



Department of Human Services  
Alcohol & Drug Abuse Division

**Grant/Contract Mid-Year Program Progress Report  
Women's Recovery Services Grant Initiative**

AGENCY: Proof Alliance (formerly Minnesota Organization on Fetal Alcohol Syndrome)

PROJECT TITLE: Proof Alliance / MOFAS Recovery Support Project

BUDGET YEAR: 07/01/18 – 06/30/19

**(month, day, year of start date – month, day, year of end date)**

GRANT/CONTRACT NUMBER: GRK96071 BUDGET YEAR AMOUNT: \$500,000

DHS-CH CONSULTANT'S NAME: Ruthie Dallas

**Please follow this format for the Mid-Year Program Progress Report:**

1. List each goal/objective/task as stated in the Grantee Duties of the Grant Contract. List the program activities related to each goal/objective/task, including:
  - (a.) Number of activities provided
  - (b.) A description of the activities
  - (c.) Number of people attended/participated

**\*See attached contract objectives, starting on page 8 of this document\***

2. In the table below, list those activities above that are **in progress** or you have **not started** yet, please provide a reason(s) to explain why you are behind or not on target, and the strategies you are using (or plan to use) to complete this activity in the future. Only include activities for which you are behind or not on target for completing by the dates listed in your contract.

Activity Not Completed	Reason(s) Behind or not on Target	Strategies to Complete Activity
N/A	N/A	N/A



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3. Report any 'Other Activities' your program provided with the grant funds.

**None**

4. Include copies of any print material developed (brochures, flyers, posters, news articles, etc.) this period

**None**

5. In the section below please provide an update and status of staffing for this program:

▪Has your program been fully staffed during this reporting period?

Yes

No

If no, please explain why the program was not fully staffed: **N/A**

▪What was the time period that the program was not fully staffed? (provide dates) **N/A**

▪What steps were/are being taken to fully staff the program? **N/A**

6. Please submit names, resumes, and contact information for any new staff hired during this reporting period.

Wayside: [Resume Attached]

- Stacy Prairie, Nurse

CRAFT: [Resumes attached]

- Brittany Olson, Case Manager
- Catherine Illies , Case Manager
- Marissa Ambrose, Case Manager
- Kylee Bender, Early Childhood Educator

7. List the internal program staff responsible for working with the program evaluation:

Wayside: Jessie Everts

CRAFT: Caitlin Callahan

a. Has any evaluation activity for this project or program taken place during this reporting period?

**X YES**

**If YES, include:** (a.) the date, (b.) description of activity, and (c.) who and how many people.

Wayside: Wayside has been working with Wilder Research for evaluation. Wilder is currently working on finalizing their year 2 report for the DHS Women's Services grant.

CRAFT: CRAFT works with AirLinks to complete evaluations randomly throughout the year. AirLinks provides project and reporting requirements assessment, database data collection, analysis of data, and report generation two times a year.

- b. Describe data collection activities completed during this reporting period. Do not include any results, just the data being collected and how it is being collected. Be specific.

Wayside: Wayside was able to track all required information either through our database system and/or through a manual system. One challenge we have faced historically is that we have been unable to track everything in the same system due to the fact that our previous electronic health record (Celerity) could not be tailored easily to add information. In collecting data we are also reliant on verification with partners which can present challenges. Lastly, some data is self-reported, and that information may not always be accurate. Our new EHR, Netsmart MyEvolv, is able to capture more data easily for reporting, however we are still in transition to the new system and so some records are being kept manually.

CRAFT: We have utilized a database and a data specialist from Airlinks Networks Inc., as well as program staff, to track referrals and client progress, home visits, group attendance, transportation, consultations with other case workers and phone contact for all clients this period. Summaries of interactions with clients and case workers are kept in a paper file as well. These services were provided by the sub-contractor Dunatos and Airlinks Networks Inc.

## Challenges and Success Stories

The stories of your program's **challenges** and **successes** are essential to DHS as they are helpful in preparing Minnesota's Federal Block Grant Application, reporting to the legislature, and media communications. Please include either a Challenge and/or a Success Story with the Mid Year Progress report. **The stories you include must be for services provided under your current grant contract during the previous six months.** When communicating your Challenge or Success story please be concise, brief, focused, and informative. Please include the following in your description:

▪ **General Information –**

- 1) Identify if this is a Challenge for the program or a Success.
- 2) Briefly describe the problem.
- 3) Detail the program's response.
- 4) Describe the participant(s)
- 5) Discuss the role and impact of other community or program partners involved (if applicable)

▪ **Program impact or participant response**

- a. Success stories- What were the actual outcomes or results?
- b. Challenge stories- How is this challenge impacting the success of your program?

▪ **Reflection and Learning –**

- a. What surprise(s) did your program encounter?
- b. What has worked well? What has not worked so well?
- c. How will you apply what you've learnt? What are your plans to maintain success or to address the challenge?

### Success Story #1

**Section 1: General Information**

Service Provider: Wayside

**Section 2: Services and Outcomes**



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Lena, a 35yo Asian mother of two (ages 6 and 5 years), entered Wayside for the second time in August 2018. Her primary substance of abuse was Meth and at the time of admit, her children were in out-of-home placement through child protection for six months. CPS was involved because client had violated her probation with negative UA's and domestic violence; in addition to her 6-year-old's school attendance.

While at Wayside, Lena was elected to be a House Leader amongst her community. She worked on her parenting skills and was reunified with her two children.

A large barrier for Lena was her citizenship. She came to America from Thailand when she was in first grade. In 2010, her Green Card expired which prevented her from obtaining housing, county benefits, and employment. Wayside was able to use the MOFAS grant emergency funds to pay for Lena's Green Card Application. Since she left residential treatment, she is now a legal United States citizen. She states she has been fingerprinted and is now legal and her next step is securing employment.

Since leaving Wayside, Lena is now running an NA meeting, is a Chair Person for another meeting, is doing service work in the community, advocacy work in the community with other people battling addiction through her church, and attending church weekly. She is working with Wayside's In-Home Family Services Counselor to continue to strengthen her parent-child attachments with her children and continue a consistent routine with her children. Her children have maintained meeting with an individual therapist and receiving the services they need, as well.

Lena is now residing in a Family Shelter and is working with the director to begin her own recovery meeting. Lena states that she is passionate about offering support to other addicts for a life of recovery – she wants to “show the world what has helped me- staying connected with other positive people and that it's okay to ask for help. If I can do it, anyone can do it!” Lena states that she is forever “grateful to be stable and be “normal” and capable of doing the next right thing.”

Other than employment, Lena states her next goal is to go through the process of becoming a peer recovery coach.

### **Success Story #2**

#### **Section 1: General Information**

Service Provider: CRAFT

#### **Section 2: Services and Outcomes**

CRAFT staff met with Coral on 9/17/2017 after she had a relapse on Methamphetamine in August after completion of an inpatient treatment from Gables. She was attending woman's outpatient treatment and was recommended by outpatient counselor after her relapse. Coral had struggled with alcohol, marijuana, and methamphetamine. Meth being her drug of choice. Coral had a two-year-old son at the time and lived with her husband who had also been struggling with addiction use. Due to their addiction Coral reported abuse by her husband and had admitted to cutting as a result. Child Protection out of Winona County had been involved until the two decided to transfer custody due to continued use by both parents to Coral's Grandmother who lived in Byron, MN. Even at the beginning upon entry of CRAFT Coral struggled to maintain sobriety. The end of January Coral went to inpatient treatment at Tapestry and successfully completed treatment the beginning of March of 2018. Coral then went to a halfway house



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called pathways. During this time Coral was able to re-engage with community sober support systems such as CRAFT. Coral successfully completed Pathways halfway house treatment programming in June of 2018 where she moved into a sober living house through Recovery is Happening. Coral continued to do outpatient treatment through Pathways and successfully completed their programming November of 2018. Upon discharge Coral was 11 months in recovery of all drugs, and very active in the recovery community. She is now the house leader of the sober house that she currently lives in and works closely with Director of Recovery is Happening. She leads weekly house meetings and resolves conflicts in the house that need to be addressed. She also successfully completed probation and complied with all of probation recommendations. While her child remains in the care with her Grandmother the custody is only for one year. During that year Coral and her husband are both in sober living houses and working on their relationship together and rebuilding their life together in recovery.

CRAFT staff provided services and supports to Coral that Coral addressed she needed in her individualized care plan that was developed over the course of 15 months that she was in the CRAFT program between individual visits and groups that she attended.

### **Sobriety:**

- After continued use after her relapse; CRAFT was able to get her chemical assessment completed and into an Inpatient Treatment Facility.

- After Coral successfully completed inpatient treatment. CRAFT staff were able to support her in the halfway house and help her re-engage in the community and help her seek positive support networks with other ladies in the program as well other supportive services.

- CRAFT staff were able to support Coral as she transitioned into sober living and to develop a new sober routine, and balance to help support her recovery.

- CRAFT was able to provide groups that focused on women's recovery, parenting, physical health, nutrition, mental health, and social outings to help develop new interest or rekindle an interest in a sober way.

- CRAFT staff met with Coral individually at least once a month to help her with personal goals that aided in her recovery.

- CRAFT was able to provide Coral a new sober support network, and encouragement to continue attending AA/NA meetings and utilizing a sponsor.

- CRAFT was able to collect random UA's that helped close her case with probation and help her comply with all probationary recommendations.

- CRAFT case manager is available to Coral twenty four hours, seven days a week to help support Coral with all of her needs and available for any crisis situation.

### **Health:**

- CRAFT aided Coral in meeting her physical health and mental health needs. Making sure she was able to make appointment with the doctor, dentist, and her mental health appointments.

- CRAFT was able to help Coral with her cutting issues. She was able to get on the proper medication regiment to properly address her Anger, Depression and Anxiety. She continues to meet with her mental health worker every other week to address her mental health.

- Coral participated in Public Health classes that CRAFT provided one time a month.

- Coral participated in Parenting Classes that CRAFT offered two time a month.

### **Employment:**

- Coral has had stable employment since she was able to secure a job after leaving inpatient treatment. Coral was supported by CRAFT staff on making changes in jobs when it was beneficial creating balance in her life and happiness for her and her family.

- Coral was able to find a place of employment from a Social outing that was put on by CRAFT.



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Coral is now moving up, continues to be trained in various areas, and is looked at as a dependable employee.

### **Finances:**

- CRAFT worked on budgeting with Coral to help her save money and pay off probationary fines and save money to get driver's license back and to be able to purchase a car of her own.

- CRAFT was able to provide gas card and Walmart cards to assist with transportation and personal care products or food.

- CRAFT staff was able to help provide resources for her address certain financial issues, and group topics that helped address financial stress in her life.

### **Parenting Support:**

- CRAFT provides an Early Childhood Educator to help Coral with parenting questions and development throughout her time in treatment at any time.

- CRAFT was able to provide clothes to Coral and her son that were donated by other community members.

- CRAFT programming was also able to help supply some diapers and wipes monthly for her son while in programming.

- CRAFT supported her and her son seeking counseling by a community professional.

- CRAFT Early Childhood Educator worked with Corals son to help check on his developmental stages and to make sure he was progressing as he should. Referrals to community professionals were made when needed to help address the needs of child.

- CRAFT Early Childhood Educator helped do special projects during group times to help parents do activities with their child to promote healthy development.

### **Program Impact:**

During Coral's time with CRAFT she was attending group two times a week. Coral was very committed to her recovery and getting her family back together in a healthy way. Coral has been doing a great job to get everyone involved in her life on the same page. This has included choosing her grandma to take custody of her child over her mother. Coral made the decisions to living in the living environment that has and currently lives in. While it has come with challenges Coral has remained optimistic about it and has no rush to push things when she doesn't feel she is in the right stage. Coral is now looked at as a leader by her peers in CRAFT, in her home group meetings in the recovery community, at the sober house she runs, and helps direct sober community outings.

In her time with CRAFT she had completed three treatments, successfully completed CRAFT after 15 months, obtained a leadership role in the recovery community, closed her case with child protection successfully, successfully completed probation, paid off all probationary fines, was able to get her driver's license back, and continues to climb up the ladder at her place of employment. Since graduating the CRAFT Program Coral continues to attend CRAFT and continues to support the girls in the program.

Coral knows that she has a way to go yet and her journey of recovery is never ending. She still has goals to get an apartment with her husband, and have her son move back in. Coral knows that she has to take care of herself first before she can jump back into where she was. She has been rediscovering her relationship with her husband, learning how to be the best mom she can be to her son, and helping him heal after the hurt he has seen within the family.

**Proof Alliance (MOFAS) Objectives: 2018-2019 Mid-Year Progress Report**

Data collected during the period of 07/01/2018-12/31/2018

**In consultation with the STATE, the Grantee shall schedule, plan and convene periodic meetings with the State for general oversight and project management.**

- We met virtually with the State to plan site visits and quarterly meeting, in addition to discussing general oversight and project management.
- We worked in collaboration with the State to plan and coordinate a grantee meeting to discuss best practices and lessons learned through the program.

**In collaboration with STATE, the GRANTEE shall identify a multidisciplinary group of key stakeholders to participate in an advisory capacity to provide feedback and consultation throughout the project as appropriate.**

On August 20, 2018, we met with Wayside, the State, the MN Trauma Project, MAARCH and the ATTC to discuss trauma-informed care. The meeting served as an opportunity to share best practices on various models of SUD treatment, and the group spent a significant period talking about the sanctuary model and the intersections of trauma. This meeting allowed us to have in-depth discussions with Wayside about the services they provide, beyond what had been discussed during their site visit earlier in the month.

**Create and disseminate a general announcement with key information and dates about the distribution of the future RFP.**

Included in previous report.

**Develop a Draft RFP and work with key community partners to review and provide feedback.**

Included in previous report.

**Work in collaboration with the STATE to develop a marketing and outreach plan for the Metro and Greater Minnesota areas to promote the RFP and project.**

Included in previous report.

**Obtain final approval of the STATE to release the RFP.**

Included in previous report.

**Convene and host an optional in-person pre-proposal conference by October 15, 2017, and host a second live virtual pre-proposal conference that will be recorded and provide the option for viewing on-demand.**

Included in previous report.

**Provide information and technical assistance, throughout the RFP process.**

Included in previous report.

**Collect proposal submissions and convene a RFP committee.**

Included in previous report.

**Announce Grant awards, prepare successful applicants and provide technical assistance for grant kick off.**

Included in previous report.

**Execute subcontracts and coordinate the grant kick-off process.**

Included in previous report.

**In consultation with the STATE, schedule, plan, and conduct periodic site visits.**

Two site visits happened during this reporting period. On July 16, 2018, we visited the CRAFT site in Rochester. We met with 2 members of the CRAFT team and confirmed that they are doing the work as outlined in their contract. On August 9, 2018, we conducted a site visit at Wayside. We met with 4 staff members and discussed the work that Wayside has been doing through this grant, including areas with high successes and areas with challenges.

**Conduct quarterly grantee meetings for on-going training, best practice exchanges, and lessons learned with successful sites. Identify trends in metro and rural locations.**

On November 7, 2018, we hosted a grantee meeting with team members from both organizations. There were 3 staff members from both Wayside and CRAFT. In addition, we were joined by Ruthie Dallas (DHS) and Tom Castelli (ACLU of Tennessee). Both grantees gave updates about their programming, including: number of toxic-free babies born, partnerships, and the possibility of hiring peer recovery support specialists. The group also discussed at-length barriers they were facing in their work, which appear to be the same in both metro and rural locations (i.e., limited housing, demand for skilled workers, etc.) Some solutions were shared, but other issues require further attention.

**GRANTEE will participate in regional collaboration meetings in the metro and Greater Minnesota and periodically convene and facilitate innovation discussions with collaboration members.**

This interim period we participated in meetings with DHS with diverse attendees and continue to participate in and facilitate discussions on improving outcomes for working with women that are pregnant and/or parenting with Substance Use Disorders with a primary focus on supporting women with histories of Alcohol Use Disorders.

**GRANTEE will work in collaboration with the STATE to assist in the coordination for DHS sponsored training and technical assistance on the Parent Child Assistance Program (PCAP) and explore working with grantees to enhance service delivery by incorporating PCAP principles.**

During this period we asked both grantees to complete a PCAP Fidelity Assessment to measure how similar their programs are to the PCAP model. The grantees rated an average 4.37 out of 5 on the PCAP Fidelity Assessment. A score of 5 is the highest and indicates a PCAP site fully meets the characteristics of ideal replication of the PCAP model, whereas a 4 indicates a PCAP site is fairly close to meeting the characteristics of a faithful replication of the PCAP model, but the site cannot be ranked as 100% faithful to the characteristic.



**Wayside Objectives: 2018-2019 Mid-Year Progress Report**

Data collected during the period of 07/01/2018-12/31/2018

Agency:	Wayside Recovery Center   The Wayside House
Program:	Wayside Family Treatment Center
Grant/Contract Number:	MOFAS grant for Wayside Family Treatment
Budget Year:	7/1/18-6/30/19
Budget Amount:	\$60,000
Name:	Jessie Everts
Title:	VP Clinical Programs
Phone:	651-242-5543
Email:	<a href="mailto:Jessie.everts@waysiderc.org">Jessie.everts@waysiderc.org</a>
Report Date:	01/10/2019

**Target population**

Pregnant and parenting women receiving substance use disorder (SUD) treatment

**Types of services provided**

Wayside provides comprehensive, gender-specific substance abuse treatment services to high risk mothers (pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs) and their families, specifically to those women who abuse alcohol and drugs during pregnancy or are at-risk for giving birth to a child with a Fetal Alcohol Spectrum Disorder (FASD) through the program which is centered on a supportive, multi-disciplinary case management team approach. Wayside fills a unique need by allowing children to stay with their mothers while she is in treatment. A priority is given at Wayside for pregnant women to enter treatment with the goal of helping women deliver healthy and toxin free babies.

**Number of staff and total FTEs for the program**

Wayside’s Family Treatment has 36 staff members (24.7 FTE) who all have responsibilities related to this grant.

**Describe how this project meets the needs of the community and identify how that need was identified.**

With less than 10% of the individuals in need of treatment in Minnesota receiving it, Wayside meets a critical need. This is further met by our provision of gender specific and co-occurring treatment that meets the unique needs of women who are chemically dependent. And lastly, as indicated, Wayside is one of only five providers in the state who provides family focused comprehensive treatment addressing the needs of the mother, her children, and her greater family unit.

**Indicate if this was a new service, expansion of a current service or a continuation of existing service.**

This grant provides funding for the continuation and enhancement of our existing Family Treatment Center.

**MOFAS GRANT MID- YEAR REPORT  
7/1/18-12/31/18**

### Goals, Objectives and Services with Numbers

#### Provide Co-Occurring Substance Abuse Treatment for Women

During the grant period **70 women and their 48 (on site) children** were provided co-occurring treatment, parenting support and family/children's services. There were an additional **47 children who did not reside with the mothers** during this time period; however, over 90% of those children had on site visits and services provided. **Eleven (11) of these women entered treatment while pregnant and 7 children were born** while the mother was in our care. **All (100%) of women showed a reduced substance use and 100% were provided material, education, and support on FASD and smoking cessation.** All women received referrals to other health providers and social service agencies that meet other needs which impact sobriety.

#### Improve Birth Outcomes for Children Born During Treatment

During this grant period, seven children were born. All (100%) of mothers who were pregnant received pre-natal care. All (100%) of the children born while Mom resided at Wayside received pre-natal care and post-natal care within the hospital system of the mother's choice. Wayside obtained toxicity reports for all babies born while mother was enrolled at Wayside Family Treatment, and 71% of babies born were toxin-free. One set of twins was born to a mother who had been in treatment for only three days and both babies were positive for cocaine upon birth. Both babies are healthy, developing, and in mother's care at the time of this report.

#### Prevent Perinatal and Environmental Impacts of Drug Abuse on Infants and Children

Wayside is able to provide a substance-free environment for women to achieve recovery while increasing their overall health and well-being and reducing the effects of a mother's alcohol abuse on children. All children at Family Treatment received an informal FASD screening. All mothers received education on FASD.

#### Improve Physical and Mental Health of Mothers and Children

100% of mothers and children are receiving physical health care. Mothers and children who have screened for a need for mental health care are receiving it. All (100%) mothers received a complete physical within seven days of entering care. For women this includes screening for sexually transmitted infections and mental health concerns. Also within seven days, women receive referrals for dental care.

#### Stabilize, Strengthen, Preserve and Reunify Families

All women at Wayside Family Treatment received services aimed at reunification with their children including parenting coordination, support, and education. Seventy (70) women were able to have either supervised, unsupervised, trial home, or overnight visits with their children. During the grant period, and 10 children were reunited with their mothers. While their mothers are in programing all children receive therapeutic child care.

### Activities Not Completed

N/A

### Staffing

We changed our primary nurse at this location from Carol Bell to Stacy Prairie, RN.

**Pregnant Women and Women with Dependent Children Service Summary Form**  
Included with this report.

### **Products Developed**

Wayside utilized MOFAS materials and did not develop any of its own; however, we are building a curriculum for our Family Treatment Model independent of this grant's deliverables and will be using that to assist other providers statewide.

### **Program Assessment**

#### Challenges/Problems Encountered in Collecting Data

Wayside was able to track all required information either through our database system and/or through a manual system. One challenge we have faced historically is that we have been unable to track everything in the same system due to the fact that our previous electronic health record (Celerity) could not be tailored easily to add information. In collecting data we are also reliant on verification with partners which can prevent challenges. Lastly, some data is self-reported, and that information may not always be accurate. Our new EHR, Netsmart MyEvolv, is able to capture more data easily for reporting, however we are still in transition to the new system and so some records are being kept manually.

#### Challenges/Barriers in Providing Services and Dealing with Each

A challenge is delivering services to children who do not reside at Wayside Family Treatment. Our ability to provide services is based upon child protection services approval or approval of the family member caring for the child. We are continuing to think creatively on how we can overcome this barrier.

We continue to secure funds to incorporate in-home services to support a whole family restoration process after an active care experience.

### **Future Outlook**

#### Continuation of Project

Activities of this grant will continue after MOFAS funding ends.

#### Changes in Staffing, Target Population, Funding for Coming Year

We do not anticipate any changes in the coming year.

### **Attachment A Reponses**

#### Gender-specific chemical dependency treatment for mothers

*Develop a plan to provide comprehensive, gender-specific alcohol and drug abuse treatment services to high risk mothers (pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs) and their families, specifically to those women who abuse alcohol and drugs during pregnancy or are at-risk for giving birth to a child with a Fetal Alcohol Spectrum Disorder (FASD) through the program which is centered on a supportive, multi-disciplinary case management team approach.*

Wayside Family Treatment Center (FTC) provides integrated co-occurring disorders treatment for pregnant and parenting women. Our program's focus is to serve the unique needs of women who struggle with substance use disorders. At FTC, women can have their children reside with them while receiving



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treatment and many are able to work towards reunification with their children. Admission priority is given to pregnant women and 28 women have entered treatment while pregnant during the course of this grant. Wayside has continued its evidence-based programming at FTC which includes individual counseling, group counseling, mental health therapy, trauma-informed care, DBT skills groups, children's programming with play therapy, and family programming with family therapy. We also provide robust recovery support and education programming which includes a focus on FASD prevention, peer support, care coordination, MAT, case management, whole health, developmental trauma prevention, and parenting support.

### Referral team

*Implement a referral team that represents agencies that provide services to the clients. The team will include representatives from social service agencies, child protection, public health, corrections, county financial services, chemical dependency treatment programs, medical, behavioral health, etc.*

Wayside leadership and program staff have identified, reached out, and engaged the following stakeholders to establish their Multi-Disciplinary Referral and Advisory Team:

Sharon Carmody, MD, Unity Hospital women's health physician representative, Hennepin County child protection services staff representative, probation officer representative, County drug court representative(s), Louis Winter, RN NP Park Nicollet medical provider representative, Family Partnership's representative, the Parent Mentor Program Executive Director - Larene Randle, Parent Mentor and Circle of Parents representative - Lisa Deputie, MIWRC Executive Director Patina Park, and American Indian Family Center representative, Dr. Gourneau and her team, Kendall Johnson Senior Director of Behavioral Health at Health Partners and her team, Dr. Brian Grahan – Director of Addiction Medicine at Hennepin County Medical Center, Community Action of Ramsey County – Brooke Walker and her team, and Danielle Klutz with Minnesota Council on Crime.

Wayside's staff with the guidance of this team creates an individualized treatment and care plan that guides the course of treatment while the woman is receiving services and now incorporates intentional advisory partnership connections and in-home care plans to take place after the care experience.

The individualized treatment and care plan includes treatment, therapeutic services for trauma, assistance in securing housing at program departure and education, employment and financial management skill building. This treatment plan is reviewed weekly by staff to make any changes, adjustments, etc. as needed. We are planning on using our Zoom Technology and Project ECHO Hub Status to connect this team on a regular basis in 2019 to make it easier for individuals to participate. We have; however, been able to communicate with the team members one on one and/or in smaller groups.

The Wayside case manager coordinates all wrap-around services mothers need in addition to substance abuse and co-occurring treatment. This case manager coordinates the external referrals so women receive comprehensive and highly individualized care. Women are provided culturally specific services (including the participation in culturally specific groups and out of treatment activities), screened for co-occurring disorders at program entrance and when indicated throughout the treatment period, connected to free education opportunities that would enhance her whole family health focus, referred to services that will help with victim support for domestic violence experience, provided with a robust whole health manual/binder in order to track her referrals and provide guidance, assessed for housing needs, assisted with enrollment in housing wait lists and applications, transported and assisted with community based



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supports relating to financial literacy programming (FAIM), and any other referrals deemed to be relevant to her throughout her relationship with us.

During the grant period, 70 referrals were made for women and children to receive services in addition to those provided at Wayside.

GRANTEE will develop and convene a quarterly interdisciplinary collaborative advisory group that includes at minimum least one local government, at least one community based organization, family home visiting, and members in long-term recovery.

Wayside has identified these partners/clients and is in the process of scheduling this convening at the time of this report. All members were met with individually or in small groups; however, were not convened all at one time.

### Reduction in substance abuse

Wayside's SUD treatment has been successful in reducing substance abuse for 100% of mothers while in treatment.

### Programming

Wayside provides on average of 30 hours of programming a week for residential clients. Clients are also able to receive outpatient aftercare services for approximately 10-15 hours a week. Random UAs are performed during the week to verify sobriety and well-being. Mental health services continue to be provided internally for women who indicate a need for these services. Wayside continues to support women who have active child protection service involvement and works with them towards reunification. Wayside meets all basic needs while women are in treatment and coordinates all external appointments by providing transportation. Wayside also coordinates all childcare while mothers are in programming.

Wayside's nurse performs a TB test at program entry and provides an initial medical check-up. The nurse also schedules a visit with a medical doctor and encourages the women to be screened for STDs and other preventative care. Wayside offers smoking cessation programs in house.

The vast majority of babies (88%) born since the start of the grant period have been born healthy. The nurse arranges prenatal and postpartum health care and arranges all transportation to appointments. Staff ask for toxicology test results in writing when performed to ensure health and well-being of mother and baby. See above.

### Parenting programming | Family Services

All women at Wayside Family Treatment Center participate in programming that teaches positive parenting skills, how to parent sober and the effects of substance abuse during pregnancy. Each mother also has a parenting treatment plan. Wayside has dedicated Parenting Coordinators who support women in their parenting. Wayside offers family therapy, play therapy, and Circle of Parents. The nurse at Wayside coordinates all health care appointments for babies and children and transportation is provided. All women (new mothers with children born at Family Treatment Center) and those who enter treatment with their children continue to receive education on safe sleep, SIDS and shaken baby through in person instruction, videos and handouts.

### ASQ



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Wayside performs ASQ screenings for all children entering Wayside Family Treatment Center. Twenty (20) ASQs were performed during this grant time period.

### Continuing Care Plan

After completing residential treatment women complete outpatient treatment which last typically 10 weeks. During outpatient treatment the counselor and client develop an after-care plan that provides tools for relapse prevention, mental and physical health care plans, and referral information for community organizations that can promote sobriety.

### Four-week follow-up

Wayside's Peer Recovery Specialist continues to provide phone (or in person meetings) follow-up with each woman after she has left treatment for four weeks or more, as appropriate and desired by the client.

### Referral follow up, progress and follow through during treatment

Clients meet with their counselor weekly who reviews the treatment plan and progress made. Treatment plans are updated weekly and tracked in Wayside's electronic health record. Clients sign medical releases that allow the nurse to track if appointments are kept and concerns being addresses to coordinate services at Wayside.

### Culturally competent staff

At Wayside Family Treatment, 30% of the staff are individuals of color. In addition, all staff participate in cultural competence and cultural awareness trainings. We recently hired a Multi-Cultural Programming Counselor who will share her time between our Family Treatment and Women's Treatment locations. She will provide analysis, training, and improvement suggestions to our Senior Director of Clinical Services and VP of Clinical Programs for ongoing improvements in this area.

### Compliance

Wayside continues to be fully compliant with federal provisions detailed in Exhibit A.

### Continuing education

Each staff member is allotted \$100-\$300 for continuing education purposes as related to our gender specific work. Staff are also encouraged to apply for Wayside's Education Plans that allow them to receive paid internships, portions of their school tuition, or fees for certification courses or competencies.

### Data collection

Wayside has systems in place to track all required data either in the client's electronic health record and/or in a database specifically for MOFAS grant tracking.

### Evaluation and reporting

This report meets the requirement of a progress report on 1/10/19.

### Confidentiality of information

Wayside is fully HIPAA compliant and receives releases from clients for services provided outside of Wayside.

### Compliance regarding environmental tobacco smoke



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Wayside continues to be in fully compliance with the Pro-Children Act of 1994. Wayside offers smoking cessation services for those women who want it.

### Placement priority for pregnant women

Through state and federal funding, Wayside is mandated to provide placement priority for pregnant women. Since the start of the grant period 28 pregnant women have been placed with 16 giving birth at Wayside. With the very few exceptions noted above, 88% of babies were born toxin free and healthy.

### Notification of staffing changes

There have been no staffing changes since being awarded the grant. Our Family Services Supervisor has gone on maternity leave and will return in April of 2018.

### Sub-contracts

Wayside has no subcontracts related to this grant.

### Criminal background checks

As part of the hiring process all staff undergo a thorough background check that includes fingerprinting and criminal database research.

### Incentives

Funding was not used for incentives.

### Quarterly meetings with grant-funded agencies and ADAD grant consultant

Wayside continues to manage ADAD grantee meetings and attend these meetings.

### Site visits and meetings

Wayside participates in all site visits and meetings as requested by ADAD as well as assists in all coordination of ADAD Women's Grantees meetings, summits, and calls.

### State-sponsored training

Wayside staff continue to participate in ADAD trainings.

### Nondiscrimination policy

Wayside has an active nondiscrimination policy in place.

### Minnesota Act

Wayside complies with the Minnesota Act and other rules and orders of the Department of Human Rights.

### Religious based counseling

Wayside does not provide any religious based counseling. We do provide access to culturally specific programming and encourage clients to seek healthy spiritual practices if they choose to do so.

### **CRAFT Objectives: 2018-2019 Mid-Year Progress Report**

Data collected during the period of 07/01/2018-12/31/2018



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GRANTEE will satisfy the state legislative mandate appropriating dollars in the state general fund as a Fetal Alcohol Syndrome Grant to support nonprofit Fetal Alcohol Spectrum Disorders (FASD) outreach prevention programs in Olmsted County. This grant will be entitled “Olmsted County Project Community of Recovery Aiding Families in Transition (CRAFT) Program”. GRANTEE will also satisfy the goals and objectives and complete the tasks set forth in the proposed workplan set forth, a copy of which is on file in the State office of the Department of Human Services (DHS), Alcohol & Drug Abuse Division (ADAD), 540 Cedar Street, Saint Paul, Minnesota 55155, and is incorporated into this agreement by reference.

GRANTEE duties are the following:

- A. Develop a plan to provide comprehensive, gender-specific alcohol and drug abuse treatment services to high risk mothers (pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs) and their families, specifically to those women who abuse alcohol and drugs during pregnancy or are at-risk for giving birth to a child with a Fetal Alcohol Spectrum Disorder (FASD) through the CRAFT Program which is centered on a supportive, multi-disciplinary case management team approach.

A. We provided women’s specific treatment support and recovery maintenance services for 56 clients during this period. Thirty-six of these women were in the program at the start of this period and 20 women were admitted this period. These services were provided by the sub-contractor Dunatos.

- B. Implement an action team that represents agencies that provide services to the clients. The team will include representatives from social service agencies, child protection, public health, corrections, county financial services, chemical dependency treatment programs, Olmsted Medical Center and Mayo Clinic, Salvation Army and PAIR.

B. We have implemented a team of representatives from all of the above agencies. Meetings are held every other month for a total of 6 meetings per year. The action team met 3 times this period. These services were provided by the sub-contractor Dunatos.

- a. Olmsted County Project Craft Program staff will complete individual care plans, developed by the multi-disciplinary team, for 90 Project CRAFT participants (45 women between 07/01/2017-06/30/2018 and 45 women between 07/01/2018-06/30/2019).

B.a. We completed individual care plans created by the multi-disciplinary team for 56 clients this period. These services were provided by the sub-contractor Dunatos.

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

B.b. The grantee assessed the physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs of 35 clients this period.

We referred to and/or ensured clients were receiving services from the following:

33 clients to County Assistance (financial) , 38 clients to County Assistance (food) , 44 clients to County Assistance (medical assistance), 28 to Olmsted County Child Protection, 1 to Wabasha County Child Protection, 4 to Winona County Child Protection, 2 Dodge County Child Protection, 1 Goodhue Child Protection, 12 to Olmsted County Parent Support and Outreach Program (PSOP), 1 Child Adult Relationship Enrichment Program (C.A.R.E.), 7 to Mental Health Social Worker, 1 to Olmsted County Victim Services, 1 DV Response Team Social Worker, 4 ARMHS Worker, 1 HPSP, 2 MNSure Navigator, 26 to Olmsted Medical Center for physical health and 9 for mental health, 23 to Mayo Clinic for physical health and 7 for mental health, 1 to Allina for physical health, 1 to Plainview Clinic for physical health, 2 to Winona Health for physical health, 1 to Planned Parenthood, 7 to Apple Tree Dental, 13 to Rochester Community Dental, 1 to Dr. Schoen for dental, 2 to Valhalla Dental, 1 to Smile for dental, 1 to Lakeside Dentistry for dental, 4 to Good Samaritan for health needs, 3 to Psychological Consultants, 28 to Empower CTC for mental health services and 19 for chemical health services, 1 to Fernbrook Family Center, 1 to Pathways Halfway House, 2 to Zumbro Valley Health Center for chemical health and 7 for mental health, 2 to Odyssey Treatment, 1 to Common Ground Treatment Center for chemical health and 3 for mental health, 2 to Hiawatha Valley for mental health for 2 for chemical health, 1 to Winona Counseling Center, 1 Agape Counseling, 2 to Family Service Rochester for mental health, 1 to Olmsted DBT, 2 to Serene Spirit for mental health, 1 to HRC for mental health, 5 Wellcome Manor, 1 to Moving On (Olmsted County), 1 to MN Adult and Teen Challenge, 2 to Tapestry, 1 to Gables, 8 to Hawthorne Adult Education, 6 to Rochester Community and Technical College (RCTC), 21 to a Public Health Nurse (home visits), 17 to Public Health Services (in group), 27 to Parents Are Important in Rochester (PAIR-in group), 29 to EmPower CTC Addiction and Relapse (in group), 27 to EmPower CTC Attachment and shaming (in group), 8 for ACES Training (in group), 9 to EmPower CTC Domestic violence (in group), 43 to Women, Infants, Children Program (WIC), 12 to Families First of Minnesota, 11 to Crisis Nursery, 6 to Family Access Center (run by Family Service Rochester), 3 to Birthright, 2 to First Care, 21 to Workforce Center, 1 to Olmsted County Housing and Redevelopment Authority (OCHRA), 11 to Salvation Army, 1 to Zumbro Valley Housing Services and Outreach, 4 to Women’s Shelter, 2 to the Bridges Program, 2 to Bear Creek Housing, 5 to Gage East (housing), 1 to Cronin Home, 6 to Jeremiah Program, 5 to Recovery is Happening, 5 to Three Rivers, 8 to Energy Assistance Program, 8 to Society of St. Vincent de Paul, 10 Catholic Charities, 21 to Channel One Food Shelf, 10 to medical rides, 7 to Legal Assistance of Olmsted County, 56 to AA/NA, 5 L.I.N.K., 1 to Women’s Resource Center, 1 to Maplewood Housing, 1 to ECFE in Winona County, 2 to PAIR Classes, 1 to Kathy Perry for parenting, 3 to Bible Study, 1 to WomenSource, 1 Southeastern Minnesota Legal Services



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(SMRLS), 2 Southeastern Minnesota Multi-county Housing and Redevelopment Authority (SEMMCHRA), 23 to Olmsted Corrections, 1 to Mower Corrections, 4 Winona Corrections, 1 to Dodge Corrections, 1 to Wabasha Corrections, 1 to Hennepin Corrections, 1 to Rice Corrections, 1 to Stillwater Corrections, 2 to Goodhue Corrections, 1 to Dodge County Drug Court. The sub-contractor, Dunatos, provided these referrals to clients to meet their ongoing needs.

- c. Referrals will also be made to community action agencies and other human services, or whenever a referral will be necessary.

B.c. See section B.b. for referrals.

- d. Program's multidisciplinary team will 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; 2) housing, financial management and job training/education.

B.d. We included in each participant's care plan therapeutic interventions, trauma services, housing, financial management, and job training/education on an as needed basis for 56 clients this period. Reference section B.b. for referrals. The sub-contractor, Dunatos, provided these referrals to clients to meet their ongoing needs.

- e. The case managers will ensure that all participating women have either received a mental health assessment prior to admission, or complete one if necessary during program participation. Need will be based on results from brief screening during intake and ongoing observation.

B.e. The grantee ensured that 56 clients received a mental health assessment, if necessary, either prior to admission or during program participation. Referrals to mental health providers were made if needed. Also, the grantee completed initial ASAM score ratings for 20 clients that were admitted and 15 clients who were discharged or graduated this period. These services were provided by the sub-contractor Dunatos.

- f. The Multidisciplinary Team (MT) will assess for and refer to professional support services including domestic violence programs, sexual assault, and crisis programs.

B.f. See section B.d.

- g. GRANTEE's MT will provide culturally and gender-specific supportive educational and recreational activities, and follow-up on referrals for assessments, treatment and activities.

B.g. All CRAFT activities are geared to address the needs of women with a history of substance abuse who are also pregnant and/or parenting.



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- C. GRANTEE will reduce substance abuse among women in treatment and recovery who are either pregnant or have dependent children by providing culturally, gender-specific, comprehensive and coordinated case management services to meet participants basic needs, stabilize their family situation, improve their involvement in pre-treatment, treatment support and post-treatment recovery activities in order to maintain optimal health. GRANTEE will serve 45 women annually, participating in Project CRAFT Program for a minimum of six months to a maximum of twelve (6-12) months for non-pregnant women with dependent children; and a minimum of six months to a maximum of twelve (6-12) months after the birth for pregnant women.

### C. See sections C.a. - C.n.

- a. GRANTEE's Olmsted County staff will visit with participants in their homes or in the office at a minimum of once a month to provide treatment support/recovery and maintenance service to all participants.

C.a. This period the multi-disciplinary team completed 32 home or office visits in July, 34 in August, 40 in September, 43 in October, 37 in November, and 37 in December. We also see these clients twice a week during our support groups. We offered 8 support groups in July, 8 in August, 11 in September, 13 in October, 10 in November, and 10 in December. These services were provided by the sub-contractor Dunatos.

- b. GRANTEE will provide referrals to mental health counseling service as required by client. Providers of mental health services will vary and be dependent on client needs and geographical location. Referrals will be made to the client's local Human Service Department if a mental health case manager is needed.

C.b. We assured that 56 clients had their mental health needs met. We referred for mental health assessments and treatment as needed. See section B.b. for referrals. These services were provided by the sub-contractor Dunatos.

- c. GRANTEE's case managers will administer urinary analyses to the clients at the time of their entry, at random points during their stay in the program and at the time of discharge.

C.c. We have conducted 12 alcohol and drug tests near entry, 167 throughout, and 3 near graduation. We were unable to obtain urinary analyses on many of the clients who were discharged, due to loss of contact or lack of participation. These services were provided by the sub-contractor Dunatos.

- d. GRANTEE's case managers will aid communication between child welfare workers and substance abuse treatment providers;
- i. support clients in overcoming barriers to health care services by assisting with MA application process, transportation, setting appointments, choosing providers etc.;



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C.d.i. We have provided assistance with the MA application process as well as transportation to, or assistance obtaining, health care services on an as needed basis for any clients in need of those services this period. These services were provided by the sub-contractor Dunatos.

- ii. assist client to meet basic needs, i.e. transportation, emergency financial assistance, food assistance, etc.;

C.d.ii. We have transported 21 clients to CRAFT group and/or professional services this period. We also provided gas vouchers to 39 clients, Walmart gift cards to 30 clients, and bus passes to 1 clients for support activities this period. We have provided baby care necessities (diapers and wipes) to 30 clients this period. These services were provided by the sub-contractor Dunatos.

- iii. assist clients to obtain competent and dependable child care providers for their dependent children; and,

C.d.iii. See section C.e regarding assistance with childcare.

- iv. arrange for public transportation for health care, recreational and other services.

C.d.iv. We have provided bus passes to 1 client to assist with public transportation this period. These services were provided by the sub-contractor Dunatos.

- e. The OCPCP's MT team will make referrals to Families First of Minnesota for women who are engaged in treatment services and do not have licensed childcare available, or provide assistance in accessing licensed childcare at no charge to allow the client to carry out their treatment plan of care and to facilitate the mothers' participation

C.e. We have provided 12 clients with referrals to Families First of Minnesota this period and 11 clients specifically to the Crisis Nursery program. These services were provided by the sub-contractor Dunatos.

- f. GRANTEE's case managers will also provide funding for recreational opportunities and emergency funding through the PH program which will assist client in achieving sobriety.

C.f. We host and fund a recreational social event the first Monday of each month for clients who are eligible to attend. We held 5 social events during this period. No funding through the PH program was utilized this period. These services were provided by the sub-contractor Dunatos.

- g. GRANTEE's case managers will ensure that participants and their families will be provided referrals and support services to achieve self-sufficiency and safety in the home.

- i. Clients in need of employment assistance will be referred to Job Services Centers by the case manager, and will be assisted to explore options to improve their employment status including GED Programs and post-secondary education

options.

C.g.i. We have provided referrals and information for clients regarding job search and educational activities as needed this period. See B.b. for job search and educational referrals. These services were provided by the sub-contractor Dunatos.

- ii. The client's housing situation will be assessed and referrals made to appropriate resources including financial resources, energy and fuel assistance. GRANTEE case managers will assist the women and their families in getting housing while participating in treatment and support services. In addition, GRANTEE will provide transportation to women to/from CRAFT activities and professional appointments. GRANTEE will assist in accessing medical rides or public transportation to treatment services as needed.

C.g.ii. We have provided referrals and information for clients regarding housing, financial resources and energy/fuel assistance as needed this period. See C.g.ii. regarding transportation. See B.b. for assistance referrals. These services were provided by the sub-contractor Dunatos.

- iii. GRANTEE's early childhood educator and case managers will assess the safety of the client's housing situation using the Home Safety Checklist, and assistance will be provided to obtain home safety supplies including smoke detectors, batteries, cupboard latches, outlet covers, etc.

C.g.iii We have assessed the homes of clients during home visits and offered assistance with any necessary safety supplies. The early childhood educator provided Home Safety checklists to all clients that we met with and supplies as needed. These services were provided by the sub-contractor Dunatos.

- h. The GRANTEE case managers will focus on the medical and social case management of the participant-centered, strengths-based care plan through the provision of home visits for parenting and prenatal education in addition to the case management services.

C.h. See section C.a. regarding home visits. The childhood educator and case managers developed and utilized a strengths-based care plan and offered parenting and prenatal education at all home visits this period. These services were provided by the sub-contractor Dunatos.

- i. Recognizing the intensity of a holistic/comprehensive assessment, the case managers will utilize a rolling assessment process to identify and prioritize the needs by completing secondary assessments on a timeline that allows the client to focus on her most urgent treatment goals.

C.i. See section B.a. regarding individual care plans.



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- j. GRANTEE case managers will assess health care needs and insurance status; refer clients without health insurance to social services for access to medical assistance; and, encourage clients to establish a medical home for primary health care.

C.j. See sections B.b. and C.d.i. regarding referrals to and assistance with obtaining medical assistance (social services) and a medical facility.

- k. GRANTEE's MT will provide home visiting one (1 or more) times per month, as needed, for treatment support, prenatal/parenting education, infant and child development, advocacy and assess need for referrals to support services.

C.k. This period our licensed early childhood educator has met with clients and their children for home or office visits. The early childhood educator had visits with 0 children in July, 3 in August, 11 in September, 16 in October, 12 in November, and 12 in December. Treatment support, prenatal/parenting education, infant and child development, advocacy and assessing needs for referrals to support services is implemented by both the case managers and the childhood educator based on the professional's knowledge of the subject. These services were provided by the sub-contractor Dunatos.

- l. GRANTEE's case managers will make phone contacts and visits at other locations such as in the Women's Infant's and Children's program (WIC) clinic setting, etc. will help to keep the client and nurse connected.

C.l. See section B.b. regarding referrals made to the WIC program.

- m. GRANTEE case managers will also encourage clients to do screening for hepatitis, Sexually Transmitted Infections (STI's), Human Immunodeficiency Virus/ Acquired immunodeficiency syndrome (HIV/AIDS), Tuberculosis (TB) and other screenings as appropriate; encourage routine preventive care; and, refer for tobacco cessation assistance.

C.m. See Section B.b. regarding referrals to health care providers.

- n. GRANTEE will increase the number of healthy infants born to women in substance abuse treatment/recovery maintenance services.

- i. GRANTEE will ensure the provision of individualized health care of all pregnant women participating in the program between July 1, 2017 – June 30, 2019 by a health professional, at entry into the program, after the baby's birth, and throughout the postpartum period to ensure that pregnant women are receiving prenatal and postpartum care.

C.n.i. We ensured that individualized health care was provided for 12 clients who were pregnant this period. See Section B.b. regarding referrals to health care providers. This service was completed by the sub-contractor Dunatos.

- ii. GRANTEE case managers will coordinate with the hospital of delivery for access to birth toxicology results; and, will develop and implement written tracking and documentation for verification of prenatal and postpartum health care which health care verification will include tracking toxicology test results for both mothers and infants born during participation in the program.

C.n.ii. We had 9 births this period and requested toxicology screens and access to medical records for each pregnant client upon admit. This service was completed by the sub-contractor Dunatos.

- iii. GRANTEE will ensure toxicology screening for the mothers and infants born during program participation.

C.n.iii We have received the toxicology results for 8 infants born this period and 9 mothers who gave birth this quarter. Seven of the 9 infants tested were negative for all substances at birth. Eight of the 9 mothers tested was negative for all substances at the time of delivery. One infant and mother tested positive for cocaine, THC, amphetamines, and methamphetamine at the time of delivery; client had no contact with services for remainder of pregnancy. One infant was not tested due to medical emergency at the time of delivery. This service was compiled by the sub-contractor Dunatos.

- iv. GRANTEE will provide education on FASD and the effects of other drugs to participants through printed materials and at least quarterly training sessions.

C.n.iv. All 56 participants have had FASD and the effects of other drugs education printed materials available to them this period. CRAFT has provided information at group sessions or home visits at least once per quarter. We will continue to offer this service at least quarterly. This service was completed by the sub-contractor Dunatos.

- D. GRANTEE's MT will work to increase the number of healthy families and number of healthy infants born to women in recovery from substance abuse by providing activities in the areas of parenting, healthcare and healthy living, children support, and prenatal and post-natal healthcare. Grantee will provide the following activities from July 1, 2017 – June 30, 2019.

D. We have a PAIR parenting facilitator come to group sessions twice a month during the school year and once a month in the summer to provide parenting training. There have been 27 clients that have received this training at group, though it was available to all participants. We have met with PAIR each quarter to discuss individual progress. The parenting training was provided by PAIR. We also have a public health nurse come to group sessions approximately once a month to provide parenting training. There have been 17 clients that have received this training at group, though it was available to all participants. The parenting training was provided by Olmsted County Public Health.



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- a. GRANTEE will increase knowledge, confidence and positive parenting skills by providing parenting guidance and training that includes drug use effects.

D.a. See section C.n.i.v. regarding FASD and effects of other drugs education and section D. regarding parenting training.

- b. GRANTEE will contract with a parenting facilitator to provide a minimum of twenty-one (21) one-hour group sessions of parenting training on an annual basis to all participants, two (2) one-hour group sessions per month during the school year (September – May) and one (1) one-hour group session per month during non-school months (June –August) for each grant year. The training will include at least twenty-one (21) one- hour group sessions by Parents Are Important in Rochester (PAIR), using PAIR’s Parenting Curriculum.

D.b. See section D. regarding parenting training.

- i. Grantee will meet with facilitator each quarter to review individual participant’s progress. Participants found to need additional parenting education skills will be referred to further training and one-to-one parenting education.

D.b.i. We have contact with the PAIR educator a minimum of once a month to review group topics and progress. Participants are referred on an as needed basis to additional parenting education through the PAIR program. This service was completed by the sub-contractor Dunatos.

- ii. Grantee will administer the Adult Adolescent Parenting Inventory – Version 2: (AAPI-2) as a pre-test within ten (10) days of admission for each client, and again towards the end of the program with each client when they have completed the parenting education and training sessions.

D.b.ii. We utilize the Adult-Adolescent Parenting Inventory. We have administered the pre-test to 20 clients who were admitted this period within 10 days of admission. We have administered the post-test to 3 clients who have completed the parenting education this period. These services were provided by the sub-contractor Dunatos.

- iii. GRANTEE will utilize an evidence-based curriculum to assess, teach and model parenting skills, i.e. Nurse Child Assessment Satellite Training (NCAST), Growing Great Kids (GGK).

D.b.iii. The early childhood educator (contracting with the subcontractor Dunatos), PAIR, and Olmsted County Public Health use evidence-based curriculums to assess, teach and model parenting skills in the group and home visit setting. This service was completed by the sub-contractor Dunatos, PAIR and Olmsted County Public Health.



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- c. GRANTEE staff will screen or refer out for screening all children in custody for physical and dental health needs and provide referrals for services to meet assessed needs.

D.c. We have assessed the needs of 89 children to ensure their physical health and dental care needs are met. We ensured services were being received (or made a referral) for 25 children to Olmsted Medical Center, 32 children to Mayo Clinic, , 1 Fairview (physical health), 2 to Winona Health, 3 to Apple Tree Dental, 7 Community Health Dental, 3 Pediatric Dentistry, and 3 to Southern Heights. In some cases, mothers had parental rights but did not have their children in their care due to a CPS case. We still ensured that their physical and dental needs were met but did not need to make referrals. These services were provided by the sub-contractor Dunatos.

- i. Grantee will ensure that all children whose mother is in the OCPC program are up-to-date on immunizations.

D.c.i. We have ensured that 89 children are up-to-date on immunizations. These services were provided by the sub-contractor Dunatos, Mayo Clinic, and Olmsted Medical Center.

- ii. 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 OCPC program.

D.c.ii. We have referred 8 children that was born this period to the Women's, Infant's and Children's program, Minnesota Family Investment Program, and the Public Nurse Home Visiting Program. 42 children this period utilized the WIC program and 13 children had an assigned public health nurse. See section B.b. for all referrals to the above programs. These referrals were provided by the sub-contractor Dunatos.

- iii. Grantee will refer participant to additional treatment/support services which grantee deems needed including, but not limited to; family planning, mom and baby classes through ECFE, information on child development, and breast feeding support network information.

D.c.iii. We have referred 27 clients to parenting classes through PAIR within our group services. These referrals were provided by the sub-contractor Dunatos and PAIR. See additional referrals pertaining to the above services in section B.b. (including Planned Parenthood, Public Health, and WIC).

- iv. GRANTEE will assess the insurance status of the client's children/family; and, refer to social services to determine medical assistance or MN Sure eligibility.

D.c.iv. See section C.d.i. regarding assistance with medical insurance and services.



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- v. GRANTEE will ensure routine well child exams and preventive health care including dental care for their children and family. GRANTEE will assess for health care needs of the client and significant other including tobacco cessation, family planning, mental health, etc.

D.c.v. We have ensured that 56 clients and 89 children have had access to child exams and preventative health care this period. See sections B.b. and D.c. for health care referrals. These referrals were provided by the sub-contractor Dunatos.

- d. GRANTEE will ensure that the Early Childhood Educator will provide prenatal and post-natal health education including nutrition. The staff will require pregnant women to follow pre-natal medical care and coordinate care with primary medical provider.

D.d. We ensured that prenatal and postnatal health education was provided for 12 clients who were pregnant and/or gave birth this period. See Section B.b. regarding referrals to health care providers. These services were provided by the sub-contractor Dunatos.

- e. GRANTEE will support women who drank during pregnancy and have prenatally exposed their children to alcohol by partnering with Minnesota Organization for Fetal Alcohol Syndrome (MOFAS) to provide support to women as they acknowledge and address the ramifications of their alcohol and drug use during pregnancy, via local support group or other activities.

D.e. FASD education is provided by CRAFT case managers, as well as EmPower's medical director Ann Lansing who is a Certified Addictions Registered Nurse-Advanced Practice, on a quarterly basis during group services. These services were provided by the sub-contractor Dunatos.

- f. GRANTEE will ensure that the MT will provide training to new mothers of infants on safe sleep practices, such as risk factors for SIDs, having all mothers watch videos on safe sleep and shaken baby syndrome. The training will also include teaching infant and child safety including child passenger safety, home safety, etc.

D.f. We provided training on infant and child safety to all of our clients this period through home visits and group sessions. Various safety topics were also addressed by a trained PAIR parent educator and a public health nurse in the group setting. These services were provided by an on-staff early childhood educator (contracting with the subcontractor Dunatos), PAIR and Olmsted County Public Health.

- E. GRANTEE will work to decrease the likelihood children of women in substance abuse treatment support or recovery maintenance services and increase substance abuse protective factors, reduce substance abuse risk factors and increase resilience of clients' children by providing strength-based age-appropriate children's programming, through contract with Parents Are Important in Rochester (PAIR), for children in the custody of ninety (90) OCPCP participants (forty



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five (45) women between 07/01/2017 – 06/30/2018 and forty five (45) women between 07/01/2018 – 06/30/2019).

E. See section I.b. regarding children's programming.

- F. The Early Childhood Educator, with oversight by case managers, will refer children and adolescents for diagnostic assessments and therapeutic interventions related to drug addiction, mental and emotional health, and family wellness. The assessment will address: mental health, developmental needs and issues of emotional, sexual and physical abuse, and neglect. Documentation will be made of referral, progress, and follow through.

F. Our multi-disciplinary team is working with the clients to assess and address the therapeutic needs of their children. Referrals have been made to Fernbrook (7), Rochester School District- ECSE (3), Head Start (8), Early Head Start (8), PAIIR (1), ABC Child and Family Therapy (1), Boys and Girls Club (1), Grace Place (1), ECFE (1), Hope Counseling (1), Meadow Heights (1), and the Imagination Library (27). These services were provided by the sub-contractor Dunatos.

- G. GRANTEE case managers will ensure that all children of the OCPC program participants are up-to-date on immunizations, and will receive primary pediatric care, including immunizations and dental care from their provider or by referral to local resources including: Public Health Clinics, Children's Dental Health Services, Rochester, Community Dental, Apple Tree Dental, and others.

G. See section D.c. regarding physical health referrals and D.c.i. regarding immunizations.

- H. GRANTEE will utilize the Ages & Stages Questionnaire (ASQ) and Ages & Stages - Social-Emotional (ASQ-SE) to identify any growth and development concerns and make referrals as indicated.

H. The childhood educator assesses all dependent children of clients that we have contact with using the age appropriate ASQ-3 at the beginning, middle and final stages of their participation in the program. The childhood educator has completed 0 ASQ-3s at admit or shortly after birth, 4 ASQ-3s at midpoint, and 0 ASQ-3s at the end of their time in CRAFT. The childhood educator has provided referrals as needed based on the results of the assessments. The childhood educator follows the same protocol as with the ASQ-3. The childhood educator has completed 3 ASQ-SEs at admit or shortly after birth, 8 ASQ-SEs at midpoint and 0 ASQ-SEs at the end of their time in CRAFT this period. These services were provided by the sub-contractor Dunatos.

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

H.a. We have assessed 89 children in order to meet their mental and physical health needs. See sections D.c. and G. for referrals. These referral services were provided by the sub-contractor Dunatos.

- b. Grantee will provide an early childhood educator to provide 2 –hour group session two (2) times per week for children age 1-17 of the women in the program each quarter. Provided there are children in the following age ranges, there will be at least 2 groups each week for each age range, Groups will be divided similar to the following breakdown: ages one to three (1 to 3), ages three through six (3 to 6); ages seven through twelve (7 to 12); and ages thirteen to seventeen (13 to 17), for a total of four (4) hours of programming per week for the children.

H.b. We have a licensed childhood educator on staff come to group twice a week to provide children’s programming. This period there were 8 support groups in July, 8 in August, 11 in September, 13 in October, 10 in November, and 10 in December. Of the 41 children who participated in this group programming there were 30 children in the 0-3 age group, there were 6 children in the 4-6 age group, there was 4 children in the 7-12 age group, and there were 0 children in the 13-17 age group served. Some of these children came twice each week, but some only came once a week due to school, transportation, appointments, and parental attendance. In some cases, some of the mothers had parental rights but did not have their children in their care due to a CPS case. Therefore, there were a number of children that did not attend this programming. The children’s programming is provided by the licensed childhood educator and Dunatos.

- c. Grantee will encourage participation of all children that are appropriate for Alateen and all family members that are appropriate for Alanon.

H.c. We have encouraged participation of all children and family members that are appropriate for Alateen or Alanon.

- I. On discharge case managers will complete an individual continuing care plan with each CRAFT project participant that specifies the goals, length and location of continuing care programming to include referrals to services within the participant’s home location.

I. We have provided 3 clients with individual continuing care plans at graduation. At times, clients were discharged due to loss of contact or were unwilling to meet with staff prior to discharge and it was not possible to provide continuing care plans. This service was provided by the grantee and the sub-contractor Dunatos.

- J. GRANTEE will provide in person or telephone contact with participant 4 weeks from discharge to follow up on parenting and other recovery maintenance resources during transition into their community.

J. We have provided in person or telephone contact with 3 clients during week four following graduation. These clients with whom we followed up with needed no further assistance with transition into their communities. Clients are reminded at their final home visit that as alum of the program they are always welcome back to groups and social events for further support. It appears we are providing adequate referrals for resources upon graduation. These services were provided



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by the sub-contractor Dunatos.

- K. GRANTEE will conduct formal follow up on referral, progress, and follow through during program participation of all clients.
  - a. GRANTEE will utilize a formal tracking form to monitor referrals, progress, and follow through in conjunction with the policies and procedures.
  - b. Referral to, utilization, and follow through with all program services will be documented in the participating mother's file and into the specific program services log by the designated Program Specialist or staff person.
  - c. GRANTEE will track the referrals of all program services to know if the women went and received the services and if not, further help getting the women into the needed services will be provided.

K. (a.-c.)- We have utilized a database and a data specialist from Airlinks Networks Inc., as well as program staff, to track referrals and client progress, home visits, group attendance, transportation, consultations with other case workers and phone contact for all clients this period. Summaries of interactions with clients and case workers are kept in a paper file as well. These services were provided by the sub-contractor Dunatos and Airlinks Networks Inc.

- L. GRANTEE will provide culturally competent staff to serve the needs of the women in the program, reflecting the cultures represented in the Rochester and surrounding area.

L. CRAFT case managers and childhood educator have had cultural diversity training through their degree programs and continue to attend cultural diversity training workshops as required by their respective licenses.

- M. GRANTEE certifies that this program will be operated in compliance with the provisions of Federal Substance Abuse Prevention and Treatment Block Grant, Health and Human Services Code of Federal Regulations (CFR) Title 45, Part 96 requiring that pregnant women are provided preference in admission to treatment centers as provided by 96.131, and are provided interim services as necessary and as required by law; [Sec. 1927(a)(b)].

M. Although CRAFT is not a Rule 31 licensed treatment program, pregnant drug-abusing women get advocacy and action when reporting laws or priority treatment status comes into play. Staff will encourage the women to self-report and empower themselves. However, when it becomes necessary to take involuntary action such as notifying a screening unit or child protection intake regarding danger to a fetus staff will do so.

- N. GRANTEE is required to provide program staff with continuing education related to women-specific recovery services and best practices models for serving women who are pregnant or have dependent children.

N. CRAFT staff attends continuing education training as needed to fulfill the requirements of their respective licenses. The majority of the trainings are related to chemical and/or mental health services and best practice models.

- O. The GRANTEE's will participate in the data collection system including forms developed and approved by MOFAS in order to measure process and client outcomes. Grantee will, upon request, submit the data collected to assess process and outcomes.

O. CRAFT staff continuously collects data from admit to discharge of each client who participates in the CRAFT program. We utilize forms developed by CRAFT staff and a database developed by Airlinks Networks Inc. to measure progress and outcomes. We submit the data to MOFAS as requested. These services were provided by the sub-contractor Dunatos and Airlinks Networks Inc.

- P. Utilize a data collecting system in order to effectively evaluate programming. Submit reports to MOFAS on January 10, 2018, June 15, 2018, January 10, 2019, and June 15, 2019.

P. See section O. regarding data collection and submission of data.

- Q. GRANTEE's will ensure strict compliance with the Federal and State rules and guidelines regarding confidentiality of information on patients participating in to programs.

Q. We are in compliance and emphasize the importance of confidentiality to the participants upon admit and continuously throughout the program. Clients sign an informed consent form upon admission stating they will abide by confidentiality rules and guidelines. We obtain and keep on file releases of information for any client information staff shares.

- R. GRANTEE's will 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 will certify this compliance.

R. We have this in our facility clauses and talk about the positives of having a smoke-free environment for children and adults. Dunatos assures that no smoking is ever allowed inside the premises, near entry ways, or while children and adults are being transported in agency vehicles.

- S. GRANTEE's will ensure that pregnant women are provided preference in admission to treatment centers and 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.

S. See section M. regarding preference in admission to treatment centers and



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provide interim services to pregnant women in need of treatment. This also applies to IDUs.

- T. GRANTEE will immediately notify MOFAS 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.

T. We have immediately notified MOFAS in writing of any program staff changes and have provided any required paperwork. Our former early childhood educator resigned in June 2018 and we notified MOFAS promptly after her resignation. We hired a new early childhood educator in August 2018. We also expanded and hired three new case managers for Olmsted County and Winona County.

- U. To comply with the provisions of grant clause VII. ACCOUNTING, AUDIT AND EXAMINATION BY LEGISLATIVE AUDITOR, GRANTEE will provide the State with a copy of all signed sub-contracts for services funded under this grant contract.

U. To the CRAFT staff's knowledge, the State has all signed contracts for this grant. We have not been informed otherwise.

- V. GRANTEE's staff will obtain Criminal Background Checks on all hires with direct client contact responsibilities. GRANTEE will maintain the Criminal Background Checks on file for inspection, as requested, by MOFAS staff.

V. CRAFT and the sub-contractor Dunatos have obtained background checks on all employees and interns who have direct client contact responsibilities and the background checks are maintained on file.

- W. GRANTEE may provide incentives as gift cards, gas cards and phone cards up to a total of \$20 per participant per incentive.

- a. GRANTEE will ensure that the gift cards and gas cards are not used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks.

W.a. The gas gift cards we provide are for fuel only and cannot be used on merchandise. All clients sign a consent for incentives to receive gift cards.

- b. GRANTEE will ensure that the program participants receiving gift cards or gas cards will sign a statement that any gift cards issued to them will not be used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks. Any participants found to be in violation of this agreement will no longer be eligible to receive gift cards.

W.b. The gas gift cards we provide are for fuel only and cannot be used on merchandise. All clients sign a consent for incentives to receive gift cards.

- c. GRANTEE will provide incentives based on the following criteria:



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- i. Monthly Social Events are based on a woman's attendance in CRAFT groups. In the month prior to the Social Event, a woman must attend a minimum of three (3) groups and/or be working full time or attending school. Social Events are a CRAFT group activity that varies from month to month depending on client interest and weather.

W.c.i. We have held and funded 5 social events during this period for the clients who attended the minimum of three group sessions the month prior or are attending school or work full-time.

- ii. Gift cards are typically a fifteen (\$15) dollar card for gas or a sixteen dollar (\$16) bus card, these are given once a month to a mother who is a CRAFT program participant when she schedules and keeps an appointment with her case manager for a home visit.

W.c.ii. We provided 110 \$15 gas cards, 58 \$20 Walmart gift cards, and 1 \$16 bus pass this period.

- iii. Gift cards of \$20.00 are given when a woman completes an education program, such as a General Educational Development (GED) program, a parenting-related program or starts employment.

iv.

W.c.iii. We provided a \$20 fuel gift card to 3 clients upon completion of the CRAFT program this period.

- X. GRANTEE's staff will attend scheduled quarterly meeting, when possible, with all other grant-funded Women Services grantees and the ADAD grant consultant.

X. Grantee and sub-contractor Dunatos is willing to participate in quarterly meetings with other grant-funded Women Services grantees and the ADAD grant. We have not been requested to do so in this reporting period.

- Y. GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in site visits or attend other meetings on request.

Y. Grantee and sub-contractor Dunatos is willing to participate in site visits and attend other meetings.

- Z. GRANTEE's staff will provide the State with up to three (3) days each fiscal year to participate in state-sponsored evidence-based or best practices training in areas such as parenting, children programming, trauma-informed services, family-centered and recovery services models.

Z. Grantee and sub-contractor Dunatos is willing to participate in state-sponsored evidence-based or best practices trainings. We have not been requested to do so in this reporting period.



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- AA. The GRANTEE agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. Minnesota Statutes section 363A.02 GRANTEE agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

AA. The CRAFT staff and sub-contractor Dunatos does not discriminate due to race, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regards to current employees or applicants. CRAFT staff agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

- BB. The GRANTEE must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The GRANTEE agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rule 5000.3550

BB. The CRAFT staff and sub-contractor Dunatos does not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. CRAFT staff agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices.

- CC. GRANTEE agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Act.

CC. The CRAFT program is in compliance with the Minnesota Human Rights Act.

- DD. GRANTEE agrees that no religious based counseling shall take place under the auspices of this grant contract.

DD. The CRAFT staff and sub-contractor Dunatos adhered to this agreement and no religious based counseling took place under the auspices of this grant contract during this period.