

Chrysalis' Effecting Positive Change Program

*Quarterly evaluation report:
October-December 2007*

J A N U A R Y 2 0 0 8

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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-two (22) women who participated in the Effecting Positive Change (EPC) program from October 1, 2007 through December 31, 2007, including three (3) women who were admitted to the program this past quarter. In total, the program has served 22 women since the beginning of the grant year July 1, 2007. The report includes a description of the services and activities provided to clients this quarter and year-to-date, 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 and year-to-date. Services and activities provided to clients are described in accordance with the program goals and objectives outlined in the Grant Contract.

A personnel change occurred during the October-December 2007 period so the program was not fully staffed for the entire duration of the quarter. The Early Childhood Specialist (.5 FTE) ended her employment on November 26, 2007. A new staff person has been hired and will assume this position (.5 FTE) beginning January 1, 2008. See appendix for the resume of the new hire.

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 22 women and 36 children during the October-December 2007 period, including 3 women who were admitted to the program during the past quarter. To date (July-December 2007), a total of 22 women and 40 children have been served by the program. (The total number of children includes all children of clients under the age of 18 for whom clients had not lost

parental rights). Three women and four children have successfully completed the program to date.

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 3 women who entered the program this quarter. Since the start of the grant year, individual care plans have been completed for a total of 14 women.

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 3 clients. Since the start of the grant year, acupuncture has been addressed with a total of 10 clients.

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. At intake, referrals for various services were made for the three women who entered the program this quarter, including: dental needs (n=1), mental health needs (n=2), relationships/social support needs (n=2), job training/education (n=1), acupuncture (n=1), nutritional needs (n=1), emergency needs (n=1), transportation (n=1), and the Planned Parenthood Clinic (n=1). Year-to-date, referrals made at intake include: physical health needs (n=2), dental needs (n=2), mental health needs (n=4), relationships/social support needs (2), job training/education (n=1), acupuncture (n=1), MFIP (n=2), WIC (n=1), nutritional needs (n=2), emergency needs (n=2), transportation (n=1), and Planned Parenthood Clinic (n=2).

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 the 22 clients served this quarter, including:

- the mental health issues of 20 clients (13 of whom received referrals, including: individual therapy (n=7), family therapy (n=2), Dialectical Behavior Therapy, Assertive Community Treatment, and Adult Rehabilitative Mental Health Services);
- the relationship and/or social support needs of 20 clients (15 of whom received referrals, including: Christmas adopt-a-family (n=14), child care friendly AA meetings (n=2), the Father's Project, and aftercare (n=2));
- the housing needs of 18 clients (4 of whom received referrals, including: Perspectives and sober living);

- the financial management needs of 17 clients (3 of whom received referrals, including: the Social Security Office);
- the medical/dental needs of 19 clients (5 of whom received referrals, including: Century Plaza, for medical needs, dental resources, Park Nicollet Sleep Clinic, and other medical clinics and physicians, often for medications/prescriptions);
- the job training and/or educational needs of 15 clients (7 of whom received referrals, including: Women in Transition (n=2), community colleges, school counselor for children, Kids Connection tutor, and school options for boys);
- the emergency needs of 14 clients (all of whom received referrals, including: Hennepin County and referrals for infant formula);
- the nutritional needs of 9 clients (one referral);
- the culturally specific needs of 3 clients (no referrals);
- acupuncture with 3 clients (2 of whom received referrals to the on-site acupuncturist);
- MFIP with 3 clients (no referrals);
- FASD training or information for 7 clients (2 of whom received referrals, including medical appointments for FASD diagnosis at the University of Minnesota Behavioral Clinic);
- WIC with 1 client, who was referred for WIC benefits; and
- breast feeding support for one client (no referrals).

Of the 22 clients served year-to-date (July-December 2007), EPC staff addressed the following issues:

- medical/dental needs with 21 clients (13 of whom received referrals);
- mental health needs with 21 clients (18 of whom received referrals);
- relationships/social support with 21 clients (17 of whom received referrals);
- financial management with 21 clients (6 of whom received referrals);
- housing with 21 clients (10 of whom received referrals);
- emergency needs with 21 clients (17 of whom received referrals);

- nutritional needs with 20 clients (1 of whom received a referral);
- Acupuncture with 19 clients (7 of whom received referrals);
- job training/education with 17 clients (10 of whom received referrals);
- culturally specific needs with 15 clients (1 of whom received a referral);
- MFIP with 14 clients (1 of whom received a referral);
- FASD training and/or information with 13 clients (3 of whom received referrals);
- WIC with 9 clients (9 of whom received referrals); and,
- breast feeding support with 3 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 3 women who entered the program this quarter, one received an assessment prior to admission. The second woman received an assessment following intake, while the third has not met with the LADC to discuss the assessment.

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, one of the three clients reported current medical concerns. All three had a primary care clinic, while two of the three had a primary care physician. One client reported having had a physical exam within the past year.

Nineteen of the 21 active clients this quarter received case management support for medical and/or dental needs between October and December 2007, and five 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 quarter, including scheduling and transporting clients to medical appointments and emergency room visits, medication management, and referrals to the acupuncturist.

At intake, of the three new clients admitted to the program this quarter, one was currently receiving Medical Assistance through a health insurance provider, one had private health insurance, and one had no insurance.

Year-to-date, 21 clients have received case management support for medical and/or dental needs and 13 of these clients were referred for additional assistance.

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.

This past quarter, program staff visited with twenty clients in their homes or at the program site a minimum of once per month. No visits were scheduled with one client who could not be located during this time and was later found to be hospitalized. Additional visits or meetings were scheduled with clients as needed. Over the past quarter, 6 clients received between one and three visits, five clients received between four and six visits, five clients received between seven and nine visits, and four clients received ten or more visits. For those clients addicted to methamphetamine (n=4), one received weekly visits. Due to inconsistent attendance and long-term absences from the program, the remaining three clients have missed several groups and appointments, resulting in some weeks without a visit. EPC staff is continuing to work with these clients to increase attendance and schedule visits. Year-to-date, staff have visited with 21 clients, between 1 and 25 visits per client.

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 quarter have included: 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.

Nine clients participated in the weekly support group during the past quarter. These clients attended between one and nine groups between October and December, 2007. Twelve 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.

Year-to-date, 14 clients have participated in the weekly support group, attending between 1 and 14 groups between July and December, 2007.

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 nine clients, each of whom received between one and two UAs over the past quarter (all of which tested negative). UAs were not conducted with the other 12 clients because they had either just recently entered the program late in the quarter, they were incarcerated, they failed to attend program groups, they were participating in groups at other (non-Chrysalis) programs or treatment centers, or they had their UAs conducted at Hennepin County Medical Center.

Year-to-date, UAs were conducted with a total of 12 clients, each of whom received between one and nine UAs. Eleven UAs tested negative, while 30 UAs tested positive.

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 9 children of Effecting Positive Change clients were provided regular childcare. Year-to-date, onsite regular childcare has been provided for a total of 20 children.

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 and/or transportation assistance to 12 clients. This included providing a total of \$250 in gas cards/tokens to multiple clients and \$85 for 3 cab rides. Year-to-date, program staff have provided clients a total of \$500 in gas cards/tokens, \$85 for cab rides, and 16 bus cards between July and December, 2007.

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

Budgeting and/or financial management training is 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 17 clients receiving services this past quarter were addressed by EPC staff; three of these clients received referrals for further financial management assistance. The financial management class offered through Chrysalis was offered to all clients participating in the EPC program this quarter, although no one decided to participate.

Year-to-date, the financial management of 21 clients were addressed by EPC staff, six of whom received referrals for further financial 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, one newly admitted client required a referral for emergency needs. Throughout the quarter, program staff addressed the emergency needs of 14 clients, all of whom were referred for additional assistance. Emergency funding was used to provide car seats and psychological medications for clients this quarter.

Year-to-date, program staff have addressed the emergency needs of 21 clients total, 17 of whom were referred for additional emergency assistance.

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 18 clients this past quarter, four of whom received referrals for further assistance. Staff activity related to housing this past quarter includes: advocating for a client to enter into Perspectives sober housing; helping a client transfer from sober housing to her own housing; helping a client enter sober housing; providing multiple referrals to a client for sober housing and shelters; helping two clients find affordable housing; helping a client understand Section 8 information; and, helping two clients obtain financial assistance for a rent deposit.

Year-to-date, housing issues were addressed with 21 clients, 10 of whom received referrals.

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.

Six clients were discharged from the program between October 1 and December 31, 2007, three of whom had successfully completed the program. The Licensed Alcohol and Drug Counselor (LADC) completed continuing care plans for all clients who discharged from the program this quarter.

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.

Three clients had successfully discharged from the program between October 1 and December 31, 2007. This also reflects the total number of successful discharges year-to-date). Program staff did have contact with one of the three participants regarding her current status four weeks following discharge. EPC staff have been unable to locate the other two clients thus far.

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 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 themselves. 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 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). Topics addressed through the group this quarter include: boundaries; 'our story, our family'; how to play with your children; parenting with guilt; parenting in the 21st century; family self care; understanding our emotions and the impact on our children; hidden anger; holiday stress; self-respect and self-esteem; grief and loss; parenting pressure and the holidays; 'do we ever stop being a parent?'; and, balancing our needs with those of our children.

Ten clients participated in the Effecting Positive Change parenting group between October and December 2007, attending between one and seven 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. Six clients did not attend the parenting group at Chrysalis this quarter because they were receiving parenting education through other programs. Two clients received home visits in which parenting was addressed, while four clients were involved with outside therapists who addressing parenting issues.

Year-to-date, 15 clients have participated in the onsite EPC parenting groups (between 1 and 13 groups), although all clients have had their parenting needs addressed in some form (i.e., EPC parenting group, 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.

Six clients were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, this quarter (three of the clients entered the program at the end of the previous quarter and were administered their pretests at the beginning of this reporting period). Year-to-date, 12 clients have been administered the AAPI-2 pretest.

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.

AAPI-2 posttests were administered to the three clients who had successfully discharged from the program this quarter. Six clients have finished at least 20 hours of parenting education classes. For many of these clients, posttest AAPIs have not been administered due to relapses, failed appointments, or determinations by staff that the test was therapeutically inappropriate to administer at the time. Posttests have been rescheduled for next quarter, as appropriate.

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. No clients were referred for physical health needs at intake, although 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/or their children and referred 5 of these families for additional assistance. The physical and/or dental health needs of families were addressed through the following services and/or referrals: observation(s) by the Nurse (n=5), home visits (n=5), Denver Developmental Screenings (n=4), various medical clinics and physicians, often for medications/prescriptions (n=2), Century Plaza, for medical needs (n=1); dental resources (n=1); personal care attendant (n=1), Indian Health Board (n=1), and a partial physical exam (n=1) .

Year-to-date, the medical or dental health needs of 21 clients and/or their children have been addressed by EPC staff. Thirteen of these clients were referred for additional assistance.

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 December 31, 2007, immunizations were confirmed as up-to-date for 17 children, while releases to obtain immunization records for 7 other children were sent to physicians this quarter. 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, no client was referred to the Minnesota Family Investment Program (MFIP) or to the Women's Infant's and Children's program (WIC). One client, however, was already receiving MFIP at the time of admission into the program. One client was referred to the Public Nurse Home Visiting Program this quarter.

Year-to-date, two clients have been referred to MFIP and one client to WIC at intake. One client has was referred to the Public Nurse Home Visiting program year-to-date.

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 one client who did not require a referral. Six clients were referred to Planned Parenthood during the quarter. Year-to-date, breast feeding issues have been addressed with 3 clients, while seven clients in total have been referred to Planned Parenthood.

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 assesment at the time of admission.

None of the three clients admitted to the program the October-December 2007 quarter were pregnant at intake. One current client who was pregnant gave birth on December 4, 2007. During this quarter, the Maternal Child Health Nurse conducted home visits, pre-delivery appointments, and postpartum appointments with this client. Year-to-date, three pregnant women have been served by the program, two of whom have given birth while one had an abortion.

Nutritional needs assessments were completed with seven clients this quarter (this includes four clients who were admitted toward the end of the previous quarter and the three clients admitted to the program this quarter).

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.

Only one infant was born to a client this quarter (on December 4, 2007). Both mother and infant received a toxicology screening and were negative. Year-to-date, toxicology screenings have been conducted for two mothers and their infants. Both tests 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 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 seven clients and referred two clients for additional FASD information and/or assessments. Year-to-date, FASD issues have been addressed with a total of 13 clients, 3 of whom were referred for additional information and/or assessments.

Goal D. Decrease the likelihood children of women in substance abuse treatment support/recovery maintenance services will become chemically dependant 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 and the Maternal Health Nurse. 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 18 children this quarter (some children received more than one service/referral): observation(s) by the Nurse (n=5),

home visits (n=5), Head Start (n=1), Denver Developmental Screenings (n=4), FASD evaluations with Dr. Chang (n=2), ECFS (n=2), food shelves (n=2), all-day kindergarten (n=2), personal care attendant (n=1), Washburn Clinic (n=1), Hennepin County day care (n=1), Indian Health Board (n=1), handicap transportation (n=1), and a partial physical exam (n=1) .

Year-to-date, services and/or referrals were provided for a total of 19 children (some of whom received more than one service/referral).

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 all of the children 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 nine 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.

Year-to-date, a total of 14 children have received a modified version of The Children’s Program Kit curriculum.

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 October – December 2007 reporting period through ten different trainings (see Figure 1).

1. Continuing education activities for program staff: October 1 – December 31, 2007

Training activity	Total staff in attendance	Participating staff	CEU hours
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

Year-to-date, five EPC program staff have participated in one or more of 16 different continuing education activities. In total, 110.25 CEU hours were earned.

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, this quarter (three of the clients entered the program at the end of the previous quarter and were administered their pretests at the beginning of this reporting period). AAPI-2 posttests were administered to the three clients who had successfully discharged from the program this quarter.

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.

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 October 1 to December 31, 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.

One new tool, the Client Satisfaction Survey, was developed during this reporting period. This tool is to be administered to clients at two time points: after four months of program participation, and again at discharge (provided clients are available to complete the survey at discharge, and that discharge occurs after at least 6 months of program participation). The survey includes collecting information directly from clients about their satisfaction with program services, staff, barriers to treatment, and recommendations for program improvement. Surveys are to be completed by clients privately and anonymously. The survey is included in the appendix.

During the past quarter, pretest AAPI's were administered to six clients (three admitted during the current quarter and three admitted at the end of the previous quarter). See Figure 2 for dates of AAPI pretests. Posttest AAPIs were administered to three clients who successfully discharged during this quarter. See Figure 3 for dates of AAPI posttests. Although six clients have completed 20 or more hours of parenting education to date, posttest AAPIs have either not been conducted with these clients due to relapses, failed appointments, or determinations by staff that the test was therapeutically inappropriate to administer at the time. Posttest AAPIs have been rescheduled for early next quarter, as appropriate and necessary.

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

Client identifier	Date taken	Form
15144	11/14/2007	A
12644	10/04/2007	A
15063	10/04/2007	A
14887	10/04/2007	A
14415	10/26/2007	A
1476	10/25/2007	A

3. AAPI-2 posttest summary (N=3)

Client identifier	Date taken	Form
6689	10/25/2007	B
11597	11/12/2007	B
13084	10/19/2007	B

Success story

The following success story describes the preliminary progress achieved by Jennifer,¹ a current participant in the Effecting Positive Change (EPC) program.

General information

Jennifer is a 20 year-old, multi-racial woman who was accepted into the EPC program on September 17, 2007. She was referred by Child Protection in Dakota County. Prior to entering this program, Jennifer completed a 28-day in-patient treatment program at River Place in March 2007 and then lived at Wayside House for one month. Her drugs of choice are Cocaine and Alcohol.

Jennifer has two children. Her oldest is a 2-year-old boy. Her second child is a 1-year old girl who was taken from Jennifer at birth due to being born cocaine positive. Both children have a Child Protection worker in Dakota County. The two children are cared for by their paternal grandmother. In addition, Jennifer was six months pregnant when admitted to the Chrysalis program. She had used cocaine through her first and second trimesters and stated in her intake interview that she wanted to have an abortion.

Services and outcomes

Since beginning in our program, Jennifer has consistently attended the EPC support and parenting groups. She openly discussed her uncertainty about having another child. Jennifer finally shared with the group that she had decided to have the baby, rather than an abortion.

The EPC Maternal Health Nurse made a home visit in October. She completed a nutritional assessment giving recommendations for additions to Jennifer's diet. She also discussed contraception and care of her two children. The nurse made a second home visit with our Child Care Specialist to meet Jennifer's children. Both staff observed Jennifer to be very warm and loving towards her son and daughter. Jennifer also participated in a class on FASD at Chrysalis.

Once Jennifer decided to have the baby, she set recovery goals focused on staying sober. She has been meeting all of her treatment goals and remained committed to abstinence through the remainder of her pregnancy. Jennifer now reports maintaining sobriety since August 7, 2007. She has been attending community sober support groups regularly, as

¹ A pseudonym

well as working a recovery program. Jennifer's commitment to her sobriety has been inspiring to staff and other program participants.

Jennifer is currently living at Kateri Residence, which is a sober house for Native American women and their children. She expresses happiness at living in this environment that has Alcoholics Anonymous (AA) meetings and provides continuous support for the women living there. She may live there for up to 2 years.

Jennifer delivered a 6 pound, 9 ounce baby on December 4, 2007 via caesarean section. The mother and baby's toxicology results were negative. A home visit was made on December 11th and both mother and baby were doing well. The baby is feeding well and Jennifer is bonding very well with the baby. In addition, Child Protection has informed Jennifer that she will be getting her other two children back in January.

The EPC Maternal Health Nurse plans to visit Jennifer weekly and encourage her to return to the groups at Chrysalis as soon as possible. Jennifer can bring the baby into the group now, and at 6 weeks, can bring the child to day care at the agency. The nurse will assist her in obtaining contraception and aims to help Jennifer in parenting/bonding with her one-year old daughter, for whom she has never had responsibility for caring. Once the children are living with Jennifer, the nurse will assess for appropriateness to refer the children to Head Start, screen them for developmental delays, and assess what other services are needed. Jennifer is receiving WIC, well baby and postpartum examinations at the Indian Health Board in Minneapolis. This clinic provides free transportation for mothers and children, both to the appointments and home again.

Reflection and learning

One challenge in working with Jennifer has been her tendency at times to appear more competent and stable than she truly is. Having the ability in this program to build a trusting working relationship with Jennifer long-term will be very helpful for staff to more clearly assess her strengths and weaknesses and build skills in needed areas. Another challenge for Jennifer is that she will soon be parenting her two older children as well as her newborn.

Jennifer's participation in the structured housing program in addition to the structure of EPC has been extremely helpful for her recovery and overall stability. Receiving medical services and WIC at the Indian Health Board has also been very helpful. Finally, her positive relationship with her boyfriend's mother who is caring for her two older children has been crucial for her and her children's success.

Concerning possible changes in their work with Jennifer, staff would consider doing more home visits for added support for Jennifer and her children. The therapist

facilitating the EPC parenting group also suggested that offering drop-in individual parent coaching sessions might be helpful to build trust with Jennifer and give her more educational opportunities related to her parenting skills.

Appendix

Evaluation instruments:

Client Satisfaction Survey

Resume for new Early Childhood Specialist

Women's Services Quarterly Report Tables

Evaluation instruments



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?

	Very helpful	Somewhat helpful	Not Very Helpful	Not At All Helpful	Didn't receive or declined service
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!

Resume (to be inserted here)

Women's Services Quarterly Report Tables

Grantee Chrysalis

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	0	0	
Women admitted to your grant program this period	11	3			14
Women served by your grant program this period	20	22	0	0	22
Number of cases closed – Women <i>Successfully Completed</i>	0	3			3
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
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
Women still in your grant program at the end of this period	19	16	0	0	

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
Pregnancy Outcome Summary:					
Live Birth, Child Living	1	1			2
Live Birth, Child Died	0	0			0
Miscarriage	0	0			0
Abortion	1	0			1
Stillbirth	0	0			0
Infants' Toxicology Results:					
Positive Toxicology for Child	0	0			0
Negative Toxicology for Child	1	1			2
Child Not Tested	0	0			0
Mothers' Toxicology Results					
Positive Toxicology for Mother	0	0			0
Negative Toxicology for Mother	1	1			2
Mother Not Tested	0	0			0