

Mothers First recovery support evaluation results

Reporting period April to June 2007

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Summary

In April of 2007, Ramsey County Mothers First implemented a new program serving pregnant and parenting women and their dependent children. The purpose of the program is to provide an array of services and supports to women who, a) are enrolled in substance abuse treatment at the time they enter the program, or b) have attended substance abuse treatment within the six months prior to entering the program. This new program, called Mothers First Recovery Support, is the subject of this evaluation. This report covers activities from implementation in April 2007 to June 2007.

Program elements

The program offers a range of services for women, including:

- Intensive case management (weekly or monthly face to face contact)
- Parenting education
- Assistance with basic needs such as housing, clothing, child care, and transportation
- Physical and mental health screening and referrals
- Support and advocacy related to employment and education
- Weekly support groups for women recovering from substance abuse
- Random urinalyses (UAs)

Services to children include:

- Support programs
- Health screenings
- Child care
- Referrals and vouchers for family activities (museums, water parks, YMCA, etc).

Research questions

The evaluation design includes process and outcome components. Due to the short reporting period (April 1 - June 30, 2007), this report focuses on the process evaluation. Process evaluation questions are below:

- How many women were referred to the Recovery Support program between April 1, 2007 and June 30, 2007? Of these, how many were found and enrolled in the program?
- What are the characteristics of women who enrolled in the Mothers First Recovery Support Program? What are the characteristics of their children?
- What services were provided by the Recovery Support program? What referrals were made by the program?

Methods

Wilder Research created three forms to collect the data for this evaluation (see Appendix for copies of the forms). The Initial Assessment gathers client data at the point of entry, the Health Summary Form is used to collect information after a client gives birth, and the Case Summary is used at case closing. In addition to these data sources, a member of the evaluation team was present during weekly Mothers First staff meetings to collect data for the process evaluation.

Participation

Number of women transferred from other Mothers First program	13
Number of women referred at the start of grant period	3
Number of women referred during the grant period	12
Number of women who refused service	6
Number of women who were ineligible for service	1
Number of women contacted who entered the program	15
Number of women who are pending (staff are still trying to contact)	4
Number of women who staff were unable to contact	2
Number of women active in program at year end (June 30, 2007)	12

Participant characteristics

- All women were between the ages of 25 and 37. The mean age for participants was 31 years.
- Sixty percent of participants were women of color.
- Over 70 percent of all women had a high school diploma or GED, and one-third of the women had received an Associate's degree, vocational certificate, or completed some college coursework.

- Of the 15 women, six were living in their own house or apartment at program entry; four were living in a treatment facility; three were living with parents, relatives or friends; one was homeless, and one was unknown.
- A large majority of women (93%) reported that they are in poverty,¹ and 60 percent are receiving public assistance through the Minnesota Family Investment Program (MFIP).
- Almost half (47%) of the women reported that they had a mental health diagnosis, but only one woman reported being assessed for Fetal Alcohol Spectrum Disorder (FASD).
- Sixty-seven percent of participants reported that they had previously been in chemical dependency treatment programs at some point in their lives.
- Regarding their substance use over the past six months, one-third of the women reported using alcohol and 27 percent of women reported using marijuana. Other drugs reported included Heroin or Opiates (used by 3 women), crack or cocaine (used by 2 women), Methamphetamine (used by 2 women), and prescription drugs (used by 1 woman).

Services provided

Client need	Number of women served	
Transportation and child care resources	13	
Mental health	12	
Housing	9	
Emergency needs	8	
Financial management	5	
Physical health	5	
Advocacy	4	
MA assistance	4	
Individual/group counseling/ support	4	
Job training/education	4	
Culturally specific needs	3	
Parent Training	Participants	Graduates
First session (April 3-June 26)	5	4
Second session (June 26 – present)	7	(NA)

¹ Based on the Federal Poverty Guidelines, <http://www.census.gov/hhes/www/poverty/threshld/thresh06.html>

Strengths and challenges

Staff identified several strengths and challenges of this program.

Strengths

- Recovery Support clients are receiving many services and resources.
- Parents who participated in Parent Education reported to program staff that they enjoyed the program.
- Most women in the program have tested negative for chemicals in all random UAs.

Challenges

- Many clients are hard to locate. Staff report that it can be frustrating to spend time looking for new client referrals at the expense of serving clients who are ready and willing to participate.
- It is difficult to engage some clients in all aspects of the program. Staff remarked that most clients want to participate in some program activities but not others.
- In their previous program model, the social worker was the primary worker, but this grant requires a Licensed Drug and Alcohol Counselor to be the primary worker for each case. This has been an adjustment and caused some communication challenges among staff.

Introduction

The Ramsey County Mothers First/Maternal-Child Project (formerly the Ramsey County Maternal-Child Substance Abuse Project) has served substance-abusing pregnant women since 1989. In April of 2007, Mothers First implemented a new program serving pregnant and parenting women and their dependent children. The purpose of the program is to provide an array of services and supports to women who recently attended treatment and are recovering from substance abuse. This new program, called the Mothers First Recovery Support program, is the subject of this evaluation.

This program is intended to serve women who are recovering from substance abuse, as well as their dependent children. Program participants must a) be in substance abuse treatment at the time they enter the program, or b) have attended substance abuse treatment within the 6 months prior to entering the program. The program is open to women and children of all ages, races, and ethnicities. The program serves the needs of the community by providing women with supports to maintain a chemically free lifestyle, and providing their children with a chance to grow up in a safe, healthy and substance-free family environment.

The program offers a range of services for women, including intensive case management with weekly to monthly face to face contact; parenting education; assistance with basic needs such as housing, clothing, child care, and transportation; physical and mental health screening and referrals; support and advocacy related to employment and education; and other services as needed. The program also offers weekly support groups for women recovering from substance abuse, and conducts random urinalyses (UAs) to promote abstinence. Services to children include support programs, health screenings, child care, and referrals. The program also provides vouchers for family activities (museums, water parks, etc.) and makes referrals for children's activities such as YMCA programs and day camps. The purpose of these services is to support women and their families in their recovery from substance abuse so they can remain chemical free.

There were eight program staff and a project coordinator involved in service delivery during the period of April 1, 2007 to June 30, 2007. The total number of FTEs devoted to this program is 6.37 (.75 from each program staff and .37 from the project coordinator). The project staffing consists of two Public Health Nurses, two Social Workers, two Chemical Health Specialists (LADCs), a Case Aide, and a Clerk.

Program service delivery steps

Although there is some variation, staff takes the following steps to serve clients in the Recovery Support Program:

1. The program clerk receives a referral. Referrals come from a variety of sources including hospitals, clinics, county child protection workers, mental health workers, chemical dependency workers, probation, and self referrals.
2. Staff contacts the referral source to obtain additional information about the client.
3. Staff attempts to locate the client within five days of the referral. Staff works with other agencies to gather additional contact information to assist them in finding clients. Some clients are difficult to locate.
4. Once contacted, staff schedules a time to meet with the client in person. The initial meeting typically includes the social worker, chemical health worker, and public health nurse.
5. At the initial meeting, staff engages the client and assesses her immediate needs. At this meeting, a Rule 25 assessment, individual care plan, medical assessment, and mental health screening are completed, as well as the intake paperwork. The client also completes an AAPI-2 (pre-test) at the initial meeting, and performs a UA (urinalysis).
6. At intake and throughout the client's involvement in the program, staff assesses and makes referrals for physical and mental health needs, individual and group counseling, financial management, job training and education, housing, emergency needs and culturally specific needs.
7. Staff discusses the case at the weekly staff meetings to coordinate service planning.
8. Staff creates individual care plans for each client addressing her strengths and needs. The plan will include goals related to reducing substance use, and may also include housing, financial management, job training, education, parenting, and relationship goals.
9. Staff meets face to face with all dependent children in the program and screens them for physical and mental health needs. Staff makes referrals as necessary.
10. Client begins parenting classes, a 14 week program offered onsite at Mothers First. Client brings her dependent children to the parenting group. Child care is

available for infants and toddlers. Older children and youth participate in a group for children of chemically dependent parents, also offered onsite.

11. Staff offers weekly support groups onsite for clients. Support groups allow clients to discuss their recovery process with other women and learn about relevant issues such as Fetal Alcohol Spectrum Disorders (FASD), Sexually Transmitted Infections, and others.
12. Staff assists clients as needed to help them reach their goals by providing transportation, child care, advocacy, emergency assistance, and other supports. Staff also conducts random UAs.
13. Staff collaborates with other service providers who are working with the client and may set up meetings or conferences for case planning purposes.
14. If the client is pregnant, staff visits client in the hospital after the birth of her baby.
15. Client completes parenting program after attending 10 or more sessions. During the last session, client completes another AAPI-2 (post-test).
16. Staff closes the client's case after she has reached her goals. At the closing, staff obtains a final UA and the client completes a final AAPI-2 (post-test). Staff and the client work together to develop a continuing care plan outlining goals and resources for the client.
17. Once closed, staff follows up with the client after four weeks to assess parenting and recovery maintenance resources and makes referrals as needed.

Services summary

Program staff

The Mothers First Recovery Support program has not been fully staffed during the time period of April to June 2007. The program's case aide was promoted to another unit as a social worker. She continued to work part time until a new case aide was hired on June 13, 2007. In addition, one of the program's public health nurses retired at the end of June. Her replacement will start August 13th. As of June 30, 2007, Mothers First is in the process of hiring for three new positions; one case aide and two social workers who are Licensed Alcohol and Drug Counselors. This is a long process because the addition of these positions needed to be approved by the Ramsey County Board. Once approved, they had to go through Human Resources. Mothers First hopes to have the case aide hired in early July. The positions for Social Workers with a License in Alcohol and Drug Counseling are currently open to the public.

Products

There were no products or publications developed since April 2007.

Grantee duties

The following is a summary of the services of the Mothers First Recovery Support Program. The section follows the format requested by the state listing progress by each goal and objective as defined in the Grant Contract.

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 the six months prior to admittance to the Ramsey County Mother's First Program.

1. Grantee shall provide women's specific treatment support/recovery maintenance services with the goal of successful completion for 100 women with dependent children and pregnant women (20 women between 04/01/2007 – 06/30/2007 and

80 women between 07/01/2007 – 06/30/2008). Services will be provided for a minimum of six (6) months to a maximum of twelve months for non-pregnant women with dependent children, and for a minimum of six (6) months to a maximum of twelve (12) months after the birth for women who are pregnant while in the program.

Referrals and contacts between April 1, 2007 and June 30, 2007	
Clients referred	28
Clients contacted	26
Clients who refused services	6
Clients who were ineligible	1
Clients receiving services	15
Clients pending	4
Clients served between April 1, 2007 and June 30, 2007	
Pregnant	9
Not pregnant	6

Narrative: Fifteen clients were open for case management during this reporting period, and no women have completed the program. There were three women who left before completing the program. As of June 30, 2007 there are 12 active clients. There are four referrals who staff has contacted, but as of June 30, 2007, these clients were yet not open for case management services.

The program did not reach capacity of 20 active clients. Although the program had 28 referrals, there were six women who refused to participate, and one who was ineligible because she had not been in treatment in the past six months. Staff was unable to contact two of the women, despite repeated efforts. Of the remaining 19 referrals, 15 were open for case management services during this period, and four are pending. This means that staff was able to connect with them, they are willing to work with the program, but they have not been able to meet face to face for intake.

The amount of time staff spent attempting to locate hard to reach referrals through phone calls, drop in visits, visits with collateral contacts, etc., should be considered, as it is substantial part of staff's daily work.

2. Grantee shall complete individual care plans, developed by a Licensed Alcohol Drug Counselor (LADC) and multi-disciplinary team, for 100 Ramsey County

Mother's First Program participants (20 women between 04/01/2007 – 06/30/2007 and 80 women between 07/01/2007 – 06/30/2008).

Narrative: All women who are open with the program (12) have worked with an LADC to complete a care plan.

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

Narrative: All women have these elements included in their care plan unless they did not identify these to be areas of need (i.e., if the client already had stable housing, this would not a goal in the care plan).

4. The LADC 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.

Narrative: All clients were assessed weekly for needs in the identified areas. Mothers First staff offered some direct services in these areas, and referred out for others services. Although the service varied depending on the client's needs, the following descriptions outline the types of services that were provided in each area:

- **Physical health** – screenings by Public Health nurse, referrals to physicians, case planning related to physical health needs, advocacy with physical health service providers.
- **Mental health** – referrals for mental health assessments, advocacy to help clients obtain or change a mental health diagnosis, advocacy to help clients obtain necessary medications.
- **Individual and group counseling/support** –referrals to individual therapists, referrals to support groups, weekly support groups at Mothers First.
- **Financial management** – assistance with establishing and maintaining a budget, goal setting for financial management, advocacy in financial crises.

- **Job training/education** – goal setting for job training and education, assistance with applications for school, transportation for school registration.
- **Housing** – information about public/transitional housing opportunities, advocacy for clients who are seeking affordable housing, help in locating emergency assistance to secure housing, transportation to drop off housing applications and tour housing facilities.
- **Emergency needs** – assistance with applications for emergency assistance for basic needs such as cribs, baby clothes, furniture, etc.; transportation for basic needs; coordination with other service providers to arrange for transportation, child care, and other needs to support the client’s recovery.
- **Culturally specific needs** – referrals clients to local, culturally specific service providers.

The table below identifies the number of services provided and/or referrals by area:

Assessment area	Number of women served
Physical health	5
Mental health	12
Individual/group counseling/ support	4
Financial management	5
Job training/education	4
Housing	9
Emergency needs	8
Culturally specific needs	3

5. The LADC will ensure that all participating women have either received a mental health assessment prior to admission, or complete one during intake for program participation.

Mental health screening	Women served
Women who had previously received a mental health screening	8
Women who had not previously received a mental health screening	6
Women who were unsure	1
Women who received a mental health screening at intake	7

Narrative: Mothers First Recovery Support staff asked each client at intake if they had received a mental health screening in the past 6 months. If they responded “no” or “don’t know,” staff administered the Patient Health Questionnaire (PHQ-9).²

6. Grantee shall ensure either directly or through referral, that 100 participants (20 women between 04/01/2007 – 06/30/2007 and 80 women between 07/01/2007 – 06/30/2008) have their physical health needs met, including family planning, medical (including HIV/AIDS, STDs) and dental care, while participating in the program. Grantee will assist participants in obtaining Medical Assistance when appropriate.

Physical health needs	Women served
Family planning	15
Medical	4
Dental	0
MA assistance	4

Narrative: Staff discusses family planning with all program participants as a standard component of the public health intake. No women received referrals for dental services. This was likely because it was not mentioned as a concern by any clients.

7. Grantee will visit with participants in their homes or in the office at a minimum of once a month and at the minimum of once a week for methamphetamine addicts to provide treatment support/recovery and maintenance service to all participants. An emphasis will be on building trust, encouragement and a support network. Grantee will provide a weekly support group in addition to regular home and office visits.

In person contact: Clients using Methamphetamine

Client ID	Total number of visits	Weeks in program	Mean number of visits per week
1293	5	10	.5
1636	9	11	.82
7245	10	10	1
7812	4	9	.44

² PHQ-9 is adapted from PRIME MD TODAY, developed by Dr Robert L. Spitzer, Dr. Janet B. W. Williams, Dr. Kurt Kroenke, and colleagues. ©1999 Pfizer Inc. www.pfizer.com

In person contact: Clients using all other drugs

Client ID	Total number of visits	Months in program	Mean number of visits per month
2643	8	3	2.7
5724	6	3	2
5768	2	2	1
5823	3	1.5	2
6343	4	3	1.3
6453	5	3	1.7
6873	6	3	2
7386	8	3	2.7
7513	3	1	3
7522	4	2	2
8395	8	3	2.7

Narrative: Mothers First Recovery Support staff did not have face to face contact every week with clients using Methamphetamine. On average, staff saw these clients .7 times per week. Clients tended to be more difficult to engage upfront compared to later on when they were more actively involved in the program. For example, staff did have face to face contact with Methamphetamine users once per week during the last month of the program.

Staff met the face to face contact goal with all other clients. On average, staff saw these clients 2.1 times per month.

8. Grantee will conduct alcohol and drug testing at entry, randomly throughout and at discharge from program on all participants.

Narrative:

- 13 of the 15 program participants received a UA within the first month of participation in the program
- 13 of 15 program participants received UAs randomly throughout the program
- The mean number of UAs conducted per client was 2.5
- The number of UAs conducted per client ranges from 0 to 7

- Two clients never had UAs conducted by Mothers First staff. One of these clients was receiving random UAs through her treatment program
 - 10 of the 13 clients receiving regular UAs tested negative on all UAs
 - Of the clients who had positive UAs, one client tested positive for THC, one tested positive at intake only, and a third tested positive for opiates. This client dropped out of the program.
 - Mothers First staff conducted a UA at discharge for one of the three clients who left the program this quarter
9. Licensed child care will be made available as needed during periods in which the woman is engaged in treatment services and attending recovery maintenance activities in the community. Child care will be provided at Mothers First while mothers are participating in treatment support and recovery maintenance services at Mothers First location.

Narrative: No funds were used to pay for licensed child care during this reporting period. The Mothers First Recovery Support Case Aide provided child care during all onsite activities.

10. 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 and American Indian Cultural activities). This may also include gas vouchers or bus tickets. Grantee and volunteer drivers will assist participants with transportation to out of town appointments, court, and home visits with children.

Narrative:

- Staff provided transportation for clients 70 times between April 1 and June 30, 2007.
- The mean number of transports per client is 4.7, with a range of 0 to 23.
- Two clients never received transportation services.
- The program paid out \$149.90 in transportation costs to cover cab fares.
- The most common activities requiring transportation include housing searches, treatment and support activities, court, health care, and emergency needs.

11. Grantee will assist participants with accessing housing, financial management, job training/education, additional transportation and child-care resources and advocacy with Minnesota Family Investment Plan vocational counselors and other county and community based resources as appropriate.

Service or referral	Number of women
Housing	9
Financial management	5
Job training/education	4
Transportation and child care resources	13
Advocacy	4

12. When all other resources have been exhausted, grantee will 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 will pay for emergency car repair, moving costs to escape unhealthy living situations, utility payment to prevent disconnection, and other situations when all other resources have been exhausted.

Emergency funds		
Dollar amount spent	Number of women	Mean amount spent
\$143.71	7	\$20.53

Narrative: The program used very little of its emergency funds during this reporting period. This is likely because for the first two months of the program, staff thought emergency funds could only be used one time per client. During the last month of this reporting period, staff learned that they could use emergency funds more than one time per client if necessary. This may impact the use of emergency funds in the next quarter.

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

Narrative: Locating safe and affordable housing was a primary goal for nine clients. This activity was one of the most time-consuming for staff. Two clients had criminal histories that inhibited their ability to qualify for several major housing programs. Another client needed to obtain a new mental health diagnosis to qualify for her housing. To respond to this need, Mothers First staff created a packet of information and applications for several housing options in the community.

14. Grantee may assist program participants with rental assistance in the form of damage deposits and up to two months rent, after exhausting all other possible resources (i.e., Section 8, MN Family Investment Program (MFIP), Group Residential Housing (GRH), or other sources). Procedures must be established by the grantee to allow damage deposits to be collected by the grantee.

Rental assistance		
Dollar amount spent	Number of women	Mean amount spent
\$695.00	1	\$695.00

Narrative: Mothers First Recovery Support used emergency funds to assist one client in paying a damage deposit. The program sent a letter to the property owner notifying them that the damage deposit must be refunded to the program when the client moves. Program staff assisted clients in accessing other resources for housing and emergency assistance as needed.

15. On discharge from Ramsey County Mother’s First program, LADC will complete an individual continuing care plan with each participant that specifies the goals, length and location of continuing care programming to include referrals to services within the participant’s home location.

Narrative: This item is not applicable as of June 30, 2007 because no clients have successfully completed the program or received an adequate amount of service to make this appropriate.

16. Grantee will provide in person or telephone contact with each participant four weeks after discharge to follow up on parenting and other recovery maintenance resources during transition into their community.

Narrative: This item is not applicable as of June 30, 2007 because no clients have successfully completed the program or received an adequate amount of service to make this appropriate.

B. Grantee shall increase knowledge, confidence and positive parenting skills by providing parenting guidance and training, that includes drug use effects on children, to Ramsey County Mother’s First Program participants (20 the first fiscal year, 80 the second fiscal year).

1. Grantee will contract with a parenting facilitator to provide a minimum 20 hours group session of 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 Strengthening Multi-Ethnic Families and Communities Violence prevention Parenting Training Program curriculum. Grantee will meet with facilitator each quarter to review individual participants' progress. Participants found to need additional parenting education skills will be referred to further training and one-on-one parenting education.

Parent training	Participants	Graduates
First session (April 3-June 26)	5	4
Second session (June 26 – present)	7	(NA)

Narrative: Mothers First Recovery Support contracted with Wilder Foundation to provide on-site parenting education to program participants. The Strengthening Multi-Ethnic Families curriculum includes three hours of programming per week for 14 weeks. The group met one time per week during the day. Transportation and child care was provided by Mothers First staff.

Five women participated in the first round of parent education. One woman left the Mothers First Recovery Support program, but the remaining four graduated from the parent education. (In order to graduate, a client must attend 70% of all sessions.)

Seven women began the second parenting session on June 26. Many of these women were unable to participate in the first round due to treatment participation requirements and work schedules. One woman started the first group, but switched to one to one parenting education due to social phobia. She is now attempting to participate in the second round of group parenting education. There are three women who are not yet participating in parenting education.

Program staff met with the parent facilitator on several occasions to review the status of the program and assess client progress.

2. Grantee will administer AAPI-2 pre-test within 10 days of admission to the Ramsey County Mother's First program for each client.

Narrative: Program staff administered the AAPI-2 to all program participants (n=15). For more information, see the AAPI-2 analysis section of this report on page 34.

3. Grantee will administer AAPI-2 post-test with each client when they are discharged from the Ramsey County Mother's First program.

Narrative: Wilder Research staff administered the AAPI-2 post-test to participants who completed the parenting education program (n=4). For more information, see the AAPI-2

analysis section of this report on page 34. The program did not administer the AAPI-2 post-test at discharge because as of June 30, 2007 no clients have completed the program.

4. Grantee staff will screen or refer out for screening all children in custody of Ramsey County Mother’s First Program participants (20 women between 04/01/2007 – 06/30/2007 and 80 women between 07/01/2007 – 06/30/2008) for physical and dental health needs and provide referrals for services to meet assessed needs.

Child screenings

Women in program	15
Women with children in custody	13
Women whose children were screened	11
Women whose children were not screened	2
Children who were referred for health services	1

Narrative: Mothers First Recovery Support staff performed child screenings for 11 of 13 women who had children in their custody. The two women whose children were not screened are those who left the program. These children were not screened because they were not involved in the program long enough for staff to make contact with the children. Although staff screened most children, there are still a few children from some families who have not been screened. Typically, these are older children who are difficult for staff to locate.

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

Narrative: This is included as part of the child screening. The parents of all children who were screened were asked if their children were up-to-date on immunizations. Children who were not up-to-date were referred for health services.

6. 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 Ramsey County Mother’s First Program.

Referrals

WIC	1
Public Nurse Home Visiting	0
MFIP	5

Narrative: The Mothers First Recovery Support Program has a public health nurse who provides home visits for newborns, so no referrals were made for an outside program in this area.

7. 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.

Other referrals	
ECFE	1
Youth Programs (YMCA, Head Start, etc.)	3

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

1. Grantee shall ensure the provision of individualized health care of all pregnant women participating in the Ramsey County Mother’s First Program between April 1, 2007 – June 30, 2008 by a health professional, at entry into the program, after the baby’s birth, and throughout the postpartum period to ensure that pregnant women are receiving prenatal and postpartum care. The health assessment will include a nutritional needs assessment at the time of admission.

Narrative: Of the 15 women who entered the program during this reporting period, nine were pregnant. All nine women reported at program entry that they were receiving prenatal care. All pregnant women received a nutritional needs assessment at the time of admission.

Four women delivered during this program period. These women are continuing to receive health-related follow-up from the Mothers First Recovery Support public health nurse.

2. Grantee will ensure toxicology screening for the mothers, and infants born during program participation.

Toxicology at delivery	Positive	Negative
Mother’s toxicology	0	4
Infant’s toxicology	0	4

Narrative: Toxicology screening was done for all newborn infants and their mothers. All mothers and infants tested negative for chemicals using the standard urinalysis test. One infant tested positive for cocaine using the meconium test (which may not indicate recent substance use).

3. Grantee will provide education on FASD and the effects of other drugs, including methamphetamine, to Ramsey County Mother's First Program participants through printed materials and at least quarterly training sessions.

Narrative: Mothers First staff provided information on FASD and the effects of other drugs to program participants during weekly support groups. Written materials on FASD were made available to all participants, as well as two video presentations. Staff discusses this issue more intensively with women who have alcohol as their drug of choice.

D. Decrease the likelihood children of women in substance abuse treatment support-recovery maintenance services will become chemically dependent by providing age-appropriate children's programming, including the *Children's Program Kit: Supportive Education for Children of Addicted Parents*, for children in the custody of Ramsey County Mother's First Program participants (children of 20 women between 04/01/2007 – 06/30/2007 and children of 80 women between 07/01/2007 – 06/30/2008).

1. Grantee will assess the participant's children's mental and physical health needs and refer to appropriate service providers for therapeutic interventions to address developmental needs and issues of emotional, sexual and physical abuse, and neglect.

Child Assessment

Women in program	15
Women with children in custody	13
Women whose children were assessed	11
Women whose children were not assessed	2

Narrative: Mothers First Recovery Support Staff screened and assessed children for physical and mental health needs and made referrals as necessary. The women whose children were not assessed were those who left the program.

2. Grantee will contract with a children’s program facilitator to provide ten (10) 2-hour group sessions utilizing material from 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. Provided there are children in the following age ranges, there will be at least 1 group each week for each age range. Groups will be divided somewhat similar to the following breakdown: ages 3 to 6; ages 7 to 12; and ages 13 to 17.

Narrative: Children’s group was offered during this reporting period. No children participated in the first session. One woman in this group had an eligible child, but the child was at school during group. The other women were pregnant or had infants only. The following table represents children’s participation in the second session that began on June 26, 2007:

Participation in children’s group starting June 26, 2007	
Age 3-6	1
Age 7-12	2
Age 13 and older	0

3. Grantee will encourage participation and provide transportation to all children that are appropriate for Alateen.

Narrative: Staff did not refer any children to Alateen. Most children (about 75%) are age 12 and younger, and would not be appropriate for Alateen.

4. Grantee will provide a Talking Circle and/or transportation to American Indian Cultural ceremonies that allow children to connect with other children of recovering parents and promote healing.

Narrative: Staff did not provide children with transportation to any American Indian Cultural Ceremonies. No child or parent identified this as a need.

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 complies with this item

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 complies with this item

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.

Not applicable for this grant.

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.

State has not asked for a site visit as of June 30, 2007.

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

Continuing Education	Date	Staff in attendance
Race exhibit and discussion – Science museum of Minnesota	5/4/07	6
Co-occurring Disorders: Complexities and Practical Applications (Chrysalis)	5/9/07	3
Motivational Interview techniques (Joan Patterson PhD, LP)	5/15/07	1
Understanding Infant Adoption	5/15/07	1
Children at Risk Conference: Effective Strategies for Severe Behaviors in Children	5/29/07	1
Strategies for working with Mentally ill parents (State of Minnesota)	6/27/07	1
Anxiety Disorders: Trauma and PTSD	unknown	1
DBT is not a cult	unknown	1
Parenting and substance abuse	unknown	1
Restorative Parenting	unknown	1
Sexual Health in Recovery	unknown	1

J. Grantee shall hire an outside evaluator by July 1, 2007, to oversee the data collection, analyze the data, and at the end of the initial 15-months, provide an evaluation report for that 15-month period. If program is approved to receive an additional three years of continuation funding, at the end of each year (as part of the year-end report) will be required to submit an evaluation report that covers all prior years.

Grantee has hired Wilder Research to conduct their evaluation

K. 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.

Grantee complies with this item

L. Grantee shall participate in the MDS data collection system, which includes three (3) copies of a monthly report form.

Grantee complies with this item

M. GRANTEE will notify the Chemical Health Division in writing thirty (30) calendar days or less of any program staff changes (including a position description and resume for newly hired staff) and a plan for the continuance of the duties outlined in the grant contract.

Grantee complies with this item

Success story

Tracy* was referred to the Mother's First Program in July of 2006. At that time, Tracy was in in-patient treatment at an urban treatment center. Tracy completed aftercare and participated in Mother's First groups on a consistent basis. Tracy became a leader in the groups and had a lot of powerful insight into her addiction and others. Tracy has maintained a positive lifestyle, has included her children in the changes and has attended community events and other low cost events with her children. Since the time she began in the program, Tracy has improved her attitude and made lifestyle changes. She has tested negative for all mood-altering chemicals throughout her involvement in the program.

Tracy transitioned into the Recovery Support Program in April of 2007. Through the program she has built a support system in her family and has increased her awareness about how her sobriety impacts her parenting. Tracy participated in the parenting groups that were offered by Wilder and she graduated from the group. From the information that she received in the groups, Tracy was empowered to sign her children up for a mentoring program. Tracy has also participated in Alanon groups with her children and other family support services through a local community agency.

Tracy has faced some challenges in regards to housing because of past mistakes that she has made. Although frustrated with her housing situation, Tracy has been proactive with several organizations to assist her in finding affordable housing for herself and her children. Overall, Tracy has made some positive strides in the Recovery Support program. Most of all she has maintained her sobriety, included her children in maintaining a healthy life style, and has a positive outlook for her future. Tracy is still challenged by affordable housing but is looking forward to going through the process with two supportive housing programs. Tracy also has enrolled in college and has dreams of becoming a part of the medical field. Tracy has made significant strides and through her failures her determination has made her a success.

** Client's name has been changed to maintain confidentiality*

Program assessment

Evaluation design

Primary research questions

Wilder Research was contracted by Mothers First to evaluate the Recovery Support Program. The program was implemented in April of 2007. This report covers activities from April 2007 to June 2007. The purpose of the evaluation is to answer the following questions:

Process evaluation

- How many women were referred to the Recovery Support program between April 1, 2007 and June 30, 2007? Of these, how many were found and enrolled in the program?
- What are the characteristics of women who enrolled in the Mothers First Recovery Support Program? What are the characteristics of their children?
- What services were provided by the Recovery Support program? What referrals were made by the program?

Outcomes

- Is participation in the Mothers First Recovery Support program positively associated with a reduction in substance use or continued abstinence among clients? How many women had a decrease in substance use upon completing the program?
- Is participation in the Mothers First Recovery Support program positively associated with a reduction in the number of newborn babies who test positive for drugs?
- Is participation in the Recovery Support parenting program positively associated with an increase in parenting skills and behaviors?

Methods

For this report, Wilder Research analyzed the data contained in the Mothers First Initial Assessment Form and the Case Summary Form. For this period (April 1, 2007 to June 30, 2007) participant characteristics information is reported on clients who *were active in* case management and service information is reported on clients who *received services*. Outcome information related to parenting skills and behaviors is reported on clients who completed the parenting program. Other outcomes data is not available at this time.

Data collection instruments

Several instruments were used to collect data for the evaluation. Each instrument is described below, and copies can be found in the Appendix of this report.

Ramsey County Mothers First Initial Assessment

Mothers First staff completed an Initial Assessment form within a month of the client's first contact. This form includes information about each client's background, demographics, and chemical abuse history. Wilder Research staff analyzed information from the initial assessments for 15 of the 15 clients (100%) who entered the program between April 2007 and June 2007.

Ramsey County Mothers First Health Summary Form

For women who are pregnant, staff completed a health summary form following the birth of the baby. This form included information about mother and baby's health at delivery and one month after, including toxicology status and the baby's need for intensive care services. Four women delivered babies during this program period. Due to the small amount of data, Wilder Research was unable to conduct any further analysis of these four cases besides that which is included in the health summary section of the data tables (attached).

Ramsey County Mothers First case summary

At closing, Mothers First staff completed a Case Summary form for each client. The case summary includes information about each client's maternal health data, child health data, use of service while enrolled, program referrals, and closing status. Because the duration of the program extends beyond this reporting period, Wilder Research only obtained case summaries for clients who left the program without completing services. Three clients fall into this category; one was referred to a culturally specific program, another moved out of the county and a third left because she was not interested in participating. Data from these summaries are included in the final data tables.

Mothers First weekly staff meetings

In order to capture the ongoing activities of the program, Wilder Research staff attended Mothers First weekly staff meetings. During this time, staff consulted about all Recovery Support clients; discussing goals, activities, referrals, progress, challenges, and plans for the next week. Wilder Research staff took notes about each client related to services, referrals, transportation, UAs, face to face visits, group participation, and children's well-being. Data are reported on 15 women.

Adult-Adolescent Parenting Inventory (AAPI-2)

The AAPI-2 is an inventory designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2 is the revised and re-normed version of the original AAPI first developed in 1979.

Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors: 1) Expectations of Children; 2) Empathy Towards Children's Needs; 3) Use of Corporal Punishment as a Means of Discipline; 4) Parent-Child Role Responsibilities; and 5) Children's Power and Independence.

Mothers First Recovery Support staff were responsible for asking staff to complete the AAPI-2 pre-test at the beginning of their involvement with the program. Wilder Research staff administered the post-test to the four clients who completed the first round of the parenting program. A second post-test is to be administered to all participants upon completion of the Recovery Support program. This post-test is not included in the analysis, because as of June 30, 2007 no clients had successfully completed the program or received adequate dosage before terminating. In all, 15 pre-tests and 4 matched post-tests were completed.

Process evaluation results

Referrals

At the time the Recovery Support Program began (April 1, 2007), there were 13 clients who transferred from the Mothers First program, and 3 new referrals. Between April 1 and June 30, 2007, 12 additional referrals were made to the program. In total, 28 women were referred to the program this period.

During this period, Mothers First Recovery Support staff members were able to make contact with 26 of these 28 clients. Four of these 26 passively refused services (meaning they did not cooperate after repeated staff efforts), 2 refused outright, and 1 was ineligible for the program because she had not been in treatment in the past 6 months. Of the 19 remaining women, 15 were active and open for services during the reporting period. As of June 30, 2007, the remaining four referrals will likely become participants in the program, but they have so far been difficult to engage despite staff efforts. These clients are not included in the analysis.

Women referred vs. women enrolled in program

Number of women transferred from Mothers First	13
Number of women referred at the start of grant period	3
Number of women referred during the grant period	12
Number of women who refused service	6
Number of women who were ineligible for service	1
Number of women contacted who entered the program	15
Number of women who are pending (staff are still trying to contact)	4
Number of women who staff were unable to contact	2

Enrollment

Between April 1 and June 30, 2007, the Mothers First Recovery Support Program served 15 women. Of these 15, 9 were transfers from the Mothers First Intervention Program (formerly “Mothers First”), and 6 were new referrals. Because this grant period began in April 2007, there have been no clients who have completed the program as of June 30, 2007. There were 3 clients who left the program. One client was referred for a culturally specific recovery support program, one client moved out of the area, and a third client was not interested in participating. The average length of enrollment for closed cases was 58 days.

Characteristics of women

Participant characteristic information was analyzed for clients who entered the program between April 1 and June 30, 2007.³ The following information describes the 15 clients who entered the program and received services this period:

Basic demographics

- All women were between the ages of 25 and 37. The mean age for participants was 31 years.
- Sixty percent of participants were women of color.

³ There is considerable time spent locating many of the clients who are referred to the program. Initial assessments (which include demographic information) cannot be completed until clients are located and contact is initiated.

- Only one woman was married and living with her spouse. Six women were single and had never been married; 5 were separated, widowed or divorced; and 3 were cohabitating with a partner.

Education and employment

- Over 70 percent of all women had a high school diploma or GED, and one third of the women had received an Associate's degree, vocational certificate, or completed some college coursework.
- Most women (60%) reported that they were unemployed and not looking for work. None reported that they were in school or a career training program.

Social indicators

- Of the 15 women, 6 were living in their own house or apartment at program entry; 4 were living in a treatment facility; 3 were living with parents, relatives or friends; 1 was homeless, and 1 was unknown.
- Twelve women reported that their living arrangements at point of entry were supportive to their recovery.⁴
- A large majority of women (93%) reported that they are in poverty,⁵ and 60 percent are receiving public assistance through the Minnesota Family Investment Program (MFIP).
- Almost half (47%) of the women reported that they had a mental health diagnosis, but only one woman reported being assessed for Fetal Alcohol Spectrum Disorder (FASD).

Systems involvement

- Four of the 15 women reported that they were currently involved with child protection, although 4 additional women had lost custody of children either through a termination of parental rights or a transfer of legal custody.
- Twenty percent of the women reported that they were currently involved with the criminal justice system.

⁴ The program defines living arrangements that are supportive to recovery as those which are supportive to sobriety, including supportive housing, drug free home environment, and staying away from the using community.

⁵ Based on the Federal Poverty Guidelines, <http://www.census.gov/hhes/www/poverty/threshld/thresh06.html>

Substance use and history

- Sixty-seven percent of participants reported that they had previously been in chemical dependency treatment programs at some point in their lives.
- Over half (53%) of the women were enrolled in a licensed CD treatment program at the time they entered Mothers First Recovery Support.
- Regarding their substance use over the past 6 months, one-third of the women reported using alcohol and 27 percent of women reported using marijuana. Other drugs reported included Heroin or Opiates (used by 3 women), crack or cocaine (used by 2 women), Methamphetamine (used by 2 women), and prescription drugs (used by 1 woman).
- Three women are receiving methadone every day as a part of their substance abuse treatment.
- Sixty percent of women reported that they use tobacco.

Family characteristics

- Sixty percent of the women were pregnant when they entered the program. This was a first pregnancy for one woman.
- The number of children per woman ranged from 0 to 8, with a mean of 3.5 children per mother.
- Children's ages ranged from 0 to 20, with half of all children 6 years old or younger.
- Three of the 15 women have lost parental rights for all of their children, and 9 women have not lost parental rights for any of their children.
- Four of the families had open child protection cases at the time they entered the program.

Services

Although the service varied depending on the client's needs, the following descriptions outline the types of services that were provided in each area:

- **Physical health** – screenings by Public Health nurse, referrals to physicians, case planning related to physical health needs, advocacy with physical health service providers.
- **Mental health** – referrals for mental health assessments, advocacy to help clients obtain or change a mental health diagnosis, advocacy to help clients obtain necessary medications.
- **Individual and group counseling/support** – referrals to individual therapists, referrals to support groups, weekly support groups at Mothers First.
- **Financial management** – assistance with establishing and maintaining a budget, goal setting for financial management, advocacy in financial crises.
- **Job training/education** – goal setting for job training and education, assistance with applications for school, transportation for school registration.
- **Housing** – information about public/transitional housing opportunities, advocacy for clients who are seeking affordable housing, help in locating emergency assistance to secure housing, transportation to drop off housing applications and tour housing facilities.
- **Emergency needs** – assistance with applications for emergency assistance for basic needs such as cribs, baby clothes, furniture, etc.; transportation for basic needs; coordination with other service providers to arrange for transportation, child care, and other needs to support the client's recovery.
- **Culturally specific needs** – referrals clients to local, culturally specific service providers.

Client need	Number of women served
Transportation and child care resources	13
Mental health	12
Housing	9
Emergency needs	8
Financial management	5
Physical health	5
Advocacy	4
MA assistance	4
Individual/group counseling/ support	4
Job training/education	4
Culturally specific needs	3

Parent education

Mothers First Recovery Support contracted with Wilder Foundation to provide on-site parenting education to program participants. The Strengthening Multi-Ethnic Families curriculum includes 3 hours of programming per week for 14 weeks. The group met one time per week during the day. Transportation and child care were provided by Mothers First staff.

Five women participated in the first round of parent education. One woman left the Mothers First Recovery Support program, but the remaining four women graduated from the parent education. Seven women began the second parenting session on June 26. Many of these women were unable to participate in the first round due to treatment participation requirements and work schedules. One woman started the first group, but switched to one to one parenting education due to social phobia. She is now attempting to participate in the second round of group parenting education. There are three women who are not yet participating in parenting education.

Parent training	Participants	Graduates
First session (April 3-June 26)	5	4
Second session (June 26 – present)	7	(NA)

Client comments

Client feedback from the first parenting group was positive. The women who graduated remarked that they were very proud of themselves and they felt that they benefited a great deal from the group. Some stated that they had not really completed anything before.

The following parent feedback was collected by Mothers First Recovery Support staff:

I was beat with a stick. I can stop the cycle and am able to talk to my kids.

I was a screamer. This class has taught me how to listen and talk calmly to my children.

I learned about spending “special time” with each of my children separately. It doesn’t have to be a long time; it could be reading a book or playing a game. By making each child feel special helps build their self-esteem.

Outcome evaluation

Outcome 1: Reduction in substance use

Results related to the reduction of substance use among program participants are difficult to conclude at this time because the duration of this program extends beyond the reporting period. However, process evaluation results suggest that most women who are in the program are not using substances. Two women had positive UAs since starting the program. One of these women dropped out of the program and the other is positive for THC only, although her drug of choice is Methamphetamine.

Outcome 2: Reduction in number of infants born with positive toxicology

Four clients gave birth between April 1 and June 30, 2007. All four infants and mothers tested negative for toxicology using the traditional urine test. One infant tested positive for cocaine using the meconium test. Newborn meconium testing will identify most substances used by the mother after 20 weeks of pregnancy.⁶

Further data analysis is not available at this time due to the limited number of women who gave birth during this reporting period.

⁶ Drescher-Burke, K. & Price, A. (2005) *Responding to Substance Exposed Newborns: An Exploratory Study of Policies and Practices*.

Outcome 3: Results of the Adult-Adolescent Parenting Inventory

As part of the Mothers First Recovery Support procedures, the program integrated the Adult-Adolescent Parenting Inventory (AAPI-2) into its data collection at the request of the Department of Human Services. AAPI-2 is a self-administered inventory designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations.

Mothers First Recovery Support staff were responsible for asking clients to complete the AAPI-2 as soon as possible after the first visit (pre-test). These were completed with all clients who have agreed to participate in the program to date. Wilder Research staff collected the second AAPI-2 at the completion of the parenting group (post-test). Since only one parenting group completed during this period, there has not yet been sufficient time to collect additional post-tests from parents.

- In all, 15 AAPI-2 pre-tests were completed with all 15 clients served during this period.
- Four clients completed both a pre- and a post-test AAPI-2.
- 11 women had not completed the post-test because they had not reached the point in the program in which it was given (at the completion of the parenting group). Four women completed the parenting group to date.

As the Mothers First Recovery Support program was just initiated during this period, it is expected that there will be a significant increase in the number of AAPI-2s collected during the next reporting period.

Wilder Research staff were responsible for entering the AAPI-2 pre-tests (version A) and post-tests (version B) into the AAPI online system. Wilder Research staff then exported data from the website to conduct the analysis.

1. Information about AAPI-2 completions

Client identifier	AAPI-2 Pre-test		AAPI-2 Post-test	
	Date taken	Form	Date taken	Form
38926	4/3/07	A	6/26/07	B
38927	4/3/07	A	6/26/07	B
38931	4/3/07	A	6/26/07	B
38999	4/13/07	A	6/26/07	B
38934	4/12/07	A		
38998	4/13/07	A		
38933	4/16/07	A		
38935	4/17/07	A		
38996	4/17/07	A		
38932	4/25/07	A		
38928	4/30/07	A		
39004	5/1/07	A		
38930	5/18/07	A		
39002	5/22/07	A		
38929	6/6/07	A		

Descriptive data: AAPI-2 initial assessment (pre-test) scores

Fifteen clients completed the AAPI pre-test (version A). These women were between the ages of 26 and 37.

Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors: 1) expectations of children; 2) empathy towards children's needs; 3) use of corporal punishment as a means of discipline; 4) parent-child role responsibilities; and 5) children's power and independence.

Descriptive results for the 15 women who completed the AAPI-2 initial assessment show:

- Recovery Maintenance clients scored highest in the area of Construct E: Power and Independence. The average sten score for the 15 women who took the pre-test was 5.8 out of 10. This means that clients were within the normal range for allowing children power and independence.
- Recovery Maintenance clients scored lowest in the area of Construct B: Lack of Empathy. The average sten score for the 15 women who took the pre-test was 4.8 out

of 10. This means that clients were in the lower part of the normal range with respect to empathy.

2. AAPI mean sten scores at initial assessment (pre-test) conducted between April and June 2007

N=15 Sub-scales	Mean score
Construct A: Parental expectations	5.2
Construct B: Parental empathetic awareness of children's needs	4.8
Construct C: Belief in the use and value of corporal punishment	5.67
Construct D: Parent-child role	5.07
Construct E: Children's power and independence	5.8

Note. According to the author of the AAPI-2, low scores in each subscale (1 to 3) indicate higher risk for abusive parenting behaviors; scores of 4 to 7 represent the "normal" range of parenting and have a moderate risk for abuse; scores of 8 to 10 indicate positive, nurturing parenting attitudes and a low risk for abuse.

Results: changes in AAPI-2 scores, pre-test to post-test

Of the 15 women who completed an AAPI pre-test assessment during this period, four completed a matched AAPI post-test during this period. These women were between the ages of 28 and 33.

The following are mean scores for matched pre- and post-tests administered during this reporting period (April – June 2007). This analysis was done by converting clients' raw scores to sten scores for each sub-scale. According to the authors of the AAPI-2, a low sten score indicates low parental functioning in these areas. A high sten score indicates appropriate parental functioning in these areas. Sten scores range from 1 to 10.

- The AAPI-2 data shows that in all areas, Recovery Support clients, on average, increased their parental competencies from pre- to post-test.
- Due to the low number of clients completing the post-test to date, none of the mean score changes from pre- to post-test reached the level of statistical significance. However, all mean scores changed in a positive direction.
- At post-test, the area of highest parental competency for these women was the appropriate belief in the use and value of corporal punishment; the area of lowest parental competency was in parental expectations (according to the AAPI scores).

3. AAPI mean sten scores, matched pre-and post-tests completed April to June 2007

Sub-scales	Mean score N=4	Mean score N=4
Construct A: Parental expectations	2.75	4.0
Construct B: Parental empathetic awareness of children's needs	3.25	4.5
Construct C: Belief in the use and value of corporal punishment	4.75	6.0
Construct D: Parent-child role	3.0	4.75
Construct E: Children's power and independence	4.5	6.75

Note. According to the author of the AAPI-2, low scores in each subscale (1 to 3) indicate higher risk for abusive parenting behaviors; scores of 4 to 7 represent the "normal" range of parenting and have a moderate risk for abuse; scores of 8 to 10 indicate positive, nurturing parenting attitudes and a low risk for abuse.

Outcome: Client satisfaction

As of June 30, 2007, the Mothers First Recovery Support Program has not instituted a client satisfaction component to the evaluation. Client satisfaction data will be available the 2007-2008 year-end report.

Discussion

Extent of the problem

Housing is a major barrier for many of the women in this program. This was one of the most time consuming and challenging service needs for program staff to address with clients due to the limited availability of supportive housing and the strict requirements to obtain it. One woman who staff noted to be doing very well in the program was unable to find housing because of her criminal history. Another client needed a mental health diagnosis to be eligible for the housing she was seeking. This is particularly important for women with chemical dependency because they may be attempting to leave housing that is not supportive to their recovery. If they are unable to find alternative housing, it will likely be more difficult for them to maintain their sobriety.

Program staff also noted that clients would benefit from quicker access to mental health evaluations. Staff stated that many clients have a dual diagnosis with chemical dependency and mental illness. Currently, clients have to wait several weeks for a mental health evaluation. Obtaining this evaluation sooner would assist the staff by allowing them to address mental health and chemical health issues simultaneously.

Impacts of the grant

Staff perceives both positive and challenging impacts of the grant. First, this grant fostered a partnership between the Amherst H. Wilder Foundation's Family Programs. Wilder Family Programs provided Mothers First Recovery Support clients with parenting education, and staff have observed high satisfaction among clients who have participated in the program. Second, the program staff remarked that the grant requirements ensure that the women in the Recovery Support Program are receiving high quality services in regard to the number of contacts and supports. In addition, the level of intensity of services and documentation has fostered increased teamwork among staff.

One challenge identified by staff is the continuing needs of women referred to the Mothers First Intervention program, formerly funded by DHS. These women do not qualify for the intensive Recovery Support services because they do not meet the treatment criteria (participation in treatment in the past six months). These women are pregnant and have been referred because they are struggling with chemical dependency issues. Because these services are no longer funded by the state, staff provide more limited services to these clients than in years past. However, there continues to be a high demand (about two times the number of referrals of the Recovery Support program). Although staff currently concentrate their efforts on Recovery Support clients related to the grant, there is concern about the continuing needs of non-qualifying chemically dependent pregnant women and their children

Staffing levels have fluctuated slightly during this reporting period. The program lost two staff members (one retired and the other was promoted outside the program). They were able to replace these two positions, but there was some time when they were understaffed. The program will add three more positions during the next quarter to accommodate the requirements of the grant.

Challenges and barriers

During a recent meeting with program staff and the evaluation team, staff identified several challenges in addition to those noted above. First, they remarked on the difficulty of locating clients, particularly those who are not interested in participating in the program. Staff stated that they spend a lot of time attempting to contact clients and sometimes this is frustrating when it is done at the expense of serving clients who are willing and interested. In order to resolve this issue, program staff set parameters for attempting to contact clients. They determined that they will attempt contact for one month, by phone, drop in and letter. After one month, they will bring the issue to the weekly staff meeting, and the staff will make a decision to close the case.

Another challenge discussed by staff is the difficulty of getting clients to participate in all the components of the Recovery Support Program. Staff remarked that clients typically want to do some aspects of the program but not others. In an effort to respond to the varying needs and interests of clients, staff has tried to be flexible in how they serve parents. For example, they have offered in-home parenting as an alternative to the group parenting class for women who are unable to attend the group session. Staff also tries to make the program appealing to clients by referring them to supportive services such as Early Childhood Family Education. Finally, the program has encouraged women to participate in culturally specific support services if relevant.

A third challenge identified by staff is related to the division of tasks and staff communication. Because Mothers First uses a team approach to service delivery, there are multiple workers who interact with each client. The staff noted that this has become more difficult with the increased number of grant requirements. In addition, the grant requires a Licensed Drug and Alcohol Counselor to be the primary worker for each case. In their previous program model the social worker was the primary worker, so this has been another adjustment. Weekly staff meetings had been the time to discuss their intervention activities and determine next steps for clients, but staff stated that meetings had become too rushed with the addition of the new program. In order to address these issues, staff decided to switch the weekly meeting to a different day of the week, and establish a group calendar to keep track of team appointments with clients.

Future Outlook

Scope

This project will continue to grow during the next quarter. The program will take on additional clients (to reach a total of approximately 30-40 at a given time) and add three staff. It will be important for staff growth to coincide with client growth in order to continue meeting program requirements.

Changes

In addition to the three staff positions, there are other important changes to consider. As of August 1, 2007, new legislation in Minnesota will require mandated reporters to report pregnant women who are using THC (Marijuana). This will be significant for the program because a much larger group of women will be mandated to participate in Mothers First programs. Whether these women are in the Intervention or Recovery Support program, it will certainly put additional demands on staff time.

Lessons learned from the evaluation

Wilder Research evaluation staff attended weekly meetings of the Mothers First Recovery Support staff. This provided an immediate feedback loop for process evaluation. In addition, Wilder Research met with program staff during the last month of this reporting period to discuss successes and challenges of the program. This meeting resulted in several procedural changes that will hopefully provide solutions to the problems identified by staff. These are discussed in the *Challenges and Barriers* section of this report.

Because of the extremely short deadline for this year-end report, there has not been time for Wilder Research and Mothers First Recovery Support staff to discuss the full results of this evaluation. After the completion of this report, Wilder Research evaluators will meet with the program staff to discuss the use of process and outcome data to inform service delivery.

Appendix

Evaluation instruments

Initial assessment

Health Summary Form

Case summary

Year end tables

Evaluation instruments

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

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

If YES to any of the questions in the box below, client is a candidate for the *Recovery Support Program*. Please answer all relevant questions on this form for these clients, including those labeled "RECOVERY SUPPORT ONLY."

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

Have you been in a licensed CD treatment program in the past 6 months? ¹ Yes ² No

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

¹ Inpatient ⁴ Other (Specify: _____)

² Outpatient ⁸ Unknown

³ Halfway House
(must be licensed a treatment facility)

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

1. RACE (be sure to mark one of the following for each client, including those with Hispanic ethnicity)

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

2. ETHNICITY

- ¹ Hispanic Origin ² Non-Hispanic Origin ⁸ Hispanic ethnicity unknown
-

3. MARITAL STATUS

- ¹ Married, living with spouse ⁴ Separated, divorced, or widowed (and not cohabitating)
² Cohabiting with a partner
³ Single (never married and not cohabitating) ⁸ Unknown
-

PREGNANCY

4a. Are you currently pregnant? ¹ Yes ² No **(IF NO, SKIP TO QUESTION 5a)**

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

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

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

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

CHILDREN

5a. How many children do you have? _____ (IF "0", NO CHILDREN, SKIP TO QUESTION 6a)

5b. Please complete the following table about your children (use the codes below for race and ethnicity):

First Name	Age	M/F	Race	Ethnicity	Assessed for FASD (Fetal Alcohol Spectrum Disorders)?		Child court-ordered to be out of home due to CP involvement?		Legal custody transferred (voluntarily)?		Parental rights terminated?	
					Yes	No	Yes	No	Yes	No	Yes	No
					<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
					<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
					<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
					<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
					<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
					<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
					<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

Race Codes	Ethnicity Codes
BLK ¹ : Black/African American/African Immigrant	HISP ¹ : Hispanic/Latino
ASIAN ² : Asian American/Asian Immigrant	NON-HISP ² : Non-Hispanic/Latino
AI ³ : American Indian/Alaskan Native	UKN ⁸ : Unknown
WHT ⁴ : White	
MULTI ⁵ : Biracial/Multiracial	
OTH ⁶ : Other (specify)	
UNK ⁸ : Unknown	

QUESTIONS 5c AND 5d FOR RECOVERY SUPPORT CLIENTS ONLY:

5c. Where were (are) your children during your most recent treatment episode (check all that apply)?

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

5d. If you are not pregnant, are you currently using any form of birth control?

- ¹ Yes ² No

CURRENT LIVING ARRANGEMENTS

6a. Where are you currently living?

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

FOR RECOVERY SUPPORT CLIENTS ONLY

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

EDUCATION AT ENTRY

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

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

EMPLOYMENT

8a. What is your current employment status?

- ¹ Employed full-time (35 or more hrs/week)
- ² Employed part-time (under 35 hours/week)
- ³ Retired
- ⁴ Disabled
- ⁵ Unemployed – looking for work
- ⁶ Unemployed - not looking for work
- ⁶ Unemployed – not looking for work, but in school or job program
- ⁷ Other _____
- ⁻⁸ Unknown

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

- ¹ Yes, enrolled full time ² Yes, enrolled part time ³ No ⁸ Unknown
-

INCOME AT ENTRY

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

9b. Are you on MFIP (at program entry)? ¹ Yes ² No ⁸ Unknown

PREVIOUS SERVICE OR SYSTEM INVOLVEMENT

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

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

11a. Before coming to Mothers First, have you ever been in CD treatment?
¹ Yes ² No (**GO TO Q. 12a**)

11b. How many times have you been in CD treatment **not including** this episode if you are currently in treatment? _____ Number of times

12a. Have you ever received a mental health diagnosis?
¹ Yes ² No

12b. Have **you** ever been assessed for FASD (Fetal Alcohol Spectrum Disorders)?
¹ Yes ² No ⁸ Unknown

RECOVERY SUPPORT CLIENTS ONLY:

13. Have you had a mental health screening in the past 6 months?
¹ Yes ² No ⁸ Unknown

(IF NO or UNKNOWN, COMPLETE THE APPROPRIATE SCREENING)

For worker:

14. Did you refer the client for any of the following programs or services at intake?
(**CHECK ALL THAT APPLY**)

¹ Physical health needs

⁷ MFIP

² Mental health needs

⁸ WIC

³ Financial management

⁹ ECFE

⁴ Job training/education

¹⁰ Breast-feeding support group

⁵ Housing

¹¹ Culturally specific needs

⁶ Emergency needs

¹² Other _____

SUBSTANCE USE

15. During the past **six** months, have you ever used any of the following. . . **PLEASE CIRCLE APPROPRIATE CATEGORY**
 (*Note to worker:* use best available information to verify answers. For women in RECOVERY SUPPORT PROGRAM, report using information from 6 months prior to entering treatment.)

<i>In the past 6 months have you used...</i>	IF YES, ASK →		15b. How often have you used?				
	Yes	No	Almost everyday	3-5 times weekly	1-2 times weekly	1-3 times monthly	Unknown
a. Alcohol	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
b. Marijuana	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
c. Cocaine or Crack	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
d. Heroin or Opiates	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
e. Methadone IF YES, ASK): ↗	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
e1. Was this prescribed through treatment?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
f. Methamphetamine	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
g. Other Amphetamines:	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
h. Inhalants	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
i. Misused prescription drugs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
j. Misused over-the-counter medications	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
k. Other drugs (Please specify: _____ _____)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸
l. Tobacco use	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁸

Someone from our program is interested in talking with you about 4 weeks after you finish the Recovery Support Program. We would like to find out how you are doing, and if you need any additional support or resources. Please provide the best way to contact you at that time.

Name: _____

Current address or shelter: _____

Phone: Home: _____ Work/cell: _____

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

Name: _____

Address: _____

Phone number: _____

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

Name: _____

Address: _____

Phone number: _____

If you have any questions, please ask us!

Thank you.

HEALTH DATA SUMMARY

RAMSEY COUNTY
MOTHERS FIRST



Complete after birth of baby and send/fax to the Evaluation Team within 30 days⁷

Case Name:	SS#:
Intake Date:	Date Form Completed:
Program: <input type="checkbox"/> ¹ Mothers First <input type="checkbox"/> ² Recovery Support	

PREGNANCY OUTCOME SUMMARY (PLEASE CHECK APPROPRIATE BOX)

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

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

2. **Baby's Sex:** ¹ Male ² Female

3. **Birth Date:**

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

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

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

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

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

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

10. **Baby's Ethnicity:** ¹ Hispanic ² Non-Hispanic ⁸ Unknown

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

⁷ Important: Please fax to Wilder Research at 651-647-4623, Attention Maggie.

CASE SUMMARY (AT CLOSING)



Case Name:		SS#:	
SSIS Group #:			
Intake Date:		Closing Date:	
What type of services did the client receive?	<input type="checkbox"/> ¹ Mothers First only <input type="checkbox"/> ² Recovery Support only <input type="checkbox"/> ³ Both (Client started in Mothers First and later transferred to Recovery Support) <input type="checkbox"/> ⁴ None (IF NONE, SKIP TO QUESTION 27)		

FOR EACH QUESTION, FILL IN THE BLANK OR CHECK THE APPROPRIATE BOX TO INDICATE YOUR ANSWER. NOTE THAT "THE PROGRAM" REFERS TO WHICHEVER PROGRAM THE CLIENT WAS IN. IF CLIENT WAS IN MOTHERS FIRST AND RECOVERY SUPPORT, COMPLETE FORM BASED ON RECOVERY SUPPORT SERVICES ONLY.

Please answer the questions and complete the following table for all Rule 31 licensed treatment episodes while client was enrolled in Mothers First or Recovery Support.

1a. Was the client in treatment when she entered the program?

- ¹ Yes (please place that episode in line 1 of the table below)
- ² No
- ⁸ Unknown

1b. Did the client get referred for or enter treatment while in the program?

- ¹ No treatment or referral (**SKIP to Q. 2a**)
- ² Referred, but did not enter treatment (**SKIP to Q. 2a**)
- ³ Entered treatment (please record these treatment episodes in the table below)

Start date and end date of treatment	Did the client complete treatment?	Type of treatment facility
1 Start date ____/____/____ m d y End date ____/____/____ m d y <input type="checkbox"/> ¹ Still in treatment	<input type="checkbox"/> ¹ No, still in treatment <input type="checkbox"/> ² No, left the program without staff approval <input type="checkbox"/> ³ Yes <input type="checkbox"/> ⁴ Other <i>please explain</i> : _____ _____ _____	<input type="checkbox"/> ¹ Inpatient <input type="checkbox"/> ² Outpatient <input type="checkbox"/> ³ Aftercare <input type="checkbox"/> ⁸ Don't know
2 Start date ____/____/____ m d y End date ____/____/____ m d y <input type="checkbox"/> ¹ Still in treatment	<input type="checkbox"/> ¹ No, still in treatment <input type="checkbox"/> ² No, left the program without staff approval <input type="checkbox"/> ³ Yes <input type="checkbox"/> ⁴ Other <i>please explain</i> : _____ _____ _____	<input type="checkbox"/> ¹ Inpatient <input type="checkbox"/> ² Outpatient <input type="checkbox"/> ³ Aftercare <input type="checkbox"/> ⁸ Don't know

Start date and end date of treatment	Did the client complete treatment?	Type of treatment facility
3 Start date ____/____/____ m d y End date ____/____/____ m d y <input type="checkbox"/> ¹ Still in treatment	<input type="checkbox"/> ¹ No, still in treatment <input type="checkbox"/> ² No, left the program without staff approval <input type="checkbox"/> ³ Yes <input type="checkbox"/> ⁴ Other <i>please explain</i> : _____ _____ _____	<input type="checkbox"/> ¹ Inpatient <input type="checkbox"/> ² Outpatient <input type="checkbox"/> ³ Aftercare <input type="checkbox"/> ⁸ Don't know
4 Start date ____/____/____ m d y End date ____/____/____ m d y <input type="checkbox"/> ¹ Still in treatment	<input type="checkbox"/> ¹ No, still in treatment <input type="checkbox"/> ² No, left the program without staff approval <input type="checkbox"/> ³ Yes <input type="checkbox"/> ⁴ Other <i>please explain</i> : _____ _____ _____	<input type="checkbox"/> ¹ Inpatient <input type="checkbox"/> ² Outpatient <input type="checkbox"/> ³ Aftercare <input type="checkbox"/> ⁸ Don't know

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

Children

2a. Does the client have children for whom parental rights have NOT been terminated?

- ² No
¹ Yes (how many? _____)
⁸ Unknown

2b. If yes, how many of these children were served by the Recovery Support program (i.e. participated in children's group, received or were referred for services, etc.), including children born during the client's involvement in the program? _____

Number

Child Protection Activity

3. Was the client referred to Child Protection Intake while open in the program (not necessarily reported BY Mothers First staff)?

- ² No
¹ Yes
⁸ Unknown

4. For those who had involvement with Child Protection, what was the status at Closing?

- ¹ Woman's involvement with Child Protection ended while in the program
² Woman left the program while **still involved** with Child Protection
⁸ Don't know
⁹ Not applicable

Out-of-home placements for children during mom's participation in the program

5a. Did mom lose custody of the new infant (if mom was pregnant while in program)?

- ¹ Yes
² No
³ Mom not pregnant/not applicable
⁸ Don't know

5b. Other Children

- ¹ Children were placed out-of-home by court order (number of children in court ordered out-of-home placement, including baby if noted above: _____)
² Children in court-ordered placement before mom entered the program
³ No children in court-ordered placements/not applicable (GO TO QUESTION 7)
⁸ Don't know

6. Child Reunifications while in the program

- ¹ **While in the program**, Mother is reunited with children who were placed out-of-home.
(If so, how many children were reunited? _____)
² Mom was not reunited with any children
³ No children in placements/not applicable
⁸ Don't know

7. Parental Rights Activity while in the program

- ¹ Parental rights were terminated *while in the program*
² Voluntarily, legally transferred parental rights *while in the program*
³ Parent's rights remain the same
⁸ Don't know

FASD

8. FASD Referrals while in the program

- ¹ Mother referred for assessment
² Child/children referred for assessment
³ No referrals made

FASD Assessments while in the program

8a. Mother received an assessment

- ² No (GO TO QUESTION 8c) ¹ Yes→If yes, go to b.→

8c. Child/children received an assessment

- ² No (GO TO QUESTION 9) ¹ Yes→If yes, go to d.→

8b. Mother was assessed as having FASD

- ² No ¹ Yes

8d. Child/children were assessed as having FASD

- ² No ¹ Yes→ Number of children? _____

9. **Did the client complete a Parenting Program while in the program?**
- ¹ No (please explain: _____)
- ² Yes, Client completed a Group Parenting Program (Number of hours: _____)
- ³ Yes, Client completed an In-home Parenting Program (Number of hours: _____)
10. **At closing, does the client have a mental health diagnosis?**
- ¹ Yes
- ² No
- ⁸ Unknown
11. **At closing, is the client on MFIP?**
- ¹ Yes
- ² No
- ⁸ Unknown
12. **At closing, what is the client's relationship with criminal justice system?**
- ¹ Client is under jurisdiction of the court and/or is on probation or parole
- ² Client is not under jurisdiction of the court and is not on probation or parole
- ⁸ Unknown
13. **If client was under court jurisdiction at case opening, did she re-offend while in the program?**
- ¹ Yes
- ² No
- ³ Client wasn't under court jurisdiction at case opening/not applicable
- ⁸ Unknown
14. **Closing Employment Status (*please check one*)**
- ¹ Employed full-time (35 or more hrs/wk)
- ² Employed part-time (under 35 hrs/wk)
- ³ Retired
- ⁴ Disabled
- ⁵ Unemployed – looking for work
- ⁶ Unemployed – not looking for work
- ⁷ Unemployed – not looking for work, but in school or job program
- ⁸ Other _____
- ⁻⁸ Unknown

15. Other vocational status at closing (Check all that apply at the time of closing)

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

16. At closing, are living arrangements supportive to the client's recovery?

- ¹ Yes
- ² No
- ⁸ Unknown

17. At closing, how long has the client been drug/alcohol free?

- ¹ Less than 6 months
- ² 6 months or more
- ⁸ Unknown

18. How has the client's drug use changed upon leaving the program compared to entry (self-reported or staff assessment)?

- ¹ Client is using drugs/alcohol more
- ² Client is using drugs/alcohol at the same level
- ³ Client is using drugs/alcohol less
- ⁴ Client is not using drugs/alcohol at all
- ⁸ Unknown

19. Does client smoke or use tobacco at closing?

- ¹ Yes
- ² No
- ⁸ Unknown

20. Are all children's immunizations up to date at closing?

- ¹ Yes
- ² No
- ⁸ Unknown

21. Is the client using a form of birth control at closing?

- ¹ Yes
- ² No
- ³ Not Applicable – client is pregnant
- ⁸ Unknown

22. Urinalysis Testing

- ¹ Received urinalysis testing while in the program
- ² Did not receive urinalysis testing while in the program (SKIP TO QUESTION 24)

23. Results of Urinalysis Tests While in Program

Number of times tested: _____

Number of times positive: _____

Recovery Participation while in the Program

24. Client participated in Recovery Support Group(s)

- ¹ Yes
- ² No
- ⁸ Unknown

25. Client was active in NA or AA while in the program

- ¹ Yes
- ² No
- ⁸ Unknown

26. Closing Status for clients who received case management services from the program

- ¹ Client received services and successfully completed the program
- ² Client received services, woman was doing well in program but moved out of county before completing the program:
 - Referred to another program? ¹ Yes, (name of county/program: _____)
 - ² No
- ³ Client received services, case closed without completing the program (includes those who moved or quit after receiving some services WHO WERE NOT DOING WELL)
- ⁴ Client did not receive services
- ⁵ Other _____

27. Closing Status for clients who DID NOT receive case management services

- ¹ Client never received services: contacted but refused services
- ² Client never received services: unable to make contact with/not found
- ³ Client never received case management: not a resident of Ramsey County.
 - Referred to another program? ¹ Yes, (name of county/program: _____)
 - ² No
- ⁴ Client never received services: client was not eligible/did not meet criteria
- ⁵ Other _____

28. Was a care plan developed for this client during their participation in the program?

- ¹ Yes
- ² No
- ⁸ Unknown

29. Was a continuing care plan developed for this client upon discharge?

- ¹ Yes
- ² No
- ⁸ Unknown

Worker referrals while client was in the program

30a. During the client's participation in the program, did any staff member identify client needs in the following areas?	IF YES → → → →		30b. Were those needs met while in Mothers First? (Either by the program or through a referral)	
	No	Yes	Yes	No
a. Mental health	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Physical health	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Financial management	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. Job training/education	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
e. Housing	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
f. Emergency needs	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
g. Culturally specific needs	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
h. Healthy relationships/abuse	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
i. Child care (outside of program activities)	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

This is the end of the Closing Form. Thank You!

Year end tables

July 1, 2006 – June 30, 2007

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

AGENCY: Ramsey County Community Human Services Department

CONTRACT #: 437515

DATE GRANT CONTRACT STARTED: April 1, 2007

Section One – Pre-Entry Data

Table 1: Women Referred vs Women Contacted

1. Number of women referred but not contacted at beginning of this year	0
2. Number of women referred to this program during this year	28
3. Number of women referred who staff made contact with	26
4. Number of women that staff were unable to make contact with during this year	2
5. Number of women contacted who entered your program this year	15
6. Number of women contacted who refused the services of your program	6
7. Number of women contacted who did not fit the criteria for being in the program	1

The sum of lines 1 and 2 should equal the sum of lines 3 and 4.

The sum of lines 5, 6, & 7 should equal the number in line 3.

Narrative for Table 1: Although there were 26 women with whom staff have made contact (line 3), lines 5, 6, & 7 only total 22. The four remaining women are not counted as participants or refusals because they have not refused service, but they have been extremely difficult to engage. Staff have made initial contact with 3 of the 4 women, but they have not met with them again in order to complete the intake paperwork and begin program activities. Staff have had multiple contacts with the fourth women but the contacts have been in response to crisis situations (providing transportation to detox and transportation to inpatient treatment) so they have not begun program activities.

Section Two – Entry Data: This section is comprised of Tables 2 & 3.

Section 2 is completed only for women who Entered the program this year.

Table 2: Client Demographics for women who entered your program this year

1. Age of the client on entry to your program	15
Under 18	0
18-48	15
Over 48	0
Unknown	0
2. Race (Each client should be counted in one, but only one of the categories below. Anyone of Hispanic Ethnicity must also be counted in one of the racial categories below. It is not acceptable to put everyone of Hispanic Ethnicity under “Other” for race)	15
White	7
Black or African American	4
Native Hawaiian/Other Pacific Islander Asian	0

Table 2: Client Demographics for women who entered your program this year

Asian	1
American Indian, Alaska Native	2
More than One Race	1
Other*	0
Race Not Known	0
3. Hispanic Ethnicity (every client should fit in one of the three categories below)	15
No - not of Hispanic Origin	14
Yes - of Hispanic Origin	1
Hispanic Ethnicity Unknown	0
4. Marital Status at Entry to your program	15
Single, never married	6
Married	1
Cohabiting (to live with someone as if a married couple)	3
Divorced/Separated/Widowed	5
Unknown	0
5. Education: Highest Degree Earned prior to entry	15
Non-High School Graduate	4
High School Grad or GED	6
Vocational Certificate, Associate Degree	4
Some college but no degree	1
College graduate	0
Graduate/professional degree	0
Unknown	0
6. Labor Force Status on Entry:	15
Employed Full-time (35 or more hrs/wk)	1
Employed Part-time (under 35 hrs/wk)	1
Retired	0
Disabled	1
Laid off/Unemployed – looking for work	3
Laid off/Unemployed – not looking for work but in school or a job program	0
Laid off/Unemployed – not looking for work & not in school or a job program	9
Other*	0
Unknown	0
7. Enrolled in School or a Job Training program at Entry	15
Not Enrolled	15
Enrolled, full time	0
Enrolled, part time	0
Other*	0
Unknown	0
8. Living Arrangements for 30 days prior to Entry:	15
In Own House or Apartment	6

Table 2: Client Demographics for women who entered your program this year

Parent/other Relative's or Friend's Home	3
Correctional Facility	0
Homeless Shelter	0
Homeless (NOT in a shelter)	1
Battered Women's Shelter	0
Other*	5
Unknown	0
9. On entry, living arrangements were . . .	15
Supportive to recovery	12
Not supportive to recovery	3
Unknown	0
10. Living Arrangements for Children Mother has legal custody of, during last Rule 31 TX episode?	15
1. With Mother	3
2. With child's other parent	3
3. With other family member, such as grandparent, aunt, etc.	6
4. With Friends	0
5. Foster Care	2
6. Other*	0
7. Unknown	1
11. Type of Services on Entry (each client only fits in one category below)	15
Entered your program to receive TX support services (also in Rule 31 services)	8
Entered your program to receive Recovery Maintenance services (not in Rule 31)	7
12. Pregnancy Status at Entry:	15
Pregnant, first pregnancy	1
Pregnant, not first pregnancy	8
Not Pregnant	6
Not Sure	0
13. For Pregnant Women, How Far Along was Pregnancy at Intake?	9
1-3 Months	0
4-6 Months	3
7-9 Months	6
Unknown	0
14. For Pregnant Women: History of Premature Deliveries?	9
Yes	1
No	7
Unknown	1
15. For Pregnant Women: Receiving prenatal care at program entry?	9
Yes	9
No	0
Unknown	0

Table 2: Client Demographics for women who entered your program this year

16. Income	15
Number whose income is equal to or below the Federal Poverty Guidelines	14
Number whose income is above the Federal Poverty Guidelines	1
Unknown	0
17. Using a form of birth control	6
Yes	4
No	2
Unknown	0
18. Number of women who have legal custody for the following number of Children - Have legal custody of children is defined as not having had Their parental rights legally terminated nor having voluntarily, legally transferred their parental rights	
Does not apply – have no children or first pregnancy	1
Who have lost parental rights for all children	3
Who have not lost parental rights for 1 child	1
Who have not lost parental rights for 2 children	4
Who have not lost parental rights for 3 children	4
Who have not lost parental rights for 4 or more children	2
Unknown	0
19. Number of women who HAVE lost legal custody of the following number of children - lost legal custody is defined as having had their parental rights legally terminated or voluntarily, legally transferred parental rights.	15
Does not apply – have no children or first pregnancy	1
Have not lost parental rights for any children	9
They have lost parental rights for 1 child	0
They have lost parental rights for 2 children	1
They have lost parental rights for 3 children	0
They have lost parental rights for 4 or more children	4
Unknown	0
20. Parental Rights Terminated (does not include those who voluntarily, legally transferred parental rights).	15
Does not apply, no children	1
Yes - For all children	1
Yes - For some children	3
No – Parental Rights have not been terminated for any children	10
Unknown	0
21. Voluntarily, Legally Transferred Parental Rights	15
Does not apply, no children	1
Yes - For all children	0
Yes - For some children	4
No – Have not voluntarily, legally transferred parental rights for any children	10
Unknown	0

Table 2: Client Demographics for women who entered your program this year

22. Involved with Child Protection Services (under investigation/open case)	15
Yes	4
No - does have custody of children	8
No – No children, or has lost or transferred parental rights for all children	3
Unknown	0
23. Children living with someone else due to a Child Protection court order or other actions by Child Protection Services (does not include children living with others due to termination of parental rights or voluntary, legal transfer of parental rights)	15
Number of Women who have children living with someone else due to a Child Protection court order or other actions by child protection services.	1
Number of Women who do NOT have children living with someone else due to a Child Protection court order or other actions by child protection services.	14
Number of Women ‘Unknown’ if they have children living with someone Else due to a CP court order or other actions by CP services.	0
Number of children from #23 above who are living with someone else due to a Child Protection court order or other actions by child protection services?	3
24. MFIP Client	15
Yes	9
No	6
Unknown	0
25. Client has a Mental Health Diagnosis	15
Yes	7
No	7
Unknown	1
26. Client is under the jurisdiction of the court or on Probation/Parole.	15
Yes	3
No	12
Unknown	0
27. CD Treatment prior to current TX experience – current TX experience is being defined as either the Rule 31 TX the patient is currently receiving, or the one they went through within the last six months, that made them eligible for services from this program	15
No Previous CD Treatment	5
1-2 Previous CD Treatments	5
3-4 Previous CD Treatments	1
5 or more Previous CD Treatments	4
CD Treatment Unknown	0
28. Women previously assessed with FASD	15
Yes	1
No	14
Unknown	0
29. Women with a child/children previously assessed with FASD	15
Yes	3

Table 2: Client Demographics for women who entered your program this year

No	12
Unknown	0
30. Children previously assessed with FASD	
Number of Children previously assessed with FASD	4

***Other** – explain any entries in one of the “Other” categories in Table 2 in the Narrative for Table 2

Narrative for Table 2: Note for line 22, 2 of the 8 women who do not have a child protection case open but do have custody of their children also had terminations of parental rights or transfers of custody for other children.

Table 3 – Self-Reported Rate of Drug Use *for the 6 months prior to entering last CD Treatment* by Pregnant women & women with dependent children. This table is to be completed only using information on women who entered your program this year.

Prior Drug Use	Daily	3-6 Times a Week	1-2 Times a Week	1-3 Times a Month	No Use	Unknown	Total
Nicotine/Tobacco	3	0	0	0	5	7	15
Alcohol	0	1	1	3	10	0	15
Marijuana	3	0	0	1	11	0	15
Cocaine/Crack	1	0	0	1	13	0	15
Heroin/Opiates	3	0	0	0	12	0	15
Methadone	3	0	0	0	12	0	15
Methamphetamine	1	0	1	0	13	0	15
Other Amphetamines	0	0	0	0	15	0	15
Inhalants	0	0	0	0	15	0	15
Over the counter Medications	0	0	0	0	15	0	15
Other Drugs*	1	0	0	0	14	0	15

***Include narrative stating what other drugs are being used. Misuse of perscription drugs**

When women use more than one drug, what are the most common drugs being used. The most common drugs reported for women who use multiple drugs are marijuana and alcohol.

Other narrative for Table 3:

Section Three – Service Data: This section is comprised of Tables 4-10.

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

Table 4: Women Served by your grant program this grant year

1. Women in your program at the start of this grant year	0
2. Women Admitted to your program during this grant year	15
3. Women Served by your program this grant year	15
4. Number of Cases Closed – Women <i>Successfully Completed</i> *	0
5. # of Cases Closed due to moving out of the area, but at time of move the woman was doing well	1

Table 4: Women Served by your grant program this grant year

6. Number of Cases Closed Without <i>Successfully Completing</i> , include women who were not doing well when they moved out of the area.	2
7. Women still in your program at the end of this grant year	12

***Define what “Successfully Completed” means for your program: In order to successfully complete the program, clients must participate in most of the required activities of the grant. They must complete parenting education, maintain weekly or monthly visits with program staff, and make progress toward their case goals. Successful clients do not use chemicals on a regular basis, and although they may experience relapse, they are actively working to remain substance free.**

Other narrative for Table 4: In addition to the 12 women noted above, there are an additional 6 women referred to the program with whom staff are still trying to engage. Four of these women have been contacted at least once, but they have repeatedly failed to return calls or show up for appointments. The staff have not had any face to face contact with the other two women, despite repeated attempts. No information is available about these clients because program staff have completed intake paperwork or begun any program activities with them. It is important to note these clients because although they are not officially receiving services, much staff time and energy is devoted to locating them and attempting to engage them in the program.

Table 5: Rule 31 CD TX while in your TX Support grant Program this grant year

1. In your program & licensed CD TX* at beginning of the grant year	0
2. Entered licensed CD TX during the grant year (include those in CD TX when they enter your grant program)	8
3. Total in CD TX sometime during the grant year	8
4. Completed licensed CD TX during the grant year	1
5. Discharged Without Staff Approval this grant year (against staff advice/staff requested/client left)	0
6. Other (please explain in narrative)	0
7. Clients in TX at the end of this grant year	7

***Licensed CD Treatment means Rule 31**

Narrative for Table 5: No clients are noted for the beginning of the year because the program did not begin until the fourth quarter.

Table 6: Received Recovery Maintenance Services from your grant program following successful Rule 31 completion

1. In your grant program for Recovery Maintenance Services at the beginning of the grant year	0
2. Started Recovery Maintenance Services during the grant year (this includes anyone who completed Rule 31 and then received Recovery Maintenance Services while in your grant program during the year.)	8
3. Total in Recovery Maintenance sometime during the grant year	8
4. Discharged from your Recovery Maintenance program with Staff approval this grant year	0
5. Left your Program before being discharged from Recovery Maintenance Services with staff approval (includes against staff advice/staff requested/client left) .	3

Table 6: Received Recovery Maintenance Services from your grant program following successful Rule 31 completion

6. Other (please explain in narrative)	0
7. Clients in your Recovery Maintenance Program at the end of this grant year	3

Narrative for Table 6: Three women left the program this reporting period. Two left because they moved out of the county. One of these women was doing well at the time, and the other was not. The third woman left the program after one day of service because she decided not to participate.

Table 7: Children of the Women Served this Year

Total number of children of the women served by your grant program this year, including those born while in the program. Do not include children for whom parental rights have been terminated	33
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Narrative for Table 7: At intake, the women in this program reported a total number of 53 children. Of these 53, 9 had legal custody transferred and 14 had parental rights terminated. One of the children who had parental rights terminated was a legal adult (age 18 or older). While open in the program, 4 women gave birth. One child was adopted. The other three were served by the program.

Table 8:

Name of Curriculum being used for the Children's Programming	Strengthening Multi-Ethnic Families and Communities Parent Training Program: Rites of Passage (Child Supplement).
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Narrative for Table 8 :

Table 9: Children's Programming	Age Range	Number Served
Age range for youngest group of children & number of children attended programming in this range	4-7	5
Age range for middle group of children & number of children attended programming in this range	8-12	0
Age range for oldest group of children & number of children attended programming in this range	13-17	0

Narrative for Table 9: There were no children in the first round of parenting classes. The parenting classes were offered on a weekday between noon and 3:00 pm, so most of the children were at school during that time. The parenting group that started on June 26 also has a children's group. These are the children reflected in Table 9.

Table 10: Financial Expenditures by Type of Service this grant year

	\$ Amount spent on	# of women received this service	Average per woman who received this service (will self-calculate)
1. Housing: rent, deposit, utilities	\$695.00	1	\$695.00
2. Transportation	\$149.90	3	\$49.97
3. Child Care	\$0.00	0	
4. Other Emergency Needs	\$143.71	7	\$20.53

Narrative for Table 10: The amount spent on transportation listed does not include daily transportation to appointments and groups done by staff. It includes bus cards, gas vouchers and taxi cabs. In addition, child care provided by staff while parents are in support groups or other on-site activities is not reported here. This money comes from staff salaries and is not a separate line item.

Table 11: Rent Deposits Returned

Amount paid out for rental deposits	\$695.00
Amount received back from returned rent deposits*	\$0.00

***If no Rental Deposits were returned, please explain: The program paid out one rental deposit of \$695.00 (the total amount listed in Table 11). This deposit has not been returned because the client is still occupying the housing unit. At the point of payment, program staff sent a letter to the land lord notifying them that the damage deposit must be returned to the program when the client moves.**

Narrative for Table 11:

Section Four – Birth Outcome Data: This Section is comprised of Tables 11-15. Section Four is where Pregnancy/Birth Outcomes for this year are reported.

Table 12: Pregnancy/Toxicology Outcomes of Women Who Delivered While in your Program This Year

1. Pregnancy Outcome Summary :	4
Live Birth, Child Living	4
Live Birth, Child Died	0
Miscarriage	0
Abortion	0
Stillbirth	0
2. Infant Toxicology Results:	4
Positive Toxicology for Infant	1
Negative Toxicology for Infant	3
Infant Not Tested*	0
Other (explain under Narrative for Table 9)	0
3. Mother Toxicology Results:	4
Positive Toxicology for Mother	0
Negative Toxicology for Mother	4
Mother Not Tested*	0
Other (explain under Narrative for Table 9)	0

***Explain why any mothers and/or infants were not tested:**

Other Narrative for Table 12: Although all babies had negative urine tests, one baby had positive toxicology for the meconium test. The test was positive for cocaine.

Tables 13, 14, 15 & 16 – For Births that occurred this year while the woman was in your program.

Table 13 Premature Births According to Infant Toxicology Status

Table 13 Premature Births According to Infant Toxicology Status

	Toxicology Status of Infant			Total
	Positive	Negative	Unknown	
1. Number of Premature Births (less than 37 wks gestation)	0	0	0	0
2. Number of Full-Term Births	1	3	0	4
3. Number with Birth Status Unknown	0	0	0	0
Total	1	3	0	4

Narrative for Table 13:

Table 14: ICU Services According to Infant Toxicology Status

	Toxicology Status of Infant			Total
	Positive	Negative	Unknown	
1. Number of Infants Required ICU Services at birth for more than 7 days	0	0	0	0
2. Number of Infants did not Require ICU Services at birth or Required ICU Services at birth for 7 or fewer days	1	3	0	4
3. Use of ICU Services Unknown	0	0	0	0
Total	1	3	0	4

Narrative for Table 14:

Table 15: Re-hospitalizations According to Infant Toxicology Status

	Toxicology Status of Infant			Total
	Positive	Negative	Unknown	
1. # of Infants Re-hospitalized within 30 days of Birth	0	0	0	0
2. # of Infants <u>Not</u> Re-hospitalized within 30 days of Birth	1	2	0	3
3. # of infants not yet 30 days old as of June 30, 2007	0	0	0	0
4. Re-hospitalization Status Unknown	0	1	0	1
Total	1	3	0	4

Narrative for Table 15:

Table 16: Post-birth Medical Follow-up

1. # of Infants received post-birth medical follow-up	3
2. # of Infants did not receive post-birth medical follow-up	0
3. # of Infants this information is Unknown	1
Total	4

Narrative for Table 16:

Section Five – Exit Data: This section is comprised of Tables 16-18.

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

Table 17

1. Number who completed your program	0
2. Number who left before completing your program	3
Total	3

Narrative for Table 17: This program began in April 2007. All clients who are participating in the program have been enrolled for 3 months or less. The activities of the program require participation for about 6 months. No clients have completed the program this period. However, there are three clients who were active in the program but who left before completing. Data on these clients are noted below.

Table 18: Clients who Completed vs. Left before completing your program this year

	who completed	left before completing
1. Length of Stay	0	3
(a.) Average Length of Stay - In Days		58
(b.) Number of clients you have a record of the Number of Days they Stayed		3
(c.) Number of clients you do NOT have a record of the # of Days they Stayed		0
2. Abstinence Status <u>when left/discharged</u>:	0	3
Abstinent 6 months or more when completed/left		1
Abstinent less than 6 months when completed/left		1
Abstinent status unknown when completed/left		1
3. Parental & Custody Status <u>on Entry</u> to the Program	0	3
Not a parent (no children, and not pregnant)		0
Mothers <u>with</u> custody of children (not pregnant)		2
Mothers <u>without</u> custody of children - either parental rights have been terminated or they have voluntarily, legally transferred parental rights for all children (not pregnant)		0
Pregnant – first pregnancy		0
Pregnant – not first pregnancy, also has custody of other children		0
Pregnant – not first pregnancy, but parental rights were terminated or voluntarily, legally transferred for all previous children.		1
4. Parental/Custody Status <u>on Leaving</u>		
Number of pregnant clients who were able to keep their infant, did not lose custody to CP services.		1
5. Termination of Parental Rights <u>Prior to Entry</u>	0	3
Not a parent (no children, and not pregnant)		0
First pregnancy, no children at program entry		
Pregnant, Parental Rights Terminated for all other children		
Pregnant, Parental Rights Not Terminated for all other children		1
Not Pregnant, Parental Rights Terminated for all children prior to Program Entry		

Table 18: Clients who **Completed vs. Left before completing** your program this year

	who completed	left before completing
Not Pregnant, Parental Rights Not Terminated for all children prior to Program Entry		2
Termination of Parental Rights Information prior to Program Entry Unknown		
6. Termination of Parental Rights While in Program	0	3
Does not apply – not a parent or all parental rights terminated prior to entry		
Parental Rights were Terminated while In This Program		
Parental Rights were Not Terminated while In This Program		3
Unknown if Parental Rights were Terminated while in this Program		
7. Voluntarily, Legally Transferred Parental Rights Prior to Project Entry	0	3
Not a parent (no children, and not pregnant)		
First pregnancy, no children at program entry		
Pregnant, Parental Rights voluntarily, legally transferred for all other children		
Pregnant, Parental Rights Not voluntarily, legally transferred for all other children		1
Not Pregnant, Parental Rights voluntarily, legally transferred for all children prior to Program Entry		
Not Pregnant, Parental Rights Not voluntarily, legally transferred for all children prior to Program Entry		2
Termination of Parental Rights Information prior to Program Entry Unknown		
8. Transferred Parental Rights while in Program	0	3
Does not apply – Did not have any children to Voluntarily, Legally Transfer Parental rights for while in the Program (either not a parent or all parental rights terminated or voluntarily, legally transferred prior to entering your program)		1
Voluntarily, Legally Transferred their Parental Rights while in this Program		
Have legal custody of children but did not Voluntarily, Legally Transfer Parental Rights while in this Program		2
Have legal custody of children and Unknown if voluntarily, legally Transferred Parental Rights while in this Program		
9. Involved with Child Protection (CP) at Program Entry	0	3
Involved with CP at Entry (under investigation/open case)		
Not Involved with CP at Entry		3
Unknown if Involved with CP at Entry		
10. Became involved with Child Protection (CP) while in the Program	0	3
Became Involved with CP while in the Program		1
Did Not become Involved with CP while in the Program		2
Unknown if became Involved with CP while in the Program		

Table 18: Clients who **Completed vs. Left before completing** your program this year

	who completed	left before completing
11. Involvement with Child Protection (CP) closed while in this Program	0	3
Involvement with Child Protection ended while in this Program		
Left the program while still involved with Child Protection		1
Never Involved with CP while in this Program		2
Left with unknown Child Protection status		
12. Child living with someone else due to a Child Protection court order or other actions by Child Protection Services at Entry (does not include children living with others due to termination of parental rights or voluntary, legal transfer of parental rights) .	0	3
Number of Women who have children living with someone else due to a Child Protection court order or other actions by child protection services at entry		
Number of Women who do NOT have children living with someone else due to a Child Protection court order or other actions by Child Protection Services at entry		3
Number of Woman it is "Unknown" if they have children living with someone else due to a CP court order or other actions by CP services at entry		
Number of children from #10 above who are living with someone else due to a Child Protection court order or other actions by child protection services?		0
13. Child living with someone else due to a Child Protection court order or other actions by Child Protection Services when client left (does not include children living with others due to termination of parental rights or voluntary, legal transfer of parental rights) .	0	3
Number of Women who have children living with someone else due to a Child Protection court order or other actions by CP services when client left.		
Number of Women who do NOT have children living with someone else due to a Child Protection court order or other actions by CP Services when client left		3
Number of Woman it is "Unknown" if they have children living with someone else due to a CP court order or other actions by CP services when client left		
Number of children from #11 above who are living with someone else due to a Child Protection court order or other actions by child protection services?		
14. Women Re-united with their Children	0	1
Women Re-united while in your program with children who were in CP/foster care		1
Women whose children were still in CP/foster care when they left the Program		
Unknown if re-united with their children while in your program		
# of Children re-united with their mother while she was in your program		1
15. Completed a Parenting Program while in your program	0	3
Length in hours of your Parenting Program		39

Table 18: Clients who **Completed vs. Left before completing** your program this year

	who completed	left before completing
Completed a Parenting Program		0
Did Not complete a Parenting Program		3
Unknown if completed a Parenting Program		
16. On entry, living arrangements were . . .	0	3
Supportive to recovery		3
Not supportive to recovery		
Unknown		
17. On Leaving, living arrangements will be . . .	0	3
Supportive to recovery		2
Not supportive to recovery		
Unknown		1
18. Using a form of birth control at Entry	0	3
Does not apply – pregnant at Entry		1
Yes		2
No		
Unknown		
19. Using a form of birth control when left the program	0	3
Does not apply – pregnant when left		0
Yes		2
No		
Unknown		1
20. Under the Jurisdiction of the Court or on Probation/Parole at Entry	0	3
Under the jurisdiction of the court or on Probation/Parole at entry		
Not under the jurisdiction of the court or on Probation/Parole at entry		3
Unknown if under the jurisdiction of the court or on Probation/Parole at Entry		
21. Under the Jurisdiction of the Court or on Probation/Parole when Left	0	3
Under the jurisdiction of the court or on Probation/Parole when left		1
Not under the jurisdiction of the court or on Probation/Parole when left		1
Unknown if under the jurisdiction of the court or on Probation/Parole when left		1
Number of clients who were not under court jurisdiction on entry, but came under the jurisdiction of the Court while in the Program		1
Number of clients under court jurisdiction at entry who re-offended while in the program		0
Number of clients whose jurisdiction under the court/probation/parole ended while in the program		0

Table 18: Clients who Completed vs. Left before completing your program this year

	who completed	left before completing
22. MFIP client at Entry	0	3
MFIP client at Entry		3
Not in MFIP at Entry		
Unknown if in MFIP at Entry		
23. MFIP client when Left	0	3
MFIP client when left		2
Not in MFIP when left		
Unknown if in MFIP when left		1
24. Mental Health Diagnosis at Entry	0	3
Mental Health Diagnosis on Entry		2
No Mental Health Diagnosis on Entry		
Unknown if Mental Health Diagnosis on Entry		1
25. Mental Health Diagnosis when Left	0	3
Mental Health Diagnosis when left		2
No Mental Health Diagnosis when left		
Unknown if Mental Health Diagnosis when left		1
26. FASD		
Number of clients who enter your program with a FASD diagnosis		0
Number of clients left your program with a FASD diagnosis		0
Number of clients enter your program with a child diagnosed with FASD		1
Number of clients left your program with a child diagnosed with FASD		1
Number of children (of the women who left the program this year) diagnosed with FASD when their mother entered the program.		2
Number of children (of the women who left the program this year) diagnosed with FASD when their mother left the program.		2
27. When left - Number of women:	0	3
Children's immunizations were up-to-date at Discharge		1
Children's immunizations were NOT up-to-date at Discharge		
Immunization Status of Children Unknown		2
28. Tobacco Use on Entry	0	3
Uses Nicotine/Tobacco on Entry		2
No Nicotine/Tobacco use on Entry		1
Unknown if uses Nicotine/Tobacco on Entry		0

Table 18: Clients who Completed vs. Left before completing your program this year

	who completed	left before completing
29. Tobacco Use when Left	0	3
Uses Nicotine/Tobacco when left		1
No Nicotine/Tobacco use when left		1
Unknown if uses Nicotine/Tobacco when left		1
30. Labor Force Status on Entry:	0	3
Employed Full-time (35 or more hrs/wk)		
Employed Part-time (under 35 hrs/wk)		
Retired		
Disabled		1
Laid off/Unemployed – looking for work		
Laid off/Unemployed – not looking for work & not in school or a job program		2
Laid off/Unemployed – not looking for work but in school or a job program		0
Other*		
Unknown		
31. Labor Force Status on Leaving:	0	3
Employed Full-time (35 or more hrs/wk)		
Employed Part-time (under 35 hrs/wk)		
Retired		
Disabled		
Laid off/Unemployed – looking for work		
Laid off/Unemployed – not looking for work & not in school or a job program		1
Laid off/Unemployed – not looking for work but in school or a job program		
Other*		1
Unknown		1
32. School – Vocational Training on Leaving your program	0	0
Enrolled, full time in school or a Job/Vocational Training program		
Enrolled, part time in school or a Job/Vocational Training program		
Completed GED or received High School (HS) Diploma while in the program		
Completed Vocational/Job Training or Education beyond HS while in the Program		
Reactivated a vocational license or obtained vocational license or certificate.		
33. Compared to Employability at Entry, # of Clients that are more ‘Employable’ when they Left the Program		0

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

How does your program define “Living Arrangements Supportive of recovery”?

Narrative for Table 18: For Line 4, the baby was placed out of the home after the delivery, but then reunited before the client left the program. Lines 12, 13, and 14 refer to the same client. Her infant was placed out of the home at birth (while she was in the program), but was reunified before the client left the program. For this reason, the placement activity is not counted in Lines 12 and 13, but the reunification is counted in Line 14. For Line 31 (Labor Force Status on Leaving), the "other" refers to a client who was on leave from a job.

Table 19: Self-Reported Change in Drug Use on Leaving the Program Compared to Use 30 days prior to CD Treatment Program Entry

	For those who completed	For those who left before completing
1. Increase - Using Drugs/Alcohol More		
2. Using Drugs/Alcohol at the Same Level		1
3. Decrease - Using Drugs/Alcohol but using Less		
4. Decrease - Not Using Drugs/Alcohol at all		1
5. Drug/Alcohol Use Unknown		1
Total	0	3

Narrative for Table 19: