June 2008 .....	31
11. Clients’ medical care at intake: July 2007 – June 2008.....	31
12. Clients’ insurance status at intake: July 2007 – June 2008.....	32
13. Clients’ treatment history at intake: July 2007 – June 2008.....	32
14. Client income and other sources of support at intake: July 2007 – June 2008.....	33
15. Client employment at intake: July 2007 – June 2008 .....	34
16. Clients’ medical concerns at intake: July 2007 – June 2008 .....	34
17. FASD history at intake: July 2007 – June 2008 .....	34
18. Clients’ mental health status at intake: July 2007 – June 2008 .....	35
19. Clients’ history of substance use for six months prior to intake: July 2007 – June 2008 .....	35
20. Treatment status at program entry: July 2007 – June 2008 .....	37
21. Treatment status at discharge: July 2007 – June 2008.....	37
22. Change in substance use at discharge among all discharged clients: July 2007 – June 2008 .....	38
23. Change in substance use at discharge among clients who successfully completed the program: July 2007 – June 2008.....	38
24. Individual AAPI-2 pretests and posttests.....	39
25. AAPI-2 aggregated pretest summary (July 2007 – June 2008) .....	41
26. AAPI-2 pretest mean sten scores .....	41

## Figures (continued)

27. AAPI-2 pretest and posttest summary (N=8) (July 2007 – June 2008).....	42
28. AAPI-2 posttest mean sten scores.....	42
29. Individual sten scores for matched AAPI-2 pretests and posttests.....	43
30. Client satisfaction with program and staff: July 2007 – June 2008.....	44
31. Client satisfaction with individual services: July 2007 – June 2008.....	45

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# Introduction

Chrysalis' Effecting Positive Change in Women and Children program offers enhanced treatment support and recovery maintenance services for up to 12 months to substance abusing women who are pregnant and/or mothering dependent children, as well as their children. The program is an expansion of current services provided by Chrysalis, funded by a grant through the Minnesota Department of Human Services that began April 1, 2007.

This report summarizes data collected from 36 women (38 total admissions) who participated in the Effecting Positive Change program from July 1, 2007 through June 30, 2008. This includes a description of the services and activities provided to clients, a client success story, and a description of the evaluation, including process and preliminary outcome results. A discussion of the findings, lessons learned, and future steps are also presented.

## *Program background*

The Chrysalis Chemical Health Program began operating in 1973 and since then, has been committed to refining, expanding, and enhancing chemical health treatment services that respond to the specific concerns of women struggling with substance abuse problems. State and local data concerning substance use problems and treatment trends, knowledge regarding current services available in the community, and Chrysalis' experience in treating women and children all indicated a need for treatment recovery and support services that specifically targeted the unique needs of pregnant and parenting women.

As a result, with funding through Minnesota's Department of Human Services, the Effecting Positive Change (EPC) program was implemented in April 2007. The expanded treatment and recovery service program provides enhanced, individualized, gender-specific services with the goals of higher treatment completion rates and more successful treatment outcomes. The program offers an individualized, comprehensive continuum of care that supports long-term sobriety and stability. In addition to the chemical and mental health services provided by the Effecting Positive Change program, women are also able to access other services at Chrysalis including legal information and assistance, resources, counseling services, and educational and support groups.

## ***Target population***

The program's target population includes adult women 18 years or older who are pregnant and/or mothering dependent children and are currently in substance abuse treatment or who have successfully completed treatment within the past 6 months. Women of all racial and ethnic backgrounds are served.

Chrysalis chemical health programs, including Effecting Positive Change, serve women with multiple barriers to successfully completing treatment and maintaining sobriety. Many clients abuse multiple substances and were previously involved in substance abuse treatment. Most also struggle with co-occurring mental health disorders that may be undiagnosed or untreated. Other challenges facing clients include medical concerns, lack of health insurance, unstable housing, lack of a sober support system, financial problems, unemployment or under-employment, legal problems, and child protection involvement. These difficulties also impact their ability to parent successfully.

## ***Program services***

The Effecting Positive Change (EPC) program provides treatment support and recovery maintenance services to facilitate improved treatment outcomes for women and to assist them in achieving on-going sobriety and stability for the long-term benefit of themselves, their children, and the community. The goals of the project are to decrease barriers to treatment completion and to provide appropriate and customized services to women and children served through the program. Services focus on meeting the needs of each individual participant and include:

- case management, to ensure access to health care coverage, job training, stable housing, and medical and dental care;
- chemical health treatment and/or recovery support;
- group and in-home parenting education;
- group and individual counseling;
- acupuncture;
- financial education;
- education regarding Fetal Alcohol Spectrum Disorder (FASD);
- FASD screening;



- mental health screening and referral; and
- child care while participating in services.

### ***Program staff***

For most of the grant year, services were provided by a total of eight staff, including a licensed Alcohol and Drug Counselor (LADC), a Fetal Alcohol Spectrum Disorder (FASD) Case Manager, a Maternal Child Health Nurse, and additional staff (see Figure 1). The Early Childhood Specialist/Childcare Provider resigned in November 2007, and a new Specialist/Program Coordinator was hired in January 2008.

Two additional staff left the program in June 2008, including the LADC who resigned effective June 6<sup>th</sup> and the Maternal Child Health Nurse who retired effective June 2<sup>nd</sup>. Due to challenges in identifying a nurse, the program created two new Case Manager positions. At the end of the grant year, the program was actively working towards filling these positions.

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#### **1. Full-time equivalent staff (FTEs)**

<b>Staff</b>	<b>Status as of June 2008</b>	<b>FTEs</b>
Licensed Alcohol and Drug Counselor, Team Lead	Resigned June 2008	1.000
FASD Case Manager	Active	1.000
Maternal Child Health Nurse	Resigned June 2008	1.000
Child Development Specialist/EPC Coordinator	Hired January 2008	.625
Early Childhood Specialist/Childcare Provider	Resigned Nov 2007	.500
Therapist specializing in FASD	Active	.175
Chemical and Mental Health Manager (two-person team)	Active	.225
<b>TOTAL (currently active as of June 30)</b>		<b>2.025</b>

# Services summary

The following is a summary of the services provided through Chrysalis' Effecting Positive Change program. Services and activities provided to clients are described in accordance with the program goals and objectives outlined in the Grant Contract.

Goal A. Grantee shall decrease substance use for women with dependent children and pregnant women by increasing access to treatment support/recovery maintenance services for these women. Grantee shall provide comprehensive services to meet participants basic needs, stabilize their family situation and improve their substance abuse treatment participation, treatment completion rates and involvement in post-treatment recovery maintenance activities for women currently in substance abuse treatment or who have successfully completed substance abuse treatment within six months prior to entering the Substance Abuse Treatment Expansion for Pregnant Women and Women With Dependent Children program.

**A1. Grantee shall provide women's specific treatment support/recovery maintenance services with the goal of successful completion for 15 women and 7 children between April 1, 2007 and June 30, 2007, and 60 women and 35 children between July 1, 2007 – June 30, 2008. Services will be provided through this grant for a maximum of 12 months for non-pregnant women with dependent children, and a maximum of 12 months following birth for women who are pregnant while in the program.**

Treatment support/recovery maintenance services were provided to a total of 36 women<sup>1</sup> and 57 children during the July 1, 2007-June 30, 2008 period. (The total number of children includes all children of clients under the age of 18 for whom clients had not lost parental rights). Nine of these women successfully completed the program. Due to limited marketing, fewer than 60 women were served this grant year. Because the program was new last Spring, intensive marketing at the program's outset and throughout the year was required to meet these service requirements. Instead, staff relied heavily on internal referrals (from Chrysalis), which did not always result in clients who were a good match for the program. Furthermore, due to the intense and urgent needs of multiple clients, staff spent much of their time providing services to existing clients, so less time was available for new clients. In this next grant year, the program will stress

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<sup>1</sup> Total represents the unduplicated number of women served during the grant year. Because two women reentered the program during the year, the total number of duplicated women served was 38.

the importance of marketing to all staff and have added this role to the job descriptions of all current staff. It is the goal of the program to admit five new clients per month.

Specific services provided are described in the following sections.

**A2. Grantee shall complete individual care plans, developed by a Licensed Alcohol Drug Counselor (LADC) and multi-disciplinary team, for Chrysalis' Effecting Positive Change in Women and Children's Grant participants.**

The Licensed Alcohol Drug Counselor (LADC), with input from other program staff, completed individual care plans for the 29 women who entered the program this grant year.

**A3. Grantee shall 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; and 2) housing, financial management and job training/education.**

The individual care plans developed for clients are based upon the Six Dimension Chemical Health plan and address the following for each client: abstinence, medical concerns or issues, mental health issues, coping skills, healthy support systems, acceptance/resistance to treatment (e.g., attendance and participation), relapse prevention, parenting skills, housing, job goals, school goals, Child Protection goals, probation goals, creating balance, spirituality, and other areas related to a sober lifestyle.

**A4. Grantee will have an acupuncturist available 10 hours per week to support reduction of cravings and maintainance of sobriety.**

An acupuncturist was made available on-site to all clients participating in the program. This service was provided through a subcontractor (Amy Martel, M.Ac., L.Ac., Dipl.Ac.) who was available to clients during Effecting Positive Change groups, other chemical health groups clients participate in through Chrysalis, and for walk-ins once a week. Since the start of the grant year, acupuncture has been addressed with a total of 28 clients, 8 of whom were referred for additional assistance.

**A5. The LADC and or other program staff 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 services throughout their treatment and at the time of discharge.**

At intake, staff assess the needs of clients in the following areas: physical health, dental needs, mental health, basic needs (Minnesota Family Investment Program [MFIP], Women, Infants, and Children Program [WIC]), relationships/social support, financial management, job training/education, housing, acupuncture, FASD assessment/informational needs, nutritional needs, breast-feeding support, parenting/Early Childhood Family Education (ECFE) needs, culturally-specific needs, and other emergency needs. As needed, women and their children are provided or referred to the appropriate resources to address these needs. See Figure 2 for the number of referrals for clients at intake over the past year.

**2. Referrals at intake for clients admitted between July 2007 and June 2008**

<b>Need</b>	<b>Year-to-date (N=29)</b>
Mental health needs	14
Physical health needs	13
Dental needs	6
Relationships/social support	5
Acupuncture	5
Financial management	4
Nutritional needs	4
Housing	3
Job training/education	3
Emergency needs	3
WIC	3
MFIP	2
Other: Transportation	2
Other: Planned Parenthood Clinic	2
FASD Assessment/information	1
ECFE	0
Breastfeeding support group	0
Culturally specific needs	0

Staff also monitor the ongoing needs of clients on a weekly basis and make referrals (within and outside of Chrysalis) as appropriate. Over the past year, EPC staff addressed a range of issues with the 36 clients served this year (see Figure 3).

**3. Issues addressed with clients and referrals by program staff July 2007 – June 2008 (N=36)**

<b>Issue/need</b>	<b>Number of clients with whom issue was addressed by staff</b>	<b>Number of clients for whom at least one referral was made</b>
Medical/dental needs	33	20
Mental health needs	30	30
Relationships/social support	34	20
Job training/education	33	20
Financial management	33	18
Housing	32	22
Acupuncture	28	8
Emergency needs	27	25
Nutrition	26	4
Culturally specific needs	18	6
MFIP	15	1
FASD Assessment/information	14	4
WIC	10	10
Breastfeeding support	4	1

*Note.* The N reflects the unduplicated number of women served during the grant year.

Over the past year, referrals for the following needs were made to multiple in-house and community-based organizations and services, including:

- **Medical/dental:** physicians, for various medical and medication issues; pediatricians; lectures on safety, first aid kits, and CPR; “A Chance to Grow” for a Personal Care Assistant (for assistance with speech and fine motor delays); Public Health Nursing; a Heimlich and emergency choking procedures group; medical resources, such as Dorothy Day, Indian Health Board, and RxConnect; MN Care; Planned Parenthood; dental clinics, including those that accept Medical Assistance; and various medical clinics including Century Plaza and Park Nicollet Sleep Clinic.
- **Mental health:** in-home services through Chrysalis; Adult Rehabilitative Mental Health Services (ARMHS); individual therapy; family therapy; Dialectical Behavior Therapy,

Assertive Community Treatment; medication evaluation; psych evaluation; Stay Well Stay Working; Trauma-focused Cognitive Behavior Therapy; a nurse practitioner for prescriptions; Eagan Counseling Clinic; Sharing and Caring Hands; a guidance counselor; Rule 25 update; Tubman Family Alliance for a domestic violence group; Child Protection; a play therapy group for children; and various referrals related to medication needs.

- Relationships/social support: assistance with court appointments; safety plan information through Crisis Connection; legal assistance for custody issues; a lecture on safety of children”; Chrysalis Law Clinic, Safety Project; the Father’s Project; Christmas adopt-a-family; a lecture on sober support groups; AA meetings, including those that are childcare friendly; Alateen; and aftercare groups.
- Financial management: tax clinics; Accountability, for tax assistance; the Social Security Office; and, Chrysalis’ quarterly financial management class.
- Job training/education: Early Childhood Family Education (ECFE); Women in Transition; community colleges; school counselors for children; a Kids Connection tutor; and various school options for children.
- Housing: general housing information; Perspectives; Emma Norton Services; Naomi Family Residence; Dakota County Shelter system; Craig’s list; Sober/supportive housing; Tubman Family Alliance housing program; apartment referrals; the People Serving People shelter; Perspectives; and, sober living.
- Acupuncture: acupuncture through Chrysalis.
- Nutrition: lectures on diet and exercise; lectures on “healthy foods on the go”; Child Protection workers related to food needs/concerns.
- FASD training or information: medical appointments for FASD assessments at the University of Minnesota Behavioral Clinic.
- Emergency needs: Children’s Home Society and Family Services for resource needs; VEAP food shelf; other local food shelves; Sharing and Caring Hands; St. Paul Foundation; Cradle of Hope; Bridging, Hennepin County; battered women’s shelters; Child Protection workers; and, referrals for infant formula.
- Culturally specific needs: YMCA

Most clients received more than one referral to a service or organization.

**A6. The LADC will ensure that all participating women have either received a mental health assessment prior to admission, or will complete a mental health screen and will facilitate referral for an assessment when appropriate.**

Prior to entry into the program, all clients complete Chrysalis' Adult Symptom Checklist, in which they report on their feelings, thoughts, and behaviors over the past several weeks. Staff also inquire as to whether clients have received a mental health assessment in the past six months or are currently in therapy. Of the 29 women who entered the program this year, 16 received an assessment prior to admission. Women who had not received a screening received a mental health assessment while in the program.

**A7. Grantee shall ensure either directly or through referral, that all program participants have their physical health needs met including family planning, medical (including HIV/AIDS, STDs) and dental care, while participating in this program. Grantee will assist participants in obtaining Medical Assistance when appropriate.**

Clients' physical health needs are routinely addressed by program staff at intake and throughout their participation in the program. At intake, 18 of the 29 clients reported current medical concerns. Twenty-five women had a primary care clinic, while 18 had a primary care physician and had received a physical exam within the last year.

Thirty-three of the 36 (unduplicated) clients this year received case management support for medical and/or dental needs, and 20 of these clients were referred for additional assistance. Program staff assisted clients in their management of a variety of physical health issues over the past year, including scheduling and transporting clients to medical appointments, referrals to physicians and dentists for medical/dental needs and medication management, referrals to the acupuncturist, referrals to Public Health nursing, and referrals to groups or lectures on health-related topics.

Of the 29 new clients admitted to the program this year, 25 were receiving Medical Assistance at intake (7 straight MA, 18 through a health insurance provider). Two clients had private health insurance, and two clients had no insurance.

**A8. Grantee will visit with participants in their homes or in the office at a minimum of once per month and, for those addicted to methamphetamine – a minimum of once a week, to provide treatment support/recovery and maintenance services. An emphasis will be placed on building trust, encouragement and developing a support network.**

During the past year, EPC staff visited with all 36 clients served by the program. For clients not addicted to methamphetamine, the number of visits ranged from 1 to 39 (average = 13 visits), depending on the client's length in the program. Program staff generally visited with clients a minimum of once per month, but scheduled additional visits as needed.

Five clients were addicted to methamphetamine. The number of visits varied considerably across clients, ranging from 1 visit to 30 visits. Although EPC staff attempted to meet weekly with these clients, due to inconsistent attendance and long-term absences from the program, some clients missed several groups and appointments, resulting in some weeks without a visit. In the upcoming year, EPC staff will continue to work with clients still active in the program to increase attendance and schedule visits.

**A9. Grantee will provide a weekly support group for women in the program, in addition to regular home and office visits.**

A one and one-half hour ongoing weekly support group is provided for all women participating in the program. The support group is facilitated by at least two program staff. After checking in with each client, the facilitators lead the group in a discussion of client-determined topics. Topics this past year have included: Child Protection, relationships with partners, relapse prevention (multiple sessions), exercise, sober support (multiple sessions), meeting attendance, self-care, and parenting issues (July-Sept 2007); nutrition and helpful foods for cravings; HIV/AIDS; FASD; sober support groups; relapse prevention; boundary setting; group-destructive behavior and safety in group; holiday plans; prevention and protection around Whooping Cough, colds, and the flu (Oct-Dec 2007); relationship concerns, relapse prevention, developing individualized goals, resume writing, and time management (Jan-March 2008); isolation from social activities, healthy social support, relapse prevention, dealing with internal anger, meditation, defining and committing to self-care, sponsorship, a presentation on FASD, and coping skills (April-June 2008).

Twenty-two of the 36 clients served this year participated in the weekly support group. Over the past year, clients attended between 1 and 28 groups. Information was not available for 14 clients.

**A10. Grantee will conduct alcohol and drug testing at entry, randomly throughout participation in the program, and at discharge from the program on all participants.**

Random urine analyses (UAs) were conducted with 19 clients over the past year, with each receiving between one and nine UAs each (all UA results were negative). Seventeen clients did not receive a UA over the past year. UAs were not conducted with



these other clients either because they received UAs through their primary treatment or court orders, or because the client did not attend the EPC weekly support group, during which staff randomly conduct the analyses.

**A11. Childcare will be provided on site by the Chrysalis' Child Care Program.**

On-site childcare was provided for clients' children as needed by a part-time Early Learning Specialist and one part-time Child Care Provider. The childcare facilities provide a mixed-age environment for children ages 6 weeks to 11 years of age and include: interest areas, including a creative/imaginative play area, reading area, game area, and sensory area; a setting for meals and snacks; a place for art activities; and an outdoor playground. Staff also complete a childcare screening and assessment log for each child receiving childcare services.

Over the past year, a total of 21 children of Effecting Positive Change clients were provided regular childcare.

**A12. Grantee will provide transportation to/from treatment/ health/ rehabilitative activities (i.e., primary medical care including referral for prenatal care, trauma services, peer recovery support groups, aftercare, job search). This may also include gas vouchers or bus tickets. Grantee and volunteer drivers will assist participants with transportation to appointments, court, and home visits with children.**

Over the past year, program staff provided transportation assistance to clients as needed, primarily in the form of bus cards, tokens, and cab rides. A total of \$1,670.77 was used to provide clients with transportation assistance during the last year.

