

# The Tubman Effecting Positive Change Program

Quarterly evaluation report: July-September 2009

OCTOBER 2009

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Additional contributors include the staff of the Effecting Positive Change Program at Tubman (Chrysalis Center).

## **Program background**

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 and was re-awarded July 1, 2008 for three years.

This report summarizes data collected from eighteen (18) women and twenty-eight (28) children who participated in the Effecting Positive Change (EPC) program between July 1, 2009 through September 30, 2009, including six women who were admitted to the program this past quarter. The report includes a description of the services and activities provided to clients this quarter and year-to-date, progress on the implementation of the evaluation plan, and a client success story. The Women's Services Quarterly Report Tables are also included (see Appendix).

## **Services summary**

The following is a summary of the services provided through 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.

The program was fully staffed during the past quarter and there were no changes in staffing, although an intern was hired and will be providing some assistance related to the EPC program.

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=5). Tubman's EPC program provides a range of services to families, 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 inhome 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. Most of the women (5 of 6) admitted to the program this quarter had completed a licensed CD treatment program within the past 12 months; one was 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.

EPC staff provided services to women within this time frame (i.e., a minimum of six months to a maximum of 12 months).

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 18 women during the July-September 2009 period, including the six women and 28 children admitted to the program during the past quarter (an additional woman was initially admitted to the program but did not go on to engage in services and is therefore not counted as a client). This quarter, one woman successfully completed the program.

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 the six women who entered the program this quarter.

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, domestic violence (as appropriate), 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, Classical Five Element Acupuncture (Amy Martel, M.Ac., L.Ac., Dipl.Ac. and Christy Lillibridge, 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 11 women for in-house acupuncture services.

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, domestic violence, financial management, job training/education, housing, acupuncture, FASD assessment/informational needs, nutritional needs, breast-feeding support, parenting/Early Childhood Family Education (ECFE) needs, culturally-specific needs, and other emergency needs. As needed, women and their children are provided or referred to the appropriate resources to address these needs. See Figure 1 for the number of referrals for clients at intake during the current quarter.

#### 1. Referrals at intake for clients admitted between July - September 2009

Need	Current quarter (N=6)
Housing	5
Childcare	4
Acupuncture	2
Job training/education	3
Dental needs	3
Legal issues	2
Financial management	1
Nutritional needs	0
Physical health needs	0
Relationships/social support	0
Mental health needs	0
FASD information/training	0
ECFE	0
Breastfeeding support group	0
Culturally specific needs	0
Emergency needs	0
Family recreational activities	0
MFIP	0
WIC	0
Other <sup>a</sup>	5

Other referrals provided include parenting (n=2), counseling (n=1), and reunification (n=1).

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 2).

## 2. Services and referrals provided to clients served between July – September 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*
Chemical health/sober support	15	0	5
Relationships/social support	13	0	0
Acupuncture	11	0	0
Childcare	11	0	0
Financial management	8	7	0
Mental health needs (parent)	8	1	3
Nutrition	8	0	0
Legal issues	6	4	0
Family recreational activities	6	0	2
Medical needs (parent)	6	0	1
FASD information/training	5	0	0
Education (children)	4	0	1
Housing	3	3	2
Breastfeeding support	3	0	2
Job training/education (parent)	3	0	0
Mental health needs (children)	2	1	1
Dental needs (parent)	1	0	1
Emergency needs	0	0	0
WIC	0	0	0
Medical needs (children)	0	0	0
MFIP	0	0	0
Culturally specific needs	0	0	0
Dental needs (children)	0	0	0

<sup>\*</sup> Outside agencies listed below. Other miscellaneous referrals were made for exercise (n=1), a quit smoking program (n=1), and YMCA (N=1).

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=1)

■ <u>Dental (parent)</u>: Southside Clinic (n=1)

- Chemical health/sober support: AA meetings (n=5), NA meeting (n=2), treatment (n=1)
- Mental health (parent): Human Services, Inc (n=1), Hennepin County walk-in counseling center (n=1)
- Mental health (child): Human Services, Inc (n=1)
- Education (child): Welcome Center school registration
- Family recreational activities: Tix for Tots (n=2)
- Housing: Common Bond (n=1), list of housing resources (see appendix for full list)
- Breastfeeding support: Planned Parenthood (n=2), a medical clinic (n=1)
  - 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 six women who entered the program this quarter received an assessment prior to their admission to the EPC program. One woman was referred out for screening, and a second will be referred out if it was not conducted through Child Protection (program staff are following via a signed release).

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, two of the six new clients reported current medical concerns (unspecified). All six new clients had a primary care clinic at program entry, four had a primary care physician, and three had a physical in the past year.

Six clients this quarter received case management support for medical needs, and one of these clients was referred to a medical clinic for additional assistance. One client received case management support for dental needs and was referred for dental care to Southside Clinic.

Of the six new clients admitted to the program this quarter, five were already receiving Medical Assistance when they entered the program (either straight MA or PMAP).

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 10 clients in their homes (between 1 and 3 visits per client) and 9 clients at the program site (between 1 and 2 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.

## 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: self-esteem; how to destress; aerobic exercise; boundaries; think before you speak; being committed and accountable; be where you are; self-forgiveness; asking for what we need; feelings; and, taking control of your sober life.

Thirteen clients participated in the weekly support group during the past quarter, attending between 1 and 12 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, primary treatment, parenting responsibilities, and children's activities. In order to address these types of conflicts, EPC has recently restructured their program, offering two support groups, one during the day and one in the evening, which is showing an increase in group attendance from previous quarters.

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 seven clients this quarter, six of whom received between one to two UAs each; one client received 13 UAs during the quarter. None of the UAs were positive. UAs were not conducted with the other clients served this quarter due to clients' sporadic participation in support groups and other activities when staff administer UAs (i.e., some women were involved in other programming, such as GED classes), while two women became gainfully employed.

#### 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 17 children were provided onsite regular on-site childcare. These children ranged in age from 6 months to 12 years of age. A total of \$307 were spent on childcare this quarter.

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. This quarter, a total of 17 children have been seen by program staff.

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.

Over the past quarter, program staff provided \$2,691.94 in transportation assistance to clients, in the form of bus tokens and cab rides.

## 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).

The specific financial management needs of eight clients receiving services this past quarter were addressed by EPC staff; seven of these clients received a referral to Tubman's financial management class, and one client was referred to individual financial counseling at Tubman with an accredited consumer credit counselor.

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, and no clients needed assistance from program staff related to emergency needs.

No funds were spent on emergency needs 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 one-on-one with three clients this past quarter, two clients received referrals to outside agencies for further assistance, and three clients were referred for additional services in-house. Referrals were made to Common Bond and various housing resources in the metro area (see appendix for full list).

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 July and September 2009, one of whom successfully completed the program. EPC Case Managers completed a continuing care plan for this client.

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.

One client successfully discharged from the program between July and September 2009. The follow-up with the client revealed she had moved and was attending school.

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:

- 1) Learning to play: Helping our kids learn how to play independently and with others;
- 2) Monitoring our children: Finding the differences between monitoring and control;

- 3) Sexual communication with our children: When and what do we say? Looking at the developmental milestones;
- 4) Self-esteem and how we grow it from a young age;
- 5) Teaching kids how to make friends: How do we pick friends, what do we look for, and how do we behave;
- 6) Developmental issues relating to the age of our children in group;
- 7) The good and bad of parenting and the responsibility that goes with this;
- 8) FASD: Lifelong effects how to change this history and break patterns;
- 9) Healthy snacks for the entire family;
- 10) Demands and priorities of life and parenting;
- 11) How do we manage demands and priorities of parenting and school life?; and,
- 12) Recognizing emotions and feelings in ourselves and our children.

Fourteen clients participated in the Effecting Positive Change parenting group over the past quarter, participating in one to seven 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. Four clients could not attend the groups due to work, school, primary treatment, doctor appointments, court dates, childcare issues, and transportation issues. Other clients have their parenting needs addressed through home visits or outside programs.

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.

Five of the six clients admitted to the program this quarter were administered the Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, this quarter. The other new client did not regularly participate and eventually discharged, and moved out of state.

Two clients completed the AAPI-2 posttest, Form B, this quarter following their completion of 20 hours of parent education programming.

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, three clients were referred for dental health needs at intake; no clients were referred for physical health needs at intake (see Figure 1).

Over the past quarter, staff addressed medical issues with six clients and referred one of these clients to a medical clinic for additional assistance. One parent was also referred for dental care. There were no referrals this quarter for children related to their medical or dental needs (see Figure 2).

Of the 28 children served by the program this quarter, 4 were screened by EPC staff this quarter, and 5 were referred out for screening. 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.

#### 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 September, 2009, immunizations were confirmed as up-to-date for 26 of the 28 children served this quarter. The immunization status of two children was unknown because the mother of these children had been removed from the children's lives and it was unclear whether the foster parent had kept their shots up to date, and EPC staff did not have contact with these children.

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

None of the six clients who entered the program this quarter were referred to the Minnesota Family Investment Program (MFIP) at intake, although five were already

receiving Medical Assistance through MFIP, three were already receiving food support through MFIP, and two were already receiving cash/vendor payments through MFIP at program entry. No clients were referred to the Women's Infant's and Children's program (WIC) at intake, and one was already receiving WIC at the time she entered the program. No clients were referred to the Public Nurse Home Visiting Program this quarter.

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 three clients. Two clients were referred out for additional breast feeding support. No clients were referred to ECFE this quarter.

## 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.

None of the clients served this quarter were pregnant.

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

No infants were born to clients this quarter, and therefore, no toxicology screenings were conducted.

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 five 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 <u>Children's Program Kit:</u>

<u>Supportive Education for Children of Addicted Parents</u>, 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 17 children for mental, physical, and developmental needs. Assessments were not conducted with the remaining children served this quarter 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 two children this quarter, one of whom was referred internally for additional support in this area, and one who was referred to an outside agency. The educational needs of four children were addressed by program staff this quarter, and one child was referred out for additional support. No children required referrals for physical health/medical needs this quarter.

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

The *Children's Program Kit: Supportive Education for Children of Addicted Parents* curriculum was used with the older children (ages 9-12) of Effecting Positive Change clients receiving childcare services through Tubman, as the curriculum targets children over age 5. However, because of the summer and related activities (e.g., camps, vacations, and other events), attendance was not as consistent as desired. Topics discussed during the curriculum included: feelings, ways to cope with feelings, who is a safe person, the seven "Cs" (e.g., didn't cause, can't cure), and friends who understand.

In a number of cases, children were seen in home visits, as it is often difficult for parents to get to the program.

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.

11. 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.

None of the trainings staff participated in this quarter related to co-occurring mental health and chemical abuse/dependence.

12. 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 continuing education activities related to FASD, treatment strategies, and/or cultural competence, including: Conversations in mental health: Peer relationships and relational aggression in middle childhood; Conversations in mental health: Development in a family context, middle school learning issues; Homelessness 201; and, Early education provider roundtable: Children's mental health (see Figure 3).

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

This past quarter, the Homeless 201 training in which the LADC participated included cultural competency training (see Figure 3).

#### 3. Continuing education activities for program staff: July-September 2009

Training activity	Total staff in attendance	Participating staff	CEU hours
Volunteer & Intern Supervision	2	EPC Case Manager, Child Development Specialist, LADC, EPC Program Director	2.0
Conversations in Mental Health: "Peer Relationships & Relational Aggression In Middle Childhood"	2	Child Development Specialist, EPC Case Manager	2.0
Conversations in Mental Health: "Development in A Family Context, Middle School Learning Issues	1	Child Development Specialist	2.0
Homelessness 201	1	LADC	2.0
Early Education Provider Roundtable: Children's Mental Health	1	Child Development Specialist	2.0

## 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 (Chrysalis 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 will notify the Chemical Health Division of recent program staff changes and submit resumes for any newly hired staff. No program staff changes occurred this quarter.

### Other activities

During the quarter, program staff continued to engage in marketing efforts in the metro area with the aim of increasing referrals and enrollment numbers. This quarter, program staff engaged in outreach/marketing efforts to the following organizations:

- Fairview Recovery Services
  Attn: Jeffrey Powers
  2450 Riverside Ave.
  Minneapolis, MN 55454
  612-672-6600
- Unity Hospital
   Ann Hobbick
   550 Osborne Road
   2 East
   Minneapolis, MN 55432
- Recovery Resource Center
   Women's Programs
   1900 Chicago Ave.
   Minneapolis, MN 55404
- Saint Joseph Hospital
   Attn: Rose Svien
   69 West Exchange St.
   Saint Paul, MN 55102

This quarter, the EPC Child Development Specialist began providing supervised visitation to the father of a client's children. Although the father is not enrolled in the program and receiving services, providing the client's children an opportunity to visit their father in a safe environment is in the best interest of the children.

Finally, EPC offered several recreational family activities for participating women and children during the past quarter, including: two shows at the Stages Theatre, Vikings Football games, and water balloon fun. Approximately six families, including 10 children, were in attendance.

## **Evaluation progress**

Wilder Research has been contracted to evaluate the Tubman Effecting Positive Change program for the duration of the three-year grant period (July 2008 – June 2011), including the current reporting period of July to September 2009. The lead evaluator for this project is Monica Idzelis, Research Scientist at Wilder Research (651-280-2657 or <a href="mil@wilder.org">mil@wilder.org</a>). The primary Tubman program staff responsible for the evaluation is Darcy Young, EPC Coordinator and Child Development Specialist.

