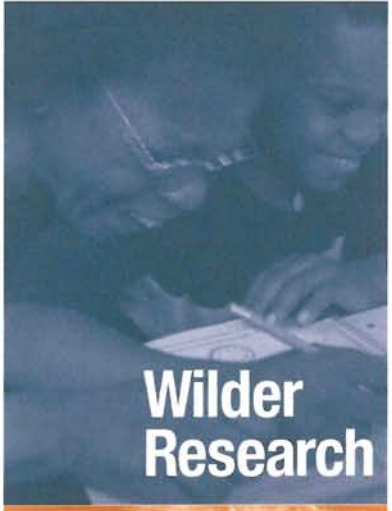

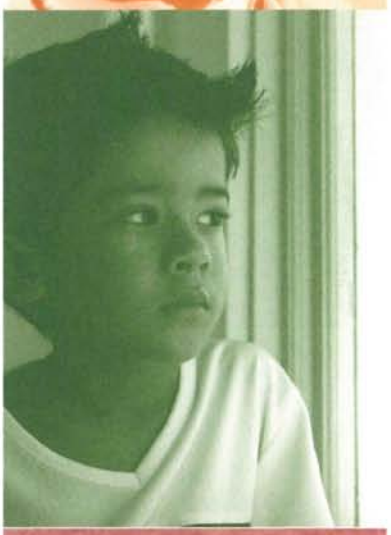

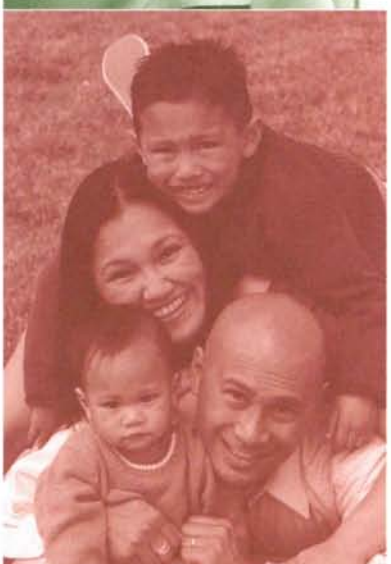

The Tubman Effecting Positive Change Program

Annual evaluation report

JULY 2009

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Introduction

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

This report summarizes data collected from 35 women (36 total admissions) who participated in the Effecting Positive Change program from July 1, 2008 through June 30, 2009. This includes a description of the services and activities provided to clients, a client success story, and a description of the evaluation, including process and preliminary outcome results. A discussion of the findings, lessons learned, and future steps are also presented.

Program background

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

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

Target population

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

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

Program services

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

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

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

Program staff

For most of the grant year, services were provided by a total of seven staff, although several staff assumed new roles in the program during the past year (see Figure 1). These staff changes include: a) the hiring of a LADC in August 2008 to replace a LADC who resigned, b) the hiring of an EPC Case Manager in July 2008 to replace a case manager who resigned, c) the return of the Maternal Child Health Nurse in February 2009 after having retired eight months prior, and d) the position of EPC Program Director was transferred to a new staff person in January 2009. The program was fully staffed at the end of June 2009.

1. Full-time equivalent staff (FTEs)

Staff	Status as of June 2008	FTEs
Licensed Alcohol and Drug Counselor, Team Lead	Hired August 2008	1.000
EPC Case Manager	Hired July 2008	1.000
Maternal Child Health Nurse*	Returned February 2009	.200
Child Development Specialist/EPC Coordinator	Active	.625
Early Childhood Specialist/Childcare Provider	Active	.500
Therapist specializing in FASD	Active	.175
EPC Program Director	Active	.150
TOTAL (currently active as of June 30)		3.65

Services summary

The following is a summary of the services provided through the Tubman Effecting Positive Change (EPC) program during the past quarter and year-to-date. Services and activities provided to clients are described in accordance with the program goals and objectives outlined in the Grant Contract.

Goal A. Grantee shall decrease substance use for women with dependent children and pregnant women by increasing access to treatment support/recovery maintenance services for these women.

> **A1. 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 twelve (12) months prior to entering the Substance Abuse Treatment Expansion for Pregnant Women and Women With Dependent Children program.**

A variety of services were provided to the families participating in the EPC program. All of the women who entered the program this quarter were either currently in a licensed CD treatment program (N=1) or had completed a program within the past 12 months (N=3). Year-to-date, nine women were in licensed CD treatment programs at the time of their entry into the program, and 13 had been in treatment within the past 12 months at program enrollment. These services include: case management, to ensure access to health care coverage, job training, stable housing, and medical and dental care; chemical health treatment and/or recovery support; group and in-home parenting education; group and individual counseling; acupuncture; financial education; education regarding Fetal Alcohol Spectrum Disorder (FASD); FASD screening; mental health screening and referral; and child care while participating in services.

> **A2. The Grantee will also serve women who are abusing substances and who are not in treatment with the condition that these women will enroll in treatment if they are still abusing substances within three months.**

Program staff will enroll women into the EPC program who are abusing substances and not currently in treatment if they enroll in treatment within three months. All of the women admitted to the program this quarter, and year-to-date, had either completed a licensed CD treatment program within the past 12 months or were currently in treatment.

A3. Services will be provided for a minimum of six (6) months to a maximum of twelve (12) 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.

All EPC services provided to women who entered the program this quarter and over the past year occurred within this time frame. Of the women who entered the program this quarter, the average length of participation was 67 days. During the past year, average participation length was 172 days (including women who had discharged and women who were still receiving services as of June 30, 2009). The maximum number of days any woman had received services was 304 days.

A4. Grantee shall provide women's specific treatment support/recovery maintenance services with the goal of successful completion for sixty (60) women and thirty-five (35) children each grant year. Services will be provided through this grant with the understanding that the women who have not completed the program by June 30, 2011 will no longer be funded under this DHS grant-funded program.

Treatment support/recovery maintenance services were provided to a total of 19 women (18 unduplicated) and 27 children during the April-June 2009 period, including four women and their children admitted to the program during the past quarter.

Over the past year, treatment support/recovery maintenance services were provided to a total of 36 women (35 unduplicated) and 51 children. Although the program more than met the goal of serving 35 children over the past year, the target goal of serving 60 women during the grant year was not quite met. In hopes of increasing the number of women entering the program, staff have begun providing additional outreach to women who were in various stages of change regarding their chemical use, in an effort to build relationships and increase the likelihood that women who met the eligibility criteria would either enter treatment and/or join EPC after completion. Pre-engagement strategies the past six months have included Rule 25 assessments, guest-facilitating support groups in our co-occurring programs, and meeting face-to-face with women who have experienced interest in the program but have not yet completed treatment (either with other providers or with Tubman). Several women "interviewed" for the program, but no formal intake was done as they did not yet meet the eligibility criteria. Examples include a woman who was still using (pre-contemplative stage) and chose not to go into treatment, a woman who decided to leave treatment before officially graduating when given the opportunity to secure long-term affordable housing, and another woman who found housing outside of the metro area. In the coming quarters, we look forward to learning how many of these women in those co-occurring groups do go on to join EPC.

Specific services provided to these families are described in the remainder of this section.

A5. Grantee shall complete individual care plans, developed by a Licensed Alcohol Drug Counselor (LADC) and multi-disciplinary team, for Tubman in Women and Children's Grant participants.

The Licensed Alcohol Drug Counselor (LADC), with input from other program staff, completed individual care plans for all four women who entered the program this quarter, and all 21 women who entered the program this grant year.

A6. Grantee shall ensure that the following are included in each participant's care plan: 1) therapeutic interventions and trauma services to address issues of relationships, emotional, sexual and physical abuse; and 2) housing, financial management and job training/education.

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

A7. Grantee will have an acupuncturist available twelve (12) hours per week to support reduction of cravings and maintainance of sobriety.

An acupuncturist was made available on-site to all clients participating in the program. This service was provided through a subcontractor (Amy Martel, M.Ac., L.Ac., Dipl.Ac.) who was available to clients during Effecting Positive Change groups, other chemical health groups clients participate in through Tubman, and for walk-ins once a week. During the quarter, EPC staff referred four women for in-house acupuncture services. Year-to-date, a total of 21 women were referred for acupuncture services through Tubman (Tubman Center).

A8. The LADC and or other program staff will assess immediate and ongoing needs of each participant at the time of admission and weekly throughtout program participation. The assessment will evaluate the client's needs for the following services: physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs. Based on the individual assessment of needs, the multidisciplinary team will provide or refer women to services throughout their treatment and at the time of discharge.

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

2. Referrals at intake for clients admitted during the past quarter (April – June 2009) and over the past grant year (July 2008 – June 2009)

Need	Current quarter (N=4)	Year-to-date (N=21)
Acupuncture	1	18
Housing	2	14
Childcare	3	19
Nutritional needs	0	3
Physical health needs	0	4
Relationships/social support	1	4
Job training/education	1	4
Dental needs	0	1
Mental health needs	0	1
Financial management	1	3
Legal issues	0	1
FASD information/training	0	1
ECFE	1	1
Breastfeeding support group	0	0
Culturally specific needs	0	0
Emergency needs	0	0
Family recreational activities	0	0
MFIP	1	1
WIC	1	4
Other[a]	3	9

[a] *Other referrals provided include Planned Parenthood, parenting, employment, sober support (n=3), reunification, furniture transport, and support networks.*

Staff also monitors the ongoing needs of clients on a weekly basis and make referrals (within and outside of Tubman [Chrysalis Center]) as appropriate. Over the past quarter, EPC staff addressed a range of issues with the 18 clients served this quarter (see Figure 3). Services and referrals provided to the 36 clients served year-to-date are summarized in Figure 4.

3. Services and referrals provided to clients served between April – June 2009 (N=18)

Issue/need	Number of clients provided direct service by EPC staff	Number of clients referred to another Tubman program	Number of clients referred to outside agency*
FASD information/training	18	0	0
Chemical health/sober support	15	0	3
Relationships/social support	13	0	0
Acupuncture	12	0	0
Mental health needs (parent)	11	4	1
Childcare	9	0	0
Nutrition	7	0	2
Family recreational activities	6	0	1
Housing	4	3	2
Legal issues	4	3	0
Medical needs (parent)	4	0	2
Job training/education (parent)	3	1	1
Medical needs (children)	3	0	0
Emergency needs	2	0	1
Breastfeeding support	2	0	1
Education (children)	1	0	0
Mental health needs (children)	1	1	0
Culturally specific needs	1	0	0
Financial management	0	5	0
MFIP	0	0	1
WIC	0	0	0
Dental needs (parent)	0	0	0
Dental needs (children)	0	0	0

* *Outside agencies listed below.*

4. Services and referrals provided to clients served during the past year: July 2008 – June 2009 (N=36)

Issue/need	Number of clients provided direct service by EPC staff	Number of clients referred to another Tubman program	Number of clients referred to outside agency*
FASD information/training	36	0	0
Chemical health/sober support	27	3	12
Relationships/social support	26	2	8
Mental health needs (parent)	25	12	6
Acupuncture	21	0	0
Nutrition	19	0	3
Housing	17	7	12
Job training/education (parent)	15	3	8
Family recreational activities	15	4	2
Childcare	15	3	4
Medical needs (parent)	13	0	8
Legal issues	12	7	1
Financial management	11	6	3
Emergency needs	9	1	1
Mental health needs (children)	7	2	1
Breastfeeding support	7	0	1
Medical needs (children)	4	0	0
WIC	3	0	3
Education (children)	3	0	0
Culturally specific needs	3	0	2
MFIP	1	0	2
Dental needs (parent)	1	0	2
Dental needs (children)	1	0	1

* *Sample of outside agencies listed below.*

This quarter, referrals for the client needs listed below were made to the following community-based organizations and services:

- Medical (parent): a medical clinic (n=2); Quit Now (smoking) program (n=2)
- Chemical health/sober support: chemical dependency treatment (n=1); AA meetings (n=2)
- Mental health (parent): therapist (n=1)
- Family recreational activities: Tics for Tots (n=1); YMCA (n=2)
- Job training/education: post-secondary education
- Housing: list of transitional housing resources (n=1) [see appendix for full list]
- Nutrition: a food shelf (n=1)
- Breastfeeding support: Planned Parenthood (n=1)
- Emergency needs: County emergency assistance (n=1)
- Other referrals: exercise (n=5)

In addition, five clients attended a Health and Wellness Fair together that was sponsored by Tubman and featured representatives from many community agencies providing health information on a variety of topics, massage, aromatherapy, and other holistic wellness techniques.

A9. The LADC will ensure that all participating women have either received a mental health assessment prior to admission, or will complete a mental health screen and will facilitate referral for an assessment when appropriate.

Prior to entry into the program, all clients complete the Tubman Adult Symptom Checklist, in which they report on their feelings, thoughts, and behaviors over the past several weeks. Staff also inquire as to whether clients have received a mental health assessment in the past six months or are currently in therapy. Three of the four women who entered the program this quarter received an assessment prior to their admission to the EPC program. The remaining woman was scheduled to have her assessment done by her Child Protection worker. Year-to-date, mental health screenings were conducted with 16 women prior to their entry into the program. The child protection workers of two women requested that

they conduct this assessment with the women and had made appointments for these assessments. Mental health screenings for two women were assessed internally.

A10. Grantee shall ensure either directly or through referral, that all program participants have their physical health needs met including family planning, medical (including HIV/AIDS, STDs) and dental care, while participating in this program. Grantee will assist participants in obtaining Medical Assistance when appropriate.

Clients' physical and dental health needs are routinely addressed by program staff at intake and throughout their participation in the program. At intake, three of the four new clients reported current medical concerns (unspecified). All four new clients had a primary care clinic at program entry, a primary care physician, and had had a physical in the past year.

Of the 21 clients admitted to the program this year, 13 expressed medical concerns at program entry. Nineteen had a primary care physician at entry, and 18 had a primary clinic at entry and had received a physical in the year prior to entry.

Four clients admitted this quarter received case management support for medical needs, and two of these clients were referred to a medical clinic for additional assistance. No clients received case management support or referrals related to dental needs this quarter.

Year-to-date, 13 of the 21 women admitted to the program this year received case management support for medical needs, 8 of whom were referred out to medical clinics, obstetricians, Planned Parenthood, and for medications. One client year-to-date received case management support for dental needs, and two clients were referred out for dental care.

All four new clients admitted to the program this quarter were already receiving Medical Assistance when they entered the program (either straight MA or PMAP). Year-to-date, 18 of the 21 women who entered the program this year were already receiving some form of Medical Assistance at program entry. EPC staff assist clients without MA obtain this assistance when they are eligible.

A11. Grantee will visit with participants in their homes or in the office at a minimum of once per month and, for those addicted to methamphetamine – a minimum of once a week, to provide treatment support/recovery and maintenance services. An emphasis will be placed on building trust, encouragement and developing a support network.

This past quarter, program staff visited with 12 clients in their homes or at the program site (between 1 and 6 visits per client). When possible, clients were met with a minimum

of once per month, or weekly for clients addicted to methamphetamine. Additional visits or meetings were scheduled with clients as needed. Five clients did not have any visits this quarter, for multiple reasons: one client was homeless with no phone or address to locate her; a few were residing in treatment centers or shelter and staff could not obtain the signed releases needed to visit them; and attempts to visit one client were made after numerous phone calls, but the client did not answer the door.

Year-to-date, program staff conducted home or office visits with a total of 31 women, each of whom received between 1 and 18 visits.

A12. Grantee will provide a weekly support group for women in the program, in addition to regular home and office visits.

A one and one-half hour ongoing weekly support group is provided for all women participating in the program. The support group is facilitated by at least two program staff. After checking in with each client, the facilitators lead the group in a discussion of client-determined topics. Topics this quarter have included: Showing up in Recovery; Assertiveness; Life Lessons; Balancing Motherhood and Sobriety; Gratitude; Making good choices in your recovery; Asking for help; Personal Inventory; Health and Wellness; Parental Messages; Healthy Boundaries; Humor; Identifying Feelings; Sensory/memory exercise; and, Coping with the 'out of control'.

Thirteen clients participated in the weekly support group during the past quarter, attending between 1 and 14 groups each. The remaining five clients served this quarter could not attend the support group because of conflicts related to employment, court dates, doctor (obstetrician) appointments, and primary treatment. In order to address these types of conflicts, EPC restructured their program beginning last quarter, offering two support groups, one during the day and one in the evening which has begun to show an increase in group attendance.

Year-to-date, 26 clients participated in the weekly support groups, participating in 1 to 25 groups per client.

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

A13. Grantee will conduct alcohol and drug testing at entry, randomly throughout participation in the program, and at discharge from the program on all participants.

Random urine analyses (UAs) were conducted with six clients this quarter, each of whom received between one to seven UAs. Year-to-date, 10 clients have received UAs

(between 1 and 19 UAs each). Several clients also participate in UAs through their probation or transitional housing.

A low number of UAs were conducted this quarter because of a transition within the program to a new method for UAs, one which will specify the drug involved and provide more detail related to the outcome. This new method will also provide instantaneous results, which will allow program staff to intervene and provide assistance to clients immediately. Because of a delay in receiving the new testing equipment, the program ran out of the old testing supplies and was unable to continue offering UAs during the interim transition period. If clients needed or wanted a UA, however, program staff did provide funding for clients to go to Southside for the UA. The program's capacity to administer UAs will substantially improve next year with the new testing equipment in place.

A14. Childcare will be provided on site by the Tubman Child Care Program.

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

Over the past quarter, a total of nine children were provided regular (3 or more visits) onsite childcare at Chrysalis Center; an additional four children participated in childcare at Chrysalis Center on one or two occasions. These children ranged in age from 8 weeks to 9 years of age. No funds were spent on offsite childcare this quarter.

Year-to-date, 31 children received regular childcare through Tubman (Tubman Center). Childcare is most often provided when clients are attending groups or during one-on-one sessions with clients. The children's programming kit curriculum is used for children in childcare as needed. In addition to childcare, children are seen by program staff during home visits with clients, school visits, and while they are in foster care.

A15. Grantee will provide transportation to and from treatment, health, and rehabilitative activities (i.e., primary medical care including referral for prenatal care, trauma services, peer recovery support groups, aftercare, job search). Transportation will be provided primarily through taxis, gas vouchers or bus tickets.

Because EPC cannot provide direct transportation services, transportation assistance is provided to clients in the form of payment for taxis and bus vouchers. Over the past

quarter, program staff provided $752.17 in transportation assistance to four clients, in the form of bus tokens and cab rides. Year-to-date, $1,068.41 has been spent on transportation assistance to clients.

A16. Grantee will provide basic budgeting and/or financial management training to program participants.

Budgeting and/or financial management training is provided to all clients by program staff on an individualized basis to accommodate the unique needs and goals of each client. Training can include checking in with clients on current financial status (i.e., ability to pay rent), development of a budget, financial counseling, and determining financial goals (i.e., buying a house).

EPC staff did not address financial management issues with any clients receiving services this past quarter, although five clients were referred to quarterly Tubman's financial management class.

Year-to-date, 11 clients have had their financial management needs addressed by EPC staff directly, 6 sought further assistance through Tubman's financial management class, and 3 were referred to outside agencies for additional assistance.

A17. When all other resources have been exhausted, grantee may fund one time purchase of cleaning and basic household supplies such as; garbage bags, toilet paper, toilet brush, broom, laundry detergent etc., personal hygiene products and baby care necessities. Grantee may pay for moving costs to escape unhealthy living situations, utility payment to prevent disconnection, and other situations when all other resources have been exhausted.

None of the newly admitted clients were referred for emergency needs at intake. Throughout the quarter, program staff addressed the emergency needs of two clients, one of whom was referred to an outside agency for additional assistance. Year-to-date, EPC staff have addressed the emergency needs of nine clients, one of whom was referred to Tubman programming for assistance, and one of whom was referred to an outside agency for additional assistance.

No emergency funds were spent on clients this quarter.

A18. Grantee will assist program participants with researching available resources at the city or county relative to safe and affordable transitional housing as soon they are enrolled in the program.

Program staff addressed housing issues with four clients this past quarter, two of whom received referrals to outside agencies for further assistance, while three were referred for additional services in-house. Referrals were made to various transitional housing resources in the metro area (see appendix for full list).

Year-to-date, EPC staff have addressed the housing needs of 17 clients, 12 of whom were referred to outside agencies for assistance, and 7 who were referred to Tubman programs for housing assistance.

A19. On discharge, the program's LADC will complete an individual continuing care plan with each Effecting Positive Change in Women & Children participant that specifies the individual's goals, length and location of continuing care programming and facilitation of referrals to services within the participants home location.

Seven clients were discharged from the program between April and June 2009, two of whom successfully completed the program. EPC Case Managers completed a continuing care plan for these two clients.

Year-to-date, 24 clients have discharged from the program, 11 of whom have successfully completed the program. Continuing care plans were developed for each of these clients.

A20. Grantee will provide in person or by telephone, contact with participants who are discharged four weeks from discharge, to follow-up on parenting and other recovery maintenance resource access and utilization issues to support positive independent transition into their community.

Two clients successfully discharged from the program between April and June 2009. Staff were able to conduct follow-up with one of these clients post-discharge to address parenting and other recovery maintenance issues. The client was doing well, employed, and maintaining her sobriety. Staff are continuing to attempt to reach the second client.

Year-to-date, 11 clients have successfully discharged from the program. Staff have challenged by trying to reach discharged clients for a follow-up. Staff have made multiple attempts to follow-up in person, by mail and by telephone and were unsuccessful due to the transient nature of the population. Letters sent to clients were returned in the mail, cell phones lacked sufficient minutes, and emergency contact phone numbers were no longer valid.

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

B1. Grantee will provide a minimum of twenty (20) hours of group Parent Training to all participants. The Training will include ten (10) two-hour group sessions. There will be one (1) ten-week session offered each quarter using Tubman Parenting Curriculum. Grantee will review each individual's progress each quarter. Participants found to need additional parenting education skills will be referred for further training and one-on-one parenting education.

Group parent education provided to women in the EPC program incorporates the information addressed in Tubman's general parent education classes with information from the *Children's Program Kit: Supportive Education for Children of Addicted Parents* curriculum. Although the curriculum is designed for use with children and youth (ages 5 to 18), the activities targeting adolescents were found to be developmentally appropriate for the clients themselves. The Effecting Positive Change parenting group also meets weekly for two hours on an ongoing basis.

A range of topics were addressed through the group over the past year. Topics included: Working through change; FAS discussion; Encouraging Cooperation; Teaching New Behaviors; Observing Emotions; Managing Emotions; Setting Limits; Following through; Communicating with children; Solving Problems; Managing Conflict; and, Messages you received as a child- do they become expectations for your children?

Twelve clients participated in the Effecting Positive Change parenting group over the past quarter, participating in 1 to 11 groups each. Clients attend groups throughout their participation in the Effecting Positive Change program and will ultimately complete, at minimum, 20 hours of group parent education. Additionally, parents are referred for individualized parenting support as needed. Some clients could not attend the groups this quarter due to work, school, primary treatment, doctor appointments, and court dates. Other clients have their parenting needs addressed through home visits or outside programs.

Year-to-date, 17 clients have participated in the EPC parenting group, attending between 1 and 18 groups.

B2. Grantee will administer the Adult-Adolescent Parenting Inventory (AAPI-2) pre-test within ten (10) days of service initiation. Grantee will administer the post-test after the client has completed twenty (20) hours of parent programming.

EPC continues to administer the AAPI-2 pretest within 10 days of program entry and the posttest after 20 hours of parent education. [Due to technical problems with the AAPI website and missing data, it is not possible to provide an update on the administration of pretest and posttest AAPIs at this time].

During the past grant year, 11 clients have completed an AAPI-2 pretest and 3 clients have completed an AAPI-2 posttest (although this is underestimation due to the AAPI website technical difficulties and missing data).

B3. Version A of the AAPI-2 is the pre-test and Version B of the AAPI-2 is the post-test. If clients are not taking the inventory on the website, but using the paper form, their results should be entered into the website within ten (10) days. All completed inventories are to be entered on the website and included in the Evaluation Section of the Year-End Report.

Program staff are entering the paper results of the AAPI forms into the website within 10 days.

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

At intake, the physical and dental health needs of all clients and their children are assessed. This quarter, no clients were referred for physical or dental health needs at intake. Year-to-date, four clients were referred for physical health needs at intake, and one for dental needs (see Figure 1).

Over the past quarter, staff addressed medical issues with four clients and three children, and referred two of these adult clients to a medical clinic for additional assistance. No parents or children required assistance with or referrals for dental care this quarter (see Figure 2).

Of the 27 children served by the program this quarter, 7 were screened by EPC staff this quarter and 7 were referred out for physical and dental health screenings. Year-to-date, 34 children have been screened. Some children were not screened because they did not live with their parent and were therefore not seen by program staff; they were previously screened and working on their learning plan; or, the infant was too young.

Year-to-date, EPC staff addressed medical issues with 13 parents and 4 children, and referred 8 parents out for additional assistance (see Figure 3). The dental needs of one parent and one child were addressed by EPC staff year-to-date, and two parents and one child were referred out for dental care year-to-date.

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

EPC staff work with clients to complete releases authorizing the collection of immunization records from the child's physician. These releases are sent by staff to physicians' offices to access records. As of June, 2009, immunizations were confirmed as up-to-date for all 27 children served this quarter. Year-to-date, immunization status was up-to-date for 43 of the 51 children served during the quarter.

B6. Grantee will refer participants to the Women's Infant's and Children's program, Minnesota Family Investment Program and the Public Nurse Home Visiting Program for newborns upon admission into the Effecting Positive Change in Women & Children's program.

One of the four clients who entered the program this quarter was referred to the Minnesota Family Investment Program (MFIP) at intake, although all four were already receiving Medical Assistance and food support through MFIP at program entry, and two of were receiving cash assistance through MFIP at entry.

One client was referred to the Women's Infant's and Children's program (WIC) at intake, and none were already receiving WIC at the time they entered the program. No clients were referred to the Public Nurse Home Visiting Program this quarter as their needs were met by the maternal health nurse on the EPC team, who does home visits.

Year-to-date, one client was referred to MFIP and three clients were referred to WIC at intake. While in the program, three clients were referred to WIC and two clients were referred to MFIP (see Figure 3).

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

During the past quarter, EPC staff provided breast feeding support/information to two clients. One client was referred out to Planned Parenthood for additional breast feeding support this quarter.

Year-to-date, breast feeding support/information has been provided to seven women and one was referred out (to Planned Parenthood) for additional breast feeding support. No referrals were made to ECFE this quarter or year-to-date.

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

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

Of the clients served this quarter, three were pregnant; of these women, two gave birth this quarter. These clients were provided a range of services related to their pregnancies and/or deliveries, including nutritional assessments, support/information to address the stresses related to becoming a new parent, information about age-appropriate activities for infants, available housing resources for women in recovery with children, support regarding changing roles and stressors in relationships, as well as visits at home or at the hospital by the EPC nurse. Year-to-date, six clients served by the program were pregnant and received prenatal and postpartum care.

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

Two infants were born to two clients this quarter (four infants have been born year-to-date). Program staff routinely asks expectant mothers to sign an authorization form allowing the toxicology screening be performed by the hospital and a release permitting results to be shared with the program. This quarter, a (negative) toxicology screening was obtained from one of the mothers who gave birth this quarter but despite multiple requests and the mother's authorization, the hospital has not released the infant's toxicology screening results. In the second case, the mother was not able to sign the release authorizing the toxicology screening prior to her giving birth, so those screenings for mother and infant were not conducted.

Program staff will continue to work with expectant mothers to have the toxicology screening releases signed prior to their due dates, and follow-up with hospitals for the results once requested.

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

Fetal Alcohol Spectrum Disorder (FASD) education was provided to all clients through the parent education groups as well as on an individualized basis. Through the parenting group, clients learned about FASD, the effects of alcohol on a fetus, types of FASD, co-existing diagnoses, cognitive and adaptive functioning with FASD, characteristics associated with FASD, and strategies for helping children with FASD.

During the past quarter, EPC staff further addressed FASD issues with four clients. Year-to-date, FASD issues were addressed with four clients.

Goal D. Grantee will decrease the likelihood children of women in substance abuse treatment support/recovery maintenance services will become chemically dependent by providing age-appropriate children's programming, including the *Children's Program Kit: Supportive Education for Children of Addicted Parents*, for children in the custody of Effecting Positive Change in Women & Children program participants, serving children of sixty (60) women each grant year.

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

The physical, mental, and developmental needs of all children receiving childcare services through the Effecting Positive Change program are assessed by the Early Childhood Specialist/Childcare Provider. Multiple areas of development and need are assessed, including: social development, emotional development, physical development, motor development (fine and large), cognitive development, language development, personal care skills, and mother-child interactions. This quarter, Tubman assessed 21 children for mental, physical, and developmental needs. Assessments were either not conducted or it is unknown if they were conducted for six children. Assessments were not conducted with these children because program staff were not able to see them for various reasons: the child is not living with mom/living in foster care; the child is in school all day (full school schedule); or, the child has previously been assessed and is working on an ILP (individual learning plan).

The program also provided emotional/mental health support to one child this quarter, who was also referred out for additional support in this area. Year-to-date, the mental health needs of seven children have been addressed by program staff, two of whom were referred to a program at Tubman for additional support, while one was referred to an outside program for mental health support.

The physical health (medical) needs of three children and the educational needs of one child was addressed by program staff this quarter. No children required referrals for educational or physical health/medical needs this quarter.

Year-to-date, 35 children have been assessed for mental, physical, and developmental needs.

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

Over the past year, the *Children's Program Kit: Supportive Education for Children of Addicted Parents* curriculum was modified for use with children of Effecting Positive Change clients receiving childcare services through Tubman, as the curriculum targets children over age 5 and most of the children served are generally under age 5. Given children's ages, educational support was generally provided on an individualized basis, rather in a group format. The asset-based approach of the curriculum, as well as the focus on skill-building in areas such as problem solving, communication, resilience, relationships, and self-care, were the components most relevant to working with younger children and adapted for the age group served. Many of the children are being seen in home visits, however, as it is often difficult for parents to get to the program.

During the past quarter, however, many of the client's children were out of school and received childcare services through Tubman. Consequently, the curriculum was used with a larger group of children. Topics addressed: identifying feelings, places that are safe, people that are safe, healthy ways to deal with feelings (such as anger, disappointment, and sadness), how addiction can feel out of control (demonstrated via skits), and how life can be easier when you share your feelings. Four children ages 3 to 6, and eight children ages 7 to 12, received the curriculum this past quarter.

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

Grantee complied with this item.

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

Grantee complied with this item.

Goal G. Grantee shall provide interim services to pregnant women in need of treatment in compliance with all applicable requirements in Health and Human Services Code of Federal Regulations (CFR) Title 45, Part 96.131 (a) Federal Block Grant requirements relating to drug and alcohol treatment programs and their role in the provision of treatment to injection drug users (IDU's) and substance abusing pregnant women.

Grantee complied with this item.

Goal H. Grantee shall provide the State with up to five (5) days each fiscal year to participate in site visits or attend other meetings on request.

Grantee complied with this item.

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

I1.	**All chemical health staff attend agency trainings required by Rule 31 including (12) hours of training in co-occurring mental health and chemical abuse/dependence.**

This quarter, EPC staff participated in all of the trainings summarized in Figure 5, including: Parent teaming; Conversations in mental health; Ethics: Where counseling, patient care, and law intersect; FASD training; Building Strong Foundations (early childhood mental health); and, Continuing conversations in chemical health: Impact on children. The co-occurring mental health and chemical abuse/dependence trainings this

quarter include: Building Strong Foundations (early childhood mental health) and Continuing Conversations in Chemical Health: Impact on Children.

See Figure 6 for a list of all trainings attended by program staff year-to-date. Co-occurring mental health and chemical use trainings in which staff participated over the past year include: Integrated Dual Disorders Treatment (IDDT) training, Conversations in Mental Health: Adolescent Issues, Providing trauma-informed services, Building Strong Foundations (early childhood mental health), and Continuing Conversations in Chemical Health: Impact on Children.

I2. Staff will also attend agency and community trainings on FASD, effective strategies for treating women and children, and cultural competence.

This quarter, staff participated in several continuing education activities related to FASD, treatment strategies, and/or cultural competence. These include: Parent teaming; Conversations in mental health; Ethics: Where counseling, patient care, and law intersect; FASD training; Building Strong Foundations (early childhood mental health); and, Continuing conversations in chemical health: Impact on children (see Figure 4).

I3. The LADC will participate in cultural competency training required for her licensure and he/she will share the information learned with team members.

The LADC participated in cultural competency training in previous quarters, or other program staff attended such trainings and shared the information with the LADC (e.g., Conversations in Chemical Health: Cultural Competency).

