

Chrysalis' Effecting Positive Change Program

*Quarterly evaluation report:
January-March 2008*

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April 2008

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Acknowledgments

The following staff from Wilder Research contributed to the completion of this report:

Mark Anton
Cheryl Bourgeois
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Ryan McArdle

Additional contributors include the staff of the Effecting Positive Change Program at Chrysalis.

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-five (25)¹ women who participated in the Effecting Positive Change (EPC) program from January 1, 2008 through March 31, 2008, including ten (10) women who were admitted to the program this past quarter. In total, the program has served 31 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).

¹ This number represents the unduplicated number of women served by the program at some point this quarter. One woman was discharged and readmitted during this quarter and is only represented once here but twice in the Quarterly Report Tables, where each new admittance is counted as a 'new client'.

Services summary

The following is a summary of the services provided through Chrysalis' Effecting Positive Change (EPC) 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.

The program was fully staffed for the duration of the January to March 2008 quarter.

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 25 women (unduplicated count) and 20 of their 69 total children during the January-March 2008 period, including 10 women and their children admitted to the program during the past quarter.² To date (July 2007-March 2008), a total of 31 women and 32 of their 80 children (unduplicated counts) have been served by the program. (The total number of children includes all children of clients under the age of 18, regardless of custody status.) Four women and seven children have successfully completed the program to date.

² Some children are not served by the program because they are not in the client's custody and/or do not live with the client.

Specific services provided to these families 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 6 of the 10 women who entered the program this quarter. Individual care plans were not developed for four women who were admitted to the program in late March 2008; these care plans will be developed as soon as the clients have met with a CD counselor to determine and set goals.

Since the start of the grant year (July 2007), individual care plans have been completed for a total of 20 women (unduplicated).

A3. Grantee shall ensure that the following are included in each participant's care plan: 1) therapeutic interventions and trauma services to address issues of relationships, emotional, sexual and physical abuse; and 2) housing, financial management and job training/education.

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

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

An acupuncturist was made available on-site to all clients participating in the program. This service was provided through a subcontractor (Amy Martel, M.Ac., L.Ac., Dipl.Ac.) who was available to clients during Effecting Positive Change groups, other chemical health groups clients participate in through Chrysalis, and for walk-ins once a week. During the quarter, EPC staff addressed acupuncture with a total of 6 clients, two of whom were referred for additional assistance. Since the start of the grant year, acupuncture has been addressed with a total of 24 clients, 8 of whom were referred for additional assistance.

A5. The LADC and or other program staff will assess immediate and ongoing needs of each participant at the time of admission and weekly throughout program participation. The assessment will evaluate the client’s needs for the following services: physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs. Based on the individual assessment of needs, the multidisciplinary team will provide or refer women to services throughout their treatment and at the time of discharge.

At intake, staff assess the needs of clients in the following areas: physical health, dental needs, mental health, basic needs (Minnesota Family Investment Program [MFIP], Women, Infants, and Children Program [WIC]), relationships/social support, financial management, job training/education, housing, acupuncture, FASD assessment/informational needs, nutritional needs, breast-feeding support, parenting/Early Childhood Family Education (ECFE) needs, culturally-specific needs, and other emergency needs. As needed, women and their children are provided or referred to the appropriate resources to address these needs. See Figure 1 for the number of referrals for clients at intake during the current quarter and year-to-date.

1. Referrals at intake for clients admitted since July 2007

| Need | Current quarter (N=10) | Year-to-date (N=24) |
|----------------------------------|-------------------------------|----------------------------|
| Physical health needs | 6 | 9 |
| Dental needs | 2 | 4 |
| Mental health needs | 6 | 11 |
| Relationships/social support | 2 | 4 |
| Financial management | 2 | 2 |
| Job training/education | 1 | 2 |
| Housing | 3 | 3 |
| Acupuncture | 2 | 3 |
| FASD Assessment/information | 0 | 0 |
| Nutritional needs | 2 | 4 |
| ECFE | 0 | 0 |
| Breastfeeding support group | 0 | 0 |
| Culturally specific needs | 0 | 0 |
| Emergency needs | 1 | 3 |
| MFIP | 0 | 2 |
| WIC | 2 | 3 |
| Other: Transportation | 0 | 2 |
| Other: Planned Parenthood Clinic | 0 | 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 a range of issues with the 25 clients served this quarter, as well as the 31 clients served year-to-date³ (see Figure 2).

2. Issues addressed with clients and referrals by program staff

| Issue/need | Current quarter (N=25) | | Year-to-date (N=31) | |
|------------------------------|--|---|--|---|
| | Number of clients with whom issue was addressed by staff | Number of clients for whom at least one referral was made | Number of clients with whom issue was addressed by staff | Number of clients for whom at least one referral was made |
| Medical/dental needs | 23 | 10 | 30 | 17 |
| Mental health needs | 22 | 15 | 30 | 24 |
| Relationships/social support | 23 | 9 | 30 | 19 |
| Financial management | 20 | 2 | 29 | 8 |
| Job training/education | 21 | 4 | 23 | 12 |
| Housing | 23 | 6 | 30 | 13 |
| Acupuncture | 6 | 2 | 24 | 8 |
| FASD Assessment/information | 3 | 0 | 14 | 3 |
| Nutrition | 12 | 4 | 26 | 4 |
| Breastfeeding support | 0 | 0 | 3 | 1 |
| Culturally specific needs | 3 | 1 | 16 | 2 |
| Emergency needs | 8 | 7 | 24 | 18 |
| MFIP | 3 | 0 | 14 | 1 |
| WIC | 0 | 0 | 9 | 9 |

Note. Total N's reflect the unduplicated number of women served during Quarter 3 and year-to-date (July 2007 – March 2008).

³ The EPC program has served 31 unduplicated clients year-to-date (July 2007-March 2008), although 2 clients have left and reentered the program during this period for a duplicated count of 33 clients.

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

- Medical/dental: physicians, for various medical and medication issues (n=6); pediatricians (n=2); a lecture on safety, first aid kits, and CPR (n=3); “A Chance to Grow” for a Personal Care Assistant (to provide assistance with speech and fine motor delays); Public Health Nursing (services refused by client); Heimlich and emergency choking procedures group (n=7); medical options, including Dorothy Day, Indian Health Board, and RxConnect (n=3); MN Care; dental clinics that accept Medical Assistance; medical clinic (unspecified)
 - Mental health: in-home services through Chrysalis; Adult Rehabilitative Mental Health Services (ARMHS); individual therapy (n=5); medication evaluation; psych evaluation; Stay Well Stay Working (n=2); Trauma-focused Cognitive Behavior Therapy (n=2); nurse practitioner for prescriptions (n=2); Eagan Counseling Clinic (n=2); Sharing and Caring Hands; guidance counselor; Alateen; Rule 25 update; Tubman Family Alliance for domestic violence group; family therapy; Child Protection
 - Relationships/social support: a lecture on sober support groups (n=6); assistance with court; AA meeting (n=2); safety plan information (Crisis Connection); legal assistance for custody issues; a lecture on “Safety of children”
 - Financial management: tax clinic; Accountability (for tax assistance)
 - Job training/education: Early Childhood Family Education (ECFE) (n=2); Women in Transition
 - Housing: general housing information; Perspectives; Emma Norton Services; Naomi Family Residence; Dakota County Shelter system; Craig’s list; Sober/supportive housing; Tubman Family Alliance housing program; apartment referrals;
 - Acupuncture: full body acupuncture; acupuncture clinic
 - Nutrition: lecture on diet and exercise (n=4); lecture on “Healthy foods on the go” (n=4); Child Protection worker – food
 - Emergency needs: Children’s Home Society and Family Services for resource needs; VEAP food shelf; local food shelf (unspecified) (n=2); Sharing and Caring Hands (for beds); St. Paul Foundation (rent deposit); battered women’s shelter; Child Protection worker – current MA and child care
 - Culturally specific needs: YMCA
-

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

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

Prior to entry into the program, all clients complete Chrysalis' Adult Symptom Checklist, in which they report on their feelings, thoughts, and behaviors over the past several weeks. Staff also inquire as to whether clients have received a mental health assessment in the past six months or are currently in therapy. Of the 10 women who entered the program this quarter, 5 received an assessment prior to admission. Three women who had not received a screening will receive a mental health assessment in the upcoming quarter (April-June 2008). Assessment information for two women was not available.

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, 7 of the 10 clients reported current medical concerns. Nine of the 10 had a primary care clinic, while eight had a primary care physician. Eight clients also reported having had a physical exam within the past year.

Twenty-three of the 25 active clients this quarter received case management support for medical and/or dental needs between January and March 2008, and 10 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, referrals to physicians and dentists for medical/dental needs and medication management, referrals to the acupuncturist, referrals to Public Health nursing, and referrals to groups or lectures on health-related topics.

At intake, of the 10 new clients admitted to the program this quarter, 9 were currently receiving Medical Assistance (3 straight MA, 6 through a health insurance provider). One client had private health insurance.

Year-to-date, 30 clients have received case management support for medical and/or dental needs and 17 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 23 clients in their homes or at the program site a minimum of once per month (information was not available for 2 clients). Additional visits or meetings were scheduled with clients as needed.

Over the past quarter, six clients received between one and three visits, six clients received between four and six visits, two clients received between seven and nine visits, and nine clients received ten or more visits. Clients addicted to methamphetamine (n=2) participated in at least weekly visits with program staff (up to 3 visits per week in some cases). Year-to-date, staff have visited with all 31 clients, between 1 and 29 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: information about and locations of sober support groups; challenges with setting boundaries with family members; finding employment and the barriers imposed by felonies; housing struggles and different housing options, including sober supportive, transitional, Section 8 open lists, etc.; keeping oneself and one's possessions safe when sharing housing; relapse prevention; medical health barriers and mood altering medications; building sober support systems and how to make friends sober; fitting past relationships into the present and deciding which to keep and which to terminate. Several physical health issues were also addressed during the groups, including: smoking cessation options; foods and methods to help cope with cravings; the Heimlich maneuver and choking children by the Red Cross; and, weekly nutrition ideas and tips for clients and families.

Ten clients participated in the weekly support group during the past quarter. These clients attended between one and eight groups between January and March, 2008. The remaining clients could not attend the support group due to work, school, primary treatment, doctor appointments, court dates, childcare issues, and transportation issues.

If clients are not attending the support group, they receive individualized chemical health counseling.

Year-to-date, 17 clients have participated in the weekly support group, attending between 1 and 21 groups between July 2007 and March 2008.

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 11 clients, each of whom received between one and five UAs over the past quarter (all of which tested negative). UAs were not conducted with the other 14 clients this quarter because they are receiving UA's through their primary treatment or court orders. Staff conduct UAs at the support groups and if clients cannot attend the support groups, they do not receive a UA.

Year-to-date, UAs were conducted with a total of 17 clients, each of whom received between one and nine UAs, for a total of 56. Forty-six UAs tested negative, while 4 UAs tested positive (results were not available for 6 analyses).

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

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

Over the past quarter, a total of nine children of Effecting Positive Change clients were provided regular childcare. Year-to-date, onsite regular childcare has been provided for a total of 26 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 nine clients, each of whom received assistance on 2 to 12 separate occasions. This included a total of \$691.27 spent on various forms of transportation including \$300 for bus cards and the remaining amount allocated for cab rides.

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 20 clients receiving services this past quarter were addressed by EPC staff; two of these clients received referrals for further financial management assistance. Two clients participated in the financial management class offered through Chrysalis.

Year-to-date, the financial management of 29 clients were addressed by EPC staff, 8 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 eight clients, seven of whom were referred for additional assistance. Emergency funding was not used for any clients this quarter.

Year-to-date, program staff have addressed the emergency needs of 24 clients total, 18 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 23 clients this past quarter, 6 of whom received referrals for further assistance. Staff activity related to housing this past quarter includes: making referrals for supported housing and for Section 8 housing; assisting clients with budgeting for rent; providing clients information on subsidies and housing in all counties; assisting clients with getting into needed shelters; and general guidance and discussion of housing options with clients.

Year-to-date, housing issues were addressed with 30 clients, 13 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.

Five clients were discharged from the program between January 1 and March 31, 2008, one of whom successfully completed the program. The Licensed Alcohol and Drug Counselor (LADC) completed a continuing care plan for this client.

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.

One client successfully discharged from the program between January 1 and March 31, 2008. Program staff has had multiple contacts with this participant post-discharge to follow up on her transition in the community.

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: holidays and parenting, what is a friend, grief and loss, introduction to parenting-goals, addiction and children, communication-what is it, building self-esteem, emotions-what are they, anger-how do we handle it, how to set boundaries as parents, and parents and dysfunctional families.

Twelve clients participated in the Effecting Positive Change parenting group between January and March 2008, 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. Some clients could not attend the groups due to work, school, primary treatment, doctor appointments, court dates, childcare issues, and transportation issues.

Year-to-date, 21 clients have participated in the onsite EPC parenting groups (between 1 and 17 groups). All clients, however, 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.

Four clients were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, this quarter (the remaining clients, most of whom entered the program near the end of this quarter, will be administered their pretests at the beginning of the next reporting period). Year-to-date (July 2007-March 2008), 17 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 two clients this quarter, including the client who successfully discharged from the program.

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. Six clients were referred for physical health needs at intake, and two clients were referred for dental health needs. Over the past quarter, staff addressed medical or dental health issues with 23 clients and/or their children and referred 10 of these families for additional assistance. The physical and/or dental health needs of families were addressed through the following services and/or referrals: physicians, for various medical and medication issues (n=6); pediatricians (n=2); a lecture on safety, first aid kits, and CPR (n=3); "A Chance to Grow" for a Personal Care Assistant (to provide assistance with speech and fine motor delays); Public Health Nursing (services refused by client); Heimlich and emergency choking procedures group (n=7); medical options, including Dorothy Day, Indian Health Board, and RxConnect (n=3); MN Care; dental clinics that accept Medical Assistance; medical clinic (unspecified); attending appointment for child with a psychiatrist; and, Personal Care Assistant referrals (n=4).

During the past quarter, 20 children were screened. The only children not screened were those who did not live with the client (i.e., client did not have custody, children lived out-of-state, etc.).

Year-to-date, the medical or dental health needs of 30 clients and/or their children have been addressed by EPC staff. Seventeen 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 March 31, 2008, immunizations were confirmed as up-to-date for 13 children served this quarter. Releases to obtain immunization records for 14 children have been 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 clients were referred to the Minnesota Family Investment Program (MFIP), although two women were already receiving MFIP at the time of admission into the program. Two of the 10 new clients were referred to the Women's Infant's and Children's program (WIC), and two were already receiving WIC at the time they entered the program. One client was referred to the Public Nurse Home Visiting Program this quarter but refused services.

Year-to-date, two clients have been referred to MFIP and three clients to WIC upon admission into program. One client was referred to the Public Nurse Home Visiting program at intake, 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.

During the past quarter, breast feeding issues were not addressed with any clients and no clients were referred to Planned Parenthood. Two clients were referred to ECFE. Year-to-date, breast feeding issues have been addressed with three clients (one of whom received a referrals), seven clients have been referred to Planned Parenthood, and two clients have been referred to ECFE.

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.

Two of the 10 clients admitted to the program during the January-March 2008 quarter were pregnant at intake. During this quarter, the Maternal Child Health Nurse met with one of the pregnant clients weekly, then bi-weekly to check blood pressure, medications, and provide education on healthy living and the problems associated with high blood pressure. The Nurse encouraged the client to participate in less active activities such as reading and watching movies. She also encouraged the client to report blood pressure readings to her doctor. As a result, the client's medication was included and she was eventually hospitalized. In addition, the Nurse conducted weekly home visits with a postpartum client. During these visits, the Nurse assessed the health and development of the client's infant, discussed sobriety issues, and acknowledged her success in parenting.

Year-to-date, five pregnant women have been served by the program (two gave birth, one underwent an abortion, and two were still pregnant at the end of the current quarter).

Nutritional needs assessments were completed with three clients 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.

No infants were born to clients this quarter. 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 three clients, none of whom were referred for additional FASD information and/or assessments. Year-to-date, FASD issues have been addressed with a total of 14 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 20 children this quarter (some children received more than one service/referral): accompanied child on psychiatrist appointment; Personal Care Assistant referrals (n=4); ECFE referrals (n=4); referral for individual therapy (n=3); bus cards (n=2); JobCorps and other job assistance (n=3); GED referrals (n=2); family therapy (n=2); home visits/observations/screenings (n=12); court advocacy; Head Start; referral to Washburn Clinic; accompanied family on child's IEP meeting; and, school supplies.

Year-to-date, services and/or referrals were provided for a total of 32 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 the children served are generally 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. Children are not currently receiving the curriculum in a group format because the curriculum targets school age children and during the past quarter, all of the school age children served by the program were in school. Many of the children are being seen in home visits, however, as it is often difficult for parents to get to the program. Self-regulation, tantrums, and other related issues were addressed with children this past quarter.

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 three program staff during the January – March 2008 reporting period through six different trainings (see Figure 3).

3. Continuing education activities for program staff: January 1 – March 31, 2008

| Training activity/topic | Total staff in attendance | Participating staff | CEU hours |
|--------------------------------|----------------------------------|-----------------------------|------------------|
| HIV/AIDS | 2 | LADC, Maternal Health Nurse | 1.5 |
| Eating Disorders | 2 | LADC, Maternal Health Nurse | 1.5 |
| DHS grant meeting | 2 | LADC, Maternal Health Nurse | 0 |
| Holistic health conference | 1 | Maternal Health Nurse | 7.5 |
| Psychotropic drugs | 1 | Maternal Health Nurse | 1.5 |
| EMDR | 2 | FASD Case Manager | 52 |

Year-to-date, five EPC program staff have participated in one or more of 22 different continuing education activities. In total, 174.25 CEU hours have been 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.

Four clients were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, this quarter (the remaining clients entered the program at the end of the quarter and will be administered their pretests at the beginning of this reporting period). AAPI-2 posttests were administered to two clients, including the one client who 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 January 1 to March 31, 2008. 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.

No new tools were developed during this reporting period, although the Client Satisfaction Survey was administered to two clients this quarter (see Figure 4). 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.

During the past quarter, pretest AAPI's were administered to four clients. Some newly admitted clients were not admitted pretest AAPIs this quarter because they did not continue in the program. The remaining clients will be administered their pretests this upcoming quarter (several were admitted at the end of this current quarter). See Figure 5 for dates of AAPI pretests.

Posttest AAPIs were administered to two clients who completed at least 20 hours of parenting education during this quarter. See Figure 6 for dates of AAPI posttests. Although nine 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.

4. Satisfaction survey summary (N=2)

| Client identifier | Date taken | Administration period |
|--------------------------|-------------------|------------------------------|
| 11901 | 2/6/2008 | Discharge |
| Unknown | 11/07/2007 | Discharge |

5. AAPI-2 pretest summary (N=4)

| Client identifier | Date taken | Form |
|--------------------------|-------------------|-------------|
| 16186 | 1/24/2008 | A |
| 14949 | 02/05/2008 | A |
| 15488 | 02/21/2008 | A |
| 14613 | 03/31/2008 | A |

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

| Client identifier | Date taken | Form |
|--------------------------|-------------------|-------------|
| 595 | 1/04/2008 | B |
| 11901 | 1/23/2008 | B |

Success story

The following success story describes the progress achieved by Trisha,⁴ a current participant in the Effecting Positive Change (EPC) program.

General information

Trisha is a 34-year old, single, Caucasian female with one daughter, Rebecca, age 15. Trisha had been in the process of adopting her niece and nephew when they both died in a house fire in 2003. Trisha has been in and out of a physically abusive relationship with Rebecca's biological father Ben for 16 years. Ben is currently serving time in prison. Trisha's drug of choice is methamphetamine. She participated in one previous treatment experience, in which she completed a primary treatment but then relapsed soon after while residing at a half way house. Trisha has a history of anxiety and depression, citing one hospitalization after her niece and nephew died in the house fire. Rebecca was in foster care while Trisha was struggling with her recovery.

Services and outcomes

Trisha was referred to EPC from Progress Valley where she was participating in her second primary treatment. She completed her EPC intake on September 20, 2007. Trisha has been diagnosed with Bipolar I Disorder, Post Traumatic Stress Disorder, Panic Disorder without Agoraphobia, and Methamphetamine Dependence. The EPC program has provided Trisha individual counseling support, family sessions including her and her daughter, individual counseling for her daughter, and case management focused on housing support. EPC also paid for individual psychotherapy for the period that Trisha did not have health insurance. Because Trisha worked during the day, she was unable to attend the parenting group or the EPC support group. Parenting and counseling support were therefore provided to her on an individual basis.

Since beginning in the program, Trisha completed primary treatment, a half way house program, and then moved into sober supportive housing. She reports maintaining sobriety since May 31, 2007. Trisha worked closely with the EPC case manager for several months locating housing as she worked towards reunification with her daughter. Trisha has poor rental history, including an unlawful detainer, so this process was more involved. Trisha moved into her own apartment in February and is currently living in a clean, affordable apartment with her daughter, which was a major goal achievement for her. She was able to negotiate lease terms with her landlord and saved up money to pay for her own damage deposit. Trisha budgeted to be able to buy the necessary items for

⁴ A pseudonym

their apartment and was referred to Mary's Place to receive beds. Trisha's Child Protection case is now closed.

Trisha is attending two sober support groups weekly, and she is meeting with her sponsor weekly to work on her 12 step goals. She shows diligence and dedication in her recovery work. She continually demonstrates insight into her relapse triggers and is able to use healthy coping skills. Trisha also has demonstrated an ability to use foresight and planning in her recovery, which are significant strengths.

Trisha had a part-time job at the time of her intake and was looking for a full-time job. She has now been working full-time since mid-December. Trisha has received two raises in salary, and she is expecting another raise next month. Trisha has an Associates Degree in Business Management and plans to pursue her Bachelors in Business in the future. She has identified this as a long-term goal, as she has decided that she needs to maintain a longer period of sobriety before pursuing this goal.

Trisha was not scheduled to obtain health insurance through her job until March 1st, and so she has not been able to afford her mental health therapy or prescriptions. Throughout December and January, Trisha problem-solved with her EPC chemical health counselor, case manager, and public health nurse to find health insurance and fill her prescriptions for her medications. Trisha was accepted into a new program through DHS, Stay Well Stay Working, which is a research driven program for women who are working and unable to obtain health benefits. As a result of this program and the effort she put forth to gain acceptance into the program, Trisha now has health benefits and a case manager through that program.

Trisha continues in individual therapy and reports that she has been addressing some of the trauma she has experienced that contributed to her chemical use and mental health issues. Rebecca has also begun individual therapy with the marriage and family therapist/chemical health counselor to begin addressing the trauma she has experienced.

At intake, Trisha reported significant past physical health concerns. She was treated for ovarian cancer in 2000 and has been cancer free since then. Trisha also reported dental health issues due to her methamphetamine use, citing her last appointment in 2003. She has now sought dental care through referrals from EPC for free or low cost dental work.

Trisha is currently managing a household, a full-time job, her 15 year old daughter, and a new recovery. She is consistently assessing her and her daughter's needs and her abilities to meet them. Trisha demonstrates caring, appropriate boundaries with her daughter. She seeks help when necessary and takes feedback and suggestions well. One of her greatest strengths is her ability to follow through on recommendations from the EPC staff. Trisha continually expresses her gratitude to EPC for help in beginning her journey.

Reflection and learning

Trisha's lack of access to health insurance was certainly a barrier/challenge in her ability to manage her mental health and physical health needs. She also had an unlawful detainer, which created an extra challenge for her securing stable housing. Trisha's daughter lived in a foster home in Anoka which made scheduling family contacts difficult. Lastly, Trisha's full-time work schedule was a challenge for scheduling EPC services.

Staff expressed some surprise about Trisha's ability to act independently with support and coaching from the team. After discussing her needs and the barriers with staff, Trisha located her housing, full-time employment and health insurance.

Scheduling regular counseling appointments every other week and also coordinating services with her individual psychotherapist worked well with Trisha. Also, having the flexibility to see Trisha individually for support and parent coaching rather than only in group was essential due to her work schedule. As is clear from her accomplishments, Trisha was able to effectively use resources and coaching provided to her by the team. Efforts to find and utilize resources to fill prescriptions without health insurance were one area in which the staff's strategies did not work well. Finally, the team could not identify any areas in which they would do anything differently in this case.

Appendix

Women's Services Quarterly Report Tables



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 | 16 | 0 | |
| Women admitted to your grant program this period | 11 | 3 | 10 | | 24 |
| Women served by your grant program this period | 20 | 22 | 26* | 0 | 31 |
| Number of cases closed – Women <i>Successfully Completed</i> | 0 | 3 | 1 | | 4 |
| Number of cases closed due to moving out of the area, but at the time of move the woman was doing well | 0 | 0 | 0 | | 0 |
| 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 | | 8 |
| Women still in your grant program at the end of this period | 19 | 16 | 21 | 0 | |

* Figure reflects a duplicated count of 26 clients and an unduplicated count of 25 (one woman was discharged and reentered the program during Q3).

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