

**STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
ALCOHOL & DRUG ABUSE DIVISION**

PO Box 64977
St. Paul, MN 55164-0977

Services for Pregnant Women &/or Women w/Dependent Children

ADAD Grant/Contract Year-End Report Cover Page

AGENCY Minnesota Organization on Fetal Alcohol Syndrome

PROGRAM CRAFT Program

GRANT/CONTRACT NUMBER GRK71798

BUDGET YEAR 7/1/14 – 6/30/15
[Start date: Month/day/year – End date: month/day/year]

BUDGET YEAR AMOUNT: \$ 180,000

DHS-ADAD CONSULTANT'S NAME Ruthie Dallas

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Date: 07/10/2015

Alcohol & Drug Abuse Division (ADAD) Grant/Contract Year-End Report Outline

I. General Instructions

The Year-End report is intended to document for ADAD and its funding sources the services provided and results achieved. Alcohol & Drug Abuse staff will use the information to identify emerging trends, gaps in services, and promising programs and/or strategies. The audience for this report could include the American Indian Advisory Council, State Alcohol and other Drug Abuse Advisory Council, state legislative committees, treatment and prevention staff, the federal Center for Substance Abuse Prevention and the federal Center for Substance Abuse Treatment and other professionals.

The Year-End Report is a full and comprehensive description of your program. Please describe your program. Because readers may not be familiar with the specifics of your program, do not state “See the proposal” or “see previous progress reports.” The Year-End Report is meant to “stand alone”. Outline in this report the goals and objectives, identify the activities completed during the reporting year and your success at accomplishing your goals.

Number all the pages of your Year-End Report, starting with the cover page as page 1, and including any appendices or attachments.

II. Report Sections

A. Introduction

Cover Page

Include the Agency’s name, program’s name, grant contract number and budget year, and the person responsible for completing the report on the cover page.

Describe the project in terms of:

1. Target population (age, gender, race/ethnic group, behavioral characteristics)

C.R.A.F.T. serves females who are 18 years of age or older who have a history of chemical dependency or abuse and are either pregnant or parenting dependent children. C.R.A.F.T. does not discriminate on the basis of religion, race, color, sexual orientation, or disability.

2. Types of services provided (Intervention, Treatment Support, Recovery Support / Maintenance)

C.R.A.F.T. provides intervention, treatment support and recovery maintenance through individual and group services. Other services include but are not limited to, case management (resource referrals), advocacy, transportation, and assistance with basic needs.

3. Number of staff and the total FTE’s for the program.

C.R.A.F.T. currently consists of three staff members, two of whom are FTE’s and an early childhood educator who is contracted part to full-time. We are in the process of hiring a new case aide who will be part-time.

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

C.R.A.F.T. meets the needs of the community by providing a unique setting that caters to pregnant and parenting women who struggle with substance abuse or dependence. There is no other program in the community that provides both sober support and parenting support to their clients. The ultimate goal of C.R.A.F.T. is to enable mothers to deliver healthy and substance free infants, in turn saving the county countless dollars in postnatal care. C.R.A.F.T. also works to ensure that its clients have the knowledge and ability to raise their children in a safe and sober environment. The need for such a program was initially identified in 1998 when awareness of FASD was on the rise.

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

C.R.A.F.T. is a continuation of an existing service.

B. Services Summary

1. Using the Mid-Year Report form, report your progress toward fulfilling the goals/objectives for the year as stated in **Section I, Grantee Duties**, of your Grant Contract. The information requested below is to be for the entire grant year (July 1, 2014 through June 30, 2015). Include data and narrative from the Mid-Year report and the last six months to complete the report.
 - a. Provide a narrative description of your services after each goal/objective.
 - b. You must include the number of 'services/activities' provided and if appropriate, number of individuals served. If the number of services/activities and the number of individuals served are provided in one of the tables provided to you from Wilder Research, you may put "See Table XX in Appendix X for number of activities provided and individuals served".
 - c. If you have **not** met an objective as scheduled (under the narrative section provided for that goal/objective) list:
 - (1.) Activities not completed.
 - (2.) Reason/s you were not able to complete the objective.
 - (3.) "What you will do to catch up" (only applies if you have additional grant year/s).

See attached CRAFT Progress report (7/1/14-6/30/15).

2. If your program was not fully staffed at anytime during the 12 month period:
 - a. Explain why.

We did not have a case aide in June 2015 as she left for another position and we were unsure that we would have continued funding to hire another case aide.
 - b. Give the dates your program was not fully staffed and the number of FTE's your program needed to obtain to be fully staffed during that time.

We did not have a case aide from 6/1/15-6/30/15. Our case aide position is no longer full-time
 - c. If not fully staffed as of the last day of this budget year, what steps are being taken to become fully staffed? (only applies if you have funding for additional grant year/s)

We are currently looking for a new case aide.

3. Complete the “*Pregnant Women & Women with Dependent Children*” Service Summary Form. This form must be included as part of your Year-End report.

See attached Service Summary Form.

4. Include a list of each product developed by the grant, including the title of each. Include conference brochures, educational materials, training materials, or other types of published documents or videos. Indicate how these materials are being distributed and the number of each type of product (brochures, flyers, fact or information sheets, resource directories, videos, etc.) distributed by the end of the project period. A copy of each product developed during July 1, 2014 – June 30, 2015 should be included with the Year-End Report.

We distributed approximately 300 CRAFT brochures over the 2014-2015 grant period to various county agencies and through informational sessions. No changes were made to this brochure during this grant year.

C. Success Story – Include one Success Story using the format below.

Success Stories will be analyzed for common themes (statewide analysis). Some of these *Success Stories* may also be used in preparing Minnesota’s Federal Block Grant Application, reporting to the legislature, and other press releases. It is our hope to put some of these *Success Stories* on our Web page. Each program is to include a Success Story with each Quarterly Program report. **The success story you include must be for services provided under your current grant contract this grant year (June 1, 2014 – May 31, 2015).**

A *Success Story* is made up of three sections.

Section 1: General Information - Who provided the services described in this success story and when were they provided?

Section 2: Services and Outcomes - Services provided (include the dates the services were provided, where they were provided, and who received the services) and actual outcomes achieved over time as well as an overall assessment of success.

Section 3: Reflection and Learning - What challenges did you face? What surprise/s did you encounter? What worked well? What didn’t work so well? What would you change/do different next time?

See attached Success Story 14-15.

D. Program Assessment

1. A copy of the Semi-Annual Report Tables for Pregnant Women & Women with Dependent Children. **Don’t forget to download your data tables!**

See attached.

2. Challenges/problems encountered in collecting data and how you dealt with each.

No challenges to report.

3. Challenges/barriers in providing the services and how you dealt with each. These could include staff turnover and training, changes in federal or state legislation, unforeseen expenses, or problems with any sub-contractors.

It was a challenge to offer our usual services to clients without the help of a case aide for the last month of the grant year, as we were unable to hire a replacement without knowing if we would have continued funding.

E. Future Outlook

1. Describe if this project will continue at its current capacity and/or scope, increase or decrease.

There are no foreseen changes to the program's capacity or scope at this time.

2. Describe any changes in staffing, target population served, and funding for the coming year (this applies only if you have funding from MN-DHS-ADAD for the coming year).

Our staffing of a full-time Project Coordinator and Case Manager and part to full-time Early Childhood Educator will remain the same. Our case aide position will go from full-time (as it has been in the past) to part-time.

CRAFT Progress Report

(07/1/2014 through 6/30/2015)

Grantee Duties

- A. Provide recovery services to pregnant and parenting women by maintaining a comprehensive, gender-specific service delivery system in Olmsted County 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 63 clients during this period. Twenty-two of these women were in the program at the start of this period and 41 women were admitted this period (there were three women discharged and readmitted within 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 PAIRR.

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 6 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 07/01/2013-06/30/2014 and 45 women between 07/01/2014-06/30/2015).

B.a. We completed individual care plans created by the multi-disciplinary team for 63 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 48 clients this period.

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

58 clients to County Assistance (including financial, food and medical assistance), 27 to Olmsted County Child Protection, 9 to Olmsted County Parent Support and Outreach Program, 1 to Ramsey County Child Protection, 1 to Steele County Child Protection, 3 to Wabasha County Child Protection, 1 to Fillmore County Child Protection, 1 to Faribault County Child Protection, 1 to Houston County Child Protection, 1 to Winona County Child Protection, 1 to Olmsted County Child and Family Services, 3 to Olmsted County Adult Services (commitment), 1 to Fillmore County Child and Family Services, 5 to Rule 24/25, 32 to Olmsted Medical Center for physical health and 13 for mental health, 31 to Mayo Clinic for physical health and 5 for mental health, 1 to the Rochester VA Clinic, 3 to Generose, 3 to Richard Cohen D.D.S., 5 to Apple Tree Dental, 4 to Rochester Community Dental, 2 to Blue Stem Mental Health Center, 1 to Dr. Fountain (psychologist), 5 to Fountain Centers Inpatient Treatment, 3 to RiverStone Psychological Services, 12 to Psychological Consultants, 17 to Empower CTC for mental health services and 28 for chemical health services, 13 to Pathways Halfway House, 12 to Zumbro Valley Mental Health Center, 1 Zumbro Valley Mental Health Social Work, 1 to Rapid Access Clinic, 2 to Family Service Rochester, 1 to Fernbrook, 8 to Associates in Psychiatry and Psychology, 1 to Mankato Psychological Clinic, 1 to Breaking Free, 4 to Common Ground Treatment Center, 1 to Project Turnabout, 4 DBT Plus, 6 to Wellcome Manor Inpatient Treatment, 2 to Fergus Falls Inpatient Treatment Center, 1 to Transitions Treatment Program, 2 to Rochester Metro Treatment Center, 1 to Family Based Services, 2 to Nehemia Family Services, 1 to Odyssey, 1 Fairview Inpatient Treatment Center, 9 to Hawthorne Adult Education, 8 to Rochester Community and Technical College (RCTC), 1 to the Joint Apprenticeship Training Council, 1 to University of Phoenix, 15 to Public Health Nurse (home visits), 1 to Gratham University, 1 to Public Health Services (in group), 47 to Parents Are Important in Rochester (PAIR-in group), 20 to U of M Nutrition Program (in group), 7 to Rochester Fire Department (in group), 6 to Head Start (in group), 9 to Mayo Clinic Smoking Cessation, 41 to Women, Infants, Children Program (WIC), 22 to Childcare Resource and Referral (CCR&R), 6 to Crisis Nursery, 7 to Family Access Center, 1 to Baby Steps, 2 to Steps to Success, 1 to Cradle of Hope, 2 to Birthright, 4 to First Care, 2 to Bundles of Love, 2 to Interfaith Hospitality Network, 1 to Hugs Ministry, 1 to Women's Shelter, 1 to Cronin Home, 1 to Habitat for Humanity, 1 to GRH, 2 to Olmsted County Housing and Redevelopment Authority (OCHRA), 3 to Legal Assistance of Olmsted County (LAOC), 3 to Three Rivers, 1 to Energy Assistance Program, 7 to Salvation Army, 1 to SEMCAC, 2 to Lutheran Social Services, 1 to Catholic Charities, 1 to Society of St. Vincent de Paul, 1 to Intercultural Mutual Assistance Association (IMAA), 1 to MEB Resources, 1 to Vocational Rehabilitation Services, 16 to Rochester Workforce Center, 15 to Channel One Food Shelf, 1 to Lake City Food Shelf, 5 to medical rides, 1 to Link, 10 to Adopt-A-Family, 1 to ARMHS, 1 to Assertive Community Treatment (ACT), 1 to The Lower Room, 1 to Sharing Tree, 2 to CARE, 1 to Assurance Wireless (free phone), 63 to AA/NA or Celebrate Recovery meetings, 22 to Olmsted Corrections, 1 to Fillmore Corrections, 2 to Mower Corrections, 1 to Dodge Corrections, 1 to Yellow Medicine Corrections, 1 to Martin County Corrections, and 1 to Winona Corrections. 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 63 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 during intake for program participation.

B.e. The grantee ensured that 63 clients received a mental health assessment either prior to admission or during intake for program participation. Also, the grantee completed initial ASAM score ratings for 41 (three admitted twice) clients that were admitted, 3 clients who had participated for over one year, and 38 (one discharged twice) 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 or parenting.

- 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. For the 2014-2015 grant year the multi-disciplinary team completed 18 home or office visits in July, 17 in August, 19 in September, 24 in October, 21 in November, 26 in December, 27 in January, 24 in February, 20 in March, 22 in April, 19 in May, and 14 in June. We also see these clients during our bi-weekly support groups. We offered 7 support groups in July, 8 in August, 6 in September, 8 in October, 6 in November, 8 in December, in January, in February, in March, in April, in May, and in June. These services were provided by the sub-contractor Dunatos.

- b. GRANTEE will provide 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 63 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 44 alcohol and drug tests near entry, 255 throughout, and 11 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.;

C.d.i. We have provided assistance with the MA application process as well as transportation to 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 35 clients, provided gas vouchers to clients, and provided bus passes to 48 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 4 clients 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 Child Care Resource and Referral for women who are engaged in treatment services and do not have licensed childcare available, or provide access to 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 22 clients with referrals to Child Care Resource and Referral this period. 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 12 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 activities and treatment.

C.g.ii. We have provided referrals and information for clients regarding housing, financial resources and energy/fuel assistance as needed this period. 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 offer 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.

- 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 PHN will provide home visiting one to four (1-4) times per month for treatment support, prenatal/parenting education, infant and child development, advocacy and assess need for referrals to support services.

C.k. For the 2014-2015 grant year our licensed early

childhood educator has met with clients and their children for home or office visits for a total of 6 visits in July, 13 in August, 8 in September, 8 in October, 7 in November, 10 in December, 7 in January, 9 in February, 5 in March, 9 in April, 7 in May, and 11 in June. 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 December 20, 2013 – June 30, 2015 by a health professional, at entry into the program, after the baby's birth, and throughout the postpartum period to ensure that pregnant women are receiving prenatal and postpartum care. The health assessment will include a nutritional needs assessment at the time of admission.

C.n.i. We ensured that individualized health care was provided for 18 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 and public health nurse 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 11 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 11 of the 11 infants born this period and 9 of the 11 mothers who gave birth this quarter. Ten of the infants tested were negative at birth. One infant tested positive for marijuana at birth. This infant's mother was not referred/admitted to the CRAFT program until her eighth month of pregnancy and had admitted to marijuana use prior to participation. Eight mothers who were tested were negative at the time of delivery. The other two mothers who delivered were not given toxicology screens upon delivery. One mother was not tested due to being admitted to the hospital for other complications and having an emergency c-section. The other mother was not tested due to giving birth at a different hospital than originally planned therefore she was not flagged in their system to screen. There were no mothers that tested positive for any substances. 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 63 participants have had FASD and the effects of other drugs education printed materials available to them this period. CRAFT has provided trainings at group sessions through MOFAS at least once per quarter, 34 participants have received this service, though it was available to all participants. 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 December 20, 2013 – June 30, 2015.

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 47 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 36 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.

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

drugs
training.

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

- b. GRANTEE will contract with a parenting facilitator to provide a minimum of twenty four (24) hour group sessions of parenting training on an annual basis to all participants, two (2) group sessions per month for each grant year. The training will include at least twenty four (24) one- hour group sessions by Parents Are Important in Rochester (PAIIR), using PAIIR'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 PAIIR educator frequently to review group topics and progress. Participants are referred on an as needed basis to additional parenting education through the PAIIR program. This service was completed by the sub-contractor Dunatos.

- ii. Grantee will administer the Strengths & Stressors Inventory 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 43 clients who were admitted this period within 10 days of admission. We have administered the post-test to 11 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), PAIIR, 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, PAIIR and Olmsted County Public Health.

- 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 114 children to ensure their physical health

and dental care needs are met. We have referred 43 children to Mayo Clinic, 47 children to Olmsted Medical Center, 1 to Mankato Clinic, 1 to St. Luke's Hospital, 1 Lake Region Hospital, 11 to Apple Tree Dental, and 7 to Rochester Community Dental, 2 to Richard Cohen D.D.S. In some cases, some of the 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 114 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 11 children that were born this period to the Women's, Infant's and Children's program, Minnesota Family Investment Program, and the Public Nurse Home Visiting Program. 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 47 clients to mom and baby classes through PAIRR within our group services. These referrals were provided by the sub-contractor Dunatos and PAIRR.

- 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.

- 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 63 clients and 114 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 a PHN will provide prenatal and post natal health education including nutrition. The PHN will review prenatal nutrition weekly during meal planning. The PHN's health assessment will include a nutritional needs assessment at the time of admission. The nurse 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 18 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. Starting in August 2014, we have had an FASD Family Resource Coordinator from MOFAS teaching the Changing Course program (an informational, educational and supportive series for women who drank alcohol and/or used drugs during their pregnancy) at one to two group sessions a month. The course will run for approximately 10-12 sessions and we will continue utilizing the course. It has been adapted from the usual 8 sessions to meet the time constraints of our group sessions. These services were provided by MOFAS.

- f. GRANTEE case managers will partner with MOFAS to refer women to the MOFAS Hand in Hand Series (a 5-week educational series provided on line by MOFAS). This series will provide information on the disorder and how to more effectively parent children living with the challenges of prenatal exposure.

D.f. The Hand in Hand series is no longer being utilized. See Section D.e.

- g. GRANTEE will ensure that a PHN 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.g. We provided training on infant and child safety to all of our clients this period through home visits and group sessions. These services were provided by an on-staff early childhood educator (contracting with the subcontractor Dunatos), PAIIR 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 (PAIIR), for children in the custody of ninety (90)

OCPCP participants (forty five (45) women between 07/01/2013 – 06/30/2014 and forty five (45) women between 07/01/2014 – 06/30/2015).

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

- F. GRANTEE will identify children who have been prenatally exposed to alcohol by receiving training from MOFAS on how to screen children for prenatal alcohol and drug exposure. The PHN will consult with MOFAS on how to incorporate screening for prenatal alcohol and drug exposure into the current screening process, and partner with the local public health department, when possible.

F. We are working in collaboration with MOFAS to provide our childhood educator and case managers with MOFAS FASD screening tools and training. Our childhood educator continues to develop a screening tool with an FASD educator from MOFAS. Our childhood educator is awaiting the opportunity to observe an FASD assessment and is training through videos and working with a MOFAS representative. We assess each client upon admit for prenatal alcohol or drug use during current or past pregnancies. These services were provided through the subcontractor Dunatos and MOFAS.

- G. The PHN, 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.

G. Our multi-disciplinary team is working with the clients to assess and address the therapeutic needs of their children. Referrals have been made to Mayo Clinic (1), Olmsted Medical Center (1), Fernbrook (2), Bluestem (4), Rochester School District (6), Zumbro Education District (ZED) (1), Steps to Success (3), ECFE (1), Head Start (8) and Early Head Start (5), and the CARE Program (2). These services were provided by the sub-contractor Dunatos.

- H. 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, Gentle Dentistry, and Rice Dental Clinic.

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

- I. 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.

I. 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 21 ASQ-3s at admit, 9 ASQ-3s at midpoint, and 11 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 20 ASQ-SEs at admit, 6 ASQ-SEs at midpoint and 8 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.

I.a. We have assessed 114 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 two and a half 2 –hour group sessions 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 ten (10) hours of programming per week for the children.

I.b. We have a licensed childhood educator on staff come to group twice a week to provide children's programming. For the 2014-2015 grant year there were 7 children's classes in July, 8 in August, 6 in September, 8 in October, 6 in November, 8 in December, 8 in January, 6 in February, 8 in March, 7 in April, 8 in May, and 8 in June. Of the children who have participated in this programming there were 46 children in the 0-3 age group, there were 7 children in the 4-6 age group, there were 5 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.

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

- J. 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.

J. We have provided 10 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.

- K. 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.

K. We have provided in person or telephone contact with 10 clients during week 4 after 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 by the sub-contractor Dunatos.

- L. 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.

L. (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.

- M. 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.

M. 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.

- N. 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)].

N. 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.

- O. 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.

O. CRAFT staff attends continuing education training as needed to fulfill the requirements of their respective licenses. See the attached Service Summary Form for specific trainings attended. The majority of the trainings are related to chemical and/or mental health services and best practice models.

- P. 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.

P. 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.

- Q. Utilize a data collecting system in order to effectively evaluate programming. Submit reports to MOFAS on January 10, 2014, June 10, 2014, January 10, 2015, and June 10, 2015.

Q. See section P. regarding data collection and submission of data. Final report due date was changed to July 10, 2015 by the request of DHS to include the month of June 2015.

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

R. 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.

- S. 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.

S. 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.

- T. 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.

T. See section N. regarding preference in admission to treatment centers and provide interim services to pregnant women in need of treatment. This also applies to IDUs.

- U. 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.

U. We have immediately notified MOFAS in writing of any program staff changes and have provided any required paperwork. We hired a new case aide in December 2014 and notified MOFAS prior to her start date with CRAFT. We also hired a new case manager to replace the case manager who left at the end of April 2015 and notified MOFAS.

- V. 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.

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

- W. 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.

W. 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.

X. GRANTEE may provide incentives as gift cards, gas cards and phone cards up to a total of \$25 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.

X.a. The gift cards we provide are for fuel only and cannot be used on merchandise.

- 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.

X.b. The gift cards we provide are for fuel only and cannot be used on merchandise.

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

- 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.

X.c.i. We have held and funded 12 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.

X.c.ii. We provided 167 \$15 gas cards and 6 \$16 bus passes this period.

- iii. Gift cards of \$25.00 are given when a woman completes an education program, such as a General Educational Development (GED) program, a parenting-related program or starts employment.

X.c.iii. We provided a \$25 fuel gift card to 11 clients upon completion of the CRAFT program this period.

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

Y. 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.

- Z. 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.

Z. Grantee and sub-contractor Dunatos is willing to participate in site visits and attend other meetings. We have not been requested to do so in this reporting period.

- AA. 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.

AA. 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.

- BB. 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.

BB. 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.

- CC. 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

CC. 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.

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

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

**Pregnant Women & Women with Dependent Children
Service Summary Form: July 1, 2014-June 30, 2015
(for clients served July 1, 2014 – June 30, 2015)**

Programs that provide Services for Pregnant Women & Women with Dependent Children must complete this form as part of their Final Report. **These numbers are to be unduplicated individuals served.**

AGENCY & PROGRAM NAME: **Community of Recovery Aiding Families in Transition (C.R.A.F.T.)**
BUDGET YEAR AMOUNT: \$ **180000**

GRANT/CONTRACT NUMBER: GRK71798 BUDGET YEAR AMOUNT SPENT: \$ **169,042.64**

1. What geographic area does this program serve?

Single County Multi-county State Wide Reservation

2. County(s) or Reservation(s) served. Use the county/reservation code numbers provided on page 2.

55

3a. Number of **Pregnant Women** who received services this year **18**
Number of **Women with Dependent Children** who received services this year (this only includes women who were not already counted as Pregnant) **45**

Total number of women served **63**

Each woman served is only counted once, as either Pregnant or as With Dependent Children.

- **Pregnant:** She is counted as Pregnant if she was pregnant at any time during the year while she received services. She may also have dependent children, but she is still only counted as Pregnant.
- **With Dependent Children:** She is counted as with dependent children if she was not pregnant at any time during the year while she received services, but does have dependent children.

3b. Total number of women who entered the program this year 43

Please provide the following demographic information about women who entered the program this year.

- Age: Under 18: **0** 18-48: **63** Over 48: **0**
- Ethnicity: Hispanic/Latino: **4** Not Hispanic/Latino: **59** Unknown: **0**

(The number of Hispanic/Latino + not Hispanic/Latino + unknown should equal the number of women who entered the program this year.)

➤ Race: **Total will self calculate and should equal the number of women who entered the program.**

White	49	American Indian/Alaska Native	0
Black or African American	3	More than One Race	9
Asian	0	Race Not Known or Other	2
		Total	63

4a. Number of **Dependent Children served**. 114
(This number **includes all dependent children of the women who received services**. “**Dependent children**” are those children for whom the women still have parental rights).

4b. Total number of dependent children who entered the program this year.....79

Please provide the following demographic information about children who entered the program this year.

➤ Gender: Males: 51 Females: 63
➤ Age: 0-4 yrs: 79 5-11 yrs: 27 12 up to 18: 8 Unknown: 0

5. Number of **Women who were neither Pregnant nor had Dependent Children at the time of enrollment** 0

6. Number of staff trained (training/technical assistance/etc.) this grant year: 3. Please identify the staff role/position(s).

- Director Program Coordinator Public Health Nurse LADC
 Case Manager Recovery Coach Other Early Childhood Educator

7. Please briefly describe the types of trainings the staff received:

Program Coordinator- Jessica Ondler

- Fountain Centers, Recovery: Where Are We Going and How Do We Get There? Lessons from the Recovery Experience for Clinical Practice 9/19/14
- MOFAS FASD Matters Conference 11/14/14
- Winona State University Workshop: Making Peace with Food in the War on Obesity: 4/17/15-4/18/15

Case Manager- Thu Danh

- Fountain Centers, Recovery: Where Are We Going and How Do We Get There? Lessons from the Recovery Experience for Clinical Practice 9/19/14
- MOFAS FASD Matters Conference 11/14/14
- Co-Occurring Disorders Conference 1/28/15-1/30/15

Early Childhood Educator- Jennifer Shopp

- MCCC/PCAMN: Ongoing monthly trainings as a consultant for the Parent Leadership for Child Safety and Permanency team since February 2014
- Strengthening Families Summit- 10/8/14-10/9/14
- MOFAS FASD Matters Conference 11/14/14
- SMIF Circle of Security Workshop 6/15/15
- Rochester School District Depression and Stress in Children and its Impact on Teaching and Learning 6/25/15

8. Please describe any marketing and outreach effort your program engaged in to increase community awareness of the service:

We distributed approximately 300 brochures over the 2014-2015 grant period to various county agencies and through informational sessions. Staff represented and spoke for CRAFT at the FASD Rally at the Capitol on 2/24/15.

9. Offer any additional information about your program: None at this time.

10. Name and title of person who completed this form **Jessica Ondler, MS, LPCC CRAFT Project Coordinator**

11. Phone Number: **(507) 252-6985**

12. E-mail address: **jess@empowerctc.com**

Location Code Numbers

County Code Numbers

01	Aitkin	23	Fillmore	45	Marshall	67	Rock
02	Anoka	24	Freeborn	46	Martin	68	Roseau
03	Becker	25	Goodhue	47	Meeker	69	St Louis
04	Beltrami	26	Grant	48	Mille Lacs	70	Scott
05	Benton	27	Hennepin	49	Morrison	71	Sherburne
06	Big Stone	28	Houston	50	Mower	72	Sibley
07	Blue Earth	29	Hubbard	51	Murray	73	Stearns
08	Brown	30	Isanti	52	Nicollet	74	Steele
09	Carlton	31	Itasca	53	Nobles	75	Stevens
10	Carver	32	Jackson	54	Norman	76	Swift
11	Cass	33	Kanabec	55	Olmsted	77	Todd
12	Chippewa	34	Kandiyohi	56	Otter Tail	78	Traverse
13	Chisago	35	Kittson	57	Pennington	79	Wabasha
14	Clay	36	Koochiching	58	Pine	80	Wadena
15	Clearwater	37	Lac qui Parle	59	Pipestone	81	Waseca
16	Cook	38	Lake	60	Polk	82	Washington
17	Cottonwood	39	Lake of the Woods	61	Pope	83	Watonwan

18	Crow Wing	40	Le Sueur	62	Ramsey	84	Wilkin
19	Dakota	41	Lincoln	63	Red Lake	85	Winona
20	Dodge	42	Lyon	64	Redwood	86	Wright
21	Douglas	43	McLeod	65	Renville	87	Yellow Medicine
22	Faribault	44	Mahnomen	66	Rice	88	Statewide

Reservation Code Numbers

89	Bois Forte	95	Prairie Island
90	Fond du Lac	96	Red Lake
91	Grand Portage	97	Shakopee Mdewakanton Sioux
92	Leech Lake	98	Upper Sioux
93	Lower Sioux	99	White Earth
94	Mille Lacs		

Success Story

Section 1: General Information

Service Provider: CRAFT Project Staff

Date: July 10, 2015

Section 2: Services and Outcomes

CRAFT staff met Eileen on 11/6/2013 through a referral from Olmsted County Public Health. At the time of admission to CRAFT, Eileen was 18 weeks pregnant and also had an 18 month old daughter. She was living with her fiancé and children in Rochester, MN. She was working with a public health program called Steps to Success in which she met with a social worker and a public health nurse on a regular basis. Although Eileen was receiving services from this program, she stated she was looking for further support for her sobriety when she was informed about CRAFT.

On entering the program, Eileen stated she had abused alcohol, marijuana, cocaine, crack, methamphetamine, prescription medications, and hallucinogens in the past. Her primary drugs of choice were meth and alcohol. At the onset of her time with CRAFT, Eileen stated she had been sober for nearly three years. She expressed a strong desire to maintain sobriety, especially during pregnancy. Eileen stated that her family had witnessed her use in the past and made it clear to her that they would not hesitate to remove her children from her if she began using again. Eileen's goals were to maintain sobriety, maintain physical and mental health, deliver a healthy baby, provide a safe and sober home for her children, and be a great mother. Eileen knew she needed to remain sober to meet and succeed with these goals. She wanted to join CRAFT so she could

receive support, meet other moms, gain parenting knowledge, and connect with community resources.

CRAFT staff provided services to Eileen according to her individual care plan that was developed over the course of groups and home visits. Her plan included:

- **Sobriety**

- CRAFT encouraged Eileen to connect with other sober support services such as AA/NA meetings or Celebrate Recovery.
- CRAFT encouraged Eileen to find and utilize a sponsor.
- CRAFT groups allowed the opportunity for Eileen to build and maintain healthy and sober relationships with other members of the group. She became close friends with another CRAFT member and they are strong supporters of each other's recovery.
- CRAFT staff provided Eileen with random urinalyses to maintain accountability.

- **Employment**

- CRAFT staff encouraged Eileen to determine what was best for her family's needs. Her case manager helped her establish ways she could be productive and still contribute to the household income as Eileen was a stay at home parent while her significant other worked.

- **Finances**

- CRAFT worked with Eileen to encourage setting a budget.
- CRAFT provided Eileen with contact information for resources in the community that could assist with finances to pay bills or cover deposits or rent.

- CRAFT provided Eileen with gas cards to assist with transportation costs.
- **Health**
 - Eileen was present at CRAFT group when we had a public health nurse talk about the services they provide.
 - Eileen was encouraged to set and attend appointments for her physical health, including prenatal appointments and visits to address her diabetes, and to take her physical health medications as prescribed.
 - Eileen was encouraged to set and attend appointments for her mental health and take her mental health medications as prescribed
 - Eileen was present at CRAFT group for various other health-related speakers including a nutritionist from the U of M that shared healthy recipes and nutritional information, Fire Safety from the Rochester Fire Department and a presentation on the Mayo Smoking Cessation Program.
- **Parenting support**
 - CRAFT provided Eileen with some basic supplies needed for infant care (i.e. diapers and wipes).
 - Eileen received free clothing for her daughters during multiple group donation days.
 - While Eileen attended CRAFT groups, she received information on parenting and infant development from PAIRR's (Parents Are Important In Rochester) parent educator and from a public health nurse.
 - Eileen worked with CRAFT's early childhood educator at monthly home visits to monitor and learn more about her daughters' development.

Due to her commitment to sobriety during pregnancy and strong involvement with the CRAFT program, Eileen delivered a healthy baby girl on 4/2/2014. Her newborn tested free of any substances in her toxicology screen at birth.

Unfortunately, Eileen relapsed with alcohol in the summer of 2014. She admitted her relapse to her CRAFT case manager and to the group and decided that it was time to get back on track with her sobriety. She attended CRAFT groups regularly, reached out to other moms in the group, started attending AA/NA meetings and obtained a sponsor. By the time Eileen graduated, she had three months of sobriety again.

When Eileen started in the CRAFT program, she was receiving MFIP. Since then, she and her husband have been able to raise their income to the point where they don't need the cash assistance. She is maintaining her financial independence and has stable housing. She is also maintaining medical and mental health appointments for herself and her daughters. Eileen has built herself a support system through CRAFT and her other sober support groups. She has learned to utilize her supports and continues to strengthen those relationships.

Section 3: Reflection and Learning

One challenge in working with Eileen towards the beginning was her unaddressed mental health issues. Although she was prescribed medications, she often forgot to take them. She also had a difficult time attending therapy appointments as she didn't always have a place to bring her daughters. Another challenge working with Eileen was keeping her focused on self-care over wanting to help others who were struggling. Eileen often intervened in other CRAFT members' or family members' problems. In doing so, she had a tendency to avoid her own problems. With support, Eileen worked to set boundaries on

what it meant to be a support to friends and family members without neglecting her own needs.

What surprised me was that, although Eileen had a significant amount of sobriety when she started CRAFT and throughout her pregnancy, she still struggled with a relapse. She was able to overcome it and return to recovery by utilizing the support she had built with her CRAFT case manager, the CRAFT early childhood educator and the CRAFT group members.

What didn't work well was getting Eileen to participate in a chemical dependency treatment program. Although she was very willing to attend a chemical health assessment and look into treatment options, she was unable to attend an inpatient or outpatient program as she couldn't afford childcare for her daughters and didn't qualify for assistance. What worked well with Eileen was encouraging her to reach out to other CRAFT group members when she was struggling with sobriety or life stressors. She became very proficient in letting others know when she was having difficulties and needed extra support. It was also helpful that Eileen was open to advice and options that would help her meet her family's needs and maintain her mental and physical health. Next time what I would do differently is look further into options for childcare so that Eileen would have been able to complete a treatment program and be that much stronger in her recovery.

Eileen has been a joy to have as a CRAFT participant. The step by step problem solving, planning, encouragement, and support helped her overcome obstacles she faced with sobriety, parenting and her overall physical and mental health. Since Eileen regularly attended group sessions, she developed many healthy relationships that

provided her with support, perspective, and encouragement from women in similar situations. Groups provided Eileen the encouragement and support she needed to maintain the skills she had learned to regain and maintain sobriety. The professional support from CRAFT staff, friendships from participants, and Eileen's commitment to her family made the difference in her being able to stay sober, take care of herself, and be a great mom. Eileen graduated on 4/24/2015 and continues to attend CRAFT group sessions as alum and maintain healthy relationships with other CRAFT participants.