5. Continuing education activities for program staff: April-June 2009

Training activity	Total staff in attendance	Participating staff	CEU hours
Parent Teaming training	1	EPC Case Manager	8.0
Conversations in Mental Health: Adolescent Issues	1	Child Development Specialist	4.0
Ethics: Where Counseling, Patient Care and Law Intersect	1	LADC	6.0
FASD training	1	EPC Case Manager	3.0
Building Strong Foundations (early childhood mental health), St. Cloud	4	EPC Case Manager, LADC, Child Development Specialist, EPC Program Director	6.0
Continuing Conversations in Chemical Health: Impact on Children	3	Child Development Specialist, EPC Case Manager, LADC	3.0

6. Continuing education activities for program staff: July 2008 - June 2009

Training activity	Total staff in attendance	Participating staff	CEU hours
Integrated Dual Disorders Treatment (IDDT) training[a]	2		8.0
Methadone use	4		2.0
Motivational Interviewing	3		4.0
Motivational Interviewing	1		16.0
Ecological Relationship Model	5	Mental Health Therapist, EPC Case Manager, Child Development Specialist, LADC, Chemical and Mental Health Manager	3.0
Dimensions of Rule 25 Training	1	Mental Health Therapist	0.5
Children's Program Kit Training	2	Mental Health Therapist, Child Development Specialist	12-14
Social Work Ethics	1	EPC Case Manager	2.0
LGBT Training	4	EPC Case Manager, Child Development Specialist, LADC, Chemical and Mental Health Manager	1.0
Six Dimensions	4	EPC Case Manager, Child Development Specialist, LADC, Chemical and Mental Health Manager	1.0
Conversations in chemical health (relapse prevention)	3	EPC Case Manager, Child Development Specialist, LADC	2-3
Conversations in mental health	1	EPC Case Manager	3.0
Latina Realities	2	EPC Case Manager, LADC	3.0
Mental Health and Healing	1	EPC Case Manager	3.5
Personal and Community Safety	4	EPC Case Manager, Child Development Specialist, LADC, Chemical and Mental Health Manager	1.0
Ages and Stages Questionnaire	1	Child Development Specialist	7.0
Child Abuse Prevention	1	Child Development Specialist	6.0
The Face of Whiteness	1	LADC	7.0
Motivational Interviewing Coaching Circles	4	LADC, Chemical and Mental Health Manager, EPC Case Manager, Child Development Specialist	4.0
Reintegration of offenders	1	LADC	1.5
Medical and psychiatric consequences of habitual marijuana use/prescription modalities	1	LADC	1.5

6. Continuing education activities for program staff: July 2008 - June 2009 (continued)

Training activity	Total staff in attendance	Participating staff	CEU hours
Providing trauma-informed services[a]	1	LADC	1.5
How alcohol came to the people	1	LADC	1.5
Missing pieces: Evidence-based treatment for the incapable	1	LADC	1.5
MARRCH Chemical Health conference	2	LADC, Chemical and Mental Health Manager	8.0
Homelessness 101	2	Child Development Specialist, LADC	8.0
Four Points of Balance: Ecological Relationships	4	Child Development Specialist, LADC, EPC Case Manager, EPC Program Director	2.5
Fathers Effect on Mental Health of Children	2	EPC Case Manager, LADC	1.0
Trauma and the Brain	3	Child Development Specialist, LADC, EPC Case Manager	1.0
Conversations In Mental Health: Child Development	3	EPC Case Manager	4.0
Conversations In Chemical Health: Cultural Competency	3	EPC Case Manager, Child Development Specialist, EPC Program Director	3.0
Roundtable Early Educators: Hennepin County Changes	1	Child Development Specialist	2.0
Trauma Training	1	FASD Therapist	12.0
Clinical Supervision	1	FASD Therapist	12.0
Parent Teaming training	1	EPC Case Manager	8.0
Conversations in Mental Health: Adolescent Issues	1	Child Development Specialist	4.0
Ethics: Where Counseling, Patient Care and Law Intersect	1	LADC	6.0
FASD training	1	EPC Case Manager	3.0
Building Strong Foundations (early childhood mental health), St. Cloud[a]	4	EPC Case Manager, LADC, Child Development Specialist, EPC Program Director	6.0
Continuing Conversations in Chemical Health: Impact on Children[a]	3	Child Development Specialist, EPC Case Manager, LADC	3.0

[a] *Co-occurring mental health and chemical abuse/dependence trainings.*

Goal J. 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.

The EPC program staff at Tubman submit information collected about clients at program entry, throughout their enrollment in the program, and at discharge to Wilder Research on a monthly or quarterly basis. This information is analyzed by Wilder Research and used to complete the Quarterly and Final Report tables and prepare the quarterly and year-end reports.

Goal K. Grantee shall submit an evaluation report at end of each year, as part of the year-end report, that covers the current year and all prior grant contract years.

Wilder Research will submit a year-end report about the EPC program at Tubman (Tubman Center) at the end of each grant year.

Goal L. Grantee will immediately notify the Chemical Health Division in writing 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.

Program staff has notified the Alcohol and Drug Abuse Division of recent program staff changes and submitted resumes for all newly hired staff this year.

Success story

The following success story describes the progress achieved by "Chloe," a participant in the Effecting Positive Change (EPC) program who graduated this past quarter.

General information

Chloe is a 38-year-old Caucasian woman who was admitted into the EPC program in June of 2008. She was referred by her primary treatment facility, Progress Valley, which she was court ordered to attend. Chloe did not complete treatment while in jail and attended one other treatment facility. Her primary drug of choice was alcohol (wine), with a previous strong addiction to marijuana. Chloe has been sober since March, 2008.

Chloe has three children, including: a 20-year-old son with whom she was living, in addition to his girlfriend and small child; an 18-year-old daughter who is independent and living on her own; and, a 12-year-old son who has been living with his father (Chloe's ex-husband) throughout her treatment.

Services and outcomes

Since joining EPC, Chloe has struggled to balance a multitude of challenges, such as finding work, paying off debts, maintaining her probation, finding sober housing, while trying to remain independent and sober. Because of her limited availability, staff struggled to find services that were available for her during those periods. To supplement these services, EPC staff conducted multiple home and community visits with her.

Chloe began drinking approximately two years ago when she became aware her marriage was failing and her husband was cheating. She received three DWI's within a 12 month period. Because she only had a 10th grade education, Chloe relied heavily on her husband's income and occasionally supplemented this income by working as a server.

As Chloe attempted to re-enter the work force, she encountered multiple barriers – for example, she did not have access to a vehicle (having lost her license) and most establishments that were hiring nearby or on the bus line served alcohol on the premises. She eventually found employment with a family restaurant and has been working ever since, mostly full-time, and has even been offered a management position.

As a server, she began a relationship with the cook. She initially struggled with the large age gap and social stigma associated with dating someone outside of her race. She is currently living with her boyfriend who is very supportive of Chloe's sobriety. They are discussing marriage and the possibility of starting a family.

Chloe has followed the case plan for her probation. She also completed her required time on a home monitoring system. Additionally, Chloe has paid off her fines and has had her driver's license reinstated.

Chloe is in contact with her children and ex-husband and continually works on repairing these relationships. She has introduced them to her current boyfriend.

Chloe attends sober support meetings when she can, although she reports this exposes her to others who are using. She remains focused on never looking or acting like those who do use publicly. She has remained sober with no relapses since her last day of use on March 28, 2008.

Reflection and learning

The main challenge working with Chloe has been her inability to attend programming consistently. However, she was always available do to an activity that was supportive of her attempts to reclaiming her independence and become self-sufficient while remaining sober. She was always glad to know someone was there if she "needed" it and appreciative of the praise and validation of her hard work. Her outlook was generally positive, even when things looked grim.

Chloe has disconnected from the role of parenting her children. She admits she has a lot of work to do on healing not only herself, but her relationship with them. She is currently working on these issues and is open to seeing a therapist.

Through these experiences with Chloe, EPC staff report learning that despite multiple barriers, a client with internal motivation to make progress can do so with staff support.

Program assessment

Wilder Research was contracted to implement an evaluation of Tubman' Effecting Positive Change program during the three-year DHS grant period from July 1, 2008 to June 30, 2011. The following provides an overview of the evaluation, the methods used, and results from the process and outcome evaluations for the past grant year (July 2008 – June 2009). See page 90 of the Appendix for the quarterly- and year-end report tables.

Overview of evaluation

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

1) program implementation, including a description of client characteristics and the number and types of activities/services provided to clients and their children;

2) outcomes for clients and their children post-discharge, including: a) changes in substance use among clients and treatment completion rates, b) the impact of parent education on clients' parenting skills, and c) the health and well-being of newborns; and

3) client satisfaction post-discharge.

Methods

Data for the grant year were collected through multiple forms completed by program staff. No changes are planned related to data collection for the upcoming grant year, with the exception of some minor modifications to existing forms (specifically, the Initial Assessment and the Discharge Summary) in order to capture new data requested on the Year-end Tables. Current data collection methods include:

Initial Assessment

Within a month of entering the program, program staff complete an Initial Assessment form which includes information about each client's background, demographics, and chemical abuse history. Initial assessments were analyzed for all clients served through the program this past year. See page 26 of the Appendix for the Initial Assessment used during the past year.

Health Data Summary

A Health Data Summary is completed by the Maternal Health Child Nurse for all clients who were pregnant while in the program, within 30 days of the pregnancy outcome. The summary includes information about the pregnancy outcome, demographics for the newborn, and toxicology information for mother and infant. See page 82 of the Appendix for the Health Data Summary used during the past year.

Discharge Summary

A Discharge Summary is completed by program staff for all clients discharged from the program within 30 days of their discharge. The summary includes information about the client's completion of the program, child protection and custody information, mental and physical health information, substance use information, demographic data at discharge (e.g., education, employment, living circumstances), and treatment status. See page 78 of the Appendix for the Discharge Summary used during the past year. Revisions will be made to the form to accommodate changes in the reporting requirements for the next grant year.

Quarterly Activities Log

Program staff complete and update a Quarterly Activities Log for each client on a quarterly basis. The Log includes information about the in-house services provided to clients, referrals made, as well as information about client's participation in various groups and appointments (e.g., parenting and other support groups), number of home and office visits conducted, and urine analyses (UAs) conducted, as well as UA results. See page 83 of the Appendix for the Quarterly Activities Log used during the past year. This form was developed during this past grant year because of challenges related to collecting detailed information about services and referrals using the previous method (the "Services log"). As a result, that form was discontinued and replaced by the Quarterly Activities Log, which will continue to be used during the upcoming grant year.

Child Health Information Summary

Program staff complete and update a Child Health Information Summary form about the children of each client on a quarterly basis. The Summary includes information about assessments and screenings conducted with children, as well as the status of immunizations for children. Prenatal and/or postnatal care provided to any women during the quarter is also recorded here. See page 85 of the Appendix for the Child Health Information Summary used during the past year. This form was developed during this past grant year because of challenges related to collecting detailed information about children's health and wellbeing using the previous method (the "Youth Quarterly Update"). As a result, that

form was discontinued and replaced by the Child Health Information Summary, which will continue to be used during the upcoming grant year.

Satisfaction Survey

Program staff administer a paper-and-pencil satisfaction survey to clients approximately four months into client's program participation. Clients report on their satisfaction with the program and services they received. Forms are completed in private by clients and sent directly to Wilder Research in an addressed, postage paid envelope. See page 87 of the Appendix for the Satisfaction Survey used during the past year.

Adult-Adolescent Parenting Inventory (AAPI-2)

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

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

Focus groups

Focus groups with clients were implemented this past grant year in order to obtain clients' perceptions of program services and staff, as well as their recommendations for program improvement. Two focus groups were conducted this year with clients who have participated in at least several months of programming: May 28, 2009 (4 clients) and June 29, 2009 (4 clients). Results are summarized in the following section. See page 89 of the Appendix for the focus group protocol.

Process evaluation results

The following summarizes the process evaluation findings collected between July 1, 2008 and June 30, 2009 for the Effecting Positive Change program. A description of client characteristics, including participant strengths and challenges, information regarding the activities and services provided to clients, and the prenatal care provided to newborns born to clients participating in the program is presented.

Client characteristics

A total of 36 women (35 unduplicated) were served by Tubman' Effecting Positive Change program between July 1, 2008 and June 30, 2009. Twenty-one of these women entered the program during the grant year (see Figure 7). Of these 21 women, just over half were White (57%), most were under the age of 30 (72%), and either single (52%) or separated, divorced or widowed (33%) (see Figure 8).

7. Clients who entered the program and were served this year (July 2008 – June 2009)

	Number
Number of women who entered the program this year	21
Number of women served by the program this year	36

Note. *Thirty-six women were served by the program during the year, which includes one woman who reentered the program during the year; therefore, an unduplicated total of 35 women were served.*

8. Demographic characteristics of participants at intake: July 2008 – June 2009 (N=21)

Demographics	Number of clients	%
Race/ethnicity		
White	12	57%
Black/African American	4	19%
American Indian/Alaska Native	3	14%
Multiracial	1	5%
Asian	0	0%
Native Hawaiian/Pacific Islander	0	0%
Other	1	5%
Ethnicity		
Hispanic/Latino	2	10%
Age (years)		
21 – 24	5	24%
25 – 29	10	48%
30 – 34	0	0%
35 – 39	2	10%
40 – 44	3	14%
45 – 48	1	5%
Marital status		
Single	11	52%
Separated, divorced, or widowed	7	33%
Cohabitating with a partner	1	5%
Married, living with spouse	2	10%

At intake, 3 of the 21 women who were admitted to the program during the year were not currently parenting children – two did not have children under the age of 18 and one was pregnant with her first child. Three clients had lost or transferred custody for all of their children, while the remaining 15 had custody for at least one of their children at program entry (see Figure 9). One-third of the clients (33%) were involved with Child Protection and the criminal justice system at program entry (see Figure 10).

9. Parental status of participants at intake: July 2008 – June 2009 (N=21)

Parental status	Number of clients	%
Not a parent (not pregnant, no children under age 18)	2	10%
Pregnant (first pregnancy)	1	5%
No legal custody for any children	3	14%
Legal custody of at least one child	15	71%
Custody of 1 child	6	40%
Custody of 2 children	7	33%
Custody of 3 children	0	0%
Custody of 4 or more children	2	13%

10. System involvement of clients at intake: July 2008 – June 2009 (N=21)

	Number of clients	%
Involved with Child Protection at entry		
Yes	7	33%
No	14	67%
Involved with the criminal justice system at entry		
Yes	7	33%
No	14	67%

Participant strengths

The 21 women who entered the program this past year exhibited a number of strengths:

Education. At intake, most of the women had at least a high school diploma or GED (86%), with almost one-half (48%) reporting at least some college, an Associate's degree, or Vocational certificate. Furthermore, almost two-thirds of women (62%) said they would like to further their education in the future (see Figure 11).

Living arrangements. About half (48%) were living in their own home or apartment at program entry. Another quarter (24%) were in a treatment facility immediately prior to entering the program, while another quarter (24%) were living with family or friends. Three-quarters of the clients (74%) had living arrangements that were supportive to their recovery (i.e., arrangements that were affordable, clean, safe for children, and conducive

to healthy family dynamics and maintaining sobriety). Most (86%) also reported having some form of reliable transportation, primarily by bus or their own car (see Figure 12).

Medical history. Most of the women (90%) had a primary clinic when they entered the program, and almost all (95%) also had a primary care physician. Most (86%) clients had a physical within the past year (see Figure 13). Furthermore, most clients (86%) had some form of health insurance, primarily Medical Assistance (either straight MA or through a health insurance provider) (see Figure 14). Nearly all of the clients (91%) were also attending sober support groups when they entered the EPC program (see Figure 15).

11. Client education at intake: July 2008 – June 2009 (N=21)

Characteristic	Number of clients	%
Highest education level		
Non-high school graduate	3	14%
High school diploma or GED	8	38%
Vocation certificate, Associate degree, or some college	6	29%
College graduate/professional degree	4	19%
Interest in furthering education		
Yes	13	62%
No	1	5%
Unsure	7	33%

12. Client housing and transportation status at intake: July 2008 – June 2009 (N=19-21)

Characteristic	Number of clients	%
Living arrangements		
In own house or apartment	10	48%
In a treatment facility	5	24%
Parent/other relative's or friend's home	5	24%
Other[a]	1	5%
Living arrangements supportive to recovery		
Yes	14	74%
No	5	26%
Primary mode of transportation		
Rides the bus	10	48%
Owns a car	6	29%
Borrows a car	3	14%
Other means[b]	2	10%
Has reliable transportation		
Yes	18	86%
No	3	14%

[a] *One client reported living in a sober house (not licensed treatment) prior to program entry.*

[b] *Clients reported other modes of transportation including rides with family and friends and a private transportation service.*

13. Clients' medical care at intake: July 2008 – June 2009 (N=20-21)

	Number of clients who said "yes"	% of clients who said "yes"
Do you have a primary clinic?	18	90%
Do you have a primary care physician?	19	95%
Have you had a physical in the last year?	18	86%

14. Clients' insurance status at intake: July 2008 – June 2009 (N=21)

Health insurance provider	Number of clients	%
Medical Assistance (straight MA)	5	24%
PMAP – HealthPartners/Blue Plus/Medica/UCARE	13	62%
None	3	14%

15. Clients' treatment history at intake: July 2007 – June 2008 (N=17-21)

	Number of clients who said "yes"	% of clients who said "yes"
Before coming to Tubman, have you ever been in CD treatment?[a]	16	76%
Are you currently in a licensed CD treatment program (Rule 31)?	9	53%
Have you been in a licensed CD treatment program in the past 12 months?	13	68%
Do you attend sober support groups?	19	91%
Have you been to detox? [b]	11	55%

[a] *Clients reported having been in CD treatment previously between 1 and 7 times, with two-thirds (67%) reporting one to four previous episodes.*

[b] *Clients reported having been to detox between one and 20 times.*

Participant challenges

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

Basic needs. At intake, the majority of clients (90%) reported having an income at or below Federal Poverty Guidelines, with 9 in 10 women earning less than $1,000 per month. Almost two-thirds (63%) were using a food shelf, while three-quarters of the women (76%) were participating in Minnesota's Family Investment Program (MFIP) at the time of their admission into the program (see Figure 16).

Employment/school. One-third of clients (33%) were unemployed and looking for work, and only three clients (15%) were either employed or enrolled in school or a job training program at intake (see Figure 17).

Physical health. Two-thirds of clients (68%) had medical concerns when they entered the program. One woman had a FASD diagnosis at intake, and four woman reported that at least one of their children had a diagnosis of FASD at program entry (see Figures 18-19).

Mental health. Eight in 10 clients (81%) reported having a mental health diagnosis at the time of their entry into the Effecting Positive Change program. Clients reported a range of diagnoses, including Bipolar disorder, Major Depression, Attention Deficit Hyperactivity Disorder, Anxiety disorders, Borderline Personality, Posttraumatic Stress Disorder, paranoia and panic attacks, and most reported multiple diagnoses. Two-thirds (67%) had a family history of mental health issues, while 35 percent had also been hospitalized themselves for mental health or emotional reasons. One-third of clients (33%) reported previous suicide attempts (see Figure 20).

Substance use. At intake, clients reported using a variety of substances within the past six months. Most (85% to 86%) had used alcohol or tobacco, and about half (50% to 52%) had used marijuana or cocaine/crack. One-third of the women (33%) had misused prescription drugs. Women most often identified alcohol as their chemical of choice (see Figure 21).

16. Client income and other sources of support at intake: July 2008 – June 2009 (N=21)

Characteristic	Number of clients	%
Receiving MFIP benefits	16	76%
Receiving WIC benefits	8	42%
Using a food shelf	12	63%
Poverty level		
Income equal to or below Federal Poverty Guidelines	18	90%
Income above Federal Poverty Guidelines	2	10%
Monthly income		
$0	9	43%
Less than $500	5	24%
$500 - $999	5	24%
$1,000 - $1,499	0	0%
$1,500 - $1,999	2	10%
More than $2,000	0	0%

17. Client employment at intake: July 2008 – June 2009 (N=21)

Characteristic	Number of clients	%
Employment status		
Employed full-time	2	10%
Employed part-time	0	0%
Unemployed, looking for work	7	33%
Unemployed, not looking for work	11	52%
Unemployed, but in school or a job training program	1	5%

18. Clients' medical concerns at intake: July 2008 – June 2009 (N=19-21)

	Number of clients who said "yes"	% of clients who said "yes"
Do you have any current medical concerns?	13	68%
Do you have any past medical concerns?	12	57%

19. FASD history at intake: July 2008 – June 2009 (N=17-21)

	Number of clients who said "yes"	% of clients who said "yes"
Have you ever been diagnosed with FASD?	1	6%
Have any of your children ever been diagnosed with FASD?	4	19%

20. Clients' mental health status at intake: July 2008 – June 2009 (N=21)

	Number of clients who said "yes"	% of clients who said "yes"
Do you currently have a mental health diagnosis?[a]	17	81%
Have you ever been hospitalized for mental health/emotional reasons?	7	35%
Do you have a family history of mental health issues?	14	67%
Are you currently under a civil commitment?	4	19%
Do you have a history of suicide attempts?	7	33%
Do you currently have any thoughts of suicide (ideation)?	0	0%

[a] *Clients had a range of mental health diagnoses including: Bipolar disorder, Major Depression, Attention Deficit Hyperactivity Disorder, Anxiety disorders, Borderline Personality, Posttraumatic Stress Disorder, paranoia, and panic attacks. Most reported multiple diagnoses.*

21. Clients' history of substance use for six months prior to intake: July 2008 – June 2009 (N=19-21)

In the past 6 months, have you used…	Number of clients who said "yes"	% of clients who said "yes"
Alcohol	18	86%
Tobacco	17	85%
Marijuana	11	52%
Cocaine or crack	10	50%
Prescription drugs (misuse)	7	33%
Heroin or opiates	4	19%
Ecstasy	4	19%
Over-the-counter medications (misuse)	3	16%
Methamphetamines	2	10%
Other amphetamines	1	5%
Methadone (non-prescription)	1	5%
Inhalants	1	5%

Note. *Alcohol was most often identified as clients' chemical of choice.*

Services and activities

An array of services were provided to the 36 clients participating in the Effecting Positive Change program between July 2008 and June 2009. At intake and then on a weekly basis, staff assess the needs of clients in the following areas: physical health, mental health, basic needs (MFIP, WIC), financial management, job training/education, housing, emergency needs, breast-feeding support, parenting needs, culturally-specific needs, and other areas as needed. The following is a brief summary of these services and activities.

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

Referrals. Clients are referred for services at intake, as needed. Over the past year, clients were referred for a wide variety of services when they entered the program, but primarily mental and physical health needs. Clients continue to be referred for needed services during their time in the program as needs are identified. While in EPC, the most

common referrals this year were for housing and mental health issues followed by chemical health/sober support, job training/education, and relationships/social support.

Case management. In some cases, client referrals to outside agencies were not necessary, although case management time was dedicated to an area of need with a client. Program staff most often addressed chemical health or relationship issues and provided sober support or social support, respectively. Other prevalent issues addressed by staff with clients include mental health needs, acupuncture (contract acupuncturist provides in-house services), nutrition, and housing.

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

Outcome results

The following summarizes results of the outcome data collected between July 1, 2008 and June 30, 2009 for the Effecting Positive Change program. Outcomes were examined in four areas: a) changes in substance use and treatment completion rates, b) changes in parenting, as assessed through Adult-Adolescent Parenting Inventory pretest and posttest results, c) the health of infants born to clients in the program, and d) client satisfaction.

Treatment completion and substance use

All clients who were either in treatment at the time of program entry or entered treatment while participating in the program successfully completed Rule 31 treatment this year (although one client asked for an extension of treatment services and left before completing this extension). No clients were still active in treatment at the end of the year (see Figure 22).

22. Treatment status for clients who entered the program this year: July 2007 – June 2008 (N=21)

Treatment status	Number of clients
In Rule 31 treatment at the end of last year	1
Currently in Rule 31 treatment at program entry	9
Entered Rule 31 treatment while in the program	5
Completed Rule 31 treatment at the end of the year	15
Still currently in Rule 31 treatment at end of the year	0

Of the 24 clients who were discharged from the program this year, most (63%) had successfully completed Rule 31 treatment. Two clients (8%) were still currently in treatment. The treatment status for seven women was not known at discharge (see Figure 23).

23. Treatment status at discharge: July 2008 – June 2009 (N=24)

Treatment status	Number of clients	% of clients
Completed Rule 31 treatment	15	63%
Left treatment without staff approval	0	0%
Still currently in Rule 31 treatment	2	8%
Unknown	7	29%

Among all clients discharged this past year, almost one-third (29%) were no longer using drugs or alcohol at all and 8 percent were using less. One in five clients (21%) did not experience a change in their use as they were not using at program entry (see Figure 24).

24. Change in substance use from entry to discharge among all discharged clients: July 2008 – June 2009 (N=24)

Change in substance use	Number of clients	% of clients
Increase – Using drugs/alcohol more	1	4%
No change – Using drugs/alcohol at same level	0	0%
No change – Did not use drugs/alcohol at entry or discharge	5	21%
Decrease – Using drugs/alcohol less	2	8%
Decrease – Not using drugs/alcohol at all	7	29%
Drug/alcohol use unknown	9	38%

Of the 11 clients who successfully completed the program, 6 (55%) were no longer using drugs or alcohol at all at discharge, 2 (18%) were using less, and 2 did not experience a change in use as they were not using at program entry (see Figure 25). Changes in alcohol and/or drug use among clients who left the program before completing were largely unknown.

25. Change in substance use at discharge among clients who successfully completed the program: July 2007 – June 2008 (N=11)

Change in substance use	Number of clients	% of clients
Increase – Using drugs/alcohol more	0	0%
No change – Using drugs/alcohol at same level	0	0%
No change – Did not use drugs/alcohol at entry or discharge	2	18%
Decrease – Using drugs/alcohol less	2	18%
Decrease – Not using drugs/alcohol at all	6	55%
Drug/alcohol use unknown	1	9%

Summary of Adult-Adolescent Parenting Inventory results

Since the beginning of the grant (April 2007), a total of 44 women have completed an AAPI (see Figure 26). [Please note: due to technical issues on the AAPI website that have resulted in missing data, AAPI results after March 2009 are not available and not included in this summary]. The following summarizes the status of AAPIs to date:

- Because of missing AAPI data, it is not possible to report the number of individuals who have completed neither a pretest nor posttest AAPI. [This number, and the reasons it was not administered, will be presented when the data become available].
- 22 individuals completed a pretest but left the program before completing a posttest.
- No individual completed only a posttest.
- 11 individuals completed both a pretest and posttest.
- 11 individuals who are currently enrolled in the program have completed a pretest but not a posttest yet because they have not reached the point in the program where the posttest is administered (i.e., 20 hours of parent education).

26. Individual AAPI-2 pretests and posttests: April 2007 – June 2009*

	AAPI-2 Pre-Test		AAPI-2 Post-Test		Current Status	
Client Identifier	Date taken	Which form? (A or B)	Date taken	Which form? (A or B)	Discharged?	Still in the program
12722	5/8/2007	A	1/11/2008	B	√	
6689	5/8/2007	A	10/25/2007	B	√	
2418	5/8/2007	A		B	√	
11901	5/11/2007	A	1/23/2008	B	√	
443	5/24/2007	A			√	
11597	5/24/2007	A	11/12/2007	B	√	
11929	6/1/2007	A	5/29/2008	B	√	
10775	6/8/2007	A			√	
13084	6/19/2007	A	10/19/2007	B	√	
11684	8/15/2007	A			√	
595	8/17/2007	A	1/4/2008	B	√	
13210	8/28/2007	A	8/15/2008	B	√	
10579	9/13/2007	A			√	
13864	9/27/2007	A			√	
14935	9/28/2007	A			√	
12644	10/4/2007	A			√	
15063	10/4/2007	A			√	
14887	10/4/2007	A			√	
1476	10/25/2007	A			√	
14415	10/26/2007	A	4/24/2008	B	√	
13905	11/5/2007	A			√	
15144	11/14/2007	A			√	
16186	1/24/2008	A			√	
14949	2/5/2008	A			√	
15488	2/21/2008	A	9/5/2008	B	√	
14613	3/31/2008	A				√
17118	4/10/2008	A			√	
17074	4/14/2008	A			√	
15871	4/17/2008	A	9/16/2008	B	√	
15942	5/29/2008	A			√	
15469	7/30/2008	A				√

* *Due to issues with lost data on the AAPI website, some AAPI data after 3/6/2009 is not available.*

26. Individual AAPI-2 pretests and posttests: April 2007 – June 2009* (continued)

	AAPI-2 Pre-Test		AAPI-2 Post-Test		Current Status	
Client Identifier	Date taken	Which form? (A or B)	Date taken	Which form? (A or B)	Discharged?	Still in the program
19004	10/9/2008	A			√	
14431	10/13/2008	A				√
17837	10/16/2008	A			√	
6244	10/27/2008	A			√	
16533	11/18/2008	A			√	
15112	12/4/2008	A				√
5623	12/9/2008	A				√
19547	12/11/2008	A				√
16436	12/24/2008	A				√
19485	2/3/2009	A				√
17787	2/10/2009	A				√
20005	2/13/2009	A				√
15549	3/6/2009	A				√
20115	6/5/2009	A				√

* *Due to issues with lost data on the AAPI website, some AAPI data after 3/6/2009 is not available.*

AAPI-2 Findings

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

Since the start of the grant, 11 clients have completed both a pretest and posttest AAPI. Figure 27 presents the pre- and post- individual sten scores within each AAPI construct for these 11 clients.

Although some of the matched scores illustrated in Figure 27 decrease from pretest to posttest, many scores remain constant or actually increase – which indicates a higher risk for abuse at posttest as compared to pretest in these cases. The unexpected pattern may be the result of parents' exposure to parent education and gaining a new understanding of what constitutes appropriate parenting behavior. It may be that after parent education, parents have come to a realization that their parenting behaviors were not appropriate or ideal and subsequently score themselves more negatively, a common occurrence in the assessment of changes in parenting. However, results should be interpreted with caution due to the small number of matched pretests and posttests.

27. Individual sten scores for matched AAPI-2 pretests and posttests: May 2007 – June 2009* (N=11)

	Construct A		Construct B		Construct C		Construct D		Construct E	
Client Identifier	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
6689	4	5	6	1	4	3	8	3	6	2
12722	5	4	3	6	7	5	3	6	9	1
11901	6	4	7	4	3	3	6	6	6	6
11597	6	6	8	8	6	7	5	5	7	9
11929	8	6	7	4	8	6	7	7	7	4
13084	9	7	9	6	8	8	9	7	7	1
595	5	6	5	3	6	4	5	5	8	6
14415	4	7	7	9	7	8	6	6	9	7
15488	3	4	3	3	4	3	5	4	3	3
15871	5	7	6	7	10	7	6	7	7	7
13210	8	6	6	5	7	5	6	9	9	6

* *Due to issues with lost data on the AAPI website, AAPI data after 3/6/2009 is not available.*

Note. *Includes sten scores for all clients who took a pretest and posttest during the entire grant period. Sten scores on the AAPI-2 range from 1 to 10, with scores from 1 to 3 classified as "high risk", scores from 4 to 7 as "medium risk", and scores from 8 to 10 as "low risk."*

During the year, 22 clients completed the AAPI-2 pretest (Form A) only and left the program before completing the posttest (see Figure 28). Clients' scored varied across all five constructs, ranging from low risk to high risk. The average sten score for clients fell into the normal range of parenting, or moderate risk category, across all five constructs.

28. AAPI-2 aggregated pretest summary: July 2008 – June 2009* (N=22)

Construct	Range of sten scores	Mean sten Score
Construct A: Inappropriate Expectations	3 – 9	5.8
Construct B: Lack of Empathy	3 – 9	6.0
Construct C: Physical Punishment	3 – 10	6.6
Construct D: Role Reversal	3 – 10	6.5
Construct E: Power & Independence	1 – 10	6.4

* *Due to issues with lost data on the AAPI website, some AAPI data after 3/6/2009 is not available.*

Note. *Includes sten scores for those clients who took only the pretest between April 2007 and March 2009. Sten scores on the AAPI-2 range from 1 to 10, with scores from 1 to 3 classified as "high risk," scores from 4 to 7 as "medium risk," and scores from 8 to 10 as "low risk."*

Eleven clients completed both the AAPI-2 pretest (Form A) at intake and posttest (Form B) after completing 20 hours of parent education (see Figure 29). Sten scores at posttest decreased slightly from pretest, indicating somewhat higher levels of risk at posttest. This decrease was most dramatic within Construct E (power and independence). However, in all cases, mean scores at both pretest and posttest remained within the normal range (4 to 7). Given the small number of matched pretests and posttests, results should be interpreted with caution.

29. AAPI-2 pretest and posttest summary: July 2008 – June 2009* (N=11)

Construct	Pretest sten score (mean)	Posttest sten score after 20 hours of parent education (mean)
Construct A: Inappropriate Expectations	5.7	5.6
Construct B: Lack of Empathy	6.1	5.1
Construct C: Physical Punishment	6.4	5.4
Construct D: Role Reversal	6.0	5.9
Construct E: Power & Independence	7.1	4.7

* *Due to issues with missing AAPI data on the website, AAPI data is not available beyond March 2009.*

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

Of the 44 clients who took a pretest, only 11 (25%) also completed a posttest. EPC staff were not able to administer a posttest to many parents because of their sporadic attendance at groups and lack of sustained participation in the program (i.e., many parents failed to complete 20 hours of parent education). Parents who completed both a pretest and posttest tended to be more consistent and engaged participants in the program. AAPI scores at pretest on each of the constructs, however, do not dramatically differ between the two sets of parents (see Figures 30-31).

Health and well-being of newborns

Four infants were born to clients participating in the Effecting Positive Change program between July 2008 and June 2009. Toxicology screenings were conducted for two mothers and one infant, all of which were negative. Toxicology data was not available for two other mothers and three infants because two mothers were unable to sign the release authorizing the screenings for themselves or their infants prior to the birth, and in one case, the hospital would not release one infant's test results despite a release and repeated requests by program staff (see Year-end Tables in the appendix). Additional health data collected about three of the four infants suggest they were generally healthy and doing well following birth. The three infants were born full-term and two of the three received a post-birth clinic follow-up.

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

Client satisfaction

Satisfaction surveys are administered to clients by EPC staff after approximately four months of participation in the program. Since the beginning of the grant, satisfaction surveys were completed by nine clients. The following summarizes these satisfaction results although due to the small N, the findings should be interpreted with caution. Although EPC staff attempt to collect satisfaction information from all parents around the four-month point in the program, the response rate remains relatively low (to ensure clients privacy and that their feedback will be kept confidential, clients complete the surveys in their own homes and mail them directly to Wilder).

Clients were generally satisfied with the services they received through the EPC program, and with their relationships with staff. All clients who responded to the survey felt staff were knowledgeable, communicated well, gave useful suggestions, understood clients' problems, were caring and warm, respectful of clients' rights, sensitive to cultural issues, and handled private information respectfully. All respondents also felt the services they received would help them become a better parent and remain sober. All clients said they

would recommend the program to others and were satisfied overall with the services they received. Fewer clients felt that it was easy to contact staff when they wanted to (67%), that the services would help them retain employment (72%), and that staff could relate to their cultural background (75%) (see Figure 30).

30. Client satisfaction with program and staff: July 2008 – June 2009 (N=7-9)

Item	Number who "strongly agree" or "somewhat agree"	Percent who "strongly agree" or "somewhat agree"
1. Program staff were knowledgeable and skilled	9	100%
2. Program staff communicated with us in a way we could understand	9	100%
3. Program staff gave useful suggestions and recommendations	9	100%
4. Program staff understood our problems or concerns	9	100%
5. Program staff were caring and warm	9	100%
6. Program staff respected our rights	9	100%
7. Program staff were sensitive to cultural issues	8	100%
8. Program staff could relate to our cultural background	6	75%
9. It was easy for me to contact program staff when I needed to	6	67%
10. Program staff handled our private information with respect and consideration	9	100%
11. The services and/or referrals my child(ren) received were helpful	6	86%
12. The services I received will help me become a better parent	9	100%
13. The services I received will help me remain sober	9	100%
14. The services I received will help me find and retain employment	5	72%
15. I would recommend this program to others who need similar services	9	100%
16. Overall, I am satisfied with the services that we received	9	100%

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

Of the services accessed by clients, all found the following to be at least somewhat helpful: individual counseling, acupuncture, transportation assistance, education assistance, child care, FASD education, career or job planning assistance, and financial management/budgeting (see Figure 31). Just over half of the clients who received housing assistance found this service to be helpful.

31. Client satisfaction with individual services: July 2008 – June 2009 (N=3-9)

Overall, how helpful were each of the following services?	Number who felt services were "very helpful" or "somewhat helpful"	Percent who felt services were "very helpful" or "somewhat helpful"
1. Acupuncture	9/9	100%
2. Individual counseling (in the EPC program)	7/7	100%
3. Education about Fetal Alcohol Spectrum Disorder	6/6	100%
4. Assistance with transportation	6/6	100%
5. Child care	5/5	100%
6. Career or job planning	4/4	100%
7. Assistance with education or training	3/3	100%
8. Financial management/budgeting	2/2	100%
9. Group counseling	8/9	89%
10. Parenting education (individual and/or group)	7/8	88%
11. Emergency needs	6/7	86%
12. Health education	5/6	83%
13. Assistance with family planning/birth control	5/6	83%
14. Health care assistance (e.g., referrals to doctors)	4/5	80%
15. Assistance with housing	4/7	57%
16. Assistance with legal issues	0/1	0%

Focus group results

Description of focus groups

Two focus groups were conducted with current and former EPC participants in May and June, 2009. The two groups were comprised of a total of seven participants, including one participant who was present for both focus groups. Participants received a $20 gift card to Target as a thank you for their participation.

The seven participating mothers had between one and five children each. They had participated in the EPC program for between two and eight months, although several participants had previously been in the program during different points in their treatment and recovery.

The following is a summary of the major themes that emerged from both focus groups.

Program impact

Participants referred to EPC for continued support and parenting.

Several participants reported that a therapist or treatment counselor referred them to the EPC program, primarily as a relapse prevention effort and a way to provide continued support after treatment had ended. Two participants also noted that they became involved with EPC in order to help facilitate legal issues with child custody and child protection.

Participants also felt that the EPC program was helpful in helping them build parenting skills and other daily living skills.

> "We're allowed to be vulnerable, to talk about it, to be open about our struggles."

Program staff provided a broad array of resources for mothers and families.

Participants discussed a number of different ways in which the program had helped them and their families, by providing support, skills and resources. Two participants reported that the program had helped them navigate the court system, and others mentioned that they had received help with housing from EPC staff. Other participants reported that staff had helped them with daily necessities, from shampoo to diapers to bus passes. Others mentioned the clinic and healthcare services available through the program, and stress management resources such as mediation, yoga, and acupuncture.

> "Their goal is to prevent relapse, but really, they give us resources to make our lives easier, so we don't have to use."
>
> "[EPC] provided for me in every single way that someone with nothing needs help."

The parenting component of the program was beneficial to participants.

When discussing the parenting component of the program, participants reported that the parenting classes increased their patience with their children and taught them appropriate discipline strategies, as well as other positive parenting skills. The parenting component of the program also improved communication with their children and helped participants establish boundaries with their children and others in their lives. Program staff also helped participants explore new, healthy activities that families could do together.

> "I'm learning about time outs, sober ways to cope."
>
> "I've learned to take my child away from the situation, instead of saying "no" all the time."

Participants gained support from one another in EPC.

Participants reported that they felt supported by other participants in the program. They felt that the other women in the group respected them, understood their struggles, and provided needed support and advice. Several participants reported that this type of support was different than what they had experienced in more traditional aftercare settings or meetings like NA and AA. One participant noted that it was helpful that EPC was women-only, which allowed for a different level of intimacy than she had experienced in other support groups. Participants felt that they were able to support one another and share resources among themselves. Additionally, several participants noted that they had referred others in their lives to the EPC program and to Chrysalis services in general.

> "In [AA or NA] meetings, you don't always relate to other people. Here we can talk about the ugly things, and people understand."
>
> "My friends on the outside don't know what I'm going through. But everyone here gets it."

Impact on children

Participants felt that program staff understood the needs of their children.

Nearly all of the participants reported that their children had benefitted from the support they received from EPC staff. Participants noted that staff had helped their children cope during periods of separation from their parents, had helped children and parents communicate more openly, and were a constant source of support and safety for their children. Participants also felt that program staff had helped explain substance abuse to their children in a non-frightening way, and had helped navigate and foster relationships between participants, their children, and their children's schools.

> "This is the only place where she [child] is comfortable…it's just like family."
>
> "She [staff] is one of those people that knows how to handle children and she is very patient."

Participants felt that their children benefitted from being with other kids in the program.

Several participants discussed how much their children enjoy spending time with the other children in the EPC program. Participants felt that it was important for their children to spend time with other children who were living with or separated from parents with substance abuse problems. They noted that their kids sometimes feel isolated from other children in school who have not had the same experiences in their families. Childcare at EPC provided their children with an opportunity to talk with other children who have similar experiences and openly share their feelings.

Feedback about EPC structure

Participants were generally satisfied with the program structure and two available programming tracks.

Participants from both the evening track and daytime track were satisfied with the structure of the program, that the support group and parenting groups were held on the same day. Participants liked that participants in both groups were all involved with EPC overall and that they were a single cohort.

Participants of the Monday track did express a desire for the program to be on a different day; one request was for any day other than Monday or Friday. They felt that it was sometimes difficult to 'get going' on Monday mornings, although they were satisfied with the four-hour session. One participant was not aware that an evening track was available.

Participants appreciated the flexibility of the program and staff.

Several participants shared their appreciation for not being penalized for missing a session. They felt that staff trusted them and understood when they were unable to make a session because of a sick child or another conflict. Participants felt cared for when staff called to check in with them after they had missed a session, rather than feeling staff were upset because they had missed a session. One participant compared missing sessions with EPC to missing sessions with treatment.

> "In treatment, if you miss three sessions you can't come back. Here they don't assume you're out doing something wrong."

Participants also expressed interest in being able to attend additional sessions within the other tracks of the program. They felt that sometimes they needed additional support during the week, and thought attending additional sessions on the opposite track could provide that additional support.

Participants are somewhat frustrated by staff changes and check-in structure.

Participants reported some frustration with recent staff changes that have resulted in a change in the structure of the check-in period after lunch, which results in the same group of participants doing a "check-in" with one another twice during the day. The participants remarked that the second check-in was somewhat redundant for the participants themselves, although they did acknowledge that both sets of program staff needed to hear what was happening in their lives. They suggested that all program staff attend the first check-in period during the parenting group to avoid redundancy, and instead use the second check-in period for a discussion of resources, or an opportunity for participants to talk about themselves, rather than focusing on their children as they do during the first check-in.

Participants shared additional suggestions for improving the program.

Participants suggested a few improvements to the EPC program, including more offsite activities for the mothers themselves and for their families. Some participants also suggested a partner component to the EPC program tailored to men in need of similar services. Finally, participants suggested that Chrysalis open their childcare in the evenings for mothers to attend AA/NA meetings, or perhaps that Chrysalis partner with groups that would be willing to hold meeting at Chrysalis.

Discussion of results

Summary of process and outcome findings

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

Given the small number of clients who successfully completed the program (N=11) and those who left prior to completing (N=13), the data are somewhat limited in their ability to draw firm conclusions about the impact of services. Nevertheless, the outcome data collected to date suggest that the program appears to be having a positive effect on clients. All clients completed treatment, and most of those who successfully completed the program were also no longer using drugs and/or alcohol at discharge, or using less.

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

Similarly, satisfaction surveys were collected from a small number of clients since the start of the grant, and therefore, results may not be representative. The available data collected from nine clients to date, however, does suggest that clients are highly satisfied with the program, services, and staff, although some clients did not agree that it was easy to contact staff when they wanted. More satisfaction data will need to be collected over the coming grant year in order to draw firmer conclusions about client satisfaction.

Results from the Adult Adolescent Parenting Inventory (AAPI-2) did not show much change between pretest and posttest. In fact, scores decreased somewhat from pretest to

posttest, indicating a possibly higher level of risk for abuse at posttest. It may also be that parents' exposure to parent education increased their awareness of appropriate parenting behavior, such that after 20 hours of parent education, parents felt their parenting behaviors were less than ideal and subsequently scored themselves more negatively. However, the small number of AAPIs administered to EPC clients warrant caution in interpreting the results.

Finally, focus groups were conducted with participants for the first time in this evaluation. Although feedback was gathered from a small number of participants, the feedback was generally very positive, especially with regards to participant perceptions of staff. Participants also appreciated the flexibility of the program and staff, the mutual support provided by their fellow program participants, learning about parenting, having child care available, and the extensive support and services provided for their children.

Factors contributing to program results

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

One factor remains the accessibility and flexibility of staff time afforded by the grant funding. Being available to clients and children in community settings (e.g., the client's home, attending doctors' appointments, attending court appointments, visiting children at school) allows staff the time to build trusting relationship with clients and also teach basic skills. Staff have time to meet with clients as often as needed to provide coaching and teach problem-solving skills. This would not be possible if staff needed to provide billable services not funded through the grant.

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

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

Some women, however, did not achieve success in the program, likely the results of the many complex needs these clients possess, which can pose a significant challenge. Lack of transportation, limited income, unreliable child care, and the lack of reliable and helpful

support systems present large barriers to clients. In particular, clients' concurrent involvement with other social service and legal systems (e.g., child protection, probation, etc.) impacts their lives in several ways. In some cases, these other providers/agencies may exert significant influence over a client, making it difficult for clients to attend to other issues in their lives. As a result, it has been important that program staff coordinate closely with these other agencies to ensure common goals are pursued.

Challenges and barriers

During the past year, the program encountered some challenges impacting program implementation and service delivery. The greatest challenge faced by the EPC program continues to be increasing the number of program participants. Although the program does actively network with other treatment providers, some programs have the same funding to provide similar post-treatment supports. Many other programs do not want to refer women until they have graduated, for fear of duplicating services. Therefore, when EPC does receive the referral, the woman cannot be reached. EPC will continue to build upon the program enhancement strategies they have developed these past months in order to serve as many women as possible.

Challenges identified in the past have been addressed by staff during the past year, although they continue to work diligently to further develop the program and program materials while also serving clients. Program development and marketing will continue throughout the next year.

Future outlook

The Effecting Positive Change program will continue to provide services to pregnant and parenting women with substance use issues in accordance with the goals and objectives outlined in the contract with the Minnesota Department of Human Services over the remaining two years of the grant. The program implemented a number of enhancements in programming over the past year and will continue to offer these new services in the upcoming year, including:

- Yoga, exercise, and healthy meals to enhance women's health and well-being
- Two tracks of service (day and evening) to accommodate clients' schedules
- An activity day and family get-togethers to increase cohesion among families
- Visits with youth in schools to bridge the home-school connection

In addition, based upon the focus group feedback gathered from program participants, EPC will further refine the activity day. For example, the multidisciplinary team approach is an effective way to streamline support to clients in a flexible way; however, if clients have to share their experiences multiple times, the program has not met their goal. Thus, EPC will implement a shared check-in time at the beginning of the activity day rather than at the beginning of each group activity.

EPC will also continue to try and find an AA or NA group that would like to meet at the Chrysalis Center. The program will also reiterate the offer to assist in reducing barriers to attend those groups in the community such as childcare and transportation.

Since the family activities have been well-received, EPC will increase the number of similar opportunities provided in the coming year, and incorporate some social activities offsite just for women during programming as well.

Finally, EPC has developed a new Participation Agreement for implementation this next year. The Agreement aims to balance the flexibility in programming clients appreciate with the benefit that continuity of attendance has on the children who are building healthy relationships with other children onsite, as well as strengthening relationships between women.

Lessons learned

Over the past year of the Effecting Positive Change program, program staff have learned multiple lessons that will contribute to improved programming in the upcoming grant year:

Lesson 1: Giving clients' options increases participation and leads to a more cohesive community of sober social support.

- During the past year, EPC began offering both a day and evening track of programming to accommodate various work schedules and other family commitments.
- In response to feedback from participants about ways to make the program more convenient as well as more interesting, EPC began offering a weekly activity day in February, so that women can access support group, parenting group, individual time with the LADC, case manager, child development specialist, therapist, and public health nurse all in one visit. The activity day also gives staff and participants the opportunity to prepare and enjoy a healthy, low-cost light lunch together with their children. Feedback has been overwhelmingly positive, and women report feeling more supported and connected to one another, as well as with the staff. EPC is planning to build on this success by offering more family and social outings as a way to build even more cohesion and sense of social support among the women.
- Since many program participants identified physical exercise as a goal in their individual care plans, EPC began offering opportunities for physical exercise such as group walks, and piloted a yoga class. While feedback from those who participated was positive, only a small number of women attended. A goal in the coming year is to find ways to increase the number of women and youth who participate, including offering different scheduling options. EPC also hopes to expand their acupuncture services by offering longer sessions and table work in the coming year for those women who are interested.

Lesson 2: Early and pre-engagement strategies encourage more clients to enter the program and increase overall participation

- Some participants have expressed a wish to have known about what was available as a result of EPC earlier in their recovery. Even though staff in the co-occuring program at Tubman talk to eligible women about the EPC program, staff recognize that a personal connection can make a huge difference in taking that first step to enroll. Therefore, EPC staff have begun to do Rule 25 assessments as needed, as well as fill in at primary treatment groups on an occasional basis. This strategy has not only helped the agency serve more clients seeking chemical health services, but has provided a way for women to begin building relationships with the EPC staff earlier and learn more about what the program can offer them before they near graduation

from treatment. Knowing that ongoing wraparound support for themselves and their children is available can be an added incentive to successfully complete, and women may be more apt to continue their care through EPC programming when they already feel comfortable with the staff rather than having to start over with a complete stranger. EPC also intends to do psycho-educational presentations in our domestic violence shelter programs on an occasional basis, in order to reach out to women who are in the pre-contemplative stage of change regarding their chemical use and its effects on their children, in hopes that they may seek treatment and go on to become EPC clients down the road.

- Building upon previous experience and recognition that participants become bonded to the person coordinating intakes, EPC has begun to consistently have two staff do initial intake meetings with women. This has helped foster a stronger and more trusting relationship between the clients and the team overall, and has helped to set the stage for building the trust necessary for the client to consider increasing her overall support network with non-professionals as well.

Lesson 3: As staff gain tools, clients gain tools

- Participation by EPC staff in the Strong Foundations training on infant and toddler mental health has given the team concrete strategies for fostering interaction between caregivers and children, and enhanced their belief in their ability to impact clients. Following the training, staff reported feeling more confident in their ability to foster hope in program participants, who in turn felt that there were concrete actions they could take as parents from this day forward that would enhance their relationship with their children, regardless of their past history of use.
- Staff also has reported success in using the Children's Kit. For example, engaging the children in a skit about feelings and coping skills got the mothers interested in the topic and provided them a forum for discussing their children's emotions. The team plans to utilize tools from the Children's Kit on a more regular basis.
- Staff also reported success in conducting school visits as a vehicle to provide services to youth. Not only have individual youth felt supported, but EPC staff have had the opportunity to increase teachers' and school social workers' understanding of children's behaviors through the lens of parental chemical use, and share with them the changes they have observed in the children as a result of mom's recovery.

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

AAPI-2 contact information

AAPI-2 Contact Information for the July 1, 2009 – June 30, 2010 program year:

Name**:** Darcy Young

Phone: 612.870.2455

Email: dyoung@Tubman.org

Appendix

Evaluation instruments:

Initial Assessment

Discharge Summary

Health Summary Form

Quarterly Activities Log

Child Health Information Summary

Satisfaction Survey

Focus group guide

Quarterly tables

Year-end tables

Evaluation instruments

INITIAL ASSESSMENT

EFFECTING POSITIVE CHANGE

Chrysalis

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

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

If YES to at least one of the questions, client is eligible for the *Effecting Positive Change* Program.

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

Have you completed a licensed CD treatment program in the past 12 months? ❑1 Yes ❑2 No

If yes, date: _____

For staff - if "No" to both of the above questions:

Indicate if client will enter treatment within the next 3 months: ❑1 Yes ❑2 No

(***Note to program staff:*** *if client has not completed treatment in the past year or is currently in treatment, she is still eligible for the EPC program if she plans to enter treatment within the next 3 months*).

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

BACKGROUND

1. How would you describe your race? (Please choose one option from the following categories, even if you are of Hispanic origin)

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

2. Are you of Hispanic origin?

❑1 Yes - Hispanic Origin ❑2 No - Non-Hispanic Origin ❑8 Hispanic ethnicity unknown

3. Are you currently:

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

PREGNANCY

4a. Are you currently pregnant? ❑1 Yes ❑2 No ❑8 Unknown
(IF NO/UNKNOWN, 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

CHILDREN

5a. How many children (ages 0 to 18) do you have? _____ **(IF NO CHILDREN, WRITE IN "0" AND SKIP TO QUESTION 6a) (<u>Please include all children, regardless of custody status</u>).**

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

Child's First Name	Child's Last Name	Date of birth	Sex (M/F)	Race	Eth-nicity	5c. Do you have legal custody for this child?			If YES to legal custody → 5d. Where is child currently living?
						Yes	No	Un-known	Use codes below
						❑[1] Yes	❑[2] No	❑[8] UNK	
						❑[1] Yes	❑[2] No	❑[8] UNK	
						❑[1] Yes	❑[2] No	❑[8] UNK	
						❑[1] Yes	❑[2] No	❑[8] UNK	
						❑[1] Yes	❑[2] No	❑[8] UNK	
						❑[1] Yes	❑[2] No	❑[8] UNK	
						❑[1] Yes	❑[2] No	❑[8] UNK	
						❑[1] Yes	❑[2] No	❑[8] UNK	

Race Codes

BLK[1]: Black/African American/African Immigrant
WHT[2]: White
AS[3]: Asian American/Asian Immigrant
AI[4]: American Indian/Alaskan Native
MUL[5]: Biracial/Multiracial
OTH[6]: Other (specify)
UNK[8]: Unknown

Ethnicity Codes

H[1]: Hispanic/Latino
NH[2]: Non-Hispanic/Latino
UNK[8]: Unknown

Current Living Arrangements

MOM[1]: Living with Mom
CRT[2]: Formal (court-ordered) living arrangements with others
INF[3]: Informal (non court-ordered) living arrangements with others
OTH[5]: Other (specify)
UNK[8]: Unknown

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

5e. Please complete the following table about the **health history** of each child. (**WR**: DO NOT KEY)

Child's First Name	**Does the child currently have health coverage?**			**When did the child last see a doctor? (Indicate date)**	**When did the child last see a dentist? (Indicate date)**	**Has the child been screened for physical or developmental needs?**		**When was the child last immunized? (Indicate date)**
						Check if screened	**Date of screening**	
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		
	❑1 Yes	❑2 No	❑8 UNK			❑1 Yes ❑2 No		

Notes: ____

____

____

____

____

____

____

____

____

CURRENT LIVING AND TRANSPORTATION ARRANGEMENTS

6a. Where are you currently living?

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

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

6c. What is your <u>usual</u> mode of transportation (own car, take bus, etc.)? _____

6d. Is this transportation reliable? ❑1 Yes ❑2 No

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

EDUCATION AT ENTRY

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

- ❑1 No school
- ❑2 Some school but no High School diploma or GED
- ❑3 High School grad or GED
- ❑4 Vocational Certificate, Associate's Degree, or some college but no degree
- ❑5 College degree or graduate/professional degree
- ❑8 Unknown

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

EMPLOYMENT

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

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

INCOME/RESOURCES AT ENTRY

9a. Is your income equal to or lower than the Federal Poverty Guidelines? ❑1 Yes ❑2 No ❑8 Unknown

9b. Are you currently receiving any of the following benefits through MFIP? (*CHECK ALL THAT APPLY)*
❑1 Medical Assistance ❑2 Food support ❑3 Cash/vendor payments ❑8 Unknown

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

9d. What is your monthly income? _____

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

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

CURRENT SERVICE OR SYSTEM INVOLVEMENT

10a. Are you currently involved with child protection (under investigation/open case)?
❑1 Yes ❑2 No ❑8 Unknown

10b. Are you currently involved with the criminal justice system (i.e., under court jurisdiction or on parole)?
❑1 Yes ❑2 No ❑8 Unknown

CHEMICAL DEPENDENCY TREATMENT

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

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

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

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

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

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

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

FETAL ALCOHOL SPECTRUM DISORDERS

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

❑1 Yes ❑2 No ❑8 Unknown

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

❑1 Yes (how many: _____) ❑2 No ❑8 Unknown

MENTAL AND PHYSICAL HEALTH

Mental health

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

❑1 Yes (specify: _____) ❑2 No ❑8 Unknown

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

❑1 Yes ❑2 No ❑8 Unknown

(IF NO or UNKNOWN, COMPLETE THE APPROPRIATE SCREENING)

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

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

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

13f. Do you have a family history of mental health issues? ❑1 Yes ❑2 No

13g. Do you have a history of suicide attempts? ❑1 Yes ❑2 No **(GO TO Q.13j)**

13h. When did you attempt suicide (list all dates)? _____

13i. How did you attempt suicide? _____

13j. Do you currently have any thoughts of suicide (ideation)? ❑1 Yes ❑2 No **(GO TO Q.13l)**

13k. When did you have these thoughts? _____

13l. Are you under a civil commitment? ❑1 Yes ❑2 No ❑8 Unknown

Physical health

13m. Are you currently using any form of birth control?

❑[1] Yes (includes tubal ligation) (Specify form: _____)

❑[2] No – I am pregnant

❑[3] No – I am not pregnant

❑[8] Unknown

13n. Do you currently smoke or use tobacco?

❑[1] Yes ❑[2] No ❑[8] Unknown

13o. Do you have a primary care physician?

❑[1] Yes (specify: _____) ❑[2] No ❑[8] Unknown

13p. Do you have a primary clinic?

❑[1] Yes (specify: _____) ❑[2] No ❑[8] Unknown

13q. Have you had a physical in the last year?

❑[1] Yes (specify: _____) ❑[2] No ❑[8] Unknown

13r. Are you allergic to any medications?

❑[1] Yes (specify: _____)

❑[2] No

❑[8] Unknown

13s. Do you have any <u>past</u> medical concerns?

❑[1] Yes (describe: _____)

❑[2] No

❑[8] Unknown

13t. Do you have any <u>current</u> medical concerns?

❑[1] Yes (describe: _____)

❑[2] No

❑[8] Unknown

13u. Have you had any prior hospitalizations?

❑[1] Yes (describe: _____)

❑[2] No

❑[8] Unknown

13v. What medications are you currently taking (note dosage and time of day taken)? _____

_____

_____

_____

For worker:

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

- ❑[1] Physical health needs
- ❑[2] Dental needs
- ❑[3] Mental health needs
- ❑[4] Relationships/social support
- ❑[5] Financial management
- ❑[6] Job training/education
- ❑[7] Housing
- ❑[8] Childcare
- ❑[9] FASD assessment/information
- ❑[10] MFIP
- ❑[11] WIC
- ❑[12] Nutritional needs
- ❑[13] ECFE/outside parenting education
- ❑[14] Breast-feeding support group
- ❑[15] Culturally specific needs
- ❑[16] Emergency needs
- ❑[17] Legal issues
- ❑[18] Family recreational activities
- ❑[19] Acupuncture
- ❑[20] Other: _____

SUBSTANCE USE

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

	IF YES, ASK ➔		**15b. How often have you used?**					
In the past 6 months have you used…	*Yes*	**No**	**Almost everyday**	**3-5 times weekly**	**1-2 times weekly**	**1-3 times monthly**	**Less than once a month**	**Unknown**
1. Alcohol	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
2. Marijuana	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
3. Cocaine or Crack	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
4. Heroin or Opiates	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
5. Methadone (**IF YES, ASK**): ➪	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
5.1. Was this prescribed through treatment?	❑1	❑2						
6. Methamphetamine	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
7. Other Amphetamines:	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
8. Inhalants	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
9. Misused prescription drugs	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
10. Misused over-the-counter medications	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
11. Other drugs (Please specify: _____ _____)	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8
12. Tobacco use	❑1	❑2	❑1	❑2	❑3	❑4	❑5	❑8

15c. What is your chemical of choice? _____

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

Program staff is interested in talking with you about 4 weeks after you finish the *Effecting Positive Change* program to find out how you are doing, and possibly several months later as well in order to participate in a focus group ($20 Target gift cards will be offered to focus group participants).

Please provide the best way to contact you at that time.

Name: _____

Current address or shelter: _____

_____

Phone: Home: _____ Work/cell: _____

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

Name: _____

Address: _____

_____

Phone number: _____

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

Name: _____

Address: _____

_____

Phone number: _____

If you have any questions, please ask us!

Thank you.

Notes:

DISCHARGE SUMMARY (AT CLOSING)

EFFECTING POSITIVE CHANGE

Chrysalis

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

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

Discharge status (PLEASE CHECK THE APPROPRIATE BOX):

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

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

CHILD CUSTODY/CHILD PROTECTION

1. Did client give birth while in the program?

❑1 Yes ❑2 No **(GO TO Q.3)** ❑8 Unknown **(GO TO Q.3)**

2. Did client lose custody of her infant to Child Protective services?

❑1 Yes ❑2 No ❑8 Unknown

3. While in the program, was the client **reunited** with any children (ages 0 to 18) who were living in foster care or other court-ordered, Child Protection arrangements?

- ❑1 Yes (specify number of children with whom mother was reunited: _____)
- ❑2 No/does not apply
- ❑8 Unknown

4. While in the program, was the client **reunited** with any children (ages 0 to 18) who were living with others NOT due to Child Protection or foster care?

- ❑1 Yes (specify number of children with whom mother was reunited: _____)
- ❑2 No/does not apply
- ❑8 Unknown

5. At discharge, what was the outcome of the client's involvement with Child Protection (CP)?

❑1 The client is still involved with Child Protection

❑2 Child Protection involvement ended

❑3 Does not apply/client was not involved with Child Protection while in the program

❑8 Child Protection status unknown

6. Where are the client's children (ages 0 to 18) currently living? (*CHECK ALL THAT APPLY*)

❑1 With mom (specify number of children: _____)

❑2 With someone else (CP, foster care) due to actions by Child Protection (specify number of children: _____)

❑3 With someone else, not related to Child Protection (specify number of children: _____)

❑8 Unknown

HEALTH

Mental health

7. Does the client currently have a mental health diagnosis?

❑1 Yes (specify: _____) ❑2 No ❑8 Unknown

8. Has the client been diagnosed with Fetal Alcohol Spectrum Disorders (FASD) [either before or during the program]?

❑1 Yes ❑2 No ❑8 Unknown

9. Have any of the client's children (ages 0 to 18) been diagnosed with Fetal Alcohol Spectrum Disorders (FASD) [either before or during the program]?

❑1 Yes (specify number of children: _____) ❑2 No ❑8 Unknown

Physical health

10. Does the client currently smoke or use tobacco?

❑1 Yes ❑2 No ❑8 Unknown

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

❑1 Yes (includes tubal ligation) ❑2 No – not pregnant ❑3 No – pregnant ❑8 Unknown

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

❑1 Yes ❑2 No ❑8 Unknown

Substance use

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

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

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

- ❑1 Increased use: using drugs/alcohol more
- ❑2 No change in use: using drugs/alcohol at the same level
- ❑3 No change in use: not using drugs/alcohol at either entry or discharge
- ❑4 Decreased use: using drugs/alcohol but using less
- ❑5 Decreased use: not using drugs/alcohol at all
- ❑8 Drug/alcohol use unknown

STATUS AT DISCHARGE

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

❑1 Yes ❑2 No ❑8 Unknown

16. What is the client's current employment status? (*CHECK ONE*)

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

17. Is the client more employable now than when she entered the program?

- ❑1 Yes
- ❑2 No
- ❑8 Unknown

18. What is the client's current school-vocational status? (*CHECK ALL THAT APPLY*)

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

19. Where is the client currently living?

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

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

❑1 Yes ❑2 No ❑8 Unknown

21. Did the client complete the EPC parenting program while in the program? (Note: This means a minimum of 20 hours)

- ❑1 Yes
- ❑2 No
- ❑8 Unknown

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

❑1 Yes ❑2 No ❑8 Unknown

TREATMENT STATUS

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

❑1 Yes (date client entered treatment: _____) ❑2 No ❑8 Unknown

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

- ❑1 Successfully completed Rule 31 treatment (date: _____)
- ❑2 Left treatment without staff approval (date: _____)
- ❑3 Still currently in treatment
- ❑4 Other (please explain: _____)
- ❑8 Unknown

HEALTH DATA SUMMARY

EFFECTING POSITIVE CHANGE

Chrysalis

Complete after birth of baby or other pregnancy outcome

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

PREGNANCY OUTCOME SUMMARY (PLEASE CHECK APPROPRIATE BOX)

❑1 Live birth, child living

❑2 Live birth, child died

❑3 Miscarriage (Date: _____)
(SKIP TO QUESTION 9)

❑4 Stillbirth (Date: _____)
(SKIP TO QUESTION 9)

❑5 Abortion (Date: _____)
(REMAINDER OF THIS DOCUMENT IS NOT APPLICABLE)

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

2a. **Baby's Sex:** ❑1 Male ❑2 Female

2b. **Birth Weight:**

3. **Birth Date:**

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

5. **Baby's Toxicology Test:** ❑1 Blood ❑2 Urine ❑3 Meconium ❑8 Unknown

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

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

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

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

10. **Mother's Toxicology Test:** ❑1 Blood ❑2 Urine ❑8 Unknown

Chrysalis

EFFECTING POSITIVE CHANGE
Quarterly Activities Log

Client name:_____ Client ID: _____ Intake date: _____

Indicate quarter for which this form is completed: ❒[6] July-Sept 2008 ❒[7] Oct-Dec 2008 ❒[8] Jan-March 2009 ❒[9] April-June 2009

By service area, please indicate if: a) you or other EPC staff provided direct service to the client and/or her child(ren) this quarter, b) you or other EPC staff referred the client and/or her child(ren) to a service within Chrysalis, and c) if you or other EPC staff referred the client and/or her child(ren) to an outside program or agency – if so, please list the outside programs/agencies where the client was referred. PLEASE CHECK ALL THAT APPLY.

1. **Mental health – parent**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

2. **Mental health – child(ren)**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

3. **Job training/education – parent**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

4. **Education – child(ren)**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

5. **Childcare**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

6. **Financial management**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

7. **Relationships/social support**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

8. **Legal issues**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

9. **FASD information/training**
   - ❒ EPC staff provided direct service
   - ❒ Referral(s) to Chrysalis service/program
   - ❒ Referral(s) to outside agency/program:
     - _____
     - _____
     - _____

10. Housing

- ❒ EPC staff provided direct service
- ❒ Referral(s) to Chrysalis service/program
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

11. Nutrition

- ❒ EPC staff provided direct service
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

12. Breastfeeding/family planning support

- ❒ EPC staff provided direct service
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

13. Medical – parent

- ❒ EPC staff provided direct service
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

14. Medical – child(ren)

- ❒ EPC staff provided direct service
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

15. Emergency needs

- ❒ EPC staff provided direct service
- ❒ Referral(s) to Chrysalis service/program
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

16. Dental – parent

- ❒ EPC staff provided direct service
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

17. Dental – child(ren)

- ❒ EPC staff provided direct service
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

18. Acupuncture

- ❒ EPC staff provided direct service
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

19. MFIP

- ❒ EPC staff provided direct service
- ❒ Referral(s) to MFIP

20. WIC

- ❒ EPC staff provided direct service
- ❒ Referral(s) to WIC

21. Culturally-specific needs

- ❒ EPC staff provided direct service
- ❒ Referral(s) to Chrysalis service/program
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

22. Family recreational activities

- ❒ EPC staff provided direct service
- ❒ Referral(s) to Chrysalis service/program
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

23. Chemical health/sober support

- ❒ EPC staff provided direct service
- ❒ Referral(s) to Chrysalis service/program
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

24. Other (specify: _____)

- ❒ EPC staff provided direct service
- ❒ Referral(s) to Chrysalis service/program
- ❒ Referral(s) to outside agency/program:

↳ _____

_____

_____

25. # of: a) home visits:_____ b) office visits: _____
26. # of support groups attended: _____
27. # of parenting groups attended: _____
28. # of UAs conducted: _____
a) # positive: _____ b) # negative: _____

Chrysalis

EFFECTING POSITIVE CHANGE

Child Health Information Summary

Client name: ______________________________ Client ID#:____________________ Intake date: ____________________

Indicate quarter for which this form is completed: ❒[6] July-Sept 2008 ❒[7] Oct-Dec 2008 ❒[8] Jan-March 2009 ❒[9] April-June 2009

Check one: ❒[1] Client is pregnant and has no other children in legal custody *(STOP – you do not need to complete the remainder of this form)*
❒[2] No children in legal custody and client is NOT pregnant *(STOP – you do not need to complete the remainder of this form)*
❒[3] Client has children in legal custody *(please complete the table below)*

Please complete the following table for ALL children in the parent's <u>legal</u> custody, <u>regardless of physical custody status</u>

Child info				Please answer the following questions about each child for <u>THIS QUARTER ONLY</u>			
First name	**Last name**	**Birthdate**	**Sex**	**Child's living arrangements**	**Physical and dental health screening or referral**	**Are immuniz-ations up to date?**	**Assessment of development, and emotional/physical/ sexual abuse and neglect**
			❒[1] M ❒[2] F	❒[1] With mom ❒[2] Somewhere else ❒[8] Unknown	❒[1] Screened by EPC staff ❒[2] Referred out for screening ❒[3] No screening or referral ❒[8] Unknown	❒[1] Yes ❒[2] No ❒[8] UNK	❒[1] Assessed ❒[2] Not assessed ❒[8] Unknown
			❒[1] M ❒[2] F	❒[1] With mom ❒[2] Somewhere else ❒[8] Unknown	❒[1] Screened by EPC staff ❒[2] Referred out for screening ❒[3] No screening or referral ❒[8] Unknown	❒[1] Yes ❒[2] No ❒[8] UNK	❒[1] Assessed ❒[2] Not assessed ❒[8] Unknown
			❒[1] M ❒[2] F	❒[1] With mom ❒[2] Somewhere else ❒[8] Unknown	❒[1] Screened by EPC staff ❒[2] Referred out for screening ❒[3] No screening or referral ❒[8] Unknown	❒[1] Yes ❒[2] No ❒[8] UNK	❒[1] Assessed ❒[2] Not assessed ❒[8] Unknown

Child info				Please answer the following questions about each child for <u>THIS QUARTER ONLY</u>			
First name	**Last name**	**Birthdate**	**Sex**	**Child's living arrangements**	**Physical and dental health screening or referral**	**Are immuniz-ations up to date?**	**Assessment of development, and emotional/physical/ sexual abuse and neglect**
			❒1 M ❒2 F	❒1 With mom ❒2 Somewhere else ❒8 Unknown	❒1 Screened by EPC staff ❒2 Referred out for screening ❒3 No screening or referral ❒8 Unknown	❒1 Yes ❒2 No ❒8 UNK	❒1 Assessed ❒2 Not assessed ❒8 Unknown
			❒1 M ❒2 F	❒1 With mom ❒2 Somewhere else ❒8 Unknown	❒1 Screened by EPC staff ❒2 Referred out for screening ❒3 No screening or referral ❒8 Unknown	❒1 Yes ❒2 No ❒8 UNK	❒1 Assessed ❒2 Not assessed ❒8 Unknown
			❒1 M ❒2 F	❒1 With mom ❒2 Somewhere else ❒8 Unknown	❒1 Screened by EPC staff ❒2 Referred out for screening ❒3 No screening or referral ❒8 Unknown	❒1 Yes ❒2 No ❒8 UNK	❒1 Assessed ❒2 Not assessed ❒8 Unknown
			❒1 M ❒2 F	❒1 With mom ❒2 Somewhere else ❒8 Unknown	❒1 Screened by EPC staff ❒2 Referred out for screening ❒3 No screening or referral ❒8 Unknown	❒1 Yes ❒2 No ❒8 UNK	❒1 Assessed ❒2 Not assessed ❒8 Unknown

1) Was the client <u>pregnant</u> this quarter? ❒1 Yes ❒2 No   2) Did the client <u>give birth</u> this quarter? ❒1 Yes ❒2 No

If **YES** to either of the above questions, please describe any **prenatal or postnatal healthcare** provided to either the client or infant this quarter: ______________

____

____

<u>Definitions</u>

- **Screening:** screenings are to be conducted by a health professional on staff or at an outside agency (e.g., a health clinic). The screening must be face to face with the child and should include a broad assessment of the child's overall physical and dental health. Essential components include height, weight, and health status.
- **Assessment:** assessments can be completed by any EPC staff familiar with the child and his/her development and needs. The assessment is more general than the screening and does not have to occur face to face. It should include referrals for additional services as needed.

ID: _____

Administer at 4 months

For staff use only

Chrysalis

EPC PROGRAM SATISFACTION SURVEY

Today's Date: (mm/dd/yyyy) _____

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

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

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

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

OVER →

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

Overall, how helpful were each of the following services?

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

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

_____

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

_____

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

_____

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

_____

_____

_____

Thank you!

Chrysalis
Focus group interview protocol
May 28, 2009

Introduction

- Introduce self, role, purpose of focus group, rules of group (confidentiality, respect), approximate length of group
- Request honest and open feedback
- Ensure responses will be kept confidential (use fake names, if you prefer)
- Inform them results will be made available to them, if they are interested
- Request permission to record

Questions

Opening question: State your first name, how long you were a part of the EPC program, and the number and ages of your children

1) When you first started the program, what kinds of things did you need help with?
    a. (*Probe for: substance use, mental health, physical health/medical issues, basic needs, housing, childcare, parenting*)

2) In what ways did the EPC staff help **you**? What kinds of services did they provide? What kinds of referrals or connections to other community resources did they make for you?

3) In what ways did the EPC staff help **your child(ren)**? What kinds of services did they provide? What kinds of referrals or connections to other community resources did they make for your child(ren)?

4) Tell me about your participation in the weekly support groups. Did you find these groups helpful? Why or why not? How could they be more helpful?
    a. (*Probe for impact of change in structure/schedule – two tracks, weekday and Monday nights*)

5) Tell me about your participation in the parenting groups. Did you find these groups helpful? Why or why not? How could they be more helpful?

6) How did being in the program change things for you and/or your child(ren)? How is your life different now than before you started the program? Has it helped you maintain sobriety? How so?

7) What one thing did the EPC staff provide or do for you or your child(ren) that was most valuable?

8) Were there other services or things you or your child(ren) needed that you did not get from the program? What else did you need?

9) Do you feel you got enough help from the program?
    a. Were you able to meet with program staff as much as you needed to? Or was it too often?
    b. Do you feel your overall time in the program was enough? Too long? Too short?

10) Do you have any suggestions or recommendations for improving the program?

Quarterly tables

Grantee Tubman (formerly Chrysalis Contract # 437513
July 1, 2008 – June 30, 2009 – Women's Services Quarterly Report Tables:
Tx Support/Recovery Maintenance Services for Pregnant Women/Women w/Dependent Children

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

Table 1: Women Served by your grant program this year

	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
Women in your grant program at the start of this period	15	10	15	15	
Women admitted to your grant program this period	3	8	6	4	21
Women served by your grant program this period	18	18	21	19	36
Number of cases closed – Women *Successfully Completed*	6	1	2	2	11
Number of cases closed due to moving out of the area, but at the time of move the woman was doing well	1	0	1	2	4
Number of cases closed *Without Successfully Completing*, include women who were not doing well when they moved out of the area.	1	2	3	3	9
Women still in your grant program at the end of this period	10	15	15	12	

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

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

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

* Explain why any mothers and/or infants were not tested: **Three infants and two mothers were not tested because, in two cases, the mothers were unable to sign the release authorizing the toxicology screening before the birth so it was not performed on mother or infant. In the third case, despite a release being signed and multiple requests by the program, the hospital only sent the tox screening results for the mother, not the infant.**

Note: The total number of clients admitted/served in Q3 were adjusted from those submitted in last quarter's report. It was determined that a woman initially counted as a client during that quarter did not go on to receive services in the program and is no longer counted as a participant. She has been removed from the Q3 counts and the above table reflects the accurate particpant count for the grant year.

Year-end tables

July 1, 2008 – June 30, 2009

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

Number of women served that were neither pregnant nor had dependent children: 0

PLEASE NOTE:

1. **If something is unknown at entry, but you later get the information or if information gathered at entry is later found out to be incorrect, the information should be corrected/completed instead of keeping the incorrect information in the table.**

2. **Include in the narrative section after each table any information that helps to explain the data in that table for your program.**

AGENCY: Tubman (Formerly Chrysalis)

CONTRACT #: 437513

DATE GRANT CONTRACT STARTED: July 1, 2008

***Section One – Entry Data*: This section is comprised of Tables 1 & 2.**
Section 1 is completed only for women who Entered the program this year.

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

1. Age of the client on entry to your program	**21**
Under 18	**0**
18-48	**21**
Over 48	**0**
Unknown	**0**
2. Race (Each client is to be counted in only one of the categories below. Anyone of Hispanic Ethnicity must also be counted in one of the racial categories below. It is not acceptable to put someone of Hispanic Ethnicity under "Other" for race)	**21**
White	**12**
Black or African American	**4**
Asian	**0**
American Indian, Alaska Native	**3**
More than One Race	**1**
Other*	**1**
Unknown	**0**
3. Hispanic Ethnicity (every client will fit in one of the categories below)	**21**
No - not of Hispanic Origin	**19**
Yes - of Hispanic Origin	**2**
Hispanic Ethnicity Unknown	**0**

Table 1: Client Demographics for women who entered your program this year (continued)

4. Marital Status at Entry to your program	**21**
Single, never married	**11**
Married/Cohabiting (to live w/someone as if a married couple)	**3**
Divorced/Separated/Widowed	**7**
Other*	**0**
Unknown	**0**
5. Education: Highest Degree Earned prior to entry	**21**
Non-High School Graduate	**3**
High School Grad or GED	**8**
Vocational Certificate, Associate Degree, some college but no degree	**6**
College graduate/Professional degree	**4**
Other*	**0**
Unknown	**0**
6. Living Arrangements for 30 days prior to Entry – if client entered the program directly from or while inpatient CD TX, living arrangements are for the 30-days prior to entering CD TX.	**21**
Own House or Apartment	**10**
Parent/other Relative/Friend's Home	**5**
Correctional Facility	**0**
Homeless Shelter	**0**
Homeless **(Not in a shelter)**	**0**
Battered Women's Shelter	**0**
Other*	**6**
Unknown	**0**
7. Pregnancy Status at Entry	**21**
Pregnant, first pregnancy	**1**
Pregnant, not first pregnancy	**5**
Not Pregnant	**15**
Unknown	**0**
8. For Pregnant Women, How Far Along was Pregnancy at entry?	**6**
1-3 Months	**3**
4-6 Months	**1**
7-9 Months	**2**
Unknown	**0**
9. For Pregnant Women: Receiving prenatal care at program entry?	**6**
Yes	**5**
No	**0**
Unknown	**1**

Table 1: Client Demographics for women who entered your program this year (continued)

10. Income	**21**
Number whose income is **equal to or below** the Federal Poverty Guidelines	**18**
Number whose income is **above** the Federal Poverty Guidelines	**2**
Unknown	**1**
11. Parental & Custody Status on Entry to the Program	**21**
Not a parent (no children under age 18, and not pregnant**)**	**2**
Pregnant – first pregnancy	**1**
Mothers without legal custody of any children under age 18 – have children under 18, but either parental rights have been terminated or they have voluntarily, legally transferred parental rights for **all** children under 18	**3**
Mothers with legal custody of some or all children under 18 – parental rights have not been terminated nor have they voluntarily, legally transferred parental rights for all children under 18. Children do not have to be currently living with their mother.	**15**
Unknown	**0**
12. Number of women who have legal custody for the following number of Children under the age of 18 – Have legal custody of children is defined as not having had their parental rights legally terminated nor having voluntarily, legally transferred their parental rights. The children do not have to be currently living with them.	**21**
Does not apply – no children under 18, 1st pregnancy or lost parental rights for all children under 18	**6**
Have legal custody for 1 child under 18	**6**
Have legal custody for 2 children under 18	**7**
Have legal custody for 3 children under 18	**0**
Have legal custody for 4 or more children under 18	**2**
Unknown	**0**
13. Involved with Child Protection Services (under investigation or an open case)	**21**
Yes	**7**
No - does have custody of some children under age 18	**9**
No – No children under 18, or has lost or transferred parental rights for all children	**5**
Unknown	**0**
14. MFIP Client	**21**
Yes	**16**
No	**5**
Unknown	**0**
15. Client has a Mental Health Diagnosis	**21**
Yes	**17**
No	**4**
Unknown	**0**
16. Client is under the jurisdiction of the court or on Probation/Parole	**21**
Yes	**7**
No	**14**
Unknown	**0**

Table 1: Client Demographics for women who entered your program this year (continued)

17. Client is under a Civil Commitment**	**21**
Yes	**4**
No	**17**
Unknown	**0**
18. <u>CD Treatment prior to current TX experience</u> – current TX experience is being defined as either the Rule 31 TX the patient is currently receiving, or the one they went through within the last six months, that made them eligible for services from this program	**21**
No Previous CD Treatment	**1**
1-2 Previous CD Treatments	**8**
3-4 Previous CD Treatments	**2**
5 or more Previous CD Treatments	**4**
Previous CD Treatment Unknown	**6**

***Other** – explain entries in any of the "Other" categories in Table 1 in the Narrative for Table 1

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

Narrative for Table 1: For Table 1.2 (race), the "other" refers to a client who would only describe herself as Hispanic/Latino and not one of the prescribed racial categories.

Regarding Table 1.6 (living arrangements), the 6 "other" clients are comprised of 1 client who was living in a sober house and 5 clients who were living in a treatment facility prior to entry. The current tables ask for living arrangements prior to the "treatment facility", if that is where the client was living immediately prior to the program. However, the release of the 2009 tables did not occur in time for this information to be back-collected from clients who had already entered the program at that point. Changes to data collection forms will be made during the next fiscal year to capture this new information.

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

Prior Drug Use	Daily	3-6 Times a Week	1-2 Times a Week	1-3 Times a Month	Less than 1/month	No Use	Unknown	Total
Nicotine/Tobacco	**7**	**1**	**0**	**0**	**0**	**3**	**10**	**21**
Alcohol	**4**	**2**	**7**	**3**	**1**	**3**	**1**	**21**
Marijuana	**3**	**0**	**0**	**3**	**0**	**10**	**5**	**21**
Cocaine/Crack	**5**	**0**	**2**	**0**	**1**	**10**	**3**	**21**
Heroin/Opiates	**2**	**0**	**1**	**0**	**0**	**17**	**1**	**21**
Methadone	**1**	**0**	**0**	**0**	**0**	**18**	**2**	**21**
Methamphetamine	**0**	**0**	**0**	**0**	**1**	**19**	**1**	**21**
Other Amphetamines	**1**	**0**	**0**	**0**	**0**	**20**	**0**	**21**
Inhalants	**0**	**1**	**0**	**0**	**0**	**18**	**2**	**21**
Prescription Drugs*	**2**	**0**	**0**	**0**	**3**	**14**	**2**	**21**
Other Drugs**	**1**	**0**	**0**	**0**	**1**	**12**	**7**	**21**

*** Non-medical use of prescription drugs**

** Include narrative stating what other drugs are being used. Ecstasy (N=4), PCP (N=1), and Mushrooms (N=1).

When women use more than one drug, what is the most common combination of drugs being used: Alcohol and marijuana.

Other narrative for Table 2:

***Section Two – Service Data*: This section is comprised of Tables 3-7.**
Section Two is completed using information on All Women Served this year.

Table 3: Women Served by your Grant Program this year

1. Women in your grant program at the start of this grant year	**15**
2. Women Admitted to your grant program during this grant year	**21**
3. Women Served by your grant program this year	**36**
4. Number of Cases Closed – Women *Successfully Completed your grant program**	**11**
5. Number of Cases Closed due to being transferred to another program or moving out of the area, but at time of move the woman was doing well	**4**
6. Number of Cases Closed Without *Successfully Completing*, include women who were not doing well when they moved out of the area.	**9**
7. Women in your grant program at the end of this year	**12**

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

Other narrative for Table 3:

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

1. In your grant program & in licensed CD TX* at beginning of the grant year	**1**
2. Entered licensed CD TX during the grant year (include those in CD TX when they enter your grant program)	**14**
3. Total in your grant program and licensed CD TX sometime during the grant year	**15**
4. Completed licensed CD TX during the grant year	**15**
5. Discharged Without Staff Approval from CD TX this grant year (against staff advice/client left)	**0**
6. Other (please explain in narrative)	**0**
7. Clients in your grant program and licensed CD TX at the end of this grant year	**0**

***Licensed CD Treatment means Rule 31**

Narrative for Table 4:

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

Total number of children under age 18, of the women served by your grant program this year, include those not currently living with their mothers and those born while their mother was in the program. Only include children in legal custody. Do not include children for whom parental rights were legally terminated at entry.	**59**

Narrative for Table 5:

Table 6: Children's Programming: Name of Curriculum being used . . .

with the Youngest group of children	**Children's Program Kit: Supportive Education for Children of Addicted Parents**	
with the Middle group of children	**Children's Program Kit: Supportive Education for Children of Addicted Parents**	
with the Oldest group of children	**Children's Program Kit: Supportive Education for Children of Addicted Parents**	
	Age Range	**Number Served**
For the Youngest group of children	**0-2**	0
For the Middle group of children	**3-6**	4
For the Oldest group of children	**7-11**	8

Narrative for Table 6: With the exception of the last quarter, most children served through childcare at Tubman are under the age of 5 and the curriculum as designed is not appropriate for them. Where possible, modifications to the curriculum are made and used with young children in an individualized format. The numbers above reflect a small group of older children who participated in Tubman childcare during the last quarter because school was out, and could therefore receive the curriculum.

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

	$ Amount spent on	**# of women received this service**	**Average per woman who received this service (will self-calculate)**
1. Housing: rent/deposit/utilities	$820.00	**1**	**$820.00**
2. Transportation	$1,068.41	**7**	**$152.63**
3. Child Care	$0.00	**0**	**$0.00**
4. Other Emergency Needs*	$105.00	**1**	**$105.00**

***Describe what 'other" emergency needs were met: Food support**

Narrative for Table 7: Transportation costs were particularly high this year due to clients who lived a significant distance from the program (i.e., Albertville, Hastings, and Forest Lake).

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

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

1. Pregnancy Outcome Summary	**6**
Live Birth, Child Living	**4**
Live Birth, Child Died	**0**
Stillbirth/miscarriage/abortion	**2**
2. Infant Toxicology[1] Results (for live births only)	**4**
Positive Toxicology for Infant	**0**
Negative Toxicology for Infant	**1**
Infant Not Tested*	**3**
Other (explain under Narrative for Table 9)	**0**
3. Mother Toxicology[2] Results (for live births only)	**4**
Positive Toxicology for Mother	**0**
Negative Toxicology for Mother	**2**
Mother Not Tested*	**2**
Other (explain under Narrative for Table 9)	**0**

1 **Which test (blood or meconium) is used to test for Infant Toxicology: Unknown.**

2 **Which test is used to test for the Mother's toxicology: One was by blood; the second test is unknown.**

* **Explain why any mothers and/or infants were not tested and steps being taken to ensure all are tested in the future: Three infants and two mothers were not tested because, in two cases, the mothers were unable to sign the release authorizing the toxicology screening before the birth so it was not performed on mother or infant. In the third case, despite a release being signed and multiple requests by the program, the hospital only sent the tox screening results for the mother, not the infant. Program staff will continue to work with mothers to sign releases prior to the birth and retrieve data from hospitals.**

Other Narrative for Table 8:

Table 9: Post-birth Medical Follow-up

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

Narrative for Table 9:

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

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

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

	completed	left before completing
1. Number of clients who	**11**	**13**
2. Length of Stay 1	**11**	**13**
(a.) Average Length of Stay in your grant program - In Days	**300**	**155**
(b.) Number of clients you have a record of the Number of Days they Stayed	**11**	**13**
(c.) Number of clients you do **NOT** have a record of the # of Days they Stayed	**0**	**0**
3. Alcohol & Drug Use Status when left/discharged	**11**	**13**
No Use for past **6 months or more** when completed/left	**7**	**2**
No Use for **less than 6 months** when completed/left	**3**	**6**
No Use status **unknown** when completed/left	**1**	**5**
4. Parental/Custody Status of Infants born while in the program (on Leaving)	**3**	**1**
Number of clients who gave birth while in the program that were able to keep their infant, did not lose custody to CP services	**3**	**1**
Number of clients who gave birth while in the program that lost parental custody of the infant to CP services	**0**	**0**
Number of clients who gave birth while in the program for whom it is unknown if they lost parental custody of the infant to CP services	**0**	**0**
5. Involved with Child Protection (CP) at Program Entry	**11**	**13**
Number of Women Involved with CP at Entry (under investigation/open case)	**4**	**4**
Number of Women **Not** Involved with CP at Entry	**7**	**9**
Number of Women **Unknown** if Involved with CP at Entry	**0**	**0**
6. Client's Involvement with Child Protection (CP) closed while in this Program	**11**	**13**
Client's **Involvement** with Child Protection **ended** while in this Program	**3**	**3**
Client left the program while **still involved** with Child Protection	**0**	**0**
Client was **Never Involved** with CP while in this Program	**7**	**8**
Client left with **unknown** Child Protection status	**1**	**2**
7. Child/ren living with someone else due to a Child Protection (CP) court order or other actions by CP Services at Entry (does not include children living with others due to termination of parental rights or voluntary, legal transfer of parental rights).	**11**	**13**
Number of Women who have child/ren living with someone else due to a CP court order or other actions by CP services at entry	**3**	**0**
Number of Women who have legal custody of child/ren under 18 but none are living with someone else due to a CP court order or other actions by CP Services at entry	**7**	**9**
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	**1**	**4**
Number of children from #7 above who were living with someone else due to a CP court order or other actions by CP services when their mother entered your program?	**5**	**15**

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

	completed	left before completing
8. Child/ren living with someone else due to a Child Protection (CP) court order or other actions by CP Services when client left (does not include children living with others due to termination of parental rights or voluntary, legal transfer of parental rights).	**11**	**13**
Number of Women who have child/ren living with someone else due to a CP court order or other actions by CP services when they left your program.	**1**	**3**
Number of Women who have **legal custody of** child/ren, under 18 but none are living with someone else due to a CP court order or other actions by CP Services when they left your program	**10**	**8**
Number of Women who had their parental rights terminated for some or all of their children **while in the program**	**0**	**0**
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 they left your program	**0**	**2**
Number of children from #8 above who were living with someone else due to a CP court order or other actions by CP services when their mother left your program?	**2**	**8**
9. Women Re-united with their Children (from CP/foster care) (*see table note*)	**5**	**4**
Women Re-united while in your program with **all** their children who were in CP/foster care	**0**	**0**
Women re-united while in your program with **some** of their children who were in CP/foster care	**4**	**1**
Unknown if re-united with their children while in your program	**1**	**3**
Number of Children who had been in CP/foster care, who were re-united with their mother while she was in your program	**9**	**3**
10. Women Re-united with their Children (who were living with others – not due to Child Protection (CP)/foster care and not due to having lost parental custody rights or having legally transferred their parental rights). (*see table note*)	**4**	**1**
Women re-united with **all** their children who had been living with others (not due to CP/foster care, having lost parental rights or having legally transferred their parental rights) while in your program	**0**	**0**
Women re-united while in your program with **some** of their children who had been living with others (not due to CP/foster care, having lost parental rights or having legally transferred their parental rights) while in your program.	**4**	**1**
Women whose children (some or all of their children) were living with others (not due to CP/foster care, having lost their parental rights, or legally transferred their parental rights) when they left your grant Program	**4**	**5**
Number of women Unknown if re-united with their children who were living with others (not due to CP/foster care) while in your grant program	**1**	**3**
Number of Children who had been living with others (not due to CP/foster care) but were re-united with their mother while she was in your program	**9**	**2**
11. Completed a 20 hr Parent Education Class while in your grant program	**11**	**13**
Length of your Grant Parent Education Class (In hours)	**20**	**20**
Number of Clients completed your Grant Parent Education Class	**6**	**1**
Number of Clients Did **Not** complete your Grant Parent Education Class	**4**	**12**
Number of Clients **Unknown** if completed your Grant Parent Education Class	**1**	**0**

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

	completed	left before completing
12. On entry, living arrangements were. . .	**11**	**13**
Supportive to recovery	**11**	**10**
Not supportive to recovery	**0**	**2**
Unknown	**0**	**1**
13. On Leaving, living arrangements were/will be . . .	**11**	**13**
Supportive to recovery	**8**	**6**
Not supportive to recovery	**0**	**0**
Unknown	**3**	**7**
14. Using a form of birth control (includes Tubal Ligation) at Entry	**11**	**13**
Does not apply – pregnant at Entry	**4**	**3**
Yes	**0**	**4**
No	**6**	**6**
Unknown	**1**	**0**
15. Using a form of birth control (includes Tubal Ligation) when left the program	**11**	**13**
Does not apply – pregnant when left	**1**	**2**
Yes	**8**	**2**
No	**2**	**2**
Unknown	**0**	**7**
16. Under the Jurisdiction of the Court or on Probation/Parole at Entry	**11**	**13**
Under the jurisdiction of the court or on Probation/Parole at entry	**7**	**8**
Not under the jurisdiction of the court or on Probation/Parole at entry	**4**	**4**
Unknown if under the jurisdiction of the court or on Probation/Parole at Entry	**0**	**1**
17. Under the Jurisdiction of the Court or on Probation/Parole when Left	**11**	**13**
Under the jurisdiction of the court or on Probation/Parole when left	**6**	**4**
Not under the jurisdiction of the court or on Probation/Parole when left	**3**	**3**
Unknown if under the jurisdiction of the court or on Probation/Parole when left	**2**	**6**
18. Mental Health Diagnosis at Entry	**11**	**13**
Mental Health Diagnosis on Entry	**8**	**9**
No Mental Health Diagnosis on Entry	**3**	**4**
Unknown if Mental Health Diagnosis on Entry	**0**	**0**
19. Mental Health Diagnosis when Left	**11**	**13**
Mental Health Diagnosis when left	**8**	**11**
No Mental Health Diagnosis when left	**3**	**2**
Unknown if Mental Health Diagnosis when left	**0**	**0**

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

	completed	left before completing
20. FASD		
Number of clients **entered** your program with a FASD diagnosis	**0**	**1**
Number of clients **left** your program with a FASD diagnosis	**1**	**0**
Number of clients **enter** your program with a child diagnosed with FASD	**1**	**2**
Number of clients **left** your program with a child diagnosed with FASD	**4**	**0**
Number of children (of the women who left the program this year) **diagnosed with FASD when their mother entered the program**.	**1**	**2**
Number of children (of the women who left the program this year) **diagnosed with FASD when their mother left the program.**	**4**	**0**
21. When left - Number of women whose Children's Immunizations were:	**11**	**13**
Up-to-date at Discharge	**9**	**1**
NOT up-to-date at Discharge	**0**	**1**
Immunization Status of Children Unknown	**2**	**11**
22. Tobacco Use on Entry	**11**	**13**
Number of Clients **used** Nicotine/Tobacco on Entry	**8**	**9**
Number of Clients **did not use** Nicotine/Tobacco on Entry	**3**	**3**
Unknown if client used Nicotine/Tobacco on Entry	**0**	**1**
23. Tobacco Use when Left	**11**	**13**
Number of Clients **used** Nicotine/Tobacco when left	**8**	**4**
Number of Clients **did not use** Nicotine/Tobacco when left	**3**	**2**
Unknown if client used Nicotine/Tobacco when left	**0**	**7**
24. Labor Force Status on Entry	**11**	**13**
Employed Full-time (35 or more hrs/wk)	**1**	**1**
Employed Part-time (less than 35 hrs/wk)	**3**	**0**
Disabled	**0**	**0**
Laid off/Unemployed – looking for work	**5**	**5**
Laid off/Unemployed – not looking for work but in school or a job program	**1**	**1**
Laid off/Unemployed – not looking for work & not in school or a job program	**1**	**6**
Other*	**0**	**0**
Unknown	**0**	**0**
25. Labor Force Status on Leaving	**11**	**13**
Employed Full-time (35 or more hrs/wk)	**5**	**2**
Employed Part-time (under 35 hrs/wk)	**3**	**0**
Disabled	**0**	**0**
Laid off/Unemployed – looking for work	**1**	**2**
Laid off/Unemployed – not looking for work but in school or a job program	**0**	**1**
Laid off/Unemployed – not looking for work & not in school or a job program	**0**	**2**
Other*	**2**	**0**
Unknown	**0**	**6**

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

	completed	left before completing
26. School – Vocational Training on Leaving your program	**7**	**7**
Enrolled, full time in school or a Job/Vocational Training program	**0**	**0**
Enrolled, part time in school or a Job/Vocational Training program	**2**	**0**
Completed GED or received High School (HS) Diploma while in the program	**3**	**1**
Completed Vocational/Job Training or Education beyond HS while in the Program	**1**	**1**
Reactivated a vocational license or obtained vocational license or certificate.	**1**	**0**
Unknown	**0**	**5**
27. Compared to Employability at Entry, number of Clients that are more 'Employable' when they Left the Program	**10**	**4**

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

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

How does your program define "More Employable" when left the program compared to entry?
"More employable" clients are those who have enhanced stability at program discharge across multiple areas of their life, including: increased financial stability (budgeting skills), enhanced job seeking skills (resumes, interview coaching), housing security (knowledge related to tenants rights, buying a home, foreclosure prevention), and a support network (support group).

Narrative for Table 10: Regarding Tables 10.9 and 10.10, the breakdown of information requested this year (i.e., reuniting with "some" versus "all" children) has changed from last year. Consequently, data collection methods over the last year did not allow for us to make this distinction. As a result, all reunifications (either with "some" or "all" children) are collapsed into the category above labeled as "some" children, as it is unknown whether the reunification occurred with some or all of the mother's children.

Regarding Table 10.25 (labor force status), the status for 2 clients was "other" which includes one client who was volunteering and a second client who was unemployed but it was unknown if she was looking for work.

Regarding Table 10.26 (vocational training), none of the statuses listed apply to 4 clients who completed the program and 6 clients who did not complete the program (i.e., their vocational status is known, but none of these things occurred while the client was in the program – no additional schooling or vocational training was completed [a "none of the above" or "no schooling/vocational training" category is needed here to account for this likely situation]).

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

	For those who completed	For those who left before completing
1. Increase - Using Drugs/Alcohol More	**0**	**1**
2. No Change - Using Drugs/Alcohol but at the Same Level	**0**	**0**
3. No Change – Not Using Drugs/Alcohol at either time	**2**	**3**
4. Decrease - Using Drugs/Alcohol but using Less	**2**	**0**
5. Decrease - Not Using Drugs/Alcohol at all	**6**	**1**
6. Drug/Alcohol Use Unknown	**1**	**8**
Total	**11**	**13**

Narrative for Table 11: