This document is made available electronically by the Minnesota Legislative Reference Library as part of an ongoing digital archiving project. http://www.leg.state.mn.us/lrl/lrl.asp

WAYSIDE RECOVERY CENTER | GRANT REPORT | MID-YEAR 2019-2020

Report Cover Page

Agency: Wayside Recovery Center | The Wayside House

Program: <u>Wayside Family Treatment Center</u>

Grant/Contract Number: Proof Alliance grant for Wayside Family Treatment

Budget Year: <u>7/1/19-6/30/20</u>

Budget Amount: \$51,244.36

Name: <u>Carrie Salsness</u>

Title: <u>Sr. Director of Treatment Services</u>

Phone: <u>952-405-7645</u>

Email: carrie.salsness@waysiderc.org

Report Date: 01/10/2020

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 atrisk 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 Family Service Support Staff funded by the Proof Alliance grant includes a Family Services Case Manager (1 FTE) and Peer Recovery Support Specialist (1 FTE). Pregnant and Parenting mothers and their children enrolled in our Family Treatment Services are supported by a multi-disciplinary team of 30 staff members (25.1 FTE) including Sr. Program Director of Treatment Services, LADC Counselors, MH Professionals, Nurse/RN, Recovery Advocates and Treatment Assistants that all support the activities of 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 by adding continued family services after discharge in the form of case management and peer support.

MOFAS GRANT MID- YEAR REPORT

7/1/19-12/31/19

Goals, Objectives and Services with Numbers

Provide Co-Occurring Substance Abuse Treatment for Women

During the grant period **65 women and their 55 (on site) children** were provided co-occurring treatment, parenting support and family/children's services. There were an additional **55 children who did not reside with the mothers** during this time period; however, many had on site visits and services provided. **Six (6) of these women entered treatment while pregnant and 9 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 we are thrilled to report that 100% of babies born were toxin-free during the reporting period.

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

Wayside provides 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. Sixty-five (65) women were able to have either supervised, unsupervised, trial home, or overnight visits with their children. One child was reunited with their mother during the reporting period. While their mothers are in programing all children receive therapeutic childcare. Four mothers were referred to Minnesota One Stop for Community for parent mentor support regarding Child Protection cases.

Activities Not Completed

N/A

Staffing

We have successfully hired both Peer Recovery Support Specialist and Case Manager roles dedicated to this project as of November 11, 2019. The Case Manager is licensed social worker in the state of Minnesota with experience providing services to individuals and families receiving a developmental disability waiver and those impacted by fetal alcohol spectrum disorders (FASD). She has worked as an advocate providing culturally specific services and developed a culturally specific support group for African American caregivers of children who were impacted by an FASD. The Peer Recovery Specialist has achieved over a decade of sobriety and works to support women who are pregnant and parenting with substance disorders and has facilitated over 50 presentations featuring a diverse panel of birth mothers in recovery with children impacted by prenatal exposure to substances. We are actively hiring for the Family Services Supervisor role which is currently vacant. The Family Service Counselor position has remained filled and continues to provide parenting, screenings and counseling support to mother and child.

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.

Success Story

Mary, a Native American mother of three, successfully discharged from the Family Treatment program in 2019 and currently resides at Wayside's Supportive Housing facility along with her children. Mary had struggled for years with substance use to cope with trauma and grief. Prior to entering Wayside, Mary had several encounters with Child Protection Services and unsuccessful treatment experiences at other facilities. "I wanted sobriety, but I just couldn't do it because I didn't have the tools yet," she said. "I still hadn't processed a lot of pain. I just wanted to hurry up and get my kids back." Her youngest daughter, Sophia, was born with toxins in her system and complications from CMV. Mary entered Wayside Family Treatment with her middle daughter, Marisol, and an active Child Protection Case involving Sophia. "I could finally focus on my recovery because I wasn't worrying about my girls," Mary said. "I had buried what had happened to me, but Wayside helped me dig it up. They helped me close Sophia's Case with Child Protection and even helped get Marisol a diagnostic assessment." Staff worked with Mary to complete the training she needed to prove she could provide Sophia's medical care at home. Now sober for more than a year, Mary is a certified peer mentor and has an internship with the Leech Lake Band of Ojibwe where she leads a support group for mothers every Wednesday night. "If it weren't for Wayside, I wouldn't have been able to accomplish that," she said. "Now my goal is to leave a legacy for my children. I want them to be proud of their mom."

Program Assessment

<u>Semi-Annual Report Tables</u>

Service Summary accompanies this report.

<u>Challenges/Problems Encountered in Collecting Data</u>

Wayside was able to track all required information either through our database system and/or through a manual system. In collecting some data, we are reliant on verification with partners which can prevent challenges. Some data is self-reported, and that information may not always be accurate. Our new EHR, Netsmart MyEvolv, can capture more data easily for reporting, however we are still in transition to the new system and so some records are being kept manually. Recent staff changes have provided an opportunity to assess data collection and establish new processes within Netsmart which are still in process. Through Wilder Research we are collecting relevant data of this client demographic for our DHS Pregnant and Parenting Women Grant.

Challenges/Barriers in Providing Services and Dealing with Each

An ongoing challenge is delivering services to children who do not reside at 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 about how we can overcome this barrier. For example, we now have two family-friendly groups which allow children to attend groups with their mother. Because these groups are facilitated by our Family Service counselors, Child Protection is comfortable to allow children to have the additional time with their mothers.

Another historical challenge has been gaining meaningful involvement of fathers in family services. The Family Services department has been able to increase the number of co-parenting sessions through working with child protection's support in recommending these services to the fathers who are participating in their own CP cases. Recognizing the importance of culturally specific services, we have engaged and are currently working with an experienced contractor, Antoine Jackson, to provide consulting services to support Wayside on implementing a culturally-specific parenting curriculum for fathers and to provide consulting services for developing assessment services for children. Antoine has extensive experience working with African American men, women, and children and is skilled in assessing children for mental health issues, providing FASD neuropsychological assessments, and providing counseling for children.

Maintaining connection with women and families post-discharge has also been an ongoing challenge to providing services due to challenges with transportation, engagement, and high mobility of clients. The new staffing structure was devised to engage mothers from day one and build positive rapport while they receive treatment to incentivize their participation in in-home services post-discharge.

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 Proof Alliance funding ends.

Changes in Staffing, Target Population, Funding for Coming Year

Two new positions, a Case Manager and Peer Recovery Specialist, will be dedicated to engaging pregnant and recently postpartum women immediately at intake and throughout treatment by providing parenting groups and individualized support services to build positive rapport and ensure long-term engagement after they discharge from our residential or outpatient treatment programs to access continued recovery support, community services and intensive home visiting services.

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.

This grant requires that we serve 45 women during the grant period and we have served 45 at the time of this midterm report. At current, 18 number of women have "opted in" to receive extended in-home family services after discharge. 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 treatment and many are able to work towards reunification with their children. Admission priority is given to pregnant women and 6 women have entered treatment while pregnant during the reporting period. 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:

Hennepin County child protection services staff representative; probation officer representative; County drug court representative(s); Louis Winter, RN NP Park Nicollet medical provider representative; Executive Director of the Parent Mentor Program, Larene Randle, and Parent Mentor and Circle of Parents representative, Lisa Deputie; MIWRC Executive Director Patina Park; AIFC representative Dr. Gourneau and her team; and Tasa Liekvoll-Heilman and the HCMC Mother-Baby Program.

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.

The Wayside case manager coordinates all wrap-around services mothers need in addition to substance abuse and co-occurring treatment. This case manager, with the support of the peer recovery specialist,

coordinates the external referrals, so women receive comprehensive and highly individualized care. Both the Case Manager and Peer Recovery Specialist ensure each woman accesses culturally specific services (including the participation in culturally specific groups and out of treatment activities), parenting support and parenting education groups, referrals to the Parent Mentor program to assist with CPS/criminal justice involvement, mental health/developmental screening for children, screening for co-occurring disorders at program entrance and when indicated throughout the treatment period, connections to free education opportunities that would enhance her whole family health focus, referrals for 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 supports relating to financial literacy programming (FAIM), and any other referrals deemed to be relevant to her throughout her relationship with us.

During the first two years of the grant program we identified many barriers our mothers face to access our in-home services. Some key barriers were 1) ability to get to and from therapy sessions; 2) feeling isolated and not connected to other mothers in recovery; 3) not having a support network or childcare arrangements so mother could consistently attend meetings/appointments; and 4) inconsistent communication because of the lack of effective technology (i.e. smart phones). As a result, we have hired a case manager and peer support specialist that will connect with clients at intake, arrange support groups for mothers and parenting groups to create a sense of community. The case manager and peer support specialist will also provide support to clients such as transportation and childcare arrangements and began providing incentives such as gift cards for gas and basic needs items for mother and child.

In the eight weeks since the Peer Recovery Specialist and Case Manager have been employed, 19 referrals were made for women and children to receive services in addition to those provided at Wayside including four (4) referrals to the Parent Mentor Program to assist with navigating CPS related issues and parental rights; five (5) referrals to Options for Women to provide baby items like strollers, diapers, formula and infant clothing; six (6) referrals to Sabathani Community Center for food and clothing; one (1) referral to Pathways for emergency assistance and to secure a state ID and birth certificate for the client's child; and three (3) referrals to the Proof alliance Birth Mother Network.

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 partners/clients/alumnae as well as identified new potential networking options (different locations) for this advisory team. All members have met in an initial convening to solicit and analyze feedback about what they believe will make this process successful. Large group meetings take place quarterly and will reconvene in the new year to determine the focus of the collaboration and desired impact they intend to have.

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.

All babies born (100%) since the start of the reporting period have been born healthy. The Wayside 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.

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 a dedicated Family Counselor who supports women in their parenting. Wayside's Mental Health Professionals offer 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

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 can enroll in 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, 40% of the staff are individuals of color. In addition, all staff participate in culturally competence and cultural awareness trainings. The Child and Family Services Case Manager and Peer Recovery Specialist hired for the expansion of this grant program identify as African American and are working to engage African American mothers to ensure long-term connection and recovery support post-discharge that is wrapped around the entire family. Wayside's intake team dedicated to this project is also representative of the community we intend to serve which will provide families from intake through recovery services with dedicated staff that are reflective of the community. Representation matters and is key to improving the care experience of our African American clients from the first point of contact.

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. Wayside staff are provided with 12 CEU (continuing education unit)-approved training hours, with the potential to earn more through our Project ECHO trainings. 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 Proof Alliance grant tracking.

Evaluation and reporting

This report meets the requirement of a progress report on 1/10/20.

Confidentiality of information

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

Compliance regarding environmental tobacco smoke

Wayside continues to be in fully compliance with the Pro-Children Act of 1994. Wayside offers smoking cessation services for all clients who enter the program.

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 reporting period 6 pregnant women have been placed and 9 have given birth at Wayside. Since the beginning of the reporting period, 100% of babies were born toxin free and healthy.

Notification of staffing changes

In addition to the new Peer Recovery Support Specialist and Case Manager positions dedicated to this program, Wayside also has a new Sr. Director of Treatment Services overseeing the program and a new Chief Executive Officer. We are also in the process of hiring for the Family Services Manager position.

Sub-contracts

Wayside has begun contracting with Minnesota One-Stop for Communities to provide mothers with Parent Mentors via the Parent Mentor Program to enhance peer support and navigation of the child protection system for clients with a criminal justice history.

Criminal background checks

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

Incentives

The annual budget amount allocated to incentives is \$5,000 to build rapport in order to engage mothers long-term. Incentives while mothers are in treatment may include supporting mothers in the purchase of diapers, formula, strollers, and other child-related needs while they receive care. Program staff are still working to determine how funds will be best used to support families once clients have discharged from the active care experience; at current, the assumption is they will be used to support transportation, childcare, and other needs related to continued engagement with our in-home services.

Quarterly meetings with grant-funded agencies and ADAD grant consultant

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

Site visits and meetings

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

State-sponsored training

Wayside staff continue to participate in Behavioral Health 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.