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

- 1) program implementation, including a description of client characteristics and the number and types of activities/services provided to clients and their children;
- 2) outcomes for clients and their children post-discharge, including changes in substance use among clients, the impact of parent education on clients' parenting skills, and the health and well-being of newborns; and
- 3) client satisfaction post-discharge.

#### Development of tools

Minor changes were made to two existing forms this quarter: the Initial Assessment and the Discharge Summary (see appendix). The modifications reflect the new information required by DHS, identified in the 2008-09 year-end tables. All existing tools were updated to include the new Tubman logo.

#### Data collection

Initial Assessment, Discharge Summary, and Health Data Summary forms are completed and submitted as needed each quarter (i.e., when clients are admitted, discharged, or give birth). This quarter, seven Initial Assessment Forms (one was ultimately excluded as the individual did not go on to receive services), seven Discharge Summary Forms, and no Health Data Summary Forms were submitted this quarter. Quarterly Activity Logs and Child Health Information Summaries summarize services and referrals provided to adults and children and are completed and submitted for each active client during the quarter. This quarter, 18 Quarterly Activity Logs and 17 Child Health Information Summaries were submitted and analyzed for this report.

Satisfaction surveys are administered to clients after approximately four months of participation in the program. No EPC program satisfaction surveys were completed this quarter.

In addition, five AAPI-2 pretests (Form A) were administered this quarter (see Figure 4). Two AAPI-2 posttests (Form B) were administered, as those clients completed 20 hours of parent education during the quarter (see Figure 5).

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

Client identifier	Date taken	Form
130346	7/8/2009	Α
130347	7/27/2009	Α
130348	7/29/2009	Α
130345	8/7/2009	Α
130349	8/27/2009	Α

#### 5. AAPI-2 posttest summary (N=2)

Client identifier	Date taken	Form	
130336	8/5/2009	В	
130345	8/7/2009	В	

## **Success story**

The following success story describes the progress achieved by Lee, <sup>1</sup> a current participant in the Effecting Positive Change (EPC) program.

#### **General information**

Lee is a 28 year-old Caucasian woman who was admitted to EPC on July 23, 2009. She was referred by her mental health counselor just prior to completing her primary treatment program at the Chrysalis Center of Tubman. She also spent time in another inpatient facility earlier in the year. Her drug of choice was prescription pain medication.

Upon entering the PEC program, Lee was living in a room in the basement of her father's house. She came to EPC with a diagnosis of Dysthymic Disorder, as well as a criminal history. She is currently on active probation and is involved with child protective services. She has two young children, although her four-year-old daughter lives with her father full-time, and her nine month-old son was placed in a foster home about three months prior to intake. At the time, she took the bus from her northern metro home to and from treatment, to attend sober support meetings, and to visit with her children.

#### Services and outcomes

Lee outlined her recovery goals in a treatment plan created with the assistance of the EPC Case Manager. She plans to continue to abstain from mood altering chemicals through the use of weekly acupuncture at the EPC support group to reduce her cravings and by attending sober support meetings in the community. She has regulated her mental health concerns by attending therapy sessions regularly with one of the EPC in-house therapists and has responsibly continued with her Suboxone treatment as it has been prescribed to reduce the threat of relapse.

Since beginning in the program, Lee has consistently attended the EPC support groups at Chrysalis Center (Tubman), co-facilitated by the EPC Licensed Drug and Alcohol Counselor and Mental Health Counselor. She completed a nutritional assessment with the assistance of the Maternal Child Health Nurse, and has sought guidance regarding parenting resources and strategies from the Child Development Specialist and Parenting Educator. Lee has also taken advantage of the free recreational activities that are offered to families in the program while money has been tight.

\_

A pseudonym

Just last month, Lee was able to establish housing at a transitional facility in the metro area, independent from her father, in which she has her own apartment with some shared spaces and lots of support services. She was even able to save up enough money to purchase a vehicle of her own for a more reliable means of transportation.

And because of how hard she has worked in completing all of her child protection requirements, she was able to reunite with her son soon after moving into her new housing facility. She now parents him as a single mother full-time, and her daughter joins them on the weekends. This was another one of the goals she expressed wanting to accomplish while a participant in the EPC program, and it did not take her very long to see that through.

#### **Reflection and learning**

If Lee continues on this path, she will be able to close her child protection case in the near future. So far the reunification has been labeled a complete success, her son is thriving, and she is currently working on re-attachment. They were even able to celebrate his first birthday together this month, a milestone that Lee was grateful to have experienced with him.

Lee has one more goal on her original EPC treatment plan that is yet to be fulfilled. She hopes to eventually discontinue the Suboxone treatment that has assisted her with the ability to remain sober for some time now. Now that reunification has been completed and once she is able to establish a consistent routine, the plan is to begin weaning off that medication and become what she identifies as "completely chemical free."

Lee will prove to herself that she can be successful by earning one year of sobriety on November 17, 2009. The EPC team plans to commemorate this significant event through a celebration with clients and staff. She has consistently modeled behavior that is indicative of a strong, independent woman and is a positive influence to her fellow program participants. Staff hope that on this special day, Lee will be able to provide some encouraging words of advice to the others in attendance about how she achieved her accomplishments in such a short amount of time. Her honesty, motivation, and gentle spirit is inspirational to all.

## **Appendix**

Initial Assessment

Discharge Summary

Twin Cities Transitional Housing Resources

Twin Cities Affordable Housing Resources

Women's Services Quarterly Report Tables

#### **INITIAL ASSESSMENT**

## EFFECTING POSITIVE CHANGE



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

		1		
Name:		ID#:		
Birth date (mo/day/yr):		Health insurance provid	der:	
		□¹ MA		
Age at intake:		☐ <sup>2</sup> PMAP - Blue Plus		
Intake Date (mo/day/yr):		☐³ PMAP – Health Pa	artners	
The state (merally yr).		☐⁴ PMAP – Medica		
Date Form Completed (mo	/day/yr):	□ <sup>5</sup> PMAP - UCare		
Health insurance #:		□ <sup>6</sup> None		
Ticaliti insurance #.		□ <sup>7</sup> Private (please sp	ecify	)
Reentering EPC?	□¹ Yes □² No	Transfer from Chrysa Effecting Positive Chaprogram?		Yes □² No
		If yes, date of original Chr Intake	rysalis	
Referral Source:	□¹ CD treatment	□⁴ Doctor/clinic		
	□² Child Protection	□⁵ Corrections		
	□³ Community program	☐ <sup>6</sup> Other		
	71 0			
If YES to at least one of t	he questions, client is eligi	ble for the <i>Effecting Po</i>	sitive Change	Program.
Are you currently in a licen	sed CD treatment program (I	Rule 31)?	□¹ Yes	□² No
Have you completed a lice	nsed CD treatment program	in the past 12 months?	□¹ Yes	$\square^2$ No
		·	∐ুlf yes, date	:
For staff - if "No" to both	of the above questions:			
Indicate if client will enter to	reatment within the next 3 mo	onths:	□¹ Yes	□² No
, , ,	client has not completed trea program <u>if</u> she plans to enter		•	treatment, she

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

#### **BACKGROUND**

	How would you describe your race? (Plare of Hispanic origin)	ease choose one	e option from the following categories, even if you			
	□¹ Black/African American/African Im	migrant $\Box$	□⁵ Biracial/Multiracial			
	☐² Asian American/Asian Immigrant		<sup>6</sup> Other (Specify:)			
	□³ American Indian/Alaskan Native □⁴ White		<sup>8</sup> Unknown			
2.	Are you of Hispanic origin?  ☐¹ Yes - Hispanic Origin ☐² No -	Non-Hispanic Or	rigin    B Hispanic ethnicity unknown			
3.	Are you currently:					
	☐¹ Married, living with spouse		<sup>4</sup> Separated, divorced, or widowed (and not			
	☐² Cohabitating with a partner		cohabitating)			
	$\square^3$ Single (never married and not coh	abitating)	<sup>8</sup> Unknown			
PRI	EGNANCY					
4a.	Are you currently pregnant?	☐¹ Yes	☐ <sup>2</sup> No ☐ <sup>8</sup> Unknown (IF NO/UNKNOWN, SKIP TO QUESTION 5a)			
4b.	Is this your first pregnancy?	□¹ Yes	$\square^2$ No			
4c.	How far along is your pregnancy?	$\square^1$ 1-3 months	s $\square^3$ 7-9 months			
	(Due Date)	2 4-6 months	s $\square^8$ Unknown			
4d.	Are you receiving prenatal care?	☐¹ Yes	□² No □³ Unknown			
СНІ	ILDREN					
5a.	How many children (ages 0 to 18) do	you have?	(IF NO CHILDREN, WRITE IN "0" AND SKIP			
	TO QUESTION 6a) (Please include	all children, reg	ardless of custody status).			

children, ages 0 to 18, regardless of current custody status. If YES to legal custody → 5d. Where is child 5c. Do you have legal currently custody for this child? living? Sex Eth-Un-**Child's First Name** Child's Last Name Date of birth (M/F)Race nicity Yes No known Use codes below  $\square^2$ No ■<sup>8</sup>UNK □¹Yes □<sup>8</sup>UNK □¹Yes  $\square^2$ No  $\square^2$ No □¹Yes **□**<sup>8</sup>UNK □¹Yes  $\square^2$ No  $\square^2$ No **□**<sup>8</sup>UNK □¹Yes  $\square^2$ No □¹Yes □¹Yes  $\square^2$ No 

Please complete the following table about your children (use the codes below for race, ethnicity, and current living arrangements). Include all

#### **Race Codes**

**BLK**<sup>1</sup>: Black/African American/African

Immigrant

WHT<sup>2</sup>: White

**AS**<sup>3</sup>: Asian American/Asian Immigrant **AI**<sup>4</sup>: American Indian/Alaskan Native

MUL<sup>5</sup>: Biracial/Multiracial OTH<sup>6</sup>: Other (specify) UNK<sup>8</sup>: Unknown

#### **Ethnicity Codes**

**H**<sup>1</sup>: Hispanic/Latino

NH<sup>2</sup>: Non-Hispanic/Latino

**UNK**<sup>8</sup>: Unknown

#### **Current Living Arrangements**

**MOM**<sup>1</sup>: Living with Mom

**CRT**<sup>2</sup>: Formal (court-ordered) living arrangements with others

**INF**<sup>3</sup>: Informal (non court-ordered) living arrangements with others

□¹Yes

□<sup>8</sup>UNK

 $\square^2$ No

**OTH**<sup>5</sup>: Other (specify) **UNK**<sup>8</sup>: Unknown

<sup>\* &</sup>quot;Other" includes children who are not in legal custody of birth mother due to arrangements made <u>outside</u> the child protection system, such as family court arrangements or some adoptions.

50	Please complete the following table about the <b>health history</b> of each child	

a		child cur		When did the child   When did the child   physical or		When did the child   When did the child   physical or developmental				r When was the child last immunized?	
Child's First Name	have <u>hea</u>	Ith covera	<u>ige</u> ?	(Indicate date)	(Indicate date)	Check if screened	Date of screening	(Indicate date)			
	□¹Yes	□²No	□®UNK			□¹Yes □²No					
	□¹Yes	□²No	□°UNK			□¹Yes □²No					
	□¹Yes	□²No	□ <sup>8</sup> UNK			□¹Yes □²No					
	□¹Yes	□²No	□ <sup>8</sup> UNK			□¹Yes □²No					
	□¹Yes	□²No	□®UNK			□¹Yes □²No					
	□¹Yes	□²No	□°UNK			□¹Yes □²No					
	□¹Yes	□²No	□°UNK			□¹Yes □²No					
	□¹Yes	□²No	□ <sup>8</sup> UNK			□¹Yes □²No					
Notes:											
,											

(WR: DO NOT KEY)

#### **CURRENT LIVING AND TRANSPORTATION ARRANGEMENTS**

6a.	Where are you currently living? (If currently in trea	tment, where	e were you li	ving before	<u>e</u> ?)
	☐¹ In own house or apartment	□ <sup>5</sup> Living	in shelter		
	☐² In parent/other relative or friend's home	$\square^7$ No ho	me at preser	nt and not i	n a shelter
	□³ Battered women's shelter	■ <sup>8</sup> Other	(Specify:		)
	□⁴ In correctional facility	□-8 Unkno	own		
6b.	Are current living arrangements supportive to your (Factors to consider include affordability/cleanlines family relationship issues, public health issues, convironment to maintaining sobriety, and client be	ss of living s onducivenes haviors)	ituation, s of	☐ <sup>2</sup> No	□ <sup>8</sup> Unknown
6c.	What is your <u>usual</u> mode of transportation (own ca	ar, take bus,	<u> </u>		
6d.	Is this transportation reliable?		☐¹ Yes	☐² No	0
6e	If you own a car, do you own a car seat?		☐¹ Yes	☐ <sup>2</sup> No	□ <sup>9</sup> Not applicable
EDU	CATION AT ENTRY				
7a.	What is the highest level of education that you cor $\square^1$ No school	npleted?			
	□² Some school but no High School diploma or 0	GED			
	□³ High School grad or GED				
	☐⁴ Vocational Certificate, Associate's Degree, or	r some colle	ge but no de	gree	
	□ 5 College degree or graduate/professional degr	ree			
	□ <sup>8</sup> Unknown				
7b. <b>EMP</b>	Would you like to further your education? $\square^1$ Ye	s $\square^2$ No	□ <sup>8</sup> Don't	know/unsu	ıre
8a.	What is your current employment status? (CHEC)  □¹ Employed full-time (35 or more hours/week) □² Employed part-time (under 35 hours/week)	K ONE ONL	<b>Y</b> )		
	□³ Disabled (not working)				
	☐ <sup>4</sup> Unemployed – looking for work				
	□ <sup>5</sup> Unemployed – not looking for work				
	Unemployed – not looking for work, but in sch	•	rogram		
	Other (specify):		<del></del>		
	□ <sup>8</sup> Unknown				

INCC	DME/RESOURCES AT ENTRY
9a.	Is your income equal to or lower than the Federal Poverty Guidelines? $\square^1$ Yes $\square^2$ No $\square^8$ Unknown
9b.	Are you currently receiving any of the following benefits through MFIP? (CHECK ALL THAT APPLY) $\square^1$ Medical Assistance $\square^2$ Food support $\square^3$ Cash/vendor payments $\square^8$ Unknown
9c.	Are you currently receiving WIC (at program entry)?
9d.	What is your monthly income?
9e.	What is/are the source(s) of this income?
9f.	Do you use a food shelf? $\square^1$ Yes (specify where:) $\square^2$ No
CUR	RENT SERVICE OR SYSTEM INVOLVEMENT
10a.	Are you currently involved with child protection (under investigation/open case)?  1 Yes
10b.	Are you currently involved with the criminal justice system (i.e., under court jurisdiction or on parole)? $\square^1$ Yes $\square^2$ No $\square^8$ Unknown
CHE	MICAL 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 <i>not including</i> this episode if you are currently in treatment? Number of times (write "0" if none)
11c.	Do you attend sober support groups? $\square^1$ Yes $\square^2$ 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)?

# 12a. Have you ever been diagnosed with FASD (Fetal Alcohol Spectrum Disorders)? $\square^1$ Yes $\square^2$ No □<sup>8</sup> Unknown 12b. Have any of your children (ages 0 to 18) ever been diagnosed with FASD (Fetal Alcohol Spectrum Disorders)? $\square$ <sup>1</sup> Yes (how many: \_\_\_\_) □8 Unknown $\square^2$ No **MENTAL AND PHYSICAL HEALTH** Mental health 13a. Do you currently have a mental health diagnosis? $\square^2$ No □<sup>8</sup> Unknown □¹ Yes (specify: \_\_\_\_\_) 13b. Have you had a mental health screening in the past 6 months? □¹ Yes $\square^2$ No □<sup>8</sup> Unknown (IF NO or UNKNOWN, COMPLETE THE APPROPRIATE SCREENING) 13c. Have you ever been hospitalized for mental health/emotional reasons? $\square^1$ Yes $\square^2$ 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? $\square^1$ Yes $\square^2$ No 13g. Do you have a history of suicide attempts? $\square^1$ Yes $\square^2$ 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)? $\square^1$ Yes $\square^2$ No (GO TO Q.13l) 13k. When did you have these thoughts? 13I. Are you under a civil commitment? $\square^1$ Yes $\square^2$ No $\square^8$ Unknown

FETAL ALCOHOL SPECTRUM DISORDERS

## 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			
	□ <sup>8</sup> Unknown			
13n.	Do you currently smoke or use tobacco?  □¹ Yes □² No □³ Unknown			
130.	Do you have a primary care physician?			
	□¹ Yes (specify:)	$\square^2$ No	□ <sup>8</sup> Unknown	
13p.	Do you have a primary clinic?			
	□¹ Yes (specify:)	$\square^2$ No	□ <sup>8</sup> Unknown	
13q.	Have you had a physical in the last year?			
	□¹ Yes (specify date (mo/day/yr):)	$\square^2$ No	☐ <sup>8</sup> Unknown	
13r.	Are you allergic to any medications?			
	□¹ Yes (specify:	<del> </del>		)
	□² No			
	□ <sup>8</sup> Unknown			
13s.	Do you have any <u>past</u> medical concerns?			
	□¹ Yes (describe:			)
	□² No			
	□ <sup>8</sup> Unknown			
13t.	Do you have any <u>current</u> medical concerns?  □¹ Yes (describe:			)
	□² No □³ Unknown			,
13u.	Have you had any prior hospitalizations?			
	□¹ Yes (describe:			)
	$\square^2$ No			
	□ <sup>8</sup> Unknown			

13v.	What medications are you currently	taking (note <u>dosage</u> and <u>time of day</u> taken)?
For v	worker:	
14.	Did you refer the <u>client</u> for any of the	following at intake (either to services within or outside of Chrysalis)?
	(CHECK ALL THAT APPLY)	
	☐¹ Physical health needs	□¹¹ WIC
	☐² Dental needs	□ 12 Nutritional needs
	☐³ Mental health needs	□ <sup>13</sup> ECFE/outside parenting education
	□⁴ Relationships/social support	□ <sup>14</sup> Breast-feeding support group
	□⁵ Financial management	□ 15 Culturally specific needs
	☐ Job training/education	□ <sup>16</sup> Emergency needs
	□ <sup>7</sup> Housing	□ 17 Legal issues
	□ <sup>8</sup> Childcare	□ <sup>18</sup> Family recreational activities
	□ FASD assessment/information	□ ¹º Acupuncture
	□ ¹¹º MFIP	□ 20 Other:

#### **SUBSTANCE USE**

15a. During the past **30 days**, 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 **30 days** prior to entering last CD Treatment.)

	,	F YES, ASK → 15b. How often have you used?						
In the past <u>30 days</u> have you used…	Yes	No	Almost everyday	3-5 times weekly	1-2 times weekly	times monthly	Unknown	
1. Alcohol	<b>1</b>	<b></b> 2	<b>1</b>	<b></b> 2	<b>3</b>	<b>4</b>	8	
2. Marijuana	<b>1</b>	<b></b> 2	<b>1</b>	2	3	<b>4</b>	8	
3. Cocaine or Crack	<b>1</b>	<b></b> 2	<b>1</b>	2	<b>3</b>	<b>1</b> 4	8	
4. Heroin or Opiates	<b>1</b>	<b></b> 2	<b>1</b>	2	<b>3</b>	<b>1</b> 4	8	
5. Methadone ( <b>IF YES, ASK</b> ): ♣	<b>1</b>	<b></b> 2	<b>1</b>	2	<b>3</b>	<b>1</b> 4	8	
5.1. Was this prescribed through treatment?	<b>1</b>	<b></b> 2						
6. Methamphetamine	<b>1</b>	<b></b> 2	<b>1</b>	2	3	<b>1</b> 4	8	
7. Other Amphetamines:	<b>1</b>	<b></b> 2	<b>1</b>	2	3	<b>1</b> 4	8	
8. Inhalants	<b>1</b>	<b></b> 2	<b>1</b>	2	3	<b>1</b> 4	8	
9. Misused prescription drugs	<b>1</b>	<b></b> 2	<b>1</b>	2	3	<b>1</b> 4	8	
10. Misused over-the-counter medications	<b></b> 1	<b></b> 2	<b>1</b>	2	<b>3</b>	<b>1</b> 4	8	
11. Other drugs (Please specify:)	<b>1</b>	<b></b> 2	<b>1</b>	<b></b> 2	3	<b>1</b> 4	8	
12. Tobacco use	<b>1</b>	2	<b>1</b>	<b></b> 2	<b>3</b>	<b></b> 4	8	

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



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

				<del></del>
nt na	me:	,		Client ID:
Date of discharge (mo/day/yr):				Today's date:
haro	ie status (PLF4	ASE CHECK THE	E APPROPRIATE BOX	):
	•			•
				ounty or was transferred to another progra
<b>□</b> <sup>3</sup>				
	(STOP; DO NO	eceive services (i. T COMPLETE R	.e., intake only – no ses REMAINDER OF FORM	sions with client following intake)
<b>5</b>	Other			
EACH	I QUESTION, FILL	IN THE BLANK C	OR CHECK THE APPROP	PRIATE BOX TO INDICATE YOUR ANSWER.
D C	USTODY/CHIL	D PROTECTIO	N	
	•			_
1	Yes	$\square^2$ No ( <b>GO</b> T	O Q.3)	l <sup>8</sup> Unknown (GO TO Q.3)
Did o	client lose custod	ly of her infant to	Child Protective service	es?
1	Yes			
	. 00	$\square^2$ No	☐ <sup>8</sup> Unknown	
	e in the program,	, was the client <b>re</b>		en (ages 0 to 18) who were living in <u>foster</u>
<u>care</u>	e in the program, or other court-or	, was the client <b>re</b> dered, Child Pro	eunited with any childre	
care	e in the program, or other court-or Yes, with <b>all</b> chil	, was the client <b>re</b> dered, Child Prod dren in CP/foster	eunited with any childre tection arrangements?	of children:)
care 1 2	e in the program, or other court-or Yes, with <b>all</b> chil	, was the client <b>re</b> dered, Child Prod dren in CP/foster children in CP/fo	eunited with any childre tection arrangements? r care (specify number o	of children:)
<u>care</u> □¹ □² □³	e in the program, or other court-or Yes, with <b>all</b> chil Yes, with <b>some</b>	, was the client <b>re</b> dered, Child Prod dren in CP/foster children in CP/fo	eunited with any childre tection arrangements? r care (specify number o	of children:)
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;	e of deharge 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	charge status (PLEA)  Client successf  Client was or before com  Client received or quit after received or quit af	charge status (PLEASE CHECK THE  Client successfully completed the Client was doing well in programmed before completing the EPC programmed before completing the EPC programmed complete the completing the EPC programmed before completing the EPC programmed complete the completing the EPC programmed complete the comp	charge status (PLEASE CHECK THE APPROPRIATE BOX  □ 1 Client successfully completed the program □ 2 Client was doing well in program but moved out of or before completing the EPC program  □ 3 Client received services, case closed without completing or quit after receiving some services WHO WERE NOT  □ 4 Client did not receive services (i.e., intake only – no sess (STOP; DO NOT COMPLETE REMAINDER OF FORM □ 5 Other  EACH QUESTION, FILL IN THE BLANK OR CHECK THE APPROPROPROPRIES (I.e., Intake only – Interpretation of the program

5.	At discharge, what was the outcome of the client's involvement with Child Protection (CP)?  The client is still involved with Child Protection
	□² Child Protection involvement ended
	$oxedsymbol{\square}^3$ Does not apply/client was not involved with Child Protection while in the program
	□ 8 Child Protection status unknown
5b.	Were the client's <u>parental rights terminated</u> for some or all of her children while she was in the program?  1 Yes
6.	Where are the client's children (ages 0 to 18) currently living? (CHECK ALL THAT APPLY)
	☐¹ With mom (specify number of children:)
	☐ <sup>2</sup> 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:)
	□ <sup>8</sup> Unknown
	NI TII
	ALTH
	tal health
7.	Does the client currently have a mental health diagnosis?
	$\square^1$ Yes (specify:) $\square^2$ No $\square^8$ Unknown
8.	Has the <u>client</u> been diagnosed with Fetal Alcohol Spectrum Disorders (FASD) [either before or during the program]?
	$\square^1$ Yes $\square^2$ No $\square^8$ Unknown
9.	Have any of the <u>client's children</u> (ages 0 to 18) been diagnosed with Fetal Alcohol Spectrum Disorders (FASD) [either before or during the program]?
	$\square^1$ Yes (specify number of children:) $\square^2$ No $\square^8$ Unknown
Phys	sical health
10.	Does the client currently smoke or use tobacco?
	$\square^1$ Yes $\square^2$ No $\square^8$ Unknown
11.	Does the client currently use a form of birth control?
	$\square^1$ Yes (includes tubal ligation) $\square^2$ No – not pregnant $\square^3$ No – pregnant $\square^8$ Unknown
12.	Are immunizations for all of the client's children up-to-date?
	$\square^1$ Yes $\square^2$ No $\square^8$ Unknown

Subs	stance use
13.	At discharge, how long has the client been alcohol/drug free?
	□¹ Less than 6 months
	$\square^2$ 6 months or more
	□ <sup>8</sup> 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
	□ <sup>5</sup> Decreased use: not using drugs/alcohol at all
	□ <sup>8</sup> Drug/alcohol use unknown
STA	TUS AT DISCHARGE
15.	Is the client <u>currently</u> involved with the criminal justice system (i.e., under court jurisdiction or on probation/parole)?
	$\square^1$ Yes $\square^2$ No $\square^8$ 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)
	Disabled (not looking for work)
	☐⁴ Unemployed – looking for work
	□ Unemployed – not looking for work
	Unemployed – not looking for work, but in school or job program
	Other (specify):
	□ <sup>8</sup> Unknown
17.	Is the client more employable now than when she entered the program? $\square^1$ Yes
	□² No
	□ <sup>8</sup> Unknown

18.	What is the client's current school-vocational status? (CHECK ALL THAT APPLY)  I Enrolled, full-time in school or a job/vocational training program  Enrolled, part-time in school or a job/vocational training program  Completed GED or received High School diploma while in the program  Completed vocational/job training or education beyond High School while in the program  Obtained or reactivated a vocational license or certificate while in the program  None of the above  Unknown
19.	Where is the client currently living?  In own house or apartment  In parent/other relative or friend's home  In parent/other relative or friend's home  In correctional facility  In correctional facility
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) $\square^1$ Yes $\square^2$ No $\square^8$ Unknown
21.	Did the client complete the EPC parenting program while in the program? (Note: This means a minimum of 20 hours)  1 Yes  1 No  8 Unknown
22.	Was a continuing care plan developed for the client at discharge? $\square^1$ Yes $\square^2$ No $\square^8$ Unknown
TRE	EATMENT STATUS
23.	Did the client enter treatment at any time while in the program? ( <i>Note</i> : If client was in treatment at the time of program entry, answer "Yes")  1 Yes (date client entered treatment:)  1 Yes (date client entered treatment:)
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:)

#### Twin Cities Transitional Housing Resources

- Alliance Housing, Inc. (www.alliancehousinginc.org) 612-872-2310
  - Minneapolis Sober supportive housing with the Central Community Housing Trust and RS Eden
    - o Alliance Apartments 719 E 16<sup>th</sup> Street, Mpls
    - o Portland Village 1829 Portland Avenue, Mpls
    - o Central Avenue Apartments 1828 Central Avenue NE, Mpls
    - o Broadway Apartments (still in development)
- ➤ Ascension Place (<u>www.ascensionplace.org</u>) 612-588-0861 1803 Bryant Avenue N, Mpls 55411
  - For single women
  - Must be chemically dependent, have a mental illness, or be a victim of domestic violence
  - GRH program (must be eligible for GA, MFIP, SSI or SSDI)
  - Call Monday or Thursday between9:30-10:30am for a phone intake
- ➤ Beverly A. Benjamin Youth Lodge (<u>www.aindahyung.org</u>) 651-632-8923 1212 Raymond Avenue, St. Paul 55108
  - For single men and women 16-20 years old
  - Must be homeless or at risk of being homeless
- Cabrini Partnership 612-331-7390 1025 6<sup>th</sup> Street SE, Mpls 55414
  - For single women
  - Must be chemically dependent or mentally ill
- Caroline Family Services 651-772-1344
   840 E. 6<sup>th</sup> Street, St. Paul 55106
  - For women with children
  - Scattered site apartments
  - Rent is \$200 per month
  - Call on Tuesday's between 8:30-11am to inquire about availability
- > Catholic Charities 612-664-8500
  - Variety of housing options through out metro area

- Cornerstone (<u>www.cornerstonemn.org</u>) 952-884-0376
   9730 Irving Avenue S, Bloomington 55431
  - Referral must come from a Cornerstone shelter advocate
- ➤ Dakota Woodlands (<u>www.dakotawoodlands.org</u>) 651-456-9110 3430 Wescott Woodlands, Eagan 55123
  - Women without children need to have a mental illness diagnosis
  - Referral from a Dakota County social worker
- East Metro Women's Council (<u>www.emwc.org</u>) 651-773-8401
  - East Metro Place 3521 Century Avenue N, White Bear Lake 55110
    - o Project based section 8
    - Must enroll in school or job training program
  - Roof Project Scattered site apartments in Ramsey County
    - o Rent is 30% of income
    - Must be Ramsey County resident
    - Must be homeless and referred by shelter program
  - Home Again Scattered site apartments in Washington County
- ➤ Ed Lafromboise Residence (<u>www.juelfairbanks.org</u>) 651-644-6204 806 N Albert Street, St. Paul 55104
- ➤ Elim Transitional Housing(<u>www.elimtransitionalhousing.org</u>) 763-788-1546 3989 Central Avenue NE, Columbia Heights 55421
  - Anoka County residents given preference
- Emma Norton (<u>www.emmanorton.org</u>) 651-224-1329 670 N Robert Street, St. Paul 55101
  - For single women
  - Must be homeless or near homelessness
  - Rent is 30% of income
  - Must be involved in at least 20 of outside activity each week
- Emma's Place 651-773-0516 2163 Van Dyke Street, Maplewood 55109
  - Must have three or more children

- ➤ Freedom Place (<u>www.freedomplaceinc.org</u>) 651-227-3366 653 Dale Street N, St. Paul 55103
  - For single men and women, as well as families with no more than two children
  - Must be chemically dependent
  - Rent is \$250-300 per month; \$200 deposit
- Tubman Transitional Housing (<a href="www.tubmanfamilyalliance.org">www.tubmanfamilyalliance.org</a>) 612-825-3333 3111 E 31<sup>st</sup> Street, Mpls 55408
  - For single women and women with children
  - Project based section 8
  - On-site apartments
  - Rent is 30% of income
  - Survivor of Domestic Violence
- ➤ Home of the Good Shepherd (<u>www.hgsmn.org</u>)
  - Rose Center 651-690-0625
    - 1435 Grand Avenue, St. Paul 55105
      - o For single women age 18-24
      - o Need to be engaged in outside activities 20 hours per week
  - Wellsprings Living Center 651-482-5269
    - 5100 Hodgson Road, Shoreview 55126
    - o For single women age 25+
    - o Need to be engaged in outside activities 20 hours per week
- Share Program at Human Services, Inc. (HSI) Forest Lake, MN
  - For women with one to four children
  - Must be homeless
  - Chemically dependent
  - Rent is 30% of monthly income
  - Call Mary Frasier for more info 651-351-3123
- ➤ The Jeremiah Program (<u>www.jeremiahprogram.org</u>) 612-692-8711 1510 Laurel Avenue, Mpls 55403
  - For single mothers of pre-school aged children
  - Must enroll in a post-secondary education program

- ➤ Lutheran Social Services (<u>www.lssmn.org</u>)
  - The Family Program 2414 Oakland Avenue S, Mpls 55404
    - o One or two parent families with up to three children
    - Must have stayed in a Hennepin County shelter at least two times in the past year
    - o Referrals must come from Rapid Exit 612-348-9875
  - Abaku 1201 89<sup>th</sup> Avenue NE, Blaine 55434
    - One or two parent families with up to four children
    - Must be Anoka County residents
    - Referrals must come from an Anoka County Income Maintenance Housing Advocate 763-783-4943
  - Rezek House 501 Asbury, St. Paul 55104 651-644-7739
    - o Single men and women
    - Women with only one child
    - o Must be between 16-21 years old
- Missions, Inc.

3409 Medicine Lake Blvd, Plymouth 55441

- Smith Lodge 763-550-9802
  - o For single men and women
  - o Must be chemically dependent
  - o At least 30 days sober
  - o Cannot have a crime against another person or prop damage
- Mission Lodge 763-559-4249
  - o For single men and women
  - Must be chemically dependent
  - Hennepin County residents must be referred by 1800 Chicago

- Model Cities (<u>www.modelcities.org</u>) 651-632-8350 839 University Avenue, St. Paul 55104
  - Families First Supportive Housing
    - o For single parents with children
    - o Must be homeless
    - Must be chemically dependent
    - o Project based section 8
    - o Rent is 30% of monthly income
  - Roof Project
    - o For families and women aged 17-25 with children
    - o Must be homeless resident of Ramsey County
    - Must have at least one child
    - Scattered site apartments
  - Sankofa
    - o For women between the ages of 17-25
    - o Must be pregnant or parenting an infant child
- Naomi Family Center (<u>www.ugmtc.org</u>) 651-222-7962 77 E 9<sup>th</sup> Street, St. Paul 55101
  - For women with no more than four children
  - Kids must be 12 years of age or younger
  - Must have at least 60 days sober
- New Foundations, Inc. (<a href="www.newfoundationsinc.org">www.newfoundationsinc.org</a>) 651-771-7565 1145 Westminster, St. Paul 55130
  - New Foundations Transitional and Crestview Community
    - o For families with children
    - Must be homeless
    - Have a documented mental illness
    - Must be chemically dependent
- Our Saviour's Housing (<u>www.oshousing.org</u>) 612-872-4021
   2301 Chicago Avenue S, Mpls 55404
  - Must be sober
  - Must be working within 30 days of entry
  - Rent is 30% of income

- Peta Wakan Tipi (<u>www.petawakantipi.org</u>)
  - Mother Earth Lodge 651-225-4111
     54 West King Street, St. Paul 55107
    - o Targets the Native American Community
- Perspectives (<u>www.perspectives-family.org</u>) 952-926-2600
   3381 Gorham Avenue, St. Louis Park 55426
  - Transitional Housing
    - Must be homeless
    - o Chemically dependent and completed treatment
    - o At least 90 days sober
  - Permanent Supportive Housing
    - Must work or enroll in school
- ➤ Simpson Housing (<u>www.simpsonhousing.org</u>) 612-874-8683
  - Passage Community Housing 612-870-7781
     17 E 24<sup>th</sup> Street, Mpls 55404
  - Zoom House (<u>www.thezoomhouse.org</u>) 612-825-2825 3244 Blaisdell Avenue S, Mpls 55408
    - Must be homeless
    - Have dependent children under the age of 12
    - o Chemically free
    - o Must currently be working or in school at least part time
  - Family Roots Alliance
  - Housing First
  - Elliot Park Apartments
  - Simpson Transitional Housing Program 612-874-8683 ext. 400
    - Scattered site apartments
    - o Must be working or in school within 60 days
    - o Rent is approximately 30% of income
    - o Call on Tuesday's 12-2pm to inquire about availability
- > St. Stephen's Church (www.ststephenscommunity.org)
  - Families in Transition 612-874-9292
     2211 Clinton Avenue, Mpls 55404
    - Scattered site apartments
    - o Referral must come from a county shelter (St. Anne's or PSP)
  - Kateri Residence 612-871-0477 2408 4<sup>th</sup> Avenue S, Mpls 55404
    - o Targets the Native American community

- ➤ Theresa Living Center 651-774-5594 917 E Jessamine, St. Paul 55106
  - For single women and women with one child or pregnant
  - Must work or enroll in school
  - At least 90 days of sobriety
  - Rent is 30% of income
- ➤ Tubman's Transitional Housing Program 111 East 31<sup>st</sup> Street, Minneapolis, MN 55408
  - For women and children, or single women, who are homeless
  - Have experienced domestic violence
- Wayside (www.waysidehouse.org)
  - Incarnation House 612-871-0099
     2120 Clinton Avenue S, Mpls 55404
    - Must be chemically dependent
    - o Must have open child protection case with reunification plan
  - Wayside Supportive Housing 952-542-9322 1349 Jersey Avenue S, St. Louis Park 55426
    - o Must be chemically dependent
    - o At least 90 days of sobriety
    - Need children in her custody at least 50% of the time
- Youth Link (www.youthlinkmn.org)
  - Archdale Apartments 612-253-1460 1600 1<sup>st</sup> Avenue S, Mpls 55403
    - o Single women or women with only one child
    - o Between the ages of 16-23
    - Must be homeless
  - Barnabas Apartments 612-253-0630 906 7<sup>th</sup> Street, Mpls 55415
    - o Single women age 16-20
    - Must be homeless
- ➤ YWCA of St. Paul (<u>www.ywcaofstpaul.org/housing</u>) 651-293-9296 198 Western Avenue N, St. Paul 55102
  - Must be homeless
  - Chemically free for at least 90 days
  - Must work/attend school at least 20 hours a week

#### Twin Cities Affordable Housing Resources

- Aeon (www.aeonmn.org)
  - Housing vacancy list available online contact buildings directly
- ➤ Alliance Housing, Inc. (<u>www.alliancehousinginc.org</u>) 612-872-2310
  - Scattered site apartments and Hiawatha Commons Project
- > Catholic Charities 612-664-8500
  - Variety of housing options throughout metro area
- CommonBond Communities (www.commonbond.org)
  - Variety of housing options throughout metro area
- ➤ Hope Community, Inc. (<u>www.hope-community.org</u>) 612-871-4630
  - The Hope Block
  - Children's Village Center
  - Hope Community Court
  - The Dundry
  - The Jourdain
  - The Wellstone
- ➤ Project for Pride in Living (<u>www.ppl-inc.org</u>) 612-455-5100
  - Variety of housing options throughout metro area

#### Women's Services Quarterly report tables

Grantee Tubman: EPC program 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 <u>only</u> 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	12				
Women admitted to your grant program this period	6				
Women served by your grant program this period	18				
Number of cases closed – Women Successfully Completed	1				
Number of cases closed due to moving out of the area, but at the time of move the woman was doing well	1				
Number of cases closed <i>Without Successfully Completing</i> , include women who were not doing well when they moved out of the area.	5				
Women still in your grant program at the end of this period	11				

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					
Live Birth, Child Died	0					
Miscarriage/Abortion/Stillbirth	0					
Infants' Toxicology Results:						
Positive Toxicology for Infant	0					
Negative Toxicology for Infant	0					
Infant Not Tested*	0					
Mothers' Toxicology Results						
Positive Toxicology for Mother	0					
Negative Toxicology for Mother	0					
Mother Not Tested*	0					

<sup>\*</sup> Explain why any mothers and/or infants were not tested: