Chrysalis’ Effecting Positive Change Program

Quarterly evaluation report: July-September 2007

October 2007
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Acknowledgments

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Program background

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 twenty (20) women who participated in the Effecting Positive Change (EPC) program from July 1, 2007 through September 30, 2007, including eleven (11) women who were admitted to the program this past quarter. This includes a description of the services and activities provided to clients, progress on the implementation of the evaluation plan, and a client success story. The Women’s Services Quarterly Report Tables are also included (see appendix).
Services summary

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

The program was fully staffed during the July-September 2007 period.

**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 twelve months for non-pregnant women with dependent children, and a maximum of twelve months following birth for women who are pregnant while in the program.

Treatment support/recovery maintenance services were provided to a total of 20 women and 24 children during the July-September 2007 period, including 11 women who were admitted to the program during the past quarter. (The total number of children includes all children of clients under the age of 18 for whom clients had not lost parental rights). No women have successfully completed the program to date. It should be noted the program was implemented only recently (April 2007).
Specific services provided are described in the remainder of this section.

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 11 women who entered the program this quarter.

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 maintenance 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. During the quarter, EPC staff addressed acupuncture with a total of 13 clients. The service was discussed with seven clients once during the quarter, three times with four clients, and four times with two clients.
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. At intake, between three and five referrals were made for four of the eleven clients who entered the program this quarter. Referrals addressed physical health needs (n=3), mental health needs (n=3), MFIP (n=2), emergency needs (n=1), WIC (n=1), dental needs (n=1), nutritional needs (n=1), and Planned Parenthood (n=1).

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 quarter, EPC staff addressed multiple issues with clients, including:

- the mental health issues of 20 clients (13 of whom received referrals, including: a play therapy group for children; referrals for medication; referrals for individual therapy, family therapy, and dialectical behavior therapy; and referrals for aftercare groups);

- the relationship and/or social support needs of 20 clients (8 of whom received referrals, including: Chrysalis Law Clinic, Safety Project, AA, and child care friendly meetings);

- the housing needs of 20 clients (6 of whom received referrals, including: supportive housing programs and the People Serving People shelter);

- the financial management needs of 20 clients (4 of whom received referrals);

- the medical/dental needs of 19 clients (10 of whom received referrals, including: medical clinics and Planned Parenthood);
the job training and/or educational needs of 19 clients (4 of whom received referrals, including: Women in Transition, which has been subcontracted this quarter to provide assistance with resume writing, interviewing and other work-related needs);

the emergency needs of 18 clients (8 of whom received referrals, including: Cradle of Hope, Bridging, and Sharing and Caring Hands);

the nutritional needs of 16 clients (no referrals);

the culturally specific needs of 14 clients (one of whom received a referral);

acupuncture with 13 clients (5 of whom received referrals to the acupuncturist);

FASD training or information for 12 clients (2 of whom received referrals); and,

breast feeding support for three clients (1 of whom received a referral).

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 11 women who entered the program this quarter, eight received an assessment prior to admission. Two clients completed a mental health screen this quarter; the status of one woman was unknown.

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, 6 of the 11 clients reported current medical concerns. Most (n=8) had a primary clinic, although somewhat fewer (n=6) had a primary care physician. Eight clients reported having had a physical exam within the past year (since October 2006).
Nineteen clients received case management support for medical and/or dental needs over the past quarter. Program staff assisted clients in their management of a variety of physical health issues over the past quarter, including scheduling and transporting clients to medical appointments and emergency room visits, medication management, and referrals to the acupuncturist.

At intake, 10 of the 11 new clients were currently receiving Medical Assistance (either straight MA or through a health insurance provider).

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

Program staff visited with all twenty clients in their homes or at the program site a minimum of once per month. Additional visits were scheduled with clients as needed. Over the past quarter, 10 clients received between one and two visits, 3 clients received between three and five visits, and 7 clients received six or more visits. For those clients addicted to methamphetamine (n=3), two received weekly visits. Due to very inconsistent attendance, the remaining client has missed several groups and appointments, resulting in a few weeks without a visit. EPC staff is continuing to work with this client to increase attendance and schedule visits.

<table>
<thead>
<tr>
<th>A9. Grantee will provide a weekly support group for women in the program, in addition to regular home and office visits.</th>
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</table>

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 quarter have included Child Protection, relationships with partners, relapse prevention (multiple sessions), exercise, sober support (multiple sessions), meeting attendance, self-care, and parenting issues.

Eleven clients participated in the weekly support group during the past quarter. These clients attended between one and eight groups between July and September, 2007. Some clients did not attend the weekly support group because they were either attending the aftercare group or too overwhelmed with other issues and/or program activities. For this latter group of clients, attending the group will occur when it becomes a manageable activity.
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 ten clients, each of whom received between one and nine UAs over the past quarter (all of which tested negative). UAs were not conducted with the other clients because they had either just recently entered the program late in the quarter, they were incarcerated, or they were participating in groups at other (non-Chrysalis) programs or treatment centers.

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 quarter, a total of 12 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 quarter, program staff provided transportation assistance to multiple clients. This included providing clients with a total of 16 bus cards, six gas cards for $25.00 each, and two gas cards for $50.00 each. In addition, EPC staff provided transportation for clients to: a panel presented by MADD, Planned Parenthood, Bridging, and multiple doctors’ visits. In addition, staff transported clients’ children to and from school on multiple occasions.

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 to accommodate 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).

The financial management needs of all 20 clients receiving services this past quarter were addressed by EPC staff; four of these clients received referrals for further financial management assistance. Clients who had been previously involved in Chrysalis’ co-occurring program also participated in a financial management class while they were in treatment.

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, five clients required referrals for emergency needs. Throughout the quarter, program staff addressed emergency needs with 18 clients, 8 of whom were referred for additional assistance. Emergency funding was used to provide for infant needs (e.g., diapers), 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.

Program staff addressed housing issues with all 20 clients this past quarter, 8 of whom received referrals for further assistance. Staff activity related to housing includes: assisting clients with applications for housing; contacting, touring, and meeting with housing agencies as referral sources; checking the availability of subsidized housing for clients; reviewing housing criteria with clients; 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.
No clients had successfully discharged from the program as of September 30, 2007. The Licensed Alcohol and Drug Counselor (LADC) will complete a continuing care plan for all clients successfully discharged in the future.

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.**

No clients had successfully discharged from the program as of September 30, 2007. Program staff will contact participants four weeks post-discharge for all clients successfully discharged in the future.

**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.**

Given the recent implementation of the Effecting Positive Change program in April, 2007, parent education was provided to all clients initially through the existing parenting classes offered to all Chrysalis clients. These ongoing, one and one-half hour classes were offered weekly and in a group format. Multiple topics are addressed, including: addiction and children, communication, building a calendar (time management), building self-esteem in children, teaching and modeling the joy of learning, boundaries, parenting under guilt, raising healthy children, identifying and nurturing parenting strengths, grief and loss, managing holidays and birthdays, sex education, and Fetal Alcohol Spectrum Disorder.

Group parent training designed specifically for Effecting Positive Change clients was implemented in late June 2007. This training 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. The new 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 twelve 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). Topics addressed through the group this quarter include: families and addiction; effective communication; parenting to increase children’s self-esteem; parenting in dysfunctional families; how do we teach love?; friends; nurturing and discovering our strengths as parents; boundaries and limit-setting; and how to play.

Ten clients participated in the Effecting Positive Change parenting group between July and September 2007, attending between one and six groups. 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. Seven clients did not attend the parenting group at Chrysalis this quarter because they were receiving parenting education through other programs; the remaining clients failed to show up for scheduled groups. EPC staff has begun to provide incentives to encourage client attendance, including providing food in the form of healthy snacks and bus cards, if needed.

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

Six clients were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, within 10 days of their admission to their program this quarter. Several clients were admitted to the program late in the quarter and will be administered their pretests in the beginning of the following quarter.

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.

No client had completed 20 hours of parenting education (with the exception of one, who failed to attend the appointment during which she would have completed the posttest AAPI) or had successfully discharged from the program as of September 30, 2007. Therefore, no AAPI-2 posttests were administered.
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. Three clients were referred for physical health needs at intake, while one client was referred for dental health needs at intake. Over the past quarter, staff addressed medical or dental health issues with 19 clients and referred 10 of these clients for additional assistance. The physical and/or dental health needs of children were addressed through the following services and/or referrals: Denver Developmental Screenings (n=6), play therapy (n=2), information on immunizations (n=2), nutritional education (n=1), referral to doctor for bed wetting (n=1), referral to ophthalmologist (n=1), hearing test (n=1), referral to doctor for fever (n=1), and a developmental referral to a doctor (n=1).

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. As of September 30, 2007, immunizations were confirmed as up-to-date for five children, while releases to obtain immunization records for five other children were sent to physicians this quarter. The immunization status of the children for the other 10 clients 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), and one client was referred to the Women’s Infant’s and Children’s program (WIC). Six clients were already receiving MFIP at their time of admission into the program, while one was receiving WIC. No clients were referred to the Public Nurse Home Visiting Program this quarter.

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.
One client was referred to Planned Parenthood at intake. During the past quarter, staff addressed breast feeding issues with three clients and referred one for further assistance. One client was referred to Planned Parenthood during the quarter.

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

<table>
<thead>
<tr>
<th>C1. Grantee shall ensure the provision of individualized health care of all pregnant women participating in the Effecting Positive Change in Women &amp; 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 assessment at the time of admission.</th>
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Two clients were pregnant during the July-September 2007 quarter. One client terminated her pregnancy, while the other client gave birth on September 21, 2007. Although the Maternal Child Health Nurse has attempted to work with this client to provide both prenatal and postpartum care, the client refused home visits before birth and continues to refuse visits after birth. The client has brought her infant to the program once. The Nurse will continue to attempt to work with the client to provide care for her and her infant.

Nutritional needs assessments were completed with four clients this quarter.

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<th>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.</th>
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</table>

Only one infant was born to a client between July 1, 2007 and September 30, 2007. Both mother and infant received a toxicology screening and were negative.

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<tr>
<th>C3. Grantee will provide education on FASD and the effects of other drugs, including meth, to Effecting Positive Change in Women &amp; 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.</th>
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</table>

Fetal Alcohol Spectrum Disorder (FASD) education was provided to all 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. During the past quarter, EPC staff addressed FASD issues with 12 clients and referred two clients for additional FASD information and/or assessments.

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 are assessed by the Early Childhood Specialist/Childcare Provider. 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. The following services and/or referrals were provided for 11 children this quarter: Denver Developmental Screenings (n=6), play therapy (n=2), Head Start (n=2), information on immunizations (n=2), nutritional education (n=1), referral to doctor for bed wetting (n=1), Nurse accompanied mother to psychiatrist regarding child’s medication (n=1), referral to ophthalmologist (n=1), FASD referral (n=1), ADHD referral (n=1), referral to the Storefront Group (n=1), hearing test (n=1), referral to doctor for fever (n=1), Nurse assisted client in toilet training child (n=1), and a developmental referral to a doctor (n=1).

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 (7 of 12) served 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, for 12 children this past quarter. 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.

Continuing education was provided for five program staff during the July – September 2007 reporting period through six different trainings (see Figure 1).

1. Continuing education activities for program staff: July 1 – September 30, 2007

<table>
<thead>
<tr>
<th>Training activity</th>
<th>Total staff in attendance</th>
<th>Participating staff</th>
<th>CEU hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic Experience Training</td>
<td>2</td>
<td>Maternal Child Nurse, LADC</td>
<td>1.5</td>
</tr>
<tr>
<td>Increasing Executive Brain Functioning in Children</td>
<td>1</td>
<td>FASD Therapist</td>
<td>7.0</td>
</tr>
<tr>
<td>CPR</td>
<td>1</td>
<td>Early Childhood Specialist</td>
<td>4.0</td>
</tr>
<tr>
<td>First Aid</td>
<td>1</td>
<td>Early Childhood Specialist</td>
<td>4.0</td>
</tr>
<tr>
<td>Correct use of car seats for infants and children training</td>
<td>1</td>
<td>FASD Case Manager</td>
<td>2.0</td>
</tr>
<tr>
<td>Violence and Chemical Dependency in the Family</td>
<td>1</td>
<td>FASD Case Manager</td>
<td>16.0</td>
</tr>
</tbody>
</table>

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.
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.

Six clients were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, within 10 days of their admission to their program this quarter. Several clients were admitted to the program late in the quarter and will be administered their pretests in the beginning of the following quarter. No client had completed 20 hours of parenting education (with the exception of one, who failed to attend the appointment during which she would have completed the posttest AAPI) or had successfully discharged from the program as of September 30, 2007. Therefore, no AAPI-2 posttests were administered.

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 report tables, have been submitted to the State.
Other activities

The primary activities and services provided to clients are described in the previous section.

A brochure for the EPC program developed last year was revised during the past quarter. The revised brochure is enclosed with the report.
Evaluation progress

Wilder Research has been contracted to evaluate Chrysalis’ Effecting Positive Change program for the duration of the grant (April 2007 – June 2008), including the current reporting period of July 1 to September 30, 2007. The lead evaluator for this project is Monica Idzelis, Research Scientist. The primary Chrysalis program staff responsible for the evaluation is Susan Winslow, Director of Clinical Services.

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 changes in substance use among clients, the impact of parent education on clients’ parenting skills, and the health and well-being of newborns; and

3) client satisfaction post-discharge.

Several evaluation tools have been revised and developed during the past quarter. Minor revisions were made to the Initial Assessment, the Health Summary Form, and the Services Log, completed by EPC staff. Modifications were made in order to collect additional information about clients at different time points and to streamline the data collection process. The revised versions are included in the appendix.

Several new tools related to program implementation and client outcomes were also developed and implemented this quarter, including the Discharge Summary Form (completed by EPC staff at the time clients discharge from the program), the Youth Quarterly Update Form (completed quarterly by EPC staff about the referrals and services provided to children in the program), and the Client Tracking Form (completed quarterly by EPC staff about referrals to the program, initial contact with clients, and client admittance to the program). These new data collection instruments are also included in the appendix.

By the upcoming quarter (October – December 2007), it is anticipated that clients will have experienced a sufficient length of programming (at least six months) in order to provide meaningful feedback about their experience. Therefore, the evaluator plans to develop and implement a client satisfaction survey to be administered to clients approximately every six months while they are in the program. The survey would
include collecting information directly from clients about their satisfaction with program services, staff, barriers to treatment, and recommendations for program improvement.

During the past quarter, pretest AAPI’s were administered to six new clients. No other pretests or posttests were conducted during this reporting period. See Figure 2 for dates of AAPI pretests. No client had completed 20 hours of parenting education (with the exception of one, who failed to attend the appointment during which she would have completed the posttest AAPI) or had successfully discharged from the program as of September 30, 2007. Therefore, no AAPI-2 posttests have been administered to date.

2. AAPI-2 pretest summary (N=6)

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<td>08/17/2007</td>
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<td>2 (temporary ID)</td>
<td>09/28/2007</td>
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Success story

The following success story describes the preliminary progress achieved by Susan, a current participant in the Effecting Positive Change (EPC) program, as no clients have discharged from the program to date.

General information

Susan is a 29-year-old, Caucasian female and the parent of six children, none of whom were living with her at the time of her first contact with EPC staff. Susan’s mother adopted her oldest child at birth, and a neighborhood family friend adopted her fourth child at birth. Susan had custody of her second and third children until she became involved with child protection in March of 2007. Susan’s fifth child lived with his father, whom she was in a relationship with at the time of intake. At birth, her sixth child, in addition to her two daughters, were taken into Child Protection because her baby was born cocaine positive.

Susan was referred to the Effecting Positive Change (EPC) Program while she was participating in Chrysalis’s Co-Occurring Disorders Program, an outpatient primary treatment program. This was Susan’s first treatment experience and her first experience with Child Protection. She does have a lengthy history of legal issues, including three felonies from theft. Susan also has a history of abusive relationships, including experiencing emotional abuse from her most recent partner, physical abuse from a past partner, and sexual abuse as a child. At intake her housing situation was also unstable.

Susan completed her EPC Intake on April 26, 2007. Her past diagnoses included Post Traumatic Stress Disorder, Obsessive Compulsive Disorder and Cocaine Dependence in Early Remission. Since entering the program she has participated in the EPC weekly group, a parenting group, child care for two of her children, and case management focusing on her housing status and accessing child care funds. She has also participated regularly in individual therapy through the Mental Health Clinic at Chrysalis.

Services and outcomes

The EPC Maternal Health Nurse and the Child Care Specialist have worked with Susan’s two younger children. Her son, almost 2 years of age, received four cautions and two fails on his Denver Developmental Screening Test, administered by the nurse. He is also overweight. The nurse sent his doctor a letter expressing these two concerns. The nurse has also been providing Susan education concerning nutrition. In addition, although the

---

1  A pseudonym
EPC staff have concerns about Susan’s ability to bond with her two younger children, both have been active and receptive to interaction with staff and other kids in Child Care.

Since beginning in the EPC Program, Susan has completed primary treatment and aftercare. She reports maintaining sobriety since May 7, 2007. Susan has also completed a program at the Domestic Abuse Project. She has enrolled in a Dialectical Behavioral Therapy (DBT) group and accessed play therapy services for her two oldest girls. Susan also moved from a shelter to a sober housing program with a community agency. When she entered EPC, Child Protection was moving her into permanency and pushing for termination of rights due to Susan’s struggle to comply and communicate with her Child Protection worker. EPC staff served as mediators and supports for Susan so she could work her case plan successfully. She effectively progressed on her legal and child protection case plans, resulting in her receiving custody of four of her children. In fact, Child Protection is requesting to close her case at her next court date in early October. Susan is still involved in probation, but she has served all of her jail time for recent charges.

Susan has effectively engaged in a structured, sober housing program that offers programming for her children as well. She has made significant progress learning parenting skills and ending contact with her past partner who was abusive. Susan recently made the difficult decision to terminate an 8-week pregnancy. She processed with her therapist, primary counselor, maternal health nurse, and parenting facilitator, carefully weighing the pros and cons of having the child versus terminating. Susan has displayed new skills for decision-making based on foresight, planning, and clearly balancing her needs and wants in other situations as well.

Susan’s biggest accomplishment yet is creating a new family with her four children. Susan also has reconnected with her father, who has been in recovery from alcohol addiction for the past 27 years. Now her father is playing the role of grandfather for all four children and supporting Susan as well.

**Reflection and learning**

Building an effective treatment relationship with Susan was one challenge staff encountered. As is common with individuals in early recovery, it took time for Susan to be honest in her communication with EPC staff. Working with Susan’s Child Protection worker has also been challenging at times. The Child Protection worker has displayed little knowledge of early addiction recovery and frequently interacted with Susan in a somewhat confrontational manner.

EPC staff have also been pleasantly surprised to see Susan working so hard and making so many gains, especially as this is her first chemical health treatment experience. Staff
report that the most successful strategies in working with Susan are taking time to build an effective treatment relationship with her, communicating with her directly about concerns, and providing her with housing resources. Furthermore, as a result of her experience with Susan, the EPC nurse now sees the importance of talking with women as early as possible about family planning and providing resources and education in this area.
Appendix

*Evaluation instruments:*

- Discharge Summary
- Youth Quarterly Form
- Client Tracking Form
- Initial Assessment (revised)
- Health Summary Form (revised)
- Services Log (revised)

*Women’s Services Quarterly Report Tables*
Evaluation instruments
**DISCHARGE SUMMARY (AT CLOSING)**

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

<table>
<thead>
<tr>
<th>Client name:</th>
<th>Client ID:</th>
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<tbody>
<tr>
<td>Date of discharge (mo/day/yr):</td>
<td>Today’s date:</td>
</tr>
</tbody>
</table>

Discharge status (PLEASE CHECK THE APPROPRIATE BOX):

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

3. Did client give birth while in the program?
   - 1  Yes
   - 2  No (GO TO Q.5)
   - 8  Unknown (GO TO Q.5)

4. Did client maintain legal custody of her infant?
   - 1  Yes
   - 2  No
   - 8  Unknown

5. Does the client currently have legal custody of any children? (include infants)
   - 1  Yes (specify number of children__________) 
   - 2  No
   - 8  Unknown

6. Was the client ever involved with Child Protection (either at program entry or during program)?
   - 1  Yes – at entry
   - 2  Yes – became involved while in the program
   - 3  No (GO TO Q.11)
   - 8  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?
   - ☐ 1 Yes (specify number of children ____________)
   - ☐ 2 No
   - ☐ 8 Don’t know

8. Was the client reunited with any children (ages 0 to 18) during the program?
   - ☐ 1 Yes (specify number of children: ______)
   - ☐ 2 No
   - ☐ 8 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)
   - ☐ 1 Yes – legally, voluntarily transferred parental rights (specify number of children: ______)
   - ☐ 2 Yes – parental rights terminated (specify number of children: ______)
   - ☐ 3 No
   - ☐ 8 Unknown

10. At discharge, what was the outcome of the client’s involvement with Child Protection (CP)?
    - ☐ 1 The client is still involved with Child Protection
    - ☐ 2 CP involvement ended
    - ☐ 8 Child Protection status unknown

11. Where are the client’s children (ages 0 to 18) currently living? (Check all that apply)
    - ☐ 1 With mom (specify number of children: ______)
    - ☐ 2 With someone else (CP, foster care) due to actions by Child Protection (specify number of children: ______)
    - ☐ 3 With someone else, not related to Child Protection (specify number of children: ______)
    - ☐ 8 Unknown

HEALTH

Mental health

12. Does the client currently have a mental health diagnosis?
    - ☐ 1 Yes (specify: _______________________________)
    - ☐ 2 No
    - ☐ 8 Unknown

13. Has the client been diagnosed with FASD (either before or during the program)?
    - ☐ 1 Yes
    - ☐ 2 No
    - ☐ 8 Unknown
14. Have any of the client’s children (ages 0 to 18) been diagnosed with FASD (either before or during the program?  
   ☐ 1 Yes (specify number of children: _____)  ☐ 2 No  ☐ 8 Unknown

Physical health
15. Does the client currently use nicotine or tobacco?  
   ☐ 1 Yes  ☐ 2 No  ☐ 8 Unknown
16. Does the client currently use a form of birth control?  
   ☐ 1 Yes  ☐ 2 No – not pregnant  ☐ 3 No – pregnant  ☐ 8 Unknown
17. Are immunizations for all of the client’s children up-to-date?  
   ☐ 1 Yes  ☐ 2 No  ☐ 8 Unknown

Substance use
18. At discharge, how long has the client been alcohol/drug free?  
   ☐ 1 Less than 6 months  
   ☐ 2 6 months or more  
   ☐ 8 Unknown
19. How has the client’s substance use changed at discharge, compared to program entry (self-reported or staff assessment)?  
   ☐ 1 Using drugs/alcohol more  
   ☐ 2 Using drugs/alcohol at the same level  
   ☐ 3 Using drugs/alcohol less  
   ☐ 4 Not using drugs/alcohol at all  
   ☐ 8 Unknown

SYSTEM INVOLVEMENT
20. Was the client under court jurisdiction or on probation/parole at program entry?  
   ☐ 1 Yes  ☐ 2 No  ☐ 8 Unknown
   If yes: 21a. Did client re-offend while in the program?  
   ☐ 1 Yes  ☐ 2 No  ☐ 8 Unknown
   ☐ 2 No  ☐ 8 Unknown
   If no: 21b. Did client come under court jurisdiction while in the program?  
   ☐ 1 Yes  ☐ 2 No  ☐ 8 Unknown
   ☐ 8 Unknown
22. Is the client currently involved with the criminal justice system (i.e., under court jurisdiction or on probation/parole)?  
   ☐ 1 Yes  ☐ 2 No  ☐ 8 Unknown
### STATUS AT DISCHARGE

23. What is the client's current employment status? (check one)
   - [ ] 1. Employed full-time (35 or more hours/week)
   - [ ] 2. Employed part-time (under 35 hours/week)
   - [ ] 3. Retired (not looking for work)
   - [ ] 4. Disabled (not looking for work)
   - [ ] 5. Unemployed – looking for work
   - [ ] 6. Unemployed – not looking for work
   - [ ] 7. Unemployed – not looking for work, but in school or job program
   - [ ] 8. Other (specify): ____________________________
   - [ ] 8. Unknown

24. What is the client's current school-vocational status? (check all that apply)
   - [ ] 1. Enrolled, full-time in school or a job/vocational training program
   - [ ] 2. Enrolled, part-time in school or a job/vocational training program
   - [ ] 3. Completed GED or received High School diploma while in the program
   - [ ] 4. Completed vocational/job training or education beyond High School while in the program
   - [ ] 5. Obtained or reactivated a vocational license or certificate while in the program
   - [ ] 6. None of the above
   - [ ] 8. Unknown

25. Where is the client currently living?
   - [ ] 1. In own house or apartment
   - [ ] 2. In parent/other relative or friend’s home
   - [ ] 3. Battered women’s shelter
   - [ ] 4. In correctional facility
   - [ ] 5. Living in shelter
   - [ ] 6. In a treatment facility
   - [ ] 7. No home at present and not in a shelter
   - [ ] 8. Other (Specify: ____________________________)
   - [ ] 8. 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)
   - [ ] 1. Yes
   - [ ] 2. No
   - [ ] 8. Unknown

27. Is the client currently on MFIP?
   - [ ] 1. Yes
   - [ ] 2. No
   - [ ] 8. Unknown

28. Is the client currently receiving WIC?
   - [ ] 1. Yes
   - [ ] 2. No
   - [ ] 8. Unknown
29. Did the client complete the EPC parenting program while in the program?
   ☐ 1 Yes
   ☐ 2 No
   ☐ 8 Unknown

30. Was a continuing care plan developed for the client at discharge?
   ☐ 1 Yes       ☐ 2 No       ☐ 8 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”)
   ☐ 1 Yes (date client entered treatment: ________________)    ☐ 2 No    ☐ 8 Unknown

32. What is the client’s treatment status at discharge?
   ☐ 1 Successfully completed Rule 31 treatment (date: ________________)
   ☐ 2 Left treatment without staff approval (date: ________________)
   ☐ 3 Still currently in treatment
   ☐ 4 Other (please explain: ____________________________________________)
   ☐ 8 Unknown

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

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Age</th>
<th>Received face to face screening/assessment for physical and mental health needs</th>
<th>Screening tool(s) used (if applicable):</th>
<th>Immunizations up to date for this child?</th>
<th>Child care provided or arranged for this child?</th>
<th>Received curriculum from Children’s Program Kit</th>
<th>Describe all referrals made, services received, and/or activities child has participated in:</th>
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<tr>
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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.
Note ALL clients referred to the EPC program during the above quarter, regardless of whether they receive services. Update information for clients as available. Please update each client’s “program entry status” by the end of the quarter before submitting the form. Use additional forms as necessary.

<table>
<thead>
<tr>
<th>Client name</th>
<th>Client ID</th>
<th>Date of referral (mo/day/yr)</th>
<th>Have you made contact with client?</th>
<th>Program entry status (MAKE SURE STATUS IS UPDATED BY END OF QUARTER)</th>
<th>General comments/notes</th>
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<tr>
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<td>Date of referral (mo/day/yr)</td>
<td>Have you made contact with client?</td>
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<td>☐ 4 Still attempting to contact client</td>
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</table>

Forms will be picked up by the Evaluator a week prior to the end of each quarter, on the following dates: September 21, 2007; December 21, 2007; March 24, 2008, and June 23, 2008. Document clients referred during the last week of the quarter on the following quarter’s tracking form.
## INITIAL ASSESSMENT

**EFFECTING POSITIVE CHANGE**

**Chrysalis’ Effecting Positive Change Program**

**Wilder Research, October 2007**

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

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

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)?* 1 Yes 2 No

*Have you completed a licensed CD treatment program in the past 6 months?* 1 Yes 2 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)*

1 Inpatient 
2 Outpatient 
3 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)
   - [ ] 1 Black/African American/African Immigrant
   - [ ] 2 Asian American/Asian Immigrant
   - [ ] 3 American Indian/Alaskan Native
   - [ ] 4 White
   - [ ] 5 Biracial/Multiracial
   - [ ] 6 Other (Specify: ______________________)
   - [ ] 8 Unknown

2. Are you of Hispanic origin?
   - [ ] 1 Yes - Hispanic Origin
   - [ ] 2 No - Non-Hispanic Origin
   - [ ] 8 Hispanic ethnicity unknown

3. Are you currently:
   - [ ] 1 Married, living with spouse
   - [ ] 2 Cohabiting with a partner
   - [ ] 3 Single (never married and not cohabitating)
   - [ ] 4 Separated, divorced, or widowed (and not cohabitating)
   - [ ] 8 Unknown

PREGNANCY

4a. Are you currently pregnant?
   - [ ] 1 Yes
   - [ ] 2 No (IF NO, SKIP TO SECTION 5)

4b. Is this your first pregnancy?
   - [ ] 1 Yes
   - [ ] 2 No

4c. How far along is your pregnancy? (Due Date ________________)
   - [ ] 1 1-3 months
   - [ ] 2 4-6 months
   - [ ] 3 7-9 months
   - [ ] 8 Unknown

4d. Are you receiving prenatal care?
   - [ ] 1 Yes
   - [ ] 2 No
   - [ ] 8 Unknown

4e. Have you ever had a premature delivery?
   - [ ] 1 Yes
   - [ ] 2 No
   - [ ] 8 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.

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Age</th>
<th>Sex (M/F)</th>
<th>Race</th>
<th>Ethnicity</th>
<th>5c. Do you have legal custody for this child?</th>
<th>If YES to legal custody</th>
<th>5d. Where is child currently living?</th>
<th>If NO to legal custody</th>
<th>5e. Was custody voluntarily transferred (TLC), parental rights terminated (TPR), or something else (Other)*?</th>
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<tbody>
<tr>
<td></td>
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<td>RaceCodes</td>
<td>EthnicityCodes</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Use codes below</td>
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</table>

**Race Codes**
- BLK¹: Black/African American/African Immigrant
- WHT²: White
- AS³: Asian American/Asian Immigrant
- AI⁴: American Indian/Alaskan Native
- MUL⁵: Biracial/Multiracial
- OTH⁶: Other (specify)
- UNK⁸: Unknown

**Ethnicity Codes**
- H¹: Hispanic/Latino
- NH²: Non-Hispanic/Latino
- UNK³: Unknown

**Current Living Arrangements**
- MOM¹: Living with Mom
- CRT²: Formal (court-ordered) living arrangements with others
- INF³: Informal (non court-ordered) living arrangements with others
- OTH⁴: Other (specify)
- UNK⁸: 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)
   1. With you (the client)
   2. With child’s other parent
   3. With other family member (grandparent, aunt, etc.)
   4. With friends
   5. Foster care
   6. Other (Specify: ___________________________)

CURRENT LIVING AND TRANSPORTATION ARRANGEMENTS

6a. Where are you currently living?
   1. In own house or apartment
   2. In parent/other relative or friend’s home
   3. Battered women’s shelter
   4. In correctional facility
   5. Living in shelter
   6. In a treatment facility
   7. No home at present and not in a shelter
   8. Other (Specify: ___________________________)

6b. Are current living arrangements supportive to your recovery?
   1. Yes
   2. No
   8. 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?
   1. Yes
   2. No

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

EDUCATION AT ENTRY

7a. What is the highest level of education that you completed?
   1. No school
   2. Some school but no High School diploma or GED
   3. High School grad or GED
   4. Vocational Certificate or Associate Degree
   5. Some college but no degree
   6. College Degree
   7. Graduate or Professional degree
   8. Unknown

7b. Would you like to further your education?
   1. Yes
   2. No
   8. Don’t know/unsure
EMPLOYMENT

8a. What is your current employment status? *(CHECK ONE ONLY)*
1. Employed full-time (35 or more hours/week)
2. Employed part-time (under 35 hours/week)
3. Retired (not working)
4. Disabled (not working)
5. Unemployed – looking for work
6. Unemployed – not looking for work
7. Unemployed – not looking for work, but in school or job program
8. Other (specify): ______________________________________

8b. Are you currently in school or a career training program?
1. Yes, enrolled full time
2. Yes, enrolled part time
3. No

INCOME/RESOURCES AT ENTRY

9a. Is your income lower than the Federal Poverty Guidelines (attached)?
1. Yes
2. No
3. Unknown

9b. Are you currently on MFIP (at program entry)?
1. Yes
2. No
3. Unknown

9c. Are you currently receiving WIC (at program entry)?
1. Yes
2. No
3. Unknown

9d. What is your monthly income? _______________________________

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

9f. Do you use a food shelf?
1. Yes (specify where: ______________________________)
2. No

CURRENT SERVICE OR SYSTEM INVOLVEMENT

10a. Are you currently involved with child protection (under investigation/open case)?
1. Yes
2. No
3. Unknown

10b. Are you currently involved with the criminal justice system (i.e., arrests, probation, parole, etc.)?
1. Yes
2. No
3. Unknown
CHEMICAL DEPENDENCY TREATMENT

11a. Before coming to Chrysalis, have you ever been in CD treatment?
   1  Yes  2  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? 1 Yes  2 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)?
   1  Yes  2  No  8 Unknown

12b. Have any of your children (ages 0 to 18) ever been diagnosed with FASD (Fetal Alcohol Spectrum Disorders)?
   1  Yes (how many: ________ )  2  No  8 Unknown

MENTAL AND PHYSICAL HEALTH

Mental health

13a. Do you currently have a mental health diagnosis?
   1  Yes (specify: ________________________________ )  2  No

13b. Have you had a mental health screening in the past 6 months?
   1  Yes  2  No  8 Unknown
   (IF NO or UNKNOWN, COMPLETE THE APPROPRIATE SCREENING)

13c. Have you ever been hospitalized for mental health/emotional reasons? 1 Yes  2 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? 1 Yes  2 No
13g. Do you have a history of suicide attempts? □ 1 Yes □ 2 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)? □ 1 Yes □ 2 No (GO TO Q.13c)

13k. When did you have these thoughts? _____________________________________________________

**Physical health**

13l. Are you currently using any form of birth control?
□ 1 Yes □ 2 No – I am pregnant □ 3 No – I am not pregnant □ 8 Unknown

13m. Do you have a primary care physician?
□ 1 Yes (specify: ____________________________) □ 2 No

13n. Do you have a primary clinic?
□ 1 Yes (specify: ____________________________) □ 2 No

13o. Have you had a physical in the last year?
□ 1 Yes (specify date (mo/day/yr): ______________________) □ 2 No

13p. Are you allergic to any medications?
□ 1 Yes (specify: ______________________________________________________________________) □ 2 No

13q. Do you have any past medical concerns?
□ 1 Yes (describe: ______________________________________________________________________) □ 2 No

13r. Do you have any current medical concerns?
□ 1 Yes (describe: ______________________________________________________________________) □ 2 No

13s. Have you had any prior hospitalizations?
□ 1 Yes (describe: ______________________________________________________________________) □ 2 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)

1 Physical health needs
2 Dental needs
3 Mental health needs
4 Relationships/social support
5 Financial management
6 Job training/education
7 Housing
8 Acupuncture
9 FASD assessment/information
10 MFIP
11 WIC
12 Nutritional needs
13 ECFE/outside parenting education
14 Breast-feeding support group
15 Culturally specific needs
16 Emergency needs
17 Other: ___________________________________________
## 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.)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
<th>Almost Everyday</th>
<th>3-5 Times Weekly</th>
<th>1-2 Times Weekly</th>
<th>1-3 Times Monthly</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcohol</td>
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<td>2. Marijuana</td>
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<td>3. Cocaine or Crack</td>
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<td>4. Heroin or Opiates</td>
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<td>5. Methadone IF YES, ASK:</td>
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<td>10. Misused over-the-counter medications</td>
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<td>11. Other drugs (Please specify: __________________________)</td>
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<td>12. Tobacco use</td>
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</table>

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.
### HEALTH DATA SUMMARY

**EFFECTING POSITIVE CHANGE**

Complete after birth of baby and send/fax to Wilder Research within 30 days.

<table>
<thead>
<tr>
<th>Case Name:</th>
<th>ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Date:</td>
<td>Date Form Completed:</td>
</tr>
</tbody>
</table>

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

- [ ] 1 Live birth, child living
- [ ] 2 Live birth, child died
- [ ] 3 Miscarriage (Date: _________________)
- [ ] 4 Stillbirth (Date: _________________)
  (SKIP TO QUESTION 11)
- [ ] 5 Abortion (Date: _________________)
  (REMAINDER OF THIS DOCUMENT IS NOT APPLICABLE)

**1. Baby’s Name (optional):**

**2. Baby’s Sex:**

- [ ] 1 Male
- [ ] 2 Female

**2a. Birth Weight:**

**3. Birth Date:**

**4. Baby’s Toxicology Data:**

- [ ] 1 Child positive toxicology (drug/chemical: _________________)
- [ ] 2 Child negative toxicology
- [ ] 3 Child not tested (please explain: ________________________)

**IMPORTANT!**

**5. Infant born less than 37 weeks gestation:**

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Unknown

**6. 7 or more days of intensive care needed for infant:**

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Unknown

**7. Baby Received Post-birth Clinic Follow-up:**

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Unknown

**8. Infant re-hospitalized within 30 days of birth:**

- [ ] 1 Yes
- [ ] 2 No
- [ ] 8 Unknown

**9. Baby’s Race:**

- [ ] 1 Black/African American
- [ ] 2 Asian/Asian American
- [ ] 3 American Indian/Alaskan Native
- [ ] 4 White
- [ ] 5 Biracial/Multiracial
- [ ] 6 Other (specify: _________________)
- [ ] 8 Unknown

**10. Baby’s Ethnicity:**

- [ ] 1 Hispanic
- [ ] 2 Non-Hispanic
- [ ] 8 Unknown

**11. Mother’s Toxicology Data:**

- [ ] 1 Mother positive toxicology (drug/chemical: _________________)
- [ ] 2 Mother negative toxicology
- [ ] 3 Mother not tested (please explain: _________________)

---

2 Important: Please fax to Wilder Research at 651-647-4623, Attention Cheryl Bourgeois.
### Chrysalis' Effecting Positive Change Program
#### Quarterly evaluation report

**Services log**

<table>
<thead>
<tr>
<th>Client name: __________________________</th>
<th>Client ID#: ______________________</th>
<th>Intake date: _______________</th>
<th>Using meth: 1 Yes 2 No 8 UNK</th>
</tr>
</thead>
</table>

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**: 1 Completed (date: _______________)
- **Nutritional needs assessment**: 1 Completed (date: _______________)
- **Mental health screening**: 1 Completed (date: _______________)
- **Care plan developed**: 1 Completed (date: _______________)

<table>
<thead>
<tr>
<th>Week (DATE)</th>
<th>Attended weekly parent group?</th>
<th>Attended weekly support group?</th>
<th>Attended Sober Support group?</th>
<th>Other groups/appointments/trainings attended this week? (list all)</th>
<th>Transportation provided?</th>
<th>Home/office visits? (Note # of visits that week)</th>
<th>UA conducted?</th>
<th>UA results</th>
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<td>1 Yes</td>
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</table>

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.
Women’s Services Quarterly Report Tables
Grantee Chrysalis Contract # 437513


The numbers for columns Q-1through 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

<table>
<thead>
<tr>
<th></th>
<th>Q-1</th>
<th>Q-2</th>
<th>Q-3</th>
<th>Q-4</th>
<th>Unduplicated YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women in your grant program at the start of this period</td>
<td>9</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Women admitted to your grant program this period</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
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<tr>
<td>Women served by your grant program this period</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
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<tr>
<td>Number of cases closed – Women Successfully Completed</td>
<td>0</td>
<td></td>
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<td>0</td>
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<tr>
<td>Number of cases closed due to moving out of the area, but at the time of move the woman was doing well</td>
<td>0</td>
<td></td>
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<td>0</td>
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<tr>
<td>Number of cases closed Without Successfully Completing, include women who were not doing well when they moved out of the area.</td>
<td>1</td>
<td></td>
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<tr>
<td>Women still in your grant program at the end of this period</td>
<td>19</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

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

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