**A13. Grantee will provide basic budgeting and/or financial management training to program participants.**

Budgeting and/or financial management training was provided to all clients by program staff on an individualized basis during the last year, which includes an individualized assessment of the unique needs and goals of each client. Training can include checking in with clients on current financial status (i.e., ability to pay rent), development of a budget, financial counseling, and determining financial goals (i.e., buying a house). Several clients also participated in a financial management class conducted by Chrysalis' financial counselor while they were in primary treatment (offered quarterly) and were encouraged to make individual appointments with Chrysalis' financial counselor as needed.

Over the past year, four clients were referred for financial management needs at intake. During the year, financial management and/or budgeting was addressed with 33 clients, 18 of whom were referred for additional assistance.

**A14. When all other resources have been exhausted, grantee may fund one time purchase of cleaning and basic household supplies such as; garbage bags, toilet paper, toilet brush, broom, laundry detergent etc., personal hygiene products and baby care necessities. Grantee may pay for moving costs to escape unhealthy living situations, utility payment to prevent disconnection, and other situations when all other resources have been exhausted.**

At intake, three clients required referrals for emergency needs. Throughout the year, program staff addressed emergency needs with 27 clients, 25 of whom were referred for additional assistance. Emergency funding was used to provide for a variety of needs, including infant necessities (e.g., diapers, formula), car seats, personal hygiene products, psychological medications, a storage facility, typing paper, a potty chair for a client toilet training her child, Cub food cards, bus cards, and gas cards.

**A15. Grantee will assist program participants with researching available resources at the city or county relative to safe and affordable transitional housing as soon they are enrolled in the program.**

At intake, three clients were referred for assistance with housing. During the year, program staff addressed housing issues with 32 clients, 22 of whom were referred for additional assistance. Staff activity related to housing included: assisting clients with applications for housing; contacting, touring, and meeting with housing agencies, including sober housing facilities, as referral sources; checking the availability of subsidized housing for clients; reviewing housing criteria with clients; landlord advocacy; and conducting online searches with clients for housing resources.

**A16. On discharge, the program's LADC will complete an individual continuing care plan with each Effecting Positive Change in Women & Children participant that specifies the individual's goals, length and location of continuing care programming and facilitation of referrals to services within the participants home location.**

Twenty-three clients were discharged from the program between July 2007 and June 2008, nine of whom successfully completed the program. The Licensed Alcohol and Drug Counselor (LADC) completed continuing care plans for all of these successfully discharged clients.

**A17. Grantee will provide in person or by telephone, contact with participants who are discharged four weeks from discharge, to follow up on parenting and other recovery maintenance resource access and utilization issues to support positive independent transition into their community.**

Nine clients successfully discharged from the program between July 2007 and June 2008. Although staff attempted to reach these clients to follow-up with them about parenting and other recovery maintenance issues, multiple clients did not respond to staff's inquiries and/or could not be located. Staff have identified this as an area for growth next year.

Goal B. Grantee shall increase knowledge, confidence and positive parenting skills by providing parenting guidance and training, that includes drug use effects on children, to Effecting Positive Change in Women & Children participants.

**B1. Grantee will provide a minimum of 20 hours of group Parent Training to all participants. The Training will include 10 - 2 hour group sessions. There will be one 10 week session offered each quarter using Chrysalis' Parenting Curriculum. Grantee will review each individual's progress each quarter. Participants found to need additional parenting education skills will be referred for further training and one-on-one parenting education.**

Group parent education provided to women in the EPC program incorporates the information addressed in Chrysalis' general parent education classes with information from the *Children's Program Kit: Supportive Education for Children of Addicted Parents* curriculum. Although the curriculum is designed for use with children and youth (ages 5 to 18), the activities targeting adolescents were found to be developmentally appropriate for the clients themselves. The Effecting Positive Change parenting group also meets weekly for one and one-half hours on an ongoing basis (a format consisting of one and a half hour group sessions over 12 or more weeks was implemented, rather than two hour sessions across 10 weeks, as the structure better suits the needs and capacity of clients' cognitive skills).

A range of topics were addressed through the group over the past year. Topics included: holidays and parenting, what is a friend, grief and loss, introduction to parenting-goals, addiction and children, communication-what is it, building self-esteem, emotions-what are they, anger-how do we handle it, how to set boundaries as parents, and parents and dysfunctional families (Jan-Mar 2008); discovering and nurturing our strengths as parents, child abuse and prevention, grief and loss and its impact on parenting, managing guilt while parenting, playing with our children, parenting in the new millennium, teaching

children about friendship, setting goals for parenting and our children, children and addiction/FASD, communication, building self-esteem in children, and several on emotions (Apr-June 2008).

Twenty-three clients participated in the Effecting Positive Change parenting group over the past year, attending between 1 and 22 groups during that period. Clients attend groups throughout their participation in the Effecting Positive Change program and will ultimately complete, at minimum, 20 hours of group parent education. Additionally, parents are referred for individualized parenting support as needed. Some clients could not attend the groups due to work, school, primary treatment, doctor appointments, court dates, childcare issues, and transportation issues. Other clients have their parenting needs addressed through home visits or outside programs.

**B2. Grantee will administer AAPI-2 pre-tests within 10 days of admission to the Effecting Positive Change in Women & Children for each client.**

Twenty-one clients were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, within 10 days of their admission to their program. Six clients who entered the program this year were not administered an AAPI-2 pretest. Two of these clients entered the program at the end of the reporting period and due to limited staff, tests were not administered before the end of June 2008. These clients, however, will be administered these tests early in the following quarter. Four of the clients were in early recovery phase and participating in required parenting classes offered through their residential treatment programs, so AAPIs were not administered to these clients. (Two returning clients had taken their pretests during their first admission).

**B3. Chrysalis program team staff will also administer AAPI-2 post-tests with each client when they have completed the 20 hour parenting education classes and a second time when they are discharged from the Effecting Positive Change in Women & Children program.**

Eight clients completed the AAPI-2 posttest after having completed 20 hours of parenting education. It should be noted that the majority of clients participate in about six to eight weeks of EPC's parenting class (9 to 12 hours) as most tend to be participating in parent education through other programs, or seeking or gaining employment, at which time sober support groups and home visits become the primary focus. In the new grant year, the staff will continue to adapt the parenting curriculum to home visits and establish a clear time line for the administration of posttests.

**B4. Effecting Positive Change in Women & Children staff will screen or refer out for screening all women and child participants for physical and dental health needs and provide referrals for services to meet assessed needs.**

At intake, the physical and dental health needs of all clients and their children are assessed. Over the past year, 13 clients were referred for physical health needs at intake, and six clients were referred for dental health needs. During the year, staff addressed medical or dental health issues with 33 clients and/or their children and referred 20 of these families for additional assistance. The physical and/or dental health needs of families were addressed through the following services and/or referrals: physicians, for various medical and medication issues; pediatricians; lectures on safety, first aid kits, and CPR; “A Chance to Grow” for a Personal Care Assistant (for assistance with speech and fine motor delays); Public Health Nursing; a Heimlich and emergency choking procedures group; medical resources, such as Dorothy Day, Indian Health Board, and RxConnect; MN Care; Planned Parenthood; dental clinics, including those that accept Medical Assistance; and various medical clinics including Century Plaza and Park Nicollet Sleep Clinic; attending appointments for children with a psychiatrist; and, Personal Care Assistant referrals.

During the past year, 20 children were screened for physical and mental health needs. Most of these children received multiple screenings. Various standardized screening tools were used including the Denver Developmental Screening Test, Hearing tests, Homers, as well as other exams, interviews, and observations. The only children not screened were those who did not live with the client (i.e., client did not have custody, children lived out-of-state, etc.).

**B5. Grantee will ensure that all children are up-to-date on immunizations.**

The Maternal Child Health Nurse works with clients to complete releases authorizing the collection of immunization records from the child’s physician. These releases are sent by the Nurse to physicians’ offices to access records. During the past year, immunizations were confirmed as up-to-date for 15 children served this year. The immunization status for five children was pending, as EPC staff had sent releases and were awaiting confirmation that the immunizations were up-to-date. The immunization status of the remaining children was unknown because the EPC staff/Nurse did not have contact with these children.

**B6. 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 Effecting Positive Change in Women & Children’s program.**

At intake, two clients were referred to the Minnesota Family Investment Program (MFIP) (11 clients were already receiving MFIP at their time of admission into the program). During the year, one additional client was referred to MFIP.

Three clients were referred to the Women’s Infant’s and Children’s program (WIC) at intake (three were already receiving WIC at their time of admission into the program). Ten additional clients were referred to WIC while in the program.

Two clients were referred to the Public Nurse Home Visiting Program over the past year.

**B7. Grantee will refer participant to any additional treatment/support services needed or desired such as but not limited to; Family planning, mom and baby classes through ECFE, information on child development, Breast feeding support network information.**

At intake, two clients were referred to the Planned Parenthood Clinic. During the year, one client was referred to breastfeeding support resources.

Goal C. Grantee shall increase the number of healthy infants born to women in substance abuse treatment/recovery maintenance services.

**C1. Grantee shall ensure the provision of individualized health care of all pregnant women participating in the Effecting Positive Change in Women & Children by a health professional, at entry into the program, after the delivery of a baby birth, and throughout the postpartum period to ensure that pregnant women in the program are receiving prenatal and postpartum care. The health assessment will include a nutritional needs assesement at the time of admission.**

Four clients were pregnant at the time of their admission into the Effecting Positive Change program during the past year. Three of those pregnancies resulted in live births (one client terminated her pregnancy).

During pregnancy, the Maternal Child Health Nurse worked with the pregnant clients, at EPC and through home visits, in multiple ways to ensure proper prenatal care was provided, including: discussing breastfeeding and exercise; conducting nutritional assessments, including suggestions for improving nutrition; providing direct medical care (e.g., checking blood pressure, medications); discussing plans for contraception post-

delivery; exploring fears and anxieties; providing advocacy for client related to kidney issues with the fetus; encouraging attendance at a preparatory class.

During postpartum, the Nurse made home visits with clients as needed, assessed the health and development of the infants, discussed coping skills and sobriety issues, helped clients schedule and attend child care check-ups, acknowledged parenting successes, and addressed family functioning issues.

**C2. Grantee will ensure toxicology screening for the mothers, and infants born during program participation and will get a release of information from the participant to obtain this information.**

Three infants were born to clients during the last year. Releases were obtained from all mothers to obtain toxicology screening results and all toxicology screenings were negative.

**C3. Grantee will provide education on FASD and the effects of other drugs, including meth, to Effecting Positive Change in Women & Children participants through presenting printed materials and at least quarterly training sessions. Referral will be facilitated to the University of Minnesota or Community Clinic for needed follow-up assessment and service for those affected by Fetal Alcohol Syndrome Disorder.**

Fetal Alcohol Spectrum Disorder (FASD) education was provided to clients through the parent education groups as well as on an individualized basis. Through the parenting group, clients learned about FASD, the effects of alcohol on a fetus, types of FASD, co-existing diagnoses, cognitive and adaptive functioning with FASD, characteristics associated with FASD, and strategies for helping children with FASD. FASD issues were addressed with 14 clients during the year, four of whom were referred out for an FASD assessment or other information.

Goal D. Decrease the likelihood children of women in substance abuse treatment support/recovery maintenance services will become chemically dependent by providing age-appropriate children's programming, including the Children's Program Kit: Supportive Education for Children of Addicted Parents, for children in the custody of Effecting Positive Change in Women & Children program participants (children of 15 women between 04/01/2007-06/30/2007 and children of 60 women between 07/01/07-06/30/2008).

**D1. Grantee will assess the mental and physical health needs of participants' children in an effort to intervene and address developmental needs as well as issues of sexual, emotional and physical abuse and neglect. Grantee will either provide or refer the child out for appropriate therapeutic clinical intervention services.**

The physical, mental, and developmental needs of all children receiving childcare services through the Effecting Positive Change program were initially assessed by the Early Childhood Specialist/Childcare Provider, and now are assessed by the Child Development Specialist. Multiple areas of development and need are assessed, including: social development, emotional development, physical development, motor development (fine and large), cognitive development, language development, personal care skills, and mother-child interactions.

During the past year, a total of 32 children were referred out for additional intervention services (some children received more than one service/referral). These services and/or referrals included: Denver Developmental Screenings, physical health checks, play therapy, individual counseling, family therapy, speech/occupational therapy, special needs/Individual Family Service Plans, medical referrals (including referrals for delays), ECFE referrals, toilet training, healthy hospital visits, infant check-ups, home visits/observations, Head Start, Personal Care Assistants, early special education, sex education, birth control

**D2. Grantee will utilize a program staff to provide educational support through the Children's Program Kit: Supportive Education for Children of Addicted Parents for children age 3 - 17 of the women in the program each quarter. Children will be introduced to the curriculum in regularly scheduled group or individual format based on youth enrollment and age appropriateness within the following age ranges: ages 3 to 6; ages 7 to 12; and ages 13 to 17.**

The *Children's Program Kit: Supportive Education for Children of Addicted Parents* curriculum was modified for use with children of Effecting Positive Change clients receiving childcare services through Chrysalis, as the curriculum targets children over age 5 and the majority of children served (15 of 21) were under age 5. Furthermore, as the children served were primarily infants and toddlers, educational support was provided on an individualized basis, rather than in a group format. The asset-based approach of the curriculum, as well as the focus on skill-building in areas such as problem solving, communication, resilience, relationships, and self-care, were the components most relevant to working with younger children and adapted for the age group served.



Goal E. Grantee will ensure strict compliance with the Federal and State rules and guidelines regarding confidentiality of information on patients participating in chemical dependency programs.

Grantee complied with this item.

Goal F. Grantee shall comply with Certification Regarding Environmental Tobacco Smoke; Public Law 103-227, also known as Pro-Children Act of 1994, requiring that this language be included in any subcontracts which contain provisions for children's services and that all subcontractors shall certify this compliance.

Grantee complied with this item.

Goal G. Grantee shall provide interim services to pregnant women in need of treatment in compliance with all applicable requirements in instructional Bulletin #94-51B, September 17, 1994, New 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.

Grantee complied with this item.

Goal H. Grantee shall provide the State with up to three (3) days each fiscal year to participate in site visits or attend other meetings on request.

Grantee complied with this item.

Goal I. Grantee is required to provide employees with continuing education in order to improve the program's activities and services.

All program staff engaged in some continuing education activities during the grant year, usually in the form of conferences or other trainings. See Figure 4 for a complete list of the continuing education activities, participating staff, and the CEU hours awarded.

#### 4. Continuing education activities for program staff: July 2007 – June 2008

<b>Training activity</b>	<b>Total staff in attendance</b>	<b>Participating staff</b>	<b>CEU hours</b>
Somatic Experience Training	2	Maternal Child Nurse, LADC	1.5
Increasing Executive Brain Functioning in Children	1	FASD Therapist	7.0
CPR	1	Early Childhood Specialist	4.0
First Aid	1	Early Childhood Specialist	4.0
Correct use of car seats for infants and children training	1	FASD Case Manager	2.0
Violence and Chemical Dependency in the Family	1	FASD Case Manager	16.0
Courage of the Blue Boy: FASD Basics and Beyond	5	LADC, Maternal Health Nurse, FASD Case Manager, FASD Therapist, Early Childhood Specialist	5.25
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	4	Maternal Health Nurse, LADC, FASD Case Manager, FASD Therapist	1.5
Dialectical Behavior Therapy (DBT) Intensive Training	1	LADC	40
HIV/AIDS	1	Maternal Health Nurse	1.5
DBT for Substance Abusing Clients	2	Maternal Health Nurse, FASD Therapist	1.0
Client Rights	2	LADC, Maternal Health Nurse	1.0
Suicide Assessment and Intervention	2	LADC, Maternal Health Nurse	1.0
EMDR for Children and Adolescents	1	FASD Case Manager	16.0
MN Association of Marriage and Family Therapy Fall Conference	2	LADC, FASD Case Manager	7.0
Psychotropic Medication	1	Maternal Health Nurse	1.5
HIV/AIDS	2	LADC, Maternal Health Nurse	1.5
Eating Disorders	2	LADC, Maternal Health Nurse	1.5
DHS grant meeting	2	LADC, Maternal Health Nurse	0
Holistic health conference	1	Maternal Health Nurse	7.5
Psychotropic drugs	1	Maternal Health Nurse	1.5
EMDR	2	FASD Case Manager	52
Motivational Interviewing	3	Child Development Specialist, FASD Therapist, Chemical and Mental Health Manager	16
Motivational Interviewing	2	LADC, FASD Case Manager	8
Holistic Health conference	1	Maternal Health Nurse	7
Healthy Baby Begins With You (MHP and MDH integrated training)	1	FASD Therapist	4
Reporting Child Abuse training	4	Child Development Specialist, LADC, FASD Case Manager, Maternal Health Nurse	1.5
COSIG treatment training	4	LADC, FASD Case Manager, Maternal Health Nurse, FASD Therapist	8

Goal J. Grantee shall hire an outside evaluator by April 2, 2007, to oversee the data collection, analyze the data, and at the end of the initial 15-months, provide an evaluation report for the 15 month contract period. If the program is approved to receive an additional three years of continuation funding, (as part of the year-end report) the program will be required to submit an evaluation report covering all prior years.

Wilder Research was contracted by Chrysalis in April, 2007 to provide evaluation services for the Effecting Positive Change program through June 30, 2008. The evaluator is responsible for overseeing data collection, data analysis, and reporting. Wilder Research has also been contracted to continue to provide evaluation services for three additional years through June 30, 2011.

Goal K. Grantee shall utilize the Adult-Adolescent Parenting Inventory (AAPI-2) assessment tool for parenting education, having each woman take complete the pre-test within 10 days of entry into the Case Management program and the post-test upon discharge from the Case Management program.

During the grant year, 21 clients were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, within 10 days of their admission to their program. Six clients were not administered a pretest during the grant year. Two of these clients entered the program at the end of the reporting period and due to limited staff, tests were not administered before the end of June 2008. These clients, however, will be administered these tests early in the following quarter. Four of the clients were in early recovery phase and participating in required parenting classes offered through their residential treatment programs, so AAPIs were not administered to these clients.

Eight clients completed an AAPI-2 posttest (Form B) after 20 hours of parent education during the grant year. Clients who have not completed 20 hours of parent education, or those who left the program before completing it, were not administered a posttest.

Goal L. Grantee shall participate in the data collection system including Quarterly and Final Report tables developed and approved by the Chemical Health Division, Evaluation Coordinator which measures process and client outcomes. Grantee shall, upon request, submit the data collected to assess process and outcomes.

All required evaluation materials, including quarterly- and year-end report tables, have been submitted to the State.

# Success story

The following success story describes the progress achieved by Barbara, a current participant in the Effecting Positive Change (EPC) program.

## General information

Barbara is a 28-year-old Caucasian female and mother to four children. The oldest three children were removed from the mother due to her incarceration and drug use. She lost custody of these children (ages 11, 6 and 3) who have since been adopted by families. Barbara is living with one child named Joe, who is now 15-months-old. Although Joe was born positive for marijuana, he has been living with the client and the client's family. Barbara's drug of choice was methamphetamine, but she has a history of poly-drug use. Barbara has been in five treatment programs, the last one of which was court-ordered to Chrysalis, where she completed both primary care and aftercare. Barbara is diagnosed with Major Depression.

## Services and outcomes

Barbara was referred to Chrysalis' Effecting Positive Change program (EPC) by her Counselor in her primary treatment at Chrysalis on August 17, 2007. When Barbara entered the program, she had an active case with Child Protection in Hennepin County as a result of Joe's positive screening for marijuana. Earlier this year, Barbara's Child Protection case was closed upon her completion of the child protection case plan. Given that Barbara had previously lost three children through Child Protection, this was a significant accomplishment as it signaled her ability to change her patterns of behavior with Joe.

Barbara is currently living with her aunt and her aunt's family, which consists of her aunt, uncle, a cousin in high-school, and a 28-year-old cousin with cerebral palsy. Barbara is now working as a personal care attendant for her 28-year-old cousin, and assists her cousin with bus transportation, changing clothes, feeding, and other needs. During 2007, the client seemed resolved to live with this aunt, who also let Barbara use her car, and babysat Joe occasionally. Over time, Barbara has learned how to more effectively communicate with her aunt, even during periods of conflict. In early 2008, Barbara did complain to staff members more about her living situation, but has also learned to appreciate the support her family provides.

Initially, Barbara was not on any medications. While at Chrysalis, she began seeing an individual therapist, and it seemed clear medication was necessary. She was referred to the Medication Clinic at Chrysalis and began taking an anti-depressant and an anti-psychotic drug (Effexor and Seroquel). This client discontinued taking her medications

in May of 2008. Staff is working with the client to encourage her continuation of her medications as prescribed. Barbara has continued with therapy, however, and has made significant gains related to communication, parenting, relationships and discussing family of origin concerns.

Barbara has also been a regular attendee of Chrysalis' two weekly support and parenting groups. As of May 20, 2008, she attends the Tuesday support group only and is unable to attend the Thursday parenting group because of new employment.

Barbara is currently working in the laundry department at a suburban nursing home. Although Barbara is a certified nursing assistant, she has been unable to secure a position in this role due to her criminal history. She therefore chose her current position within the nursing home with the aim of demonstrating her knowledge and skills to her supervisor in hopes of moving up one day. Through this role, Barbara has developed problem-solving skills in challenging situations. She works the second shift so that she can attend needed appointments and spend time with her son during the day.

The Public Health Nurse (PHN) has discussed with Barbara her goal of becoming a licensed practical nurse, or a registered nurse, given her felony charges. Together, Barbara and the PHN contacted the Minnesota Nurses Agency to discuss her options. It was suggested that she contact the nursing school to see if they would help her find work, despite the felony charge. The client has not yet pursued this option.

The EPC team has seen Barbara weekly. She has consistently been available for home visits, allowing the Nurse to visit the home on three occasions. In addition, the Nurse and Case Manager have made a joint visit to her home as well.

### Reflection and learning

Although Barbara projects a tough and confident image, she exhibits certain vulnerabilities and can be reluctant to trust others. Once she develops trusts, however, she is apt to let down her guard and is often willing to display her grief and sadness. It took her quite a long time to trust the EPC nurse, and other team members continue to try and build a trusting relationship with her. Barbara has strong opinions, and often lets others know that her way is non-negotiable, which seems to be her method of self-protection.

Barbara also continues to struggle with weight issues. Although she wants to make a change, her negative feelings about herself have made that difficult. In her assessment, the EPC nurse felt Barbara used food to comfort herself and avoid confronting her personal losses.

Barbara has maintained her sobriety now for four months. This period of sobriety would have been a year had she not relapsed this past January. Nevertheless, this is the longest period of sobriety she has had in her life. Barbara is in need of a sober support network, but has been reluctant to attend sober support meetings. The EPC nurse has been contracting with Barbara in the meantime, which has been working well. She agreed to attend three meetings in April, and followed through on these meetings. She then agreed to attend four meetings in May and staff were optimistic about her attendance.

Barbara's son Joe has developed normally, and the Denver Development screening test administered by the EPC Nurse (on October 5, 2007) was normal. Barbara has taken Joe to his doctor for immunizations, and followed up with the doctor when other medical issues for Joe have arisen (e.g., chest congestion, high fevers). She has also called the PHN several times to ask questions related to Joe's health. Although Joe is clingy to Barbara, and cries when separated from his mother, Barbara ensures he attends day care at Chrysalis and generally, Joe is well-adjusted while there. Barbara's attention to Joe's health and socialization at daycare demonstrate her concern for his well-being and her efforts to maintain custody in this case.

# Program assessment

Wilder Research was contracted to implement an evaluation of Chrysalis' Effecting Positive Change program for the reporting period of July 1, 2007 to June 30, 2008. The following provides an overview of the evaluation, the methods used, and results from the process and outcome evaluations. See Appendix for the quarterly- and year-end report tables.

## *Overview of evaluation*

The evaluation of Chrysalis' Effecting Positive Change program is designed to explore three general issues:

- 1) program implementation, including a description of client characteristics and the number and types of activities/services provided to clients and their children;
- 2) outcomes for clients and their children post-discharge, including: a) changes in substance use among clients and treatment completion rates, b) the impact of parent education on clients' parenting skills, and c) the health and well-being of newborns; and
- 3) client satisfaction post-discharge.

## *Methods*

Data for the grant year were collected through multiple forms completed by program staff. These include:

### Initial Assessment

Within a month of entering the program, program staff complete an Initial Assessment form which includes information about each client's background, demographics, and chemical abuse history. Initial assessments were analyzed for all clients served through the program this past year. See Appendix for the Initial Assessment used during the past year. Revisions will be made to the form to accommodate changes in the reporting requirements for the next grant year.

### Health Data Summary

A Health Data Summary is completed by the Maternal Health Child Nurse for all clients who were pregnant while in the program, within 30 days of the pregnancy outcome. The summary includes information about the pregnancy outcome, demographics for the

newborn, and toxicology information for mother and infant. See Appendix for the Health Data Summary used during the past year. Revisions will be made to the form to accommodate changes in the reporting requirements for the next grant year.

### Discharge Summary

A Discharge Summary is completed by program staff for all clients discharged from the program within 30 days of their discharge. The summary includes information about the client's completion of the program, child protection and custody information, mental and physical health information, substance use information, demographic data at discharge (e.g., education, employment, living circumstances), and treatment status. See Appendix for the Discharge Summary used during the past year. Revisions will be made to the form to accommodate changes in the reporting requirements for the next grant year.

### Service Log

Program staff complete and update a Service Log for each client on a weekly basis. The Log includes information about a client's attendance at various groups and appointments (e.g., parenting and other support groups), transportation provided, home or office visits conducted, and urine analyses (UAs) conducted, as well as UA results. See Appendix for the Service Log used during the past year. Given difficulties in tracking this information on a weekly basis, a new form will be developed next year to collect these data.

### Referral Log

Program staff complete and update a Referral Log for each client on a weekly basis. The Log includes information about client referrals and case management time dedicated to client needs. Areas of need assessed include: medical/dental, mental health, relationships/social support, financial management, job training/education, housing, emergency needs, culturally-specific needs, nutrition, breastfeeding support, FASD training/information, acupuncture, and other basic needs (MFIP and WIC). See Appendix for the Referral Log used during the past year. Given difficulties in tracking this information on a weekly basis, a new form will be developed next year to collect these data.

### Youth Quarterly Update

Program staff complete the Youth Quarterly Update for the children of all clients on a quarterly basis. The Update includes information about the screening and assessment of children, referrals for children, and other activities in which children of clients served through the program participated in during the quarter. See Appendix for the Youth Quarterly Update used during the past year. Given difficulties in tracking this information on a weekly basis, a new form will be developed next year to collect these data.



## Satisfaction Survey

After four months of participating in the EPC program, and again at discharge, program staff administer a paper-and-pencil satisfaction survey to clients. Clients complete the satisfaction surveys in private and report on their satisfaction with the program and services they received. See Appendix for the Satisfaction Survey used during the past year. Due to difficulties in the administration and collection of these surveys, the procedures will be refined during the next grant year to streamline data collection.

## Adult-Adolescent Parenting Inventory (AAPI-2)

The AAPI-2 is an inventory designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the 40-item inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2 is the revised and re-normed version of the AAPI originally developed in 1979. Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors: 1) inappropriate expectations of children; 2) parental lack of empathy; 3) strong belief in the use of corporal punishment; 4) reversing parent-child roles; and, 5) oppressing children's power and independence.

Program staff administer the AAPI-2 pretest (Form A) to clients within 10 days of their admission to the program. The AAPI-2 posttest (Form B) is administered to clients after 20 hours of parent education. Clients complete paper versions of the test, and all information is then entered into the AAPI online database by program staff.

## Addition of focus groups

In the upcoming years of the grant, focus groups will be conducted with clients in order to obtain their perceptions of the program services and staff, as well as their recommendations for program improvement. Focus groups will be conducted each fall and spring with clients who have participated in at least several months of programming.

## ***Process evaluation results***

The following summarizes the process evaluation findings collected between July 1, 2007 and June 30, 2008 for the Effecting Positive Change program. A description of client characteristics, including participant strengths and challenges, information regarding the activities and services provided to clients, and the prenatal care provided to newborns born to clients participating in the program is presented.

## Client characteristics

A total of 38 women (36 unduplicated) were served by Chrysalis' Effecting Positive Change program between July 1, 2007 and June 30, 2008. Twenty-nine of these women entered the program during the grant year (see Figure 5). Of these 29 women, most were White (59%), under the age of 40 (73%), and either single (48%), separated, divorced or widowed (24%), or cohabitating with a partner (21%) at the time of intake (Figure 6).

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### 5. Clients who entered the program and were served this year (July 2007 – June 2008)

	Number
Number of women who entered the program this year	29
Number of women served by the program this year	38

*Note.* Thirty-eight women were served by the program during the year, but because two women reentered the program (two admissions each), a total of 36 women unduplicated were served.

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### 6. Demographic characteristics of participants at intake: July 2007 – June 2008 (N=29)

Demographics	Number of clients	%
<b>Race/ethnicity</b>		
White	17	59%
Black/African American	7	24%
American Indian/Alaska Native	3	10%
Multiracial	2	7%
Asian	0	0%
Native Hawaiian/Pacific Islander	0	0%
<b>Ethnicity</b>		
Hispanic/Latino	1	3%
<b>Age (years)</b>		
20 – 24	2	7%
25 – 29	6	21%
30 – 34	5	17%
35 – 39	8	28%
40 – 44	5	17%
45 – 48	3	10%
<b>Marital status</b>		
Single	14	48%
Separated, divorced, or widowed	7	24%
Cohabitating with a partner	6	21%
Married, living with spouse	2	7%

At intake, 24 of the 29 women who were admitted to the program during the year were currently parenting children (i.e., at least some of their children were in their legal custody). Three clients had lost or transferred custody for their children. One client was pregnant and had no previous children. The custody status for one client was unknown at intake (see Figure 7). About one-quarter of the clients (24%) were involved with Child Protection at program entry (see Figure 8).

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**7. Parental status of participants at intake: July 2007 – June 2008 (N=28)**

<b>Parental status</b>	<b>Number of clients</b>	<b>%</b>
Not a parent (not pregnant, no children under age 18)	0	0%
Pregnant (first pregnancy)	1	4%
No legal custody for any children	3	11%
Legal custody of at least one child	24	86%
Custody of 1 child	10	36%
Custody of 2 children	9	32%
Custody of 3 children	4	14%
Custody of 4 or more children	1	4%

*Note.* Data reflect children under the age of 18 who are in the legal custody of the client at intake. Clients had a total of 69 children, 45 of whom were in legal custody. Custody status for one client at intake was unknown.

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**8. Clients' Child Protection (CP) involvement and custody status at intake: July 2007 – June 2008 (N=29)**

	<b>Number of clients</b>	<b>%</b>
<b>Involved with Child Protection at entry</b>		
Yes	7	24%
No	22	76%
<b>Have legal custody of some children at entry</b>		
Yes	24	83%
No (first pregnancy or lost parental rights for all children)	4	14%
Unknown	1	3%

*Note.* A total of 54 children were in the legal custody of clients at entry. The three additional infants born to clients in the program also remained in their parents' custody.

## Participant strengths

**Education.** The 29 clients who entered the program this year demonstrated a variety of strengths. At intake, most of the women had at least a high school diploma or GED (83%), with about one third (31%) reporting at least some college. Furthermore, the majority of women (82%) said they would like to further their education in the future (see Figure 9).

**Living arrangements.** Most were living in a treatment facility (38%) or in their own home or apartment (35%) and had living arrangements that were supportive to their recovery (79%) (i.e., arrangements that were affordable, clean, safe for children, and conducive to healthy family dynamics and maintaining sobriety) (see Figure 10). Nearly all of the clients also reported having some form of reliable transportation (93%), primarily by bus.

**Medical history.** Most of the women (86%) had a primary clinic when they entered the program, and almost two-thirds (64%) also had a primary care physician. Six in ten clients had a physical within the past year (see Figure 11). Furthermore, almost all of the clients (93%) had some form of health insurance, primarily Medical Assistance (either straight MA or through a health insurance provider). Nearly all of the clients (93%) were also attending sober support groups when they entered the EPC program (see Figure 13).

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### 9. Client education at intake: July 2007 – June 2008 (N=28-29)

Characteristic	Number of clients	%
<b>Highest education level</b>		
Non-high school graduate	5	17%
High school diploma or GED	7	24%
Vocation certificate or Associate degree	8	28%
Some college but no degree	9	31%
College graduate	0	0%
<b>Interested in furthering education</b>		
Yes	23	82%
No	5	18%

**10. Client housing and transportation status at intake: July 2007 – June 2008 (N=29)**

<b>Characteristic</b>	<b>Number of clients</b>	<b>%</b>
<b>Living arrangements</b>		
In a treatment facility	11	38%
In own house or apartment	10	35%
Parent/other relative's or friend's home	5	17%
In a correctional facility	1	3%
Other <sup>a</sup>	2	7%
<b>Living arrangements supportive to recovery</b>		
Yes	23	79%
No	6	21%
<b>Primary transportation</b>		
Rides the bus	19	66%
Owns a car	6	21%
Other means <sup>b</sup>	4	14%
<b>Has reliable transportation</b>	<b>27</b>	<b>93%</b>

<sup>a</sup> One client reported living in a sober house (not licensed treatment), and one reported living in a halfway house.

<sup>b</sup> Clients reported other modes of transportation including borrowing a car, taxis, rides with family and friends, and a private transportation service.

**11. Clients' medical care at intake: July 2007 – June 2008 (N=28-29)**

	<b>Number of clients who said "yes"</b>	<b>% of clients who said "yes"</b>
Do you have a primary clinic?	25	86%
Do you have a primary care physician?	18	64%
Have you had a physical in the last year?	18	62%

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**12. Clients' insurance status at intake: July 2007 – June 2008 (N=29)**

<b>Health insurance provider</b>	<b>Number of clients</b>	<b>%</b>
Medical Assistance (straight MA)	7	24%
PMAP – HealthPartners/Blue Plus/Medica/UCARE	18	62%
Private	2	7%
None	2	7%

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**13. Clients' treatment history at intake: July 2007 – June 2008 (N=28-29)**

	<b>Number of clients who said "yes"</b>	<b>% of clients who said "yes"</b>
Before coming to Chrysalis, have you ever been in CD treatment?*	24	86%
Do you attend sober support groups?	28	97%
Have you been to detox?	15	54%

\* Clients reported having been in CD treatment previously between 1 and 18 times, with most (71%) reporting one to four previous episodes.

### Participant challenges

Despite these strengths, most clients entered the Effecting Positive change program with challenges in a number of areas.

**Basic needs.** At intake, most clients (88%) reported having an income at or below Federal Poverty Guidelines, with three-quarters earning less than \$1,000 per month. Almost half (45%) were using a food shelf, while four in ten women (39%) were participating in Minnesota's Family Investment Program (MFIP) at the time of their admission into the program (see Figure 14).

**Employment/school.** More than one-quarter of clients (28%) were also unemployed and looking for work, and only two clients (7%) were enrolled in school or a job training program at intake (see Figure 15).

**Physical health.** Nearly two-thirds of clients (64%) had medical concerns when they entered the program. A range of concerns were reported including: hypertension, lumps in lymph nodes, possible STDs, thyroid conditions, concerns related to pregnancy and the fetus, eating issues, brain damage/poor memory, dental issues, asthma, allergies, arthritis,

Hepatitis C, a liver tumor, obesity, knee displacement, bronchitis/pneumonia, breast lumps, sleeping, and Type II Diabetes. While none of the women had FASD diagnoses at intake, the children of two clients had a diagnosis of FASD at program entry (see Figures 16-17).

**Mental health.** Nearly eight in ten clients (79%) reported having a mental health diagnosis at the time of their entry into the Effecting Positive Change program. Clients reported a range of diagnoses, including Bipolar disorder, Major Depression, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, Schizoaffective Disorder, Anxiety disorders, and Posttraumatic Stress Disorder, and most reported multiple diagnoses. More than half (55% to 57%) had a family history of mental health issues and had also been hospitalized themselves for mental health or emotional reasons. More than one-third of clients (38%) reported previous suicide attempts (see Figure 18).

**Substance use.** At intake, clients reported using a variety of substances within the past six months. Most (86%) had used tobacco, and about six in ten (59%) had used alcohol. More than one-third of the women had used marijuana (45%) or cocaine/crack (35%). Women most often identified alcohol or marijuana as their chemicals of choice (see Figure 19).

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**14. Client income and other sources of support at intake: July 2007 – June 2008 (N=24-29)**

<b>Characteristic</b>	<b>Number of clients</b>	<b>%</b>
<b>Receiving MFIP benefits</b>	11	39%
<b>Receiving WIC benefits</b>	3	13%
<b>Using a food shelf</b>	13	45%
<b>Poverty level</b>		
Income equal to or below Federal Poverty Guidelines	22	88%
Income above Federal Poverty Guidelines	3	12%
<b>Monthly income</b>		
Less than \$500	12	41%
\$500 - \$999	10	34%
\$1,000 - \$1,499	4	14%
\$1,500 - \$1,999	1	3%
More than \$2,000	2	7%

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**15. Client employment at intake: July 2007 – June 2008 (N=29)**

<b>Characteristic</b>	<b>Number of clients</b>	<b>%</b>
<b>Employment status</b>		
Employed full-time	4	14%
Employed part-time	6	21%
Unemployed, looking for work	8	28%
Unemployed, not looking for work	2	7%
<b>Enrollment in school or career training program</b>		
Yes, full-time	1	3%
Yes, part-time	1	3%
No	27	93%

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**16. Clients' medical concerns at intake: July 2007 – June 2008 (N=28-29)**

	<b>Number of clients who said "yes"</b>	<b>% of clients who said "yes"</b>
Do you have any current medical concerns?	18	64%
Do you have any past medical concerns?	17	61%

*Note.* Current medical concerns included: bulging discs, numbing hands, hypertension, lumps in lymph nodes, possible STD, thyroid condition, uncertain if pregnant, kidney functioning of fetus, eating issues, brain damage/poor memory, toothache, asthma, allergies, dental concerns, arthritis, Hepatitis C, tumor in liver, obesity, knee displacement, a scheduled upcoming c-section, bronchitis or pneumonia, breast lumps, sleep/bad dreams, irregular test results and cells for Down Syndrome in fetus, and Type II Diabetes. Past medical concerns included Type II Diabetes, a bad back, blood pressure, melanoma, thyroid condition, kidney infection, hypertension, alopecia, low iron, low blood pressure, narcolepsy, back and neck pain, cyst, knee pain, liver issues, gastric bypass, ovarian cancer, .

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**17. FASD history at intake: July 2007 – June 2008 (N=28)**

	<b>Number of clients who said "yes"</b>	<b>% of clients who said "yes"</b>
Have you ever been diagnosed with FASD?	0	0%
Have any of your children ever been diagnosed with FASD?	3	11%

\* Three clients had a total of three children with FASD diagnoses



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**18. Clients' mental health status at intake: July 2007 – June 2008 (N=28-29)**

	<b>Number of clients who said "yes"</b>	<b>% of clients who said "yes"</b>
Do you currently have a mental health diagnosis? <sup>a</sup>	23	79%
Have you ever been hospitalized for mental health/emotional reasons?	16	55%
Do you have a family history of mental health issues?	16	57%
Do you have a history of suicide attempts?	11	38%
Do you currently have any thoughts of suicide (ideation)?	2	7%

<sup>a</sup> Clients had a range of mental health diagnoses including: Bipolar disorder, Major Depression, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, Schizoaffective Disorder, Anxiety disorders, and Posttraumatic Stress Disorder. Most reported multiple diagnoses.

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**19. Clients' history of substance use for six months prior to intake: July 2007 – June 2008 (N=27-29)**

<b>In the past 6 months, have you used...</b>	<b>Number of clients who said "yes"</b>	<b>% of clients who said "yes"</b>
Tobacco	25	86%
Alcohol	16	59%
Marijuana	13	45%
Cocaine or crack	10	35%
Methamphetamines	4	14%
Prescription drugs (misuse)	4	14%
Other amphetamines	3	10%
Heroin or opiates	1	3%
Ecstasy	1	3%

*Note.* Alcohol and marijuana were most often identified as clients' chemical of choice.

## Services and activities

An array of services were provided to the 36 clients participating in the Effecting Positive Change program between July 2007 and June 2008. At intake and then on a weekly basis, staff assess the needs of clients in the following areas: physical health, mental health, basic needs (MFIP, WIC), financial management, job training/education, housing, emergency needs, breast-feeding support, parenting needs, culturally-specific needs, and other areas as needed. The following is a brief summary of these services and activities.

**Services.** To address the many needs of clients participating in the Effecting Positive Change program, multiple services are offered to clients, including case management, to ensure access to health care coverage, job training, stable housing, and medical and dental care; chemical health treatment and/or recovery support; group and in-home parenting education; group and individual counseling; acupuncture; financial education; education regarding FASD; FASD screening; mental health screening and referral; and, child care while participating in services. Some of these services are provided in-house by Tubman Family Alliance & Chrysalis; in other cases, staff make referrals for clients to County and community-based agencies.

**Referrals.** Clients are referred for services at intake, as needed. Over the past year, clients were referred for a wide variety of services when they entered the program, but primarily mental and physical health needs. Clients continue to be referred for needed services during their time in the program as needs are identified. While in EPC, the most common referrals were for mental health issues followed by emergency needs, medical and dental needs, social support, and job training and education.

**Case management.** In some cases, client referrals to outside agencies were not necessary, although case management time was dedicated to an area of need with a client. Program staff most often addressed relationship/social support issues, medical and dental needs, financial management issues, and job training and education needs.

A detailed description of these service activities is presented in the Service Summary section of this report.

## ***Outcome results***

The following summarizes results of the outcome data collected between July 1, 2007 and June 30, 2008 for the Effecting Positive Change program. Outcomes were examined in four areas: a) changes in substance use and treatment completion rates, b) changes in parenting, as assessed through Adult-Adolescent Parenting Inventory pretest and posttest results, c) the health of infants born to clients in the program, and d) client satisfaction.

### Treatment completion and substance use

Most clients successfully completed Rule 31 treatment prior to entering the EPC program. Of the 38 (duplicated) clients served by the Effecting Positive Change program this past year, 17 completed primary chemical health treatment programs prior to their admission to EPC. Twenty-one clients completed treatment while in the program, and no clients were still active in treatment at the end of the year (see Figure 20).

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#### **20. Treatment status at program entry: July 2007 – June 2008 (N=38)**

<b>Treatment status</b>	<b>Number of clients</b>	<b>% of clients</b>
Completed Rule 31 treatment prior to entry	17	45%
Completed Rule 31 treatment while in the program	21	55%
Still active in Rule 31 treatment at the end of the year	0	0%
Unknown	0	0%

Of the 23 clients who were discharged from the program this year, most (65%) had successfully completed Rule 31 treatment or aftercare (9%). Four clients (17%) left treatment without staff approval, and one client (4%) was still currently in treatment (see Figure 21).

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#### **21. Treatment status at discharge: July 2007 – June 2008 (N=23)**

<b>Treatment status</b>	<b>Number of clients</b>	<b>% of clients</b>
Completed Rule 31 treatment	15	65%
Completed aftercare	2	9%
Left treatment without staff approval	4	17%
Still currently in Rule 31 treatment	1	4%
Unknown	1	4%

Most clients (60%) were not using drugs or alcohol at the time they were discharged from the program, while two clients (13%) were using drugs or alcohol less as compared to entry. Four clients (27%) were using drugs or alcohol more at discharge than at entry (see Figure 22).

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**22. Change in substance use at discharge among all discharged clients: July 2007 – June 2008 (N=15)**

<b>Change in substance use</b>	<b>Number of clients</b>	<b>% of clients</b>
Not using drugs/alcohol at all	9	60%
Using drugs/alcohol more	4	27%
Using drugs/alcohol less	2	13%

*Note.* Changes in substance use at discharge were not available for 8 clients.

Of the nine clients who successfully completed the program, seven were not using drugs or alcohol at discharge, one was using less, and one was using more (see Figure 23). Changes in alcohol and/or drug use among clients who left the program before completing were largely unknown.

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**23. Change in substance use at discharge among clients who successfully completed the program: July 2007 – June 2008 (N=9)**

<b>Change in substance use</b>	<b>Number of clients</b>	<b>% of clients</b>
Not using drugs/alcohol at all	7	78%
Using drugs/alcohol more	1	22%
Using drugs/alcohol less	1	22%

**Summary of Adult-Adolescent Parenting Inventory results**

Of the 36 unduplicated number of women served in the program this year, a total of 30 clients have completed an AAPI-2 pretest since the inception of the program in April 2007. During the past grant year (July 2007-June 2008), 21 clients completed the pretest (Form A), while 8 completed the posttest (Form B). Nineteen clients completed only a pretest during the grant year. Eight clients completed both a pretest and posttest (see Figure 24).

Nine current clients have taken the pretest but not the posttest, as they have not yet participated in 20 hours of parenting education. Thirteen clients took the pretest but left the program before they could be administered the posttest.

Six clients have completed neither the AAPI-2 pretest nor posttest. Tests were not administered to four clients due to their lack of attendance and/or active participation in the program. Because the program was not fully staffed throughout the year, two clients were not administered an AAPI.

#### 24. Individual AAPI-2 pretests and posttests

Client Identifier	AAPI-2 Pre-Test		AAPI-2 Post-Test		Current Status	
	Date taken	Which form? (A or B)	Date taken	Which form? (A or B)	Discharged?	Still in the program
2418	5/8/2007	A	-	-	√	
6689	5/8/2007	A	10/25/2007	B	√	
12722	5/8/2007	A	1/11/2008	B	√	
11901	5/11/2007	A	1/23/2008	B	√	
443	5/24/2007	A	-	-	√	
11597	5/24/2007	A	11/12/2007	B	√	
11929	6/1/2007	A	5/29/2008	B	√	
10775	6/8/2007	A	-	-	√	
13084	6/19/2007	A	10/19/2007	B	√	
11684	8/15/2007	A	-	-		√
595	8/17/2007	A	1/4/2008	B	√	
13210	8/28/2007	A	-	-		√
10579	9/13/2007	A	-	-	√	
13864	9/27/2007	A	-	-		√
14935	9/28/2007	A		-		√
12644	10/4/2007	A	-	-	√	
14887	10/4/2007	A	-	-	√	
15063	10/4/2007	A		-	√	
1476	10/25/2007	A	-	-	√	
14415	10/26/2007	A	4/24/2008	B	√	

## 24. Individual AAPI-2 pretests and posttests (continued)

Client Identifier	AAPI-2 Pre-Test		AAPI-2 Post-Test		Current Status	
	Date taken	Which form? (A or B)	Date taken	Which form? (A or B)	Discharged?	Still in the program
13905	11/5/2007	A	-	-	√	
15144	11/14/2007	A	-	-	√	
16186	1/24/2008	A	-	-		√
14949	2/5/2008	A	-	-	√	
15488	2/21/2008	A	-	-		√
14613	3/31/2008	A	-	-		√
17118	4/10/2008	A	-	-		√
17074	4/14/2008	A	-	-	√	
15871	4/17/2008	A	-	-		√
15942	5/29/2008	A	-	-		√

*Note.* Dates in italics refer to pretests conducted during the previous grant year.

### AAPI-2 Findings

Because the AAPI-2 is a norm-referenced instrument, all raw scores are converted into “sten” or standard scores. Sten scores range from 1 to 10, with low scores (1 to 3) indicating a high risk for abusive parenting behaviors, moderate scores (4 to 7) indicating a “normal” range of parenting and a moderate risk for abusive parenting behaviors, and high scores (8 to 10) indicating positive, nurturing parenting and a low risk for abuse. Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors: 1) inappropriate expectations of children; 2) parental lack of empathy; 3) strong belief in the use of corporal punishment; 4) reversing parent-child roles; and, 5) oppressing children’s power and independence.

During the year, 19 clients completed only the AAPI-2 pretest (Form A) within 10 days of their intake into the program (see Figure 25). Clients’ scores varied across all five constructs, ranging from low risk to high risk. The average sten score for clients fell into the normal range of parenting, or moderate risk category, across all five constructs.

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**25. AAPI-2 aggregated pretest summary (N=19) (July 2007 – June 2008)**

<b>Construct</b>	<b>Range of sten scores</b>	<b>Mean sten Score</b>
Construct A: Inappropriate Expectations	3 – 9	5.5
Construct B: Lack of Empathy	3 – 9	5.8
Construct C: Physical Punishment	4 – 10	6.8
Construct D: Role Reversal	4 – 10	6.4
Construct E: Power & Independence	1 – 10	6.3

*Note.* Includes sten scores for those clients who took only the pretest between July 2007 and June 2008. Sten scores on the AAPI-2 range from 1 to 10, with scores from 1 to 3 classified as “high risk”, scores from 4 to 7 as “medium risk”, and scores from 8 to 10 as “low risk.”

A total of 30 clients completed an AAPI-2 pretest. Figure 26 illustrates the sten scores for these clients by parenting construct. Most scores fell into the moderate risk or “normal” range of parenting at pretest. The remainder fell into the low risk category, with a few falling into the high risk category.

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**26. AAPI-2 pretest mean sten scores (N=30)**

<b>Construct</b>	<b>Number of clients whose sten scores were the following:</b>									
	<b>High risk</b>			<b>Moderate risk</b>				<b>Low risk</b>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Construct A: Inappropriate Expectations	0	0	2	6	7	6	7	2	2	0
Construct B: Lack of Empathy	0	0	4	1	4	8	9	1	3	0
Construct C: Physical Punishment	0	0	2	3	2	7	7	3	4	1
Construct D: Role Reversal	0	0	2	1	6	11	4	2	1	3
Construct E: Power & Independence	2	1	2	2	3	5	5	1	5	4

*Note.* Includes sten scores for all clients who took a pretest and were served by the program during the grant year. Sten scores on the AAPI-2 range from 1 to 10, with scores from 1 to 3 classified as “high risk”, scores from 4 to 7 as “medium risk”, and scores from 8 to 10 as “low risk.”

Eight clients completed both the AAPI-2 pretest (Form A) at intake and posttest (Form B) after completing 20 hours of parent education (see Figure 27). Sten scores at posttest decreased from pretest, indicating higher levels of risk at posttest. This decrease was most dramatic within Construct E (power and independence). However, results should be interpreted with caution given the small number of matched tests.

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**27. AAPI-2 pretest and posttest summary (N=8) (July 2007 – June 2008)**

<b>Construct</b>	<b>Pretest sten score (mean)</b>	<b>Posttest sten score after 20 hours of parent education (mean)</b>
Construct A: Inappropriate Expectations	5.9	5.6
Construct B: Lack of Empathy	6.5	5.1
Construct C: Physical Punishment	6.1	5.5
Construct D: Role Reversal	6.1	5.6
Construct E: Power & Independence	7.4	4.5

*Note.* Includes sten scores for only those clients who took both a pretest and posttest. Pretests from April to June 2007 are included if the posttest occurred during the grant year. Only one set of AAPI-2 posttests were administered to clients; all posttests were completed after 20 hours of parent education. Sten scores on the AAPI-2 range from 1 to 10, with scores from 1 to 3 classified as “high risk”, scores from 4 to 7 as “medium risk”, and scores from 8 to 10 as “low risk.”

Figure 28 illustrates the sten scores at posttests by parenting construct for clients who completed both a pretest and posttest. At posttest, most scores fell into the moderate risk or “normal” range of parenting behavior. A few scores fell into either the high risk or low risk score categories.

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**28. AAPI-2 posttest mean sten scores (N=8)**

<b>Construct</b>	<b>Number of clients whose sten scores were the following:</b>									
	<b>High risk</b>			<b>Moderate risk</b>				<b>Low risk</b>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Construct A: Inappropriate Expectations	0	0	0	2	1	3	2	0	0	0
Construct B: Lack of Empathy	1	0	1	2	0	2	0	1	1	0
Construct C: Physical Punishment	0	0	2	1	1	1	1	2	0	0
Construct D: Role Reversal	0	0	1	0	2	3	2	0	0	0
Construct E: Power & Independence	2	1	0	1	0	2	1	0	1	0

*Note.* Includes sten scores for all clients who took a posttest and were served by the program during the grant year. Sten scores on the AAPI-2 range from 1 to 10, with scores from 1 to 3 classified as “high risk”, scores from 4 to 7 as “medium risk”, and scores from 8 to 10 as “low risk.”



The matched scores illustrated in Figure 29 indicate a general pattern of scores decreasing from pretest to posttest, meaning clients' scores indicated higher risk for abuse at posttest as compared to pretest. Some scores increased (i.e., their risk decreased), while others remained constant. The unexpected pattern may be the result of parents' exposure to parent education and gaining a new understanding of what constitutes appropriate parenting behavior. It may be that after parent education, parents have come to a realization that their parenting behaviors were not ideal and subsequently score themselves more negatively. However, results should be interpreted with caution due to the small number of matched pretests and posttests.

## 29. Individual sten scores for matched AAPI-2 pretests and posttests (N=8)

Client Identifier	Construct A		Construct B		Construct C		Construct D		Construct E	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
6689	4	5	6	1	4	3	8	3	6	2
12722	5	4	3	6	7	5	3	6	9	1
11901	6	4	7	4	3	3	6	6	6	6
11597	6	6	8	8	6	7	5	5	7	9
11929	8	6	7	4	8	6	7	7	7	4
13084	9	7	9	6	8	8	9	7	7	1
595	5	6	5	3	6	4	5	5	8	6
14415	4	7	7	9	7	8	6	6	9	7

*Note.* Includes sten scores for all clients who took a pretest and posttest, including pretests taken prior to the start of the grant year (April-June 2007); all posttests were administered during the grant year. Sten scores on the AAPI-2 range from 1 to 10, with scores from 1 to 3 classified as "high risk", scores from 4 to 7 as "medium risk", and scores from 8 to 10 as "low risk."

### Health and well-being of newborns

Three infants were born to clients participating in the Effecting Positive Change program between July 2007 and June 2008. Toxicology screenings conducted with these mothers and infants were negative (see Year-end Tables in the appendix). Additional health data collected about two of the three infants suggest both were generally healthy and doing well following birth. Both infants were born full-term and did not require seven or more days of intensive care, although one newborn did not receive a post-birth clinic follow-up.

Despite a negative toxicology screening, one infant was born premature and required more than seven days of intensive care related to kidney problems.

Due to the small number of infants born to EPC clients this year, the health data are too preliminary to comment on the overall well-being of newborns in the program at this time.

## Client satisfaction

Satisfaction surveys are administered to clients by EPC staff following four months of participation in the program and again at discharge. Over the last year, only four satisfaction surveys were administered to clients (all at discharge). Due to these administration challenges, the procedure for collecting satisfaction data will be refined in the coming grant year. The following summarizes the preliminary satisfaction results collected during the past grant year. Due to the very small N, the findings should be interpreted with caution.

Clients were generally satisfied with the services they received through the EPC program, and with their relationships with staff. All four clients surveyed felt the services would help them maintain sobriety and with their parenting. The clients also reported they would recommend the EPC program to others (see Figure 30).

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### 30. Client satisfaction with program and staff: July 2007 – June 2008 (N=3-4)

Item	Number who “strongly agree” or “somewhat agree”
1. Program staff were knowledgeable and skilled	4/4
2. Program staff communicated with us in a way we could understand	4/4
3. Program staff gave useful suggestions and recommendations	4/4
4. Program staff understood our problems or concerns	4/4
5. Program staff were caring and warm	4/4
6. Program staff respected our rights	4/4
7. Program staff were sensitive to cultural issues	4/4
8. Program staff could relate to our cultural background	3/4
9. It was easy for me to contact program staff when I needed to	3/4
10. Program staff handled our private information with respect and consideration	4/4
11. The services and/or referrals my child(ren) received were helpful	3/3
12. The services I received will help me become a better parent	4/4
13. The services I received will help me remain sober	4/4
14. The services I received will help me find and retain employment	2/3
15. I would recommend this program to others who need similar services	4/4
16. Overall, I am satisfied with the services that we received	4/4

*Note.* The scale for the above items is as follows: 4 = strongly agree, 3 = somewhat agree, 2 = somewhat disagree, 1 = strongly disagree.

Of the services accessed by clients, the following were found to be most helpful: individual counseling, acupuncture, transportation assistance, education assistance, parenting education, child care, FASD education, career or job planning assistance, and financial management/budgeting (see Figure 31). All services were found to be helpful by at least some of the surveyed clients.

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**31. Client satisfaction with individual services: July 2007 – June 2008 (N=2-4)**

<b>Overall, how helpful were each of the following services?</b>	<b>Number who felt services were “very helpful” or “somewhat helpful”</b>
1. Individual counseling (in the EPC program)	4/4
2. Acupuncture	4/4
3. Assistance with transportation	3/3
4. Assistance with education or training	3/3
5. Parenting education (individual and/or group)	3/3
6. Child care	2/2
7. Education about Fetal Alcohol Spectrum Disorder	2/2
8. Career or job planning	2/2
9. Financial management/budgeting	2/2
10. Health care assistance (e.g., referrals to doctors)	3/4
11. Assistance with family planning/birth control	3/4
12. Group counseling (Tuesday group)	3/4
13. Emergency needs	3/4
14. Assistance with housing	2/3
15. Health education	2/3

## ***Discussion of results***

The demographic data presented in the year-end tables, as well as the findings from the process evaluation, demonstrate the range of challenges facing the clients served by the Effecting Positive Change program. Most are struggling to meet basic needs, and many are unemployed. The majority of clients are also managing a range of physical and mental health issues, and have undergone chemical dependency treatment multiple times in the past. The women also tend to be involved in various systems, including child protection and/or the courts, when they enter the program. Amidst these challenges, clients entered the program with some strengths as well, including basic education,

supportive living arrangements, and the use of a primary clinic and physician to address health needs.

Given the small number of clients who successfully completed the program (N=9) and those who left prior to completing (N=14), the data are too preliminary at this time to draw firm conclusions about the impact of services. Nevertheless, the outcome data collected to date suggest that the program appears to be having a positive effect on clients. Most clients completed treatment, and most of those who successfully completed the program were also no longer using drugs and/or alcohol at discharge.

Too few infants were born to clients during the past year to draw conclusions about the overall health and well-being of infants born while their mothers were in the program. While the toxicology screenings performed on three postpartum mothers and infants were negative, information is needed for a larger number of infants in order to assess the general health of infants in the program. EPC staff continue to provide services and referrals to clients during their pregnancies and postpartum to address both mothers' and infants' needs, and believe this work is contributing to healthy newborns.

Similarly, too few satisfaction surveys were administered to clients during the past year to fully assess client satisfaction with services. The data collected from four clients suggests clients are largely satisfied with the program, services, and staff, but more satisfaction data will need to be collected next year in order to draw conclusions about client satisfaction.

Results from the Adult Adolescent Parenting Inventory (AAPI-2) did not produce as positive results. Scores generally decreased from pretest to posttest, moving towards a higher level of risk for abuse at posttest. It may also be that parents' exposure to parent education increased their awareness of appropriate parenting behavior, such that after 20 hours of parent education, parents felt their parenting behaviors were less than ideal and subsequently scored themselves more negatively. However, the small number of AAPIs administered to EPC clients warrant caution in interpreting the results.

#### Factors contributing to program results

Although the results are preliminary, certain factors may be contributing to the early positive changes occurring among the EPC clients.

One factor remains the accessibility and flexibility of staff time afforded by the grant funding. Being available to clients in community settings (e.g., the client's home, attending doctors' appointments, attending court appointment) allows staff the time to build trusting relationship with clients and also teach basic skills. Staff have time to meet with clients as

often as needed to provide coaching and teach problem-solving skills. This would not be possible if staff needed to provide billable services not funded through the grant.

Some of the success of the program is likely due to the presence of a multidisciplinary team that can work with several members of a woman's family and address most needs that arise. Problems of the mother and children impact the functioning of each member of the family system, and therefore, being able to address the needs of the entire family is critical to the health and well-being of clients.

In addition, the Child Development Specialist strives to adjust her schedule as needed in order to provide immediate care to the children of EPC clients when those clients are receiving services through other programs at Chrysalis. This provides children with the same child care provider at each and every visit to the agency, therefore promoting consistency in care and contributing to the development of trust among the children.

Some women, however, did not achieve success in the program, likely the results of the many complex needs these clients possess, which can pose a significant challenge. Lack of transportation, limited income, unreliable child care, and the lack of reliable and helpful support systems present large barriers to clients. In particular, clients' concurrent involvement with other social service and legal systems (e.g., child protection, probation, etc.) impacts their lives in several ways. In some cases, these other providers/agencies may exert significant influence over a client, making it difficult for clients to attend to other issues in their lives. As a result, it has been important that program staff coordinate closely with these other agencies to ensure common goals are pursued.

### ***Lessons learned***

During this first full year of the Effecting Positive Change program, program staff learned multiple lessons that will contribute to improved programming in the upcoming grant year.

#### Lesson 1: Providing holistic services to families in different contexts

For staff, the ability to provide a range of services to both women and their children has been a very positive and rewarding experience. Doing so allows staff to engage in a holistic approach in their work with families. Nevertheless, staff have found that it is often in the best interest of children to reside in an alternative home environment, which impacts parenting and parent-child attachment during vital times during the children's lives.

## Lesson 2: Serving clients with multiple, intensive needs

Many of the clients served through the program have multiple complex needs which require intensive service. These clients are also struggling with a fear, distrust, and lack of understanding of the multiple service agencies in which they are participating or to which they are referred. Staff have found it challenging to limit their hours of direct contact in light of these issues. For example, staff have had to spend extensive time helping clients with basic life skills (e.g., how to ride a bus) prior to encouraging the client to access community resources.

## Lesson 3: Staffing approaches

Treatment plans for clients were often not updated because multiple staff were working with individual clients. While this multidisciplinary team approach was useful in terms of providing comprehensive services to clients, some tasks were not completed because of a lack of clarity about roles and division of labor. The program has since implemented a new approach in which each client is assigned a “primary” staff person who is ultimately responsible for paperwork and other issues related to the client.

## Lesson 4: Marketing

Because Effecting Positive Change is a voluntary program, rather than court-ordered like many of the other programs in which their clients participate, the program has struggled to consistently recruit clients into the program. Staff have therefore identified marketing as a continued need and priority for the upcoming year.

## Lesson 5: Geographical challenges of housing

Program staff have observed that clients with housing needs are often adamant about remaining in a certain geographical area in order to maintain their children’s education, employment, and accessible transportation (on a bus line), even when little to no housing is available in that area. Unfortunately, clients do not have months to “wait and see” if housing becomes available. Program staff continue to work with clients to address these competing needs/desires.

## Lesson 6: Client engagement

Staff have found it challenging to keep clients engaged in the program and activities. Clients generally lack stability and are managing multiple issues in their lives, making it difficult for them to attend fully to the program. Some clients also cease to remain

engaged after their basic needs have been met. Program staff continue to strategize about ways to maintain clients' engagement in the program.

#### Lesson 7: Program collaboration

The program has found collaborating with other Rule 31 programs to be challenging at times. Staff have found it difficult to consistently accommodate clients' needs when schedules between programs conflict or the programs have different, competing requirements. Trying to engage clients and offer seamless service has proven difficult when there are overlapping services and competing demands among other agencies, resulting in a "tug-of-war" situation that does not benefit the client. The program remains committed to partnering with other agencies to provide comprehensive services to clients and resolving these issues.

### ***Impact of grant***

The Effecting Positive Change program has been impacted by the funding provided through the Minnesota Department of Human Services in multiple ways. These include:

- Increased outreach to and knowledge of several other service agencies. Staff has visited Southside Family Services, Bridging, Crisis Nurseries, Perspectives, Indian Resource Center, Kateri, Family Tree (family planning services), Wayside, and several schools throughout Hennepin County. In addition, the agency has enhanced their partnerships with shelters and transitional housing facilities in the area. This will facilitate more effective referrals for clients in the future.
- Increased capacity to serve children. Most of the programs offered through Chrysalis target adult women. Through this grant, the Effecting Positive Change program has been able to provide a range of services to children as well.
- Long-term services. Most of the services and programs offered through the agency generally provided 10 to 12 weeks of service. The grant has afforded the agency the opportunity to serve families for up to a year and address long-term needs.
- Home or other onsite visits with clients. Through the grant funding, the Effecting Positive Change program is able to conduct home visits with clients, and/or meet clients on location (e.g., court), to address specific needs.

## ***Challenges and barriers***

During the past year, the program encountered several challenges impacting program implementation and service delivery, all of which will be addressed in the coming year.

Due to space and staffing issues, there were limited child care openings, especially for infants, which posed one barrier. This has been managed to date by allowing women to bring their infants into groups when child care space is not available, which has worked well so far. Additionally, the program is continuing to explore the option of using space at Tubman Family Alliance for child care (Chrysalis merged with Tubman as of July 1, 2007).

Implementing the curriculum *Children's Program Kit: Supportive Education for Children of Addicted Parents* remains a challenge. The curriculum targets children over the age of 5, but the majority of children served through the program are infants and toddlers. As a result, much of the material is not appropriate for the children served through the Effecting Positive Change program. The Early Childhood Specialist/Childcare Provider has adapted some of the material, using portions with children individually, as developmentally appropriate. Staff will continue to work on adapting the curriculum and structuring educational activities for children at varied ages over the next year.

Clients also lived and/or were involved in other programs throughout the metro area, which also presented a challenge. Because staff no longer transport clients, time allotted for case management was impacted by the geographical distance clients or staff had to travel. Program staff will continue to work on providing and coordinating services while addressing clients' transportation challenges.

Finally, all staff and managers in the program, as well as the Director of Mental and Chemical Health Services, have worked diligently to further develop the program and program materials while also serving clients during the first full year of the Effecting Positive Change program. Program development and marketing will continue throughout the next year.



# Future outlook

The Effecting Positive Change program will continue to provide services to pregnant and parenting women with substance use issues in accordance with the goals and objectives outlined in the contract with the Minnesota Department of Human Services over the next three years. The immediate priority for the program during the next grant year is to fill open positions in the program. Once these new positions are filled, the program can focus on attempting to serve the full number of clients each year. Some enhancements to programming are planned for the upcoming year, in addition to the modifications described in the Challenges and Barriers section. Some of these programming additions include:

- Alcohol- and drug-free family night get-togethers, to be held quarterly
- Evening support groups to accommodate working women
- Yoga in the Fall of 2008

Furthermore, the addition of new case management staff and a new Child Care Specialist, who will also serve as the Effecting Positive Change Program Coordinator, will aid in streamlining data tracking systems and add new expertise to the team.

Effecting Positive Change has been operational for about a year and still in the relatively early stages of development and implementation. The women served to date have received numerous services and those who have graduated from the program suggest the potential of the program. Preliminary data and staff experiences suggest, for example, the importance of the accessibility and flexibility of staff to meet the individual needs of clients. This has been especially beneficial for continuing to engage clients who have relapsed while in the program. Without available staff to call, meet, and build relationships with clients, these clients would have likely dropped out of the program. Furthermore, there is also a need to develop more effective strategies for engaging clients initially in program participation. Clients are often hesitant to commit to services in addition to their primary treatment program. The program continues to explore different approaches and timing to engage clients in these additional services.

This summer, the program will further review the data presented in this year-end report to discuss the implications for service implementation and provision, and identify any specific changes to undertake in the upcoming year.

Additional outcome information about a larger number of clients is needed, however, to fully evaluate the impact of the program in the future. Once fully staffed, it is anticipated that more women will be served in the coming grant year, allowing for more powerful

analyses. In addition to collecting the required data, the evaluator will also begin conducting focus groups with clients twice a year (Fall and Spring). By collecting the perceptions of clients about their experiences in the program, we will gain additional insight into the strengths of the program, as well as areas for development. Furthermore, streamlining current materials and procedures related to the evaluation will enhance the program's ability to provide complete data for all clients.

# AAPI-2 contact information

## **AAPI-2 Contact Information for the July 1, 2008 – June 30, 2009 program year:**

Name: Darcy Young

Phone: 612.870.2455

Email: DYoung@chrysaliswomen.org



# Appendix

## *Evaluation instruments:*

Initial Assessment

Discharge Summary

Health Summary Form

Services Log

Referral Log

Youth Quarterly Update

Satisfaction Survey

## *Quarterly tables*

## *Year-end tables*



## *Evaluation instruments*

# INITIAL ASSESSMENT

## EFFECTING POSITIVE CHANGE



Complete within 30 days of intake for those clients who are actually seen by the program

Name:	ID#:
Birth date (mo/day/yr):	Health insurance provider:
Age at intake:	<input type="checkbox"/> <sup>1</sup> MA
Intake Date (mo/day/yr):	<input type="checkbox"/> <sup>2</sup> PMAP - Blue Plus
Date Form Completed (mo/day/yr):	<input type="checkbox"/> <sup>3</sup> PMAP – Health Partners
Health insurance #:	<input type="checkbox"/> <sup>4</sup> PMAP – Medica
	<input type="checkbox"/> <sup>5</sup> PMAP - UCare
	<input type="checkbox"/> <sup>6</sup> None
	<input type="checkbox"/> <sup>7</sup> Private (please specify _____ )
Reentering EPC? <input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No	Transfer from Chrysalis to <i>Effecting Positive Change</i> program? <input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No
	If yes, date of original Chrysalis Intake _____
Referral Source:	<input type="checkbox"/> <sup>1</sup> CD treatment <input type="checkbox"/> <sup>4</sup> Doctor/clinic
	<input type="checkbox"/> <sup>2</sup> Child Protection <input type="checkbox"/> <sup>5</sup> Corrections
	<input type="checkbox"/> <sup>3</sup> Community program <input type="checkbox"/> <sup>6</sup> Other

**If YES to any of the questions in the box below, client is a candidate for the *Effecting Positive Change* Program.**

Are you currently in a licensed CD treatment program (Rule 31)? <sup>1</sup> Yes <sup>2</sup> No

Have you completed a licensed CD treatment program in the past 6 months? <sup>1</sup> Yes <sup>2</sup> No

*If yes to either of the above, what type of treatment program are you in now or have you been in within the past 6 months (if more than one apply, check the MOST RECENT)*

<sup>1</sup> Inpatient <sup>4</sup> Other (Specify: \_\_\_\_\_ )

<sup>2</sup> Outpatient <sup>8</sup> Unknown

<sup>3</sup> Halfway House  
(must be licensed a treatment facility)



**FOR EACH QUESTION, FILL IN THE BLANK OR CHECK THE APPROPRIATE BOX TO INDICATE YOUR ANSWER.**

## **BACKGROUND**

1. How would you describe your race? (Please choose one option from the following categories, even if you are of Hispanic origin)
- |  |  |
|--|--|
| <input type="checkbox"/> <sup>1</sup> Black/African American/African Immigrant | <input type="checkbox"/> <sup>5</sup> Biracial/Multiracial   |
| <input type="checkbox"/> <sup>2</sup> Asian American/Asian Immigrant           | <input type="checkbox"/> <sup>6</sup> Other (Specify: _____) |
| <input type="checkbox"/> <sup>3</sup> American Indian/Alaskan Native           | <input type="checkbox"/> <sup>8</sup> Unknown                |
| <input type="checkbox"/> <sup>4</sup> White                                    |  |
2. Are you of Hispanic origin?
- <sup>1</sup> Yes - Hispanic Origin    <sup>2</sup> No - Non-Hispanic Origin    <sup>8</sup> Hispanic ethnicity unknown
3. Are you currently:
- |   |  |
|---|--|
| <input type="checkbox"/> <sup>1</sup> Married, living with spouse                 | <input type="checkbox"/> <sup>4</sup> Separated, divorced, or widowed (and not cohabitating) |
| <input type="checkbox"/> <sup>2</sup> Cohabiting with a partner                   | <input type="checkbox"/> <sup>8</sup> Unknown  |
| <input type="checkbox"/> <sup>3</sup> Single (never married and not cohabitating) |  |

## **PREGNANCY**

- 4a. Are you currently pregnant?    <sup>1</sup> Yes    <sup>2</sup> No **(IF NO, SKIP TO SECTION 5)**
- 4b. Is this your first pregnancy?    <sup>1</sup> Yes    <sup>2</sup> No
- 4c. How far along is your pregnancy?    <sup>1</sup> 1-3 months    <sup>3</sup> 7-9 months  
(Due Date \_\_\_\_\_)    <sup>2</sup> 4-6 months    <sup>8</sup> Unknown
- 4d. Are you receiving prenatal care?    <sup>1</sup> Yes    <sup>2</sup> No    <sup>8</sup> Unknown
- 4e. Have you ever had a premature delivery?    <sup>1</sup> Yes    <sup>2</sup> No    <sup>8</sup> Unknown

## **CHILDREN**

- 5a. How many children (ages 0 to 18) do you have? \_\_\_\_\_ **(IF "0", NO CHILDREN, SKIP TO SECTION 6)**  
**(Please include all children, regardless of custody status).**

5b. Please complete the following table about your children (use the codes below for race, ethnicity, and current living arrangements). Include all children, ages 0 to 18, regardless of current custody status.

First & Last Name	Age	Sex (M/F)	Race	Ethnicity	5c. Do you have legal custody for this child?			If YES to legal custody →	If NO to legal custody →			
					Yes	No	Un-known	5d. Where is child currently living?	5e. Was custody voluntarily transferred (TLC), parental rights terminated (TPR), or something else (Other)*?			
							Use codes below	TLC	TPR	Other*	Unknown	
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK
					<input type="checkbox"/> <sup>1</sup> Yes	<input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> TLC	<input type="checkbox"/> <sup>2</sup> TPR	<input type="checkbox"/> <sup>3</sup> Other	<input type="checkbox"/> <sup>8</sup> UNK

**Race Codes**

**BLK**<sup>1</sup>: Black/African American/African Immigrant

**WHT**<sup>2</sup>: White

**AS**<sup>3</sup>: Asian American/Asian Immigrant

**AI**<sup>4</sup>: American Indian/Alaskan Native

**MUL**<sup>5</sup>: Biracial/Multiracial

**OTH**<sup>6</sup>: Other (specify)

**UNK**<sup>8</sup>: Unknown

**Ethnicity Codes**

**H**<sup>1</sup>: Hispanic/Latino

**NH**<sup>2</sup>: Non-Hispanic/Latino

**UNK**<sup>8</sup>: Unknown

**Current Living Arrangements**

**MOM**<sup>1</sup>: Living with Mom

**CRT**<sup>2</sup>: Formal (court-ordered) living arrangements with others

**INF**<sup>3</sup>: Informal (non court-ordered) living arrangements with others

**OTH**<sup>5</sup>: Other (specify)

**UNK**<sup>8</sup>: Unknown

\* "Other" includes children who are not in legal custody of birth mother due to arrangements made **outside** the child protection system, such as family court arrangements or some adoptions.

5f. Where were (are) your children during your most recent treatment episode? (*CHECK ALL THAT APPLY*)

- <sup>1</sup> With you (the client)
- <sup>2</sup> With child's other parent
- <sup>3</sup> With other family member (grandparent, aunt, etc.)
- <sup>4</sup> With friends
- <sup>5</sup> Foster care
- <sup>6</sup> Other (Specify: \_\_\_\_\_)

#### CURRENT LIVING AND TRANSPORTATION ARRANGEMENTS

6a. Where are you currently living?

- <sup>1</sup> In own house or apartment
- <sup>2</sup> In parent/other relative or friend's home
- <sup>3</sup> Battered women's shelter
- <sup>4</sup> In correctional facility
- <sup>5</sup> Living in shelter
- <sup>6</sup> In a treatment facility
- <sup>7</sup> No home at present and not in a shelter
- <sup>8</sup> Other (Specify: \_\_\_\_\_)
- <sup>-8</sup> Unknown

6b. Are current living arrangements supportive to your recovery? <sup>1</sup> Yes <sup>2</sup> No <sup>8</sup> Unknown  
(*Factors to consider include affordability/cleanliness of living situation, family relationship issues, public health issues, conduciveness of environment to maintaining sobriety, and client behaviors*)

6c. What is your usual mode of transportation (own car, take bus, etc.)? \_\_\_\_\_

6d. Is this transportation reliable? <sup>1</sup> Yes <sup>2</sup> No

6e. If you own a car, do you own a car seat? <sup>1</sup> Yes <sup>2</sup> No <sup>9</sup> Not applicable

#### EDUCATION AT ENTRY

7a. What is the highest level of education that you completed?

- <sup>1</sup> No school
- <sup>2</sup> Some school but no High School diploma or GED
- <sup>3</sup> High School grad or GED
- <sup>4</sup> Vocational Certificate or Associate Degree
- <sup>5</sup> Some college but no degree
- <sup>6</sup> College Degree
- <sup>7</sup> Graduate or Professional degree
- <sup>8</sup> Unknown

7b. Would you like to further your education? <sup>1</sup> Yes <sup>2</sup> No <sup>8</sup> Don't know/unsure

## EMPLOYMENT

8a. What is your current employment status? (*CHECK ONE ONLY*)

- <sup>1</sup> Employed full-time (35 or more hours/week)  
<sup>2</sup> Employed part-time (under 35 hours/week)  
<sup>3</sup> Retired (not working)  
<sup>4</sup> Disabled (not working)  
<sup>5</sup> Unemployed – looking for work  
<sup>6</sup> Unemployed – not looking for work  
<sup>7</sup> Unemployed – not looking for work, but in school or job program  
<sup>8</sup> Other (specify): \_\_\_\_\_  
<sup>-8</sup> Unknown

8b. Are you currently in school or a career training program?

- <sup>1</sup> Yes, enrolled full time    <sup>2</sup> Yes, enrolled part time    <sup>3</sup> No    <sup>8</sup> Unknown

## INCOME/RESOURCES AT ENTRY

9a. Is your income lower than the Federal Poverty Guidelines (attached)? <sup>1</sup> Yes    <sup>2</sup> No    <sup>8</sup> Unknown

9b. Are you currently on MFIP (at program entry)? <sup>1</sup> Yes    <sup>2</sup> No    <sup>8</sup> Unknown

9c. Are you currently receiving WIC (at program entry)? <sup>1</sup> Yes    <sup>2</sup> No    <sup>8</sup> Unknown

9d. What is your monthly income? \_\_\_\_\_

9e. What is/are the source(s) of this income? \_\_\_\_\_

9f. Do you use a food shelf? <sup>1</sup> Yes (specify where: \_\_\_\_\_)    <sup>2</sup> No

## CURRENT SERVICE OR SYSTEM INVOLVEMENT

10a. Are you currently involved with child protection (under investigation/open case)?

- <sup>1</sup> Yes    <sup>2</sup> No    <sup>8</sup> Unknown

10b. Are you currently involved with the criminal justice system (i.e., arrests, probation, parole, etc.)?

- <sup>1</sup> Yes    <sup>2</sup> No    <sup>8</sup> Unknown

## CHEMICAL DEPENDENCY TREATMENT

11a. Before coming to Chrysalis, have you ever been in CD treatment?

<sup>1</sup> Yes      <sup>2</sup> No (**GO TO Q. 11c**)

11b. How many times have you been in CD treatment **not including** this episode if you are currently in treatment? \_\_\_\_\_ Number of times (write "0" if none)

11c. Do you attend sober support groups? <sup>1</sup> Yes      <sup>2</sup> No (**GO TO Q. 11f**)

11d. When do you usually attend? (list when/how often): \_\_\_\_\_

11e. What types of groups do you attend? (list all names/types): \_\_\_\_\_

11f. How many times have you been to detox? \_\_\_\_\_ (write "0" if none) (**If 0, GO TO Q. 12a**)

11g. When did you attend detox (list all dates)? \_\_\_\_\_

## FASD

12a. Have **you** ever been **diagnosed** with FASD (Fetal Alcohol Spectrum Disorders)?

<sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown

12b. Have any of your **children** (ages 0 to 18) ever been **diagnosed** with FASD (Fetal Alcohol Spectrum Disorders)?

<sup>1</sup> Yes (how many: \_\_\_\_\_)      <sup>2</sup> No      <sup>8</sup> Unknown

## MENTAL AND PHYSICAL HEALTH

### Mental health

13a. Do you currently have a mental health diagnosis?

<sup>1</sup> Yes (specify: \_\_\_\_\_)      <sup>2</sup> No

13b. Have you had a mental health screening in the past 6 months?

<sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown

(IF NO or UNKNOWN, COMPLETE THE APPROPRIATE SCREENING)

13c. Have you ever been hospitalized for mental health/emotional reasons? <sup>1</sup> Yes      <sup>2</sup> No (**GO TO Q.13f**)

13d. When were you hospitalized? (list all dates) \_\_\_\_\_

13e. Where were you hospitalized? (list all locations) \_\_\_\_\_

13f. Do you have a family history of mental health issues? <sup>1</sup> Yes      <sup>2</sup> No

- 13g. Do you have a history of suicide attempts? <sup>1</sup> Yes <sup>2</sup> No (**GO TO Q.13j**)
- 13h. When did you attempt suicide (list all dates)? \_\_\_\_\_
- 13i. How did you attempt suicide? \_\_\_\_\_
- 13j. Do you currently have any thoughts of suicide (ideation)? <sup>1</sup> Yes <sup>2</sup> No (**GO TO Q.13c**)
- 13k. When did you have these thoughts? \_\_\_\_\_

**Physical health**

- 13l. Are you currently using any form of birth control?  
<sup>1</sup> Yes <sup>2</sup> No – I am pregnant <sup>3</sup> No – I am not pregnant t <sup>8</sup> Unknown
- 13m. Do you have a primary care physician?  
<sup>1</sup> Yes (specify: \_\_\_\_\_) <sup>2</sup> No
- 13n. Do you have a primary clinic?  
<sup>1</sup> Yes (specify: \_\_\_\_\_) <sup>2</sup> No
- 13o. Have you had a physical in the last year?  
<sup>1</sup> Yes (specify date (mo/day/yr): \_\_\_\_\_) <sup>2</sup> No
- 13p. Are you allergic to any medications?  
<sup>1</sup> Yes (specify: \_\_\_\_\_)  
<sup>2</sup> No
- 13q. Do you have any past medical concerns?  
<sup>1</sup> Yes (describe: \_\_\_\_\_)  
<sup>2</sup> No
- 13r. Do you have any current medical concerns?  
<sup>1</sup> Yes (describe: \_\_\_\_\_)  
<sup>2</sup> No
- 13s. Have you had any prior hospitalizations?  
<sup>1</sup> Yes (describe: \_\_\_\_\_)  
<sup>2</sup> No

13t. What medications are you currently taking (note dosage and time of day taken)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For worker:**

14a. Did you refer the client for any of the following at intake (either to services within or outside of Chrysalis)?  
(CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> <sup>1</sup> Physical health needs        | <input type="checkbox"/> <sup>10</sup> MFIP                             |
| <input type="checkbox"/> <sup>2</sup> Dental needs                 | <input type="checkbox"/> <sup>11</sup> WIC                              |
| <input type="checkbox"/> <sup>3</sup> Mental health needs          | <input type="checkbox"/> <sup>12</sup> Nutritional needs                |
| <input type="checkbox"/> <sup>4</sup> Relationships/social support | <input type="checkbox"/> <sup>13</sup> ECFE/outside parenting education |
| <input type="checkbox"/> <sup>5</sup> Financial management         | <input type="checkbox"/> <sup>14</sup> Breast-feeding support group     |
| <input type="checkbox"/> <sup>6</sup> Job training/education       | <input type="checkbox"/> <sup>15</sup> Culturally specific needs        |
| <input type="checkbox"/> <sup>7</sup> Housing                      | <input type="checkbox"/> <sup>16</sup> Emergency needs                  |
| <input type="checkbox"/> <sup>8</sup> Acupuncture                  | <input type="checkbox"/> <sup>17</sup> Other: _____                     |
| <input type="checkbox"/> <sup>9</sup> FASD assessment/information  |   |

**SUBSTANCE USE**

15a. During the past **six** months, have you ever used any of the following. . . **PLEASE CHECK APPROPRIATE CATEGORY** (*Note to worker:* Use best available information to verify answers. Report on use for the last 6 months prior to entering last CD Treatment.)

In the past 6 months have you used...	IF YES, ASK →		15b. How often have you used?				
	Yes	No	Almost everyday	3-5 times weekly	1-2 times weekly	1-3 times monthly	Unknown
1. Alcohol	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
2. Marijuana	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
3. Cocaine or Crack	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
4. Heroin or Opiates	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
5. Methadone <b>IF YES, ASK</b> ): ☞	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
5.1. Was this prescribed through treatment?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>					
6. Methamphetamine	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
7. Other Amphetamines:	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
8. Inhalants	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
9. Misused prescription drugs	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
10. Misused over-the-counter medications	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
11. Other drugs (Please specify: _____ _____)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>
12. Tobacco use	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>8</sup>

15c. What is your chemical of choice? \_\_\_\_\_

15d. When was the last day you used any alcohol or drug? (*approximate mo/day/yr, if unsure*) \_\_\_\_\_



Program staff is interested in talking with you about 4 weeks after you finish the *Effecting Positive Change* program to find out how you are doing, and possibly several months later as well. Please provide the best way to contact you at that time.

Name: \_\_\_\_\_

Current address or shelter: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work/cell: \_\_\_\_\_

Do you have relatives (aunt, uncle, cousin, sister or someone else) or friends who are likely to know where you are and how to contact you if you are not available at the address or phone number above?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Is there anyone else that you feel might be helpful if we are trying to find you 6-months to a year from now if you are not living in the same place?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

If you have any questions, please ask us!

Thank you.

# DISCHARGE SUMMARY (AT CLOSING)

## EFFECTING POSITIVE CHANGE



Complete within 7 days of discharge for all clients referred to or served by the program

Client name:	Client ID:
Date of discharge (mo/day/yr):	Today's date:

### Discharge status (PLEASE CHECK THE APPROPRIATE BOX):

- <sup>1</sup> Client successfully completed the program
- <sup>2</sup> Client was doing well in program but moved out of county before completing the program
- <sup>3</sup> Client received services, case closed without completing the program (includes those who moved or quit after receiving some services WHO WERE NOT DOING WELL)
- <sup>4</sup> Client did not receive services (i.e., intake only – no sessions with client following intake) (STOP; DO NOT COMPLETE REMAINDER OF FORM)
- <sup>5</sup> Other \_\_\_\_\_

FOR EACH QUESTION, FILL IN THE BLANK OR CHECK THE APPROPRIATE BOX TO INDICATE YOUR ANSWER.

### CHILD CUSTODY/CHILD PROTECTION

1. How many children (ages 0-18) does the client have? \_\_\_\_\_  
(Include all children, ages 0-18, regardless of current custody status)
2. Is the client currently pregnant?  
<sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown
3. Did client give birth while in the program?  
<sup>1</sup> Yes      <sup>2</sup> No (GO TO Q.5)      <sup>8</sup> Unknown (GO TO Q.5)
4. Did client maintain legal custody of her infant?  
<sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown
5. Does the client currently have legal custody of any children? (include infants)  
<sup>1</sup> Yes (specify number of children \_\_\_\_\_)      <sup>2</sup> No      <sup>8</sup> Unknown
6. Was the client ever involved with Child Protection (either at program entry or during program)?  
<sup>1</sup> Yes – at entry  
<sup>2</sup> Yes – became involved while in the program  
<sup>3</sup> No (GO TO Q.11)  
<sup>8</sup> Unknown

Answer questions 7-10 only if client is/was involved with CP; otherwise, go to Question #11.

7. Did any of the client's children live with someone else during the program due to actions by child protection?  
<sup>1</sup> Yes (specify number of children \_\_\_\_\_)  
<sup>2</sup> No  
<sup>8</sup> Don't know
8. Was the client reunited with any children (ages 0 to 18) during the program?  
<sup>1</sup> Yes (specify number of children: \_\_\_\_\_)  
<sup>2</sup> No  
<sup>8</sup> Unknown
9. Did client lose custody or transfer parental rights for any children (ages 0 to 18) while in the program? (Check all that apply)  
<sup>1</sup> Yes – legally, voluntarily transferred parental rights (specify number of children: \_\_\_\_\_)  
<sup>2</sup> Yes – parental rights terminated (specify number of children: \_\_\_\_\_)  
<sup>3</sup> No  
<sup>8</sup> Unknown
10. At discharge, what was the outcome of the client's involvement with Child Protection (CP)?  
<sup>1</sup> The client is still involved with Child Protection  
<sup>2</sup> CP involvement ended  
<sup>8</sup> Child Protection status unknown
11. Where are the client's children (ages 0 to 18) currently living? (Check all that apply)  
<sup>1</sup> With mom (specify number of children: \_\_\_\_\_)  
<sup>2</sup> With someone else (CP, foster care) due to actions by Child Protection (specify number of children: \_\_\_\_\_)  
<sup>3</sup> With someone else, not related to Child Protection (specify number of children: \_\_\_\_\_)  
<sup>8</sup> Unknown

## HEALTH

### Mental health

12. Does the client currently have a mental health diagnosis?  
<sup>1</sup> Yes (specify: \_\_\_\_\_)      <sup>2</sup> No      <sup>8</sup> Unknown
13. Has the client been diagnosed with FASD (either before or during the program)?  
<sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown

14. Have any of the client's children (ages 0 to 18) been diagnosed with FASD (either before or during the program)?

<sup>1</sup> Yes (specify number of children: \_\_\_\_\_)

<sup>2</sup> No

<sup>8</sup> Unknown

### Physical health

15. Does the client currently use nicotine or tobacco?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>8</sup> Unknown

16. Does the client currently use a form of birth control?

<sup>1</sup> Yes

<sup>2</sup> No – not pregnant

<sup>3</sup> No – pregnant

<sup>8</sup> Unknown

17. Are immunizations for all of the client's children up-to-date?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>8</sup> Unknown

### Substance use

18. At discharge, how long has the client been alcohol/drug free?

<sup>1</sup> Less than 6 months

<sup>2</sup> 6 months or more

<sup>8</sup> Unknown

19. How has the client's substance use changed at discharge, compared to program entry (self-reported or staff assessment)?

<sup>1</sup> Using drugs/alcohol more

<sup>2</sup> Using drugs/alcohol at the same level

<sup>3</sup> Using drugs/alcohol less

<sup>4</sup> Not using drugs/alcohol at all

<sup>8</sup> Unknown

### SYSTEM INVOLVEMENT

20. Was the client under court jurisdiction or on probation/parole at program entry?

<sup>1</sup> Yes →

**If yes:** 21a. Did client re-offend while in the program?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>8</sup> Unknown

<sup>2</sup> No →

**If no:** 21b. Did client come under court jurisdiction while in the program?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>8</sup> Unknown

<sup>8</sup> Unknown

22. Is the client currently involved with the criminal justice system (i.e., under court jurisdiction or on probation/parole)?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>8</sup> Unknown

## STATUS AT DISCHARGE

23. What is the client's current employment status? (check one)

- <sup>1</sup> Employed full-time (35 or more hours/week)  
<sup>2</sup> Employed part-time (under 35 hours/week)  
<sup>3</sup> Retired (not looking for work)  
<sup>4</sup> Disabled (not looking for work)  
<sup>5</sup> Unemployed – looking for work  
<sup>6</sup> Unemployed – not looking for work  
<sup>7</sup> Unemployed – not looking for work, but in school or job program  
<sup>8</sup> Other (specify): \_\_\_\_\_  
<sup>-8</sup> Unknown

24. What is the client's current school-vocational status? (check all that apply)

- <sup>1</sup> Enrolled, full-time in school or a job/vocational training program  
<sup>2</sup> Enrolled, part-time in school or a job/vocational training program  
<sup>3</sup> Completed GED or received High School diploma while in the program  
<sup>4</sup> Completed vocational/job training or education beyond High School while in the program  
<sup>5</sup> Obtained or reactivated a vocational license or certificate while in the program  
<sup>6</sup> None of the above  
<sup>8</sup> Unknown

25. Where is the client currently living?

- <sup>1</sup> In own house or apartment  
<sup>2</sup> In parent/other relative or friend's home  
<sup>3</sup> Battered women's shelter  
<sup>4</sup> In correctional facility  
<sup>5</sup> Living in shelter  
<sup>6</sup> In a treatment facility  
<sup>7</sup> No home at present and not in a shelter  
<sup>8</sup> Other (Specify: \_\_\_\_\_)  
<sup>-8</sup> Unknown

26. Are these living arrangements supportive to the client's recovery? *Factors to consider include affordability/cleanliness of living situation, family relationship issues, public health issues, conduciveness of environment to maintaining sobriety, and client behaviors)*

- <sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown

27. Is the client currently on MFIP?

- <sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown

28. Is the client currently receiving WIC?

- <sup>1</sup> Yes      <sup>2</sup> No      <sup>8</sup> Unknown

29. Did the client complete the EPC parenting program while in the program?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>8</sup> Unknown

30. Was a continuing care plan developed for the client at discharge?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>8</sup> Unknown

## TREATMENT STATUS

31. Did the client enter treatment at any time while in the program? (**Note:** If client was in treatment at the time of program entry, answer "Yes")

<sup>1</sup> Yes (date client entered treatment: \_\_\_\_\_)

<sup>2</sup> No

<sup>8</sup> Unknown

32. What is the client's treatment status at discharge?

<sup>1</sup> Successfully completed Rule 31 treatment (date: \_\_\_\_\_)

<sup>2</sup> Left treatment without staff approval (date: \_\_\_\_\_)

<sup>3</sup> Still currently in treatment

<sup>4</sup> Other (please explain: \_\_\_\_\_)

<sup>8</sup> Unknown

PLEASE ALSO COMPLETE NARRATIVE AND SEND TO EVALUATOR VIA EMAIL ([mli@wilder.org](mailto:mli@wilder.org))

# HEALTH DATA SUMMARY

## EFFECTING POSITIVE CHANGE



Complete after birth of baby and send/fax to Wilder Research within 30 days<sup>2</sup>

Case Name:	ID#:
Intake Date:	Date Form Completed:

**PREGNANCY OUTCOME SUMMARY (PLEASE CHECK APPROPRIATE BOX)**

- <sup>1</sup> Live birth, child living
- <sup>2</sup> Live birth, child died
- <sup>3</sup> Miscarriage (Date: \_\_\_\_\_)  
**(SKIP TO QUESTION 11)**
- <sup>4</sup> Stillbirth (Date: \_\_\_\_\_)  
**(SKIP TO QUESTION 11)**
- <sup>5</sup> Abortion (Date: \_\_\_\_\_)  
**(REMAINDER OF THIS DOCUMENT IS NOT APPLICABLE)**

1. **Baby's Name (optional):** \_\_\_\_\_

2. **Baby's Sex:**     <sup>1</sup> Male     <sup>2</sup> Female

2a. **Birth Weight:** \_\_\_\_\_

3. **Birth Date:** \_\_\_\_\_

4. **Baby's Toxicology Data:**     <sup>1</sup> Child positive toxicology (drug/chemical: \_\_\_\_\_)  
**IMPORTANT!**     <sup>2</sup> Child negative toxicology  
   <sup>3</sup> Child not tested (please explain \_\_\_\_\_)

5. **Infant born less than 37 weeks gestation:**     <sup>2</sup> No     <sup>1</sup> Yes:     <sup>8</sup> Unknown

6. **7 or more days of intensive care needed for infant:**     <sup>2</sup> No     <sup>1</sup> Yes:     <sup>8</sup> Unknown

7. **Baby Received Post-birth Clinic Follow-up:**     <sup>2</sup> No     <sup>1</sup> Yes:     <sup>8</sup> Unknown

8. **Infant re-hospitalized within 30 days of birth:**     <sup>2</sup> No     <sup>1</sup> Yes:     <sup>8</sup> Unknown

9. **Baby's Race:**     <sup>1</sup> Black/African American     <sup>5</sup> Biracial/Multiracial  
(Check one)     <sup>2</sup> Asian/Asian American     <sup>6</sup> Other (specify: \_\_\_\_\_)  
   <sup>3</sup> American Indian/Alaskan Native     <sup>8</sup> Unknown  
   <sup>4</sup> White

10. **Baby's Ethnicity:**     <sup>1</sup> Hispanic     <sup>2</sup> Non-Hispanic     <sup>8</sup> Unknown

11. **Mother's Toxicology Data:**     <sup>1</sup> Mother positive toxicology (drug/chemical: \_\_\_\_\_)  
   <sup>2</sup> Mother negative toxicology  
   <sup>3</sup> Mother not tested (please explain: \_\_\_\_\_)

<sup>2</sup> Important: Please fax to Wilder Research at 651-647-4623, Attention Cheryl Bourgeois.



**EFFECTING POSITIVE CHANGE**  
**Services log**

Client name: \_\_\_\_\_ Client ID#: \_\_\_\_\_ Intake date: \_\_\_\_\_ Using meth: <sup>1</sup> Yes <sup>2</sup> No <sup>8</sup> UNK

Indicate quarter for which this form is completed:  Apr-June 2007  July-Sept 2007  Oct-Dec 2007  Jan-March 2008  April-June 2008

Assessment completion dates:

**AAPI-2 pretest:** <sup>1</sup> Completed (date: \_\_\_\_\_)

**Nutritional needs assessment:** <sup>1</sup> Completed (date: \_\_\_\_\_)

**AAPI-2 posttest 1:** <sup>1</sup> Completed (date: \_\_\_\_\_) <sup>2</sup> To be completed at later date

**Mental health screening:** <sup>1</sup> Completed (date: \_\_\_\_\_)

(at group completion)

<sup>2</sup> Completed prior to program entry

**AAPI-2 posttest 2:** <sup>1</sup> Completed (date: \_\_\_\_\_) <sup>2</sup> To be completed at later date

**Care plan developed:** <sup>1</sup> Completed (date: \_\_\_\_\_)

(at discharge)

Week (DATE)	Attended weekly parent group?	Attended weekly support group?	Attended Sober Support group?	Other groups/ appointments/trainings attended this week? (list all)	Transportation provided?	Home/office visits*? (Note # of visits that week)	UA conducted?	UA results
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown



Week (DATE)	Attended weekly parent group?	Attended weekly support group?	Attended Sober Support group?	Other groups/ appointments this week? (list)	Transportation provided?	Home/office visit*? (Note # of visits that week)	UA conducted?	UA results
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown
	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No CF date: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes: ____ <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> Unknown	<input type="checkbox"/> <sup>1</sup> Positive <input type="checkbox"/> <sup>2</sup> Negative <input type="checkbox"/> <sup>8</sup> Unknown
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Forms are due to Evaluator a week prior to the end of each quarter. Please complete information for the last week of the quarter, using your best assessment of the activities to occur during that time frame. The quarterly due dates are as follows: June 22, 2007; September 21, 2007; December 21, 2007; March 24, 2008, and June 23, 2008.

Forms will be picked up by the Evaluator on the dates noted above.



# Chrysalis

## EFFECTING POSITIVE CHANGE

### Weekly Client Referral Log

Client name: \_\_\_\_\_ Client ID#: \_\_\_\_\_ Intake date: \_\_\_\_\_

Indicate quarter for which this form is completed:  Apr-June 2007     July-Sept 2007     Oct-Dec 2007     Jan-March 2008     April-June 2008

Update weekly. Please indicate: (1) all services a client and/or her child(ren) were referred to that week by writing the letter "R<sup>1</sup>" in the appropriate box(es), and (2) all services program staff actively addressed with the client that week by writing the letter "A<sup>2</sup>" in the appropriate box(es). Provide additional information about specific referrals/activities on the back side of the forms, as needed.

Week (DATE)	Medical/Dental	Mental health	Relationships/support	Financial management	Job training/education	Housing	Emergency needs	Culturally specific needs	Nutrition	Breast feeding support	FASD training/info	Acu-puncturist	MFIP	WIC

Forms are due to Evaluator a week prior to the end of each quarter. Please complete information for the last week of the quarter, using your best assessment of the activities to occur during that time frame. The quarterly due dates are as follows: June 22, 2007; September 21, 2007; December 21, 2007; March 24, 2008, and June 23, 2008.

Forms will be picked up by the Evaluator on the dates noted above.





# Chrysalis

## YOUTH QUARTERLY UPDATE

Client name:	Client ID:
Today's date:	Number of children (ages 0 – 18) in client's legal custody:
Indicate quarter for which this form is completed: <input type="checkbox"/> July-Sept 2007 <input type="checkbox"/> Oct-Dec 2007 <input type="checkbox"/> Jan-March 2008 <input type="checkbox"/> April-June 2008	

**Please list all children (0-18) with whom you (staff) have had contact. Answer the questions in the table below regarding activities that occurred over the past three months.**

First and Last Name	Age	Received face to face screening/ assessment for physical and mental health needs	Screening tool(s) used (if applicable):	Immunizations up to date for this child?	Child care provided or arranged for this child?	Received curriculum from Children's Program Kit	Describe all <u>referrals</u> made, <u>services</u> received, and/or <u>activities</u> child has participated in:
		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> UNK	<input type="checkbox"/> <sup>1</sup> Onsite <input type="checkbox"/> <sup>2</sup> Offsite <input type="checkbox"/> <sup>3</sup> None <input type="checkbox"/> <sup>8</sup> UNK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> UNK	
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First and Last Name	Age	Received face to face screening/ assessment for physical and mental health needs	Screening tool(s) used (if applicable):	Immunizations up to date for this child?	Child care provided or arranged for this child?	Received curriculum from Children's Program Kit	Describe all referrals made, <u>services</u> received, and/or <u>activities</u> child has participated in:
		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> UNK		<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> UNK	<input type="checkbox"/> <sup>1</sup> Onsite <input type="checkbox"/> <sup>2</sup> Offsite <input type="checkbox"/> <sup>3</sup> None <input type="checkbox"/> <sup>8</sup> UNK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> UNK	
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Forms will be picked up by the Evaluator a week prior to the end of each quarter. The quarterly due dates are as follows: **September 21, 2007; December 21, 2007; March 24, 2008, and June 23, 2008.**



## EPC PROGRAM SATISFACTION SURVEY

ID: \_\_\_\_\_

4 months     Discharge

**For staff use only**

Today's Date: (mm/dd/yyyy) \_\_\_\_\_

You and your child(ren) have recently received services from Chrysalis' Effecting Positive Change (EPC) program, and we are interested in your feedback about the services you received and your experiences with staff. Your input is important to us and will help us ensure that we are providing helpful, high quality services. Your responses will be kept confidential and will not be seen by EPC staff.

Please think about the staff that assisted you at Chrysalis in the EPC program and consider how satisfied you were with the services they provided. Please circle only one answer for each item.

**Overall, how strongly do you agree or disagree with each of the following statements?**

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not sure/ doesn't apply to me
1. Program staff were knowledgeable and skilled	4	3	2	1	9
2. Program staff communicated with us in a way we could understand	4	3	2	1	9
3. Program staff gave useful suggestions and recommendations	4	3	2	1	9
4. Program staff understood our problems or concerns	4	3	2	1	9
5. Program staff were caring and warm	4	3	2	1	9
6. Program staff respected our rights	4	3	2	1	9
7. Program staff were sensitive to cultural issues	4	3	2	1	9
8. Program staff could relate to our cultural background	4	3	2	1	9
9. It was easy for me to contact program staff when I needed to	4	3	2	1	9
10. Program staff handled our private information with respect and consideration	4	3	2	1	9
11. The services and/or referrals my child(ren) received were helpful	4	3	2	1	9
12. The services I received will help me become a better parent	4	3	2	1	9
13. The services I received will help me remain sober	4	3	2	1	9
14. The services I received will help me find and retain employment	4	3	2	1	9
15. I would recommend this program to others who need similar services	4	3	2	1	9
16. Overall, I am satisfied with the services that we received	4	3	2	1	9

**OVER →**

Please think about the services you received at Chrysalis in the EPC program and consider how helpful they were to you and your child(ren). Please circle only one answer for each item.

**Overall, how helpful were each of the following services?**

	<b>Very helpful</b>	<b>Somewhat helpful</b>	<b>Not Very Helpful</b>	<b>Not At All Helpful</b>	<b>Didn't receive or declined service</b>
17. Individual counseling (in the EPC program)	4	3	2	1	9
18. Group counseling (Tuesday group)	4	3	2	1	9
19. Assistance with transportation	4	3	2	1	9
20. Assistance with housing	4	3	2	1	9
21. Assistance with education or training	4	3	2	1	9
22. Health education	4	3	2	1	9
23. Health care assistance (e.g., referrals to doctors)	4	3	2	1	9
24. Assistance with family planning/birth control	4	3	2	1	9
25. Child care	4	3	2	1	9
26. Parenting education (individual and/or group)	4	3	2	1	9
27. Assistance with housing	4	3	2	1	9
28. Education about Fetal Alcohol Syndrome	4	3	2	1	9
29. Career or job planning	4	3	2	1	9
30. Acupuncture	4	3	2	1	9
31. Financial management/budgeting	4	3	2	1	9
32. Emergency needs	4	3	2	1	9

33. What part(s) of the program helped you the most? \_\_\_\_\_  
 \_\_\_\_\_

34. What part(s) of the program helped you the least? \_\_\_\_\_  
 \_\_\_\_\_

35. What changes would you make to the program, if any? \_\_\_\_\_  
 \_\_\_\_\_

36. Please use this space to write any additional comments you have. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank you!**

## Quarterly tables

Grantee Tubman Family Alliance & Chrysalis (EPC program)

Contract # 437513

### July 1, 2007 – June 30, 2008 – Women’s Services Quarterly Report Tables: Tx Support/Recovery Maintenance Services for Pregnant Women/Women w/Dependent Children

The numbers for columns Q-1 through Q-4 are to be the numbers for only that quarter. The YTD column is for the unduplicated # year-to-date. **Each time a woman is admitted they are counted as a ‘new client’ on this table, even if they have been previously admitted and discharged during this same year.**

**Table 1: Women Served by your grant program this year**

	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
Women in your grant program at the start of this period	9	19	16	21	
Women admitted to your grant program this period	11	3	10	5	29
Women served by your grant program this period	20	22	26	38	36
Number of cases closed – Women <i>Successfully Completed</i>	0	3	1	5	9
Number of cases closed due to moving out of the area, but at the time of move the woman was doing well	0	0	0	0	0
Number of cases closed <i>Without Successfully Completing</i> , include women who were not doing well when they moved out of the area.	1	3	4	6	14
Women still in your grant program at the end of this period	19	16	21	15	

There were a total of 38 admissions to the program this year, for an unduplicated total of 36 women (two women re-entered the program).

**Table 2 - Pregnancy/Toxicology Outcomes “at birth” for Women Who Delivered while in the Program**

Birth Outcomes for Women who Delivered This Year	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
<b>Pregnancy Outcome Summary:</b>					
Live Birth, Child Living	1	1	0	1	3
Live Birth, Child Died	0	0	0	0	0
Miscarriage	0	0	0	0	0
Abortion	1	0	0	0	1
Stillbirth	0	0	0	0	0
<b>Infants’ Toxicology Results:</b>					
Positive Toxicology for Child	0	0	0	0	0
Negative Toxicology for Child	1	1	0	1	3
Child Not Tested	0	0	0	0	0
<b>Mothers’ Toxicology Results</b>					
Positive Toxicology for Mother	0	0	0	0	0
Negative Toxicology for Mother	1	1	0	1	3
Mother Not Tested	0	0	0	0	0



*Year-end tables*

**July 1, 2007 – June 30, 2008**

**Year-End Tables for Pregnant Women & Women with Dependent Children**

**AGENCY: Tubman Family Alliance & Chrysalis (Epc Program)**

**CONTRACT #: 437513**

**DATE GRANT CONTRACT STARTED: July 1, 2007**

**Section One – Entry Data:** This section is comprised of Tables 1 & 2 .

Section 1 is completed only for women who Entered the program this year.

**Table 1: Client Demographics for women who entered your program this year**

<b>1. Age of the client on entry to your program</b>	<b>29</b>
Under 18	0
18-48	29
Over 48	0
Unknown	0
<b>2. Race (Each client is to be counted in only one of the categories below. Anyone of Hispanic Ethnicity must also be counted in one of the racial categories below. It is not acceptable to put someone of Hispanic Ethnicity under “Other” for race)</b>	<b>29</b>
White	17
Black or African American	7
Asian	0
American Indian, Alaska Native	3
More than One Race	2
Other*	0
Unknown	0
<b>3. Hispanic Ethnicity (every client will fit in one of the categories below)</b>	<b>29</b>
No - not of Hispanic Origin	28
Yes - of Hispanic Origin	1
Hispanic Ethnicity Unknown	0
<b>4. Marital Status at Entry to your program</b>	<b>29</b>
Single, never married	14
Married/Cohabiting (to live w/someone as if a married couple)	8
Divorced/Separated/Widowed	7
Other*	0
Unknown	0
<b>5. Education: Highest Degree Earned prior to entry</b>	<b>29</b>
Non-High School Graduate	5
High School Grad or GED	7
Vocational Certificate, Associate Degree, some college but no degree	17
College graduate/Professional degree	0

Other*	0
Unknown	0

**Table 1: Client Demographics for women who entered your program this year**

<b>6. Living Arrangements for 30 days prior to Entry</b>	<b>29</b>
Own House or Apartment	10
Parent/other Relative/Friend's Home	5
Correctional Facility	1
Homeless Shelter	0
Homeless ( <b>Not in a shelter</b> )	0
Battered Women's Shelter	0
Other*	13
Unknown	0
<b>7. Pregnancy Status at Entry</b>	<b>29</b>
Pregnant, first pregnancy	1
Pregnant, not first pregnancy	2
Not Pregnant	25
Unknown	1
<b>8. For Pregnant Women, How Far Along was Pregnancy at entry?</b>	<b>3</b>
1-3 Months	0
4-6 Months	2
7-9 Months	1
Unknown	0
<b>9. For Pregnant Women: Receiving prenatal care at program entry?</b>	<b>3</b>
Yes	3
No	0
Unknown	0
<b>10. Income</b>	<b>29</b>
Number whose income is <b>equal to or below</b> the Federal Poverty Guidelines	22
Number whose income is <b>above</b> the Federal Poverty Guidelines	3
Unknown	4
<b>11. Parental &amp; Custody Status on Entry to the Program</b>	<b>29</b>
Not a parent (no children under age 18, and not pregnant)	0
<b>Pregnant</b> – first pregnancy	1
<b>Mothers without legal custody</b> of any children under age 18 – have children under 18, but either parental rights have been terminated or they have voluntarily, legally transferred parental rights for <b>all</b> children under 18	3
<b>Mothers with legal custody</b> of some or all children under 18 – parental rights have not been terminated nor have they voluntarily, legally transferred parental rights for all children under 18. Children do not have to be currently living with their mother.	24
Unknown	1

**Table 1: Client Demographics for women who entered your program this year**

<b>12. Number of women who <u>have legal custody</u> for the following number of Children under the age of 18– <u>Have legal custody of children</u> is defined as <u>not</u> having had their parental rights legally terminated <u>nor</u> having voluntarily, legally transferred their parental rights. The children do not have to be currently living with them.</b>	<b>29</b>
Does not apply – no children under 18, 1st pregnancy or lost parental rights for all children under 18	<b>4</b>
Have legal custody for 1 child under 18	<b>10</b>
Have legal custody for 2 children under 18	<b>9</b>
Have legal custody for 3 children under 18	<b>4</b>
Have legal custody for 4 or more children under 18	<b>1</b>
Unknown	<b>1</b>
<b>13. Involved with Child Protection Services (under investigation or an open case)</b>	<b>29</b>
Yes	<b>7</b>
No - does have custody of some children under age 18	<b>19</b>
No – No children under 18, or has lost or transferred parental rights for all children	<b>3</b>
Unknown	<b>0</b>
<b>14. MFIP Client</b>	<b>29</b>
Yes	<b>11</b>
No	<b>17</b>
Unknown	<b>1</b>
<b>15. Client has a Mental Health Diagnosis</b>	<b>29</b>
Yes	<b>23</b>
No	<b>6</b>
Unknown	<b>0</b>
<b>16. Client is under the jurisdiction of the court or on Probation/Parole</b>	<b>29</b>
Yes	<b>17</b>
No	<b>11</b>
Unknown	<b>1</b>
<b>17. Client is under a Civil Commitment**</b>	<b>29</b>
Yes	<b>0</b>
No	<b>0</b>
Unknown	<b>29</b>
<b>18. <u>CD Treatment prior to current TX experience</u> – current TX experience is being defined as either the Rule 31 TX the patient is currently receiving, or the one they went through within the last six months, that made them eligible for services from this program</b>	<b>29</b>
No Previous CD Treatment	<b>4</b>
1-2 Previous CD Treatments	<b>8</b>
3-4 Previous CD Treatments	<b>9</b>
5 or more Previous CD Treatments	<b>7</b>
Previous CD Treatment Unknown	<b>1</b>

\*Other – explain entries in any of the “Other” categories in Table 1 in the Narrative for Table 1

\*\* Contact Ruthie Dallas (651-431-2465) for definition of Civil Commitment.

**Narrative for Table 1:** For Table 1.6, “Other”: 11 of 13 women were living in a treatment facility immediately prior to entry. One woman was living in a sober house (not licensed treatment), and one was living in a halfway house. Data are not available for Table 1.17 as this is newly requested information and not tracked by the program to date. This information will be collected going forward.

**Table 2 – Self-Reported Rate of Drug Use for 30 days prior to Entering your grant Program (If client was in a CD Treatment program on entry to your program, then compared to Use 30 days prior to CD TX program entry). This table is to be completed only using information on women who entered your program this year.**

Prior Drug Use	Daily	3-6 Times a Week	1-2 Times a Week	1-3 Times a Month	Less than 1/month	No Use	Unknown	Total
Nicotine/Tobacco	20	0	0	0	0	4	5	29
Alcohol	5	3	1	7	0	11	2	29
Marijuana	7	1	1	2	0	16	2	29
Cocaine/Crack	1	2	3	4	0	19	0	29
Heroin/Opiates	1	0	0	0	0	28	0	29
Methadone	1	0	0	0	0	28	0	29
Methamphetamine	2	1	1	0	0	25	0	29
Other Amphetamines	1	0	0	0	0	26	2	29
Inhalants	0	0	0	0	0	29	0	29
Prescription Drugs*	1	0	0	1	0	25	2	29
Other Drugs**	0	0	0	1	0	24	4	29

\*Non-medical use of prescription drugs

\*\*Include narrative stating what other drugs are being used. Ecstasy was the only “other” drug used by a client.

**When women use more than one drug, what is the most common combination of drugs being used:**  
Unknown

**Other narrative for Table 2:** The daily use of methadone by one client was prescribed through treatment.

***Section Two – Service Data:*** This section is comprised of Tables 3-7.

Section Two is completed using information on **All Women Served this year.**

**Table 3: Women Served by your Grant Program this year**

1. Women in your grant program at the start of this grant year	9
2. Women Admitted to your grant program during this grant year	29
3. Women Served by your grant program this year	38
4. Number of Cases Closed – Women <i>Successfully Completed your grant program*</i>	9
5. Number of Cases Closed due to being transferred to another program or moving out of the area, but at time of move the woman was doing well	0
6. Number of Cases Closed Without <i>Successfully Completing</i> , include women who were not doing well when they moved out of the area.	14
7. Women in your grant program at the end of this year	15

\*Define what “**Successfully Completed**” means for your grant program: A client has successfully completed the Effecting Positive Change program if she has met 80 percent of her individual treatment goals.

**Other narrative for Table 3:** The women served by the program this year (N=38) represents the total duplicated number of women served. Two women left the program and reentered and are counted twice. A total of 36 unduplicated women were served in the program during the grant year.

**Table 4: Rule 31 CD TX while in your Grant Program this year**

1. In your grant program & in licensed CD TX* at beginning of the grant year	2
2. Entered licensed CD TX during the grant year (include those in CD TX when they enter your grant program)	2
3. Total in your grant program and licensed CD TX sometime during the grant year	4
4. Completed licensed CD TX during the grant year	0
5. Discharged Without Staff Approval from CD TX this grant year (against staff advice/client left)	1
6. Other (please explain in narrative)	2
7. Clients in your grant program and licensed CD TX at the end of this grant year	1

\*Licensed CD Treatment means Rule 31

**Narrative for Table 4:** The treatment status for two women served early in the program is unknown.

**Table 5: Children under 18 of the Women Served this Year**

Total number of children under age 18, of the women served by your grant program this year, include those not currently living with their mothers and those born while their mother was in the program. Only include children in legal custody. Do not include children for whom parental rights were legally terminated at entry.	57
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**Narrative for Table 5:**

**Table 6: Children’s Programming:**

Name of Curriculum being used . . .

with the Youngest group of children	Children’s Program Kit: Supportive Education for Children of Addicted Parents	
with the Middle group of children	Children’s Program Kit: Supportive Education for Children of Addicted Parents	
with the Oldest group of children	Children’s Program Kit: Supportive Education for Children of Addicted Parents	
	<b>Age Range</b>	<b>Number Served</b>
For the Youngest group of children	0-4	16
For the Middle group of children	5-8	5
For the Oldest group of children	9-11	0

**Narrative for Table 6:** Children who participate in Chrysalis’ childcare received a modified version of the Curriculum and/or home visits. Because the curriculum targets primarily older (school-age) children, the curriculum has been modified to accommodate the young age of the children served through child care.

**Table 7: Financial Expenditures by Type of Service this grant year**

	\$ Amount spent on	# of women received this service	Average per woman who received this service (will self-calculate)
1. Housing: rent/deposit/utilities	\$864.00	11	\$78.55
2. Transportation	\$2,223.00	28	\$79.39
3. Child Care	\$5,764.00	14	\$411.71
4. Other Emergency Needs*	\$0.00	0	\$0

\*Describe what ‘other’ emergency needs were met:

**Narrative for Table 7:**

**Section Three – Birth Outcome Data:** This Section is comprised of Tables 8 & 9. Section Four is where Pregnancy/Birth Outcomes **for this year** are reported.

**Table 8: Pregnancy/Toxicology Outcomes of Women Who Delivered While in your Program This Year**

<b>1. Pregnancy Outcome Summary</b>	<b>4</b>
Live Birth, Child Living	<b>3</b>
Live Birth, Child Died	<b>0</b>
Stillbirth/miscarriage/abortion	<b>1</b>
<b>2. Infant Toxicology<sup>1</sup> Results (for live births only)</b>	<b>3</b>
Positive Toxicology for Infant	<b>0</b>
Negative Toxicology for Infant	<b>3</b>
Infant Not Tested*	<b>0</b>
Other (explain under Narrative for Table 9)	<b>0</b>
<b>3. Mother Toxicology<sup>2</sup> Results (for live births only)</b>	<b>3</b>
Positive Toxicology for Mother	<b>0</b>
Negative Toxicology for Mother	<b>3</b>
Mother Not Tested*	<b>0</b>
Other (explain under Narrative for Table 9)	<b>0</b>

<sup>1</sup> Which test (blood or meconium) is used to test for Infant Toxicology: Unknown

<sup>2</sup> Which test is used to test for the Mother's toxicology: Unknown

\*Explain why any mothers and/or infants were not tested and steps being taken to ensure all are tested in the future:

Other Narrative for Table 8:

**Table 9: Post-birth Medical Follow-up**

1. # of Infants received post-birth medical follow-up	<b>0</b>
2. # of Infants did not receive post-birth medical follow-up	<b>1</b>
3. # of Infants this information is Unknown	<b>2</b>
<b>Total</b>	<b>3</b>

Narrative for Table 9:

**Section Four – Exit Data:** This section is comprised of Tables 10 & 11.

Section Five is to be completed only for Women who Left your program this year.

Table 10: Clients who Completed vs. Left before completing your grant program this year

	completed	left before completing
<b>1. Number of clients who</b>	<b>9</b>	<b>14</b>
<b>2. Length of Stay 1</b>	<b>9</b>	<b>14</b>
(a.) Average Length of Stay in your grant program - In Days	<b>266</b>	<b>131</b>
(b.) Number of clients you have a record of the Number of Days they Stayed	<b>9</b>	<b>14</b>
(c.) Number of clients you do <b>NOT</b> have a record of the # of Days they Stayed	<b>0</b>	<b>0</b>
<b>3. Alcohol &amp; Drug Use Status when left/discharged</b>	<b>9</b>	<b>14</b>
No Use for past <b>6 months or more</b> when completed/left	<b>5</b>	<b>1</b>
No Use for <b>less than 6 months</b> when completed/left	<b>3</b>	<b>3</b>
No Use status <b>unknown</b> when completed/left	<b>1</b>	<b>10</b>
<b>4. Parental/Custody Status of Infants born while in the program (on Leaving)</b>	<b>2</b>	<b>0</b>
Number of clients who gave birth while in the program that were able to keep their infant, did not lose custody to CP services	<b>2</b>	<b>0</b>
Number of clients who gave birth while in the program that lost parental custody of the infant to CP services	<b>0</b>	<b>0</b>
Number of clients who gave birth while in the program for whom it is unknown if they lost parental custody of the infant to CP services	<b>0</b>	<b>0</b>
<b>5. Involved with Child Protection (CP) at Program Entry</b>	<b>9</b>	<b>14</b>
Number of Women Involved with CP at Entry (under investigation/open case)	<b>3</b>	<b>6</b>
Number of Women <b>Not</b> Involved with CP at Entry	<b>6</b>	<b>8</b>
Number of Women <b>Unknown</b> if Involved with CP at Entry	<b>0</b>	<b>0</b>
<b>6. Client's Involvement with Child Protection (CP) closed while in this Program</b>	<b>9</b>	<b>14</b>
Client's <b>Involvement</b> with Child Protection <b>ended</b> while in this Program	<b>2</b>	<b>1</b>
Client left the program while <b>still involved</b> with Child Protection	<b>0</b>	<b>3</b>
Client was <b>Never Involved</b> with CP while in this Program	<b>6</b>	<b>8</b>
Client left with <b>unknown</b> Child Protection status	<b>1</b>	<b>2</b>
<b>7. Child/ren living with someone else due to a Child Protection (CP) court order or other actions by CP Services at Entry (does not include children living with others due to termination of parental rights or voluntary, legal transfer of parental rights).</b>	<b>9</b>	<b>14</b>
<b>Number of Women</b> who have child/ren living with someone else due to a CP court order or other actions by CP services at entry	<b>2</b>	<b>1</b>
<b>Number of Women</b> who have child/ren under 18 but none are living with someone else due to a CP court order or other actions by CP Services at entry	<b>6</b>	<b>10</b>
<b>Number of Woman</b> it is " <b>Unknown</b> " if they have children living with someone else due to a CP court order or other actions by CP services at entry	<b>1</b>	<b>3</b>
<b>Number of children</b> from #7 above who were living with someone else due to a CP court order or other actions by CP services when their mother entered your program?	<b>8</b>	<b>3</b>

**Table 10: Clients who Completed vs. Left before completing your grant program this year**

	completed	left before completing
<b>8. Child/ren living with someone else due to a Child Protection (CP) court order or other actions by CP Services <u>when client left</u> (does not include children living with others due to termination of parental rights or voluntary, legal transfer of parental rights).</b>	<b>9</b>	<b>14</b>
<b>Number of Women</b> who have child/ren living with someone else due to a CP court order or other actions by CP services when they left your program.	<b>0</b>	<b>3</b>
<b>Number of Women</b> who have child/ren, under 18 but none are living with someone else due to a CP court order or other actions by CP Services when they left your	<b>9</b>	<b>11</b>
<b>Number of Woman</b> it is “ <b>Unknown</b> ” if they have children living with someone else due to a CP court order or other actions by CP services when they left your program	<b>0</b>	<b>0</b>
<b>Number of children</b> from #8 above who were living with someone else due to a CP court order or other actions by CP services when their mother left your program?	<b>0</b>	<b>9</b>
<b>9. Women Re-united with their Children (from CP/foster care)</b>	<b>3</b>	<b>6</b>
<b>Women</b> Re-united while in your program with children who were in CP/foster care	<b>3</b>	<b>2</b>
<b>Women</b> whose children were still in CP/foster care when they left the Program	<b>0</b>	<b>3</b>
<b>Unknown</b> if re-united with their children while in your program	<b>0</b>	<b>1</b>
<b>Number of Children</b> who had been in CP/foster care, who were re-united with their mother while she was in your program	<b>6</b>	<b>6</b>
<b>10. Women Re-united with their Children (who were living with others – not due to Child Protection (CP)/foster care)</b>		
<b>Women</b> re-united with their children who had been living with others (not due to CP/foster care) while in your program		
<b>Women</b> whose children were living with others (not due to CP/foster care) when they left your grant Program		
<b>Number of women Unknown</b> if re-united with their children who were living with others (not due to CP/foster care) while in your grant program	<b>9</b>	<b>14</b>
<b>Number of Children</b> who had been living with others (not due to CP/foster care) but were re-united with their mother while she was in your program		
<b>11. Completed a 20 hr Parent Education Class while in your grant program</b>	<b>9</b>	<b>14</b>
Length of your Grant Parent Education Class (In hours)	<b>20</b>	<b>20</b>
Number of Clients completed your Grant Parent Education Class	<b>7</b>	<b>3</b>
Number of Clients Did <b>Not</b> complete your Grant Parent Education Class	<b>1</b>	<b>11</b>
Number of Clients <b>Unknown</b> if completed your Grant Parent Education Class	<b>1</b>	<b>0</b>
<b>12. On entry, living arrangements were</b>	<b>9</b>	<b>14</b>
Supportive to recovery	<b>9</b>	<b>8</b>
Not supportive to recovery	<b>0</b>	<b>6</b>
Unknown	<b>0</b>	<b>0</b>
<b>13. On Leaving, living arrangements were/will be</b>	<b>9</b>	<b>14</b>
Supportive to recovery	<b>8</b>	<b>5</b>
Not supportive to recovery	<b>0</b>	<b>1</b>
Unknown	<b>1</b>	<b>8</b>



**Table 10: Clients who Completed vs. Left before completing your grant program this year**

	completed	left before completing
<b>14. Using a form of birth control (includes Tubal Ligation) at Entry</b>	<b>9</b>	<b>14</b>
Does not apply – pregnant at Entry	2	1
Yes	2	2
No	2	9
Unknown	3	2
<b>15. Using a form of birth control (includes Tubal Ligation) when left the program</b>	<b>9</b>	<b>14</b>
Does not apply – pregnant when left	0	0
Yes	6	3
No	1	5
Unknown	2	6
<b>16. Under the Jurisdiction of the Court or on Probation/Parole at Entry</b>	<b>9</b>	<b>14</b>
Under the jurisdiction of the court or on Probation/Parole at entry	5	5
Not under the jurisdiction of the court or on Probation/Parole at entry	4	9
<b>Unknown</b> if under the jurisdiction of the court or on Probation/Parole at Entry	<b>0</b>	<b>0</b>
<b>17. Under the Jurisdiction of the Court or on Probation/Parole when Left</b>	<b>9</b>	<b>14</b>
Under the jurisdiction of the court or on Probation/Parole when left	4	3
Not under the jurisdiction of the court or on Probation/Parole when left	3	2
<b>Unknown</b> if under the jurisdiction of the court or on Probation/Parole when left	<b>2</b>	<b>9</b>
<b>18. Mental Health Diagnosis at Entry</b>	<b>9</b>	<b>14</b>
Mental Health Diagnosis on Entry	9	12
<b>No</b> Mental Health Diagnosis on Entry	<b>0</b>	<b>2</b>
<b>Unknown</b> if Mental Health Diagnosis on Entry	<b>0</b>	<b>0</b>
<b>19. Mental Health Diagnosis when Left</b>	<b>9</b>	<b>14</b>
Mental Health Diagnosis when left	7	12
<b>No</b> Mental Health Diagnosis when left	<b>1</b>	<b>2</b>
<b>Unknown</b> if Mental Health Diagnosis when left	<b>1</b>	<b>0</b>
<b>20. FASD</b>		
Number of clients <b>entered</b> your program with a FASD diagnosis	<b>0</b>	<b>1</b>
Number of clients <b>left</b> your program with a FASD diagnosis	<b>1</b>	<b>1</b>
Number of clients <b>enter</b> your program with a child diagnosed with FASD	<b>0</b>	<b>2</b>
Number of clients <b>left</b> your program with a child diagnosed with FASD	<b>1</b>	<b>2</b>
<b>Number of children</b> (of the women who left the program this year) <b>diagnosed with FASD when their mother entered the program.</b>	<b>0</b>	<b>3</b>
<b>Number of children</b> (of the women who left the program this year) <b>diagnosed with FASD when their mother left the program.</b>	<b>1</b>	<b>3</b>

**Table 10: Clients who Completed vs. Left before completing your grant program this year**

	completed	left before completing
<b>21. When left - Number of women whose Children’s Immunizations were:</b>	<b>9</b>	<b>14</b>
Up-to-date at Discharge	9	7
NOT up-to-date at Discharge	0	0
Immunization Status of Children Unknown	0	7
<b>22. Tobacco Use on Entry</b>	<b>9</b>	<b>14</b>
Number of Clients <b>used</b> Nicotine/Tobacco on Entry	7	14
Number of Clients <b>did not use</b> Nicotine/Tobacco on Entry	1	0
<b>Unknown</b> if client used Nicotine/Tobacco on Entry	1	0
<b>23. Tobacco Use when Left</b>	<b>9</b>	<b>14</b>
Number of Clients <b>used</b> Nicotine/Tobacco when left	6	12
Number of Clients <b>did not use</b> Nicotine/Tobacco when left	2	0
<b>Unknown</b> if client used Nicotine/Tobacco when left	1	2
<b>24. Labor Force Status on Entry</b>	<b>9</b>	<b>14</b>
Employed Full-time (35 or more hrs/wk)	1	2
Employed Part-time (less than 35 hrs/wk)	2	3
Disabled	0	0
Laid off/Unemployed – looking for work	2	2
Laid off/Unemployed – not looking for work but in school or a job program	0	1
Laid off/Unemployed – not looking for work & not in school or a job program	4	6
Other*	0	0
Unknown	0	0
<b>25. Labor Force Status on Leaving 1</b>	<b>9</b>	<b>14</b>
Employed Full-time (35 or more hrs/wk)	1	3
Employed Part-time (under 35 hrs/wk)	4	2
Disabled	1	0
Laid off/Unemployed – looking for work	1	3
Laid off/Unemployed – not looking for work but in school or a job program	0	0
Laid off/Unemployed – not looking for work & not in school or a job program	2	2
Other*	0	0
Unknown	0	4
<b>26. School – Vocational Training on Leaving your program</b>	<b>2</b>	<b>10</b>
Enrolled, full time in school or a Job/Vocational Training program	1	1
Enrolled, part time in school or a Job/Vocational Training program	0	0
Completed GED or received High School (HS) Diploma while in the program	0	1
Completed Vocational/Job Training or Education beyond HS while in the Program	0	1
Reactivated a vocational license or obtained vocational license or certificate.	0	0
Unknown	1	7
<b>27. Compared to Employability at Entry, number of Clients that are more ‘Employable’ when they Left the Program</b>	<b>1</b>	<b>1</b>

\*Other – explain all entries in one of the “Other” categories in Table 18 in the Narrative for Table 18.

**How does your program define “Living Arrangements Supportive of recovery”?** Supportive living refer to housing situations and clients who meet acceptable standards within the following areas: affordability/ cleanliness of living situation, family relationship issues, public health issues, conduciveness of environment to maintaining sobriety, and client behaviors.

**How does your program define “More Employable” when left the program compared to entry?**

Clients who had participated in or completed additional education or job training during their time in the program, and had decreased their alcohol/drug use at discharge, were considered “more employable.”

**Narrative for Table 10:** Table 10.10 cannot be completed as this is newly requested information. To date, the program has only been tracking reunification of children who were living in foster care or elsewhere due to actions by Child Protection. This information will be collected going forward.

**Table 10.11:** Clients participate in ongoing parenting education classes while they are enrolled in the program. Classes are held weekly for an hour and a half. Clients who successfully complete the program complete the minimum of 20 hours of parenting education.

**Table 10.26:** Seven clients who completed the program and 4 clients who left before completing do not fall into any of the listed categories. “None of the above” would be the appropriate response option, which should be added as a category because for this group of clients, there was no activity related to schooling.

**Table 11: Self-Reported Change in Alcohol and Drug Use on Leaving the Program compared to Use 30 days prior to Entering this Program (If client was in a CD Treatment program on entry to your program, then compared to Use 30 days prior to CD TX program entry).**

	For those who completed	For those who left before completing
1. Increase - Using Drugs/Alcohol More	1	3
2. No Change - Using Drugs/Alcohol but at the Same Level	0	0
3. No Change – Not Using Drugs/Alcohol at either time	0	0
4. Decrease - Using Drugs/Alcohol but using Less	1	1
5. Decrease - Not Using Drugs/Alcohol at all	7	2
6. Drug/Alcohol Use Unknown	0	8
<b>Total</b>	<b>9</b>	<b>14</b>

**Narrative for Table 11:** Some of the clients identified as showing a “decrease – not using drugs/alcohol at all” may in fact be showing “no change – not using drugs/alcohol at either time” but as this is a new item in the table, the program has not tracked that information to date. The information will be collected going forward.