



Department of Human Services
Behavioral Health Division (BHD)

DHS-BHD Project Manager's Approval Date

Signature: _____
Fiscal Report Reviewed? (√) _____
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**GRANT CONTRACT MID-YEAR PROGRAM PROGRESS REPORT
Women's Recovery Services Grant Initiative**

AGENCY: Avivo

PROGRAM: Family Residential Treatment_Proof Alliance

BUDGET YEAR: July 1, 2020-June 30, 2021

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

GRANT/CONTRACT NUMBER: _____ BUDGET YEAR AMOUNT: \$251,260

DHS-BHD PROJECT MANAGER'S NAME: Sarah Brown/Ruthie Dallas

NOTE: Please contact your DHS-ADAD grant consultant for information and/or technical assistance.

E-MAIL THIS REPORT to:

sarah.brown@proofalliance.org Name: Jason Lennox/Kristen Bewley
(Name of Person Who Completed This Report)

Title: Program Director

Phone: 612-752-8000

Fax: 612-752-8001

Email: Jason.lennox@avivomn.org or Kristen.bewley@avivomn.org

*STATE OF MINNESOTA - DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION*



Department of Human Services
Behavioral Health Division (BHD)

PO Box 64977, St. Paul, MN 55164-0977

The Mid-Year Program Progress Report must follow the format outlined below and contain the following information:

1. List each goal/objective/task as stated in **Section I. Grantee Duties**, of your Grant Contract. After each objective list your progress in the last 6 months toward fulfilling that objective. You must include the number of 'services/activities' provided, a description of the services/activities and, if appropriate, number of individuals served, attended/participated.

Grantee Duties:

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

Progress: Avivo family residential treatment provided gender-specific treatment services for 42 high risk mothers and their families via daily group therapy and individual therapy during this reporting period.

- B. **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.**
 - a. Program staff will complete individual care plans, developed by the multi-disciplinary team, for at least 18 participants.
 - 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.
 - c. Referrals will also be made to community action agencies and other human services, or whenever a referral will be necessary.
 - 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



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and job training/education.

- e. The case managers will ensure that all participating women have either received a mental health assessment prior to admission, or complete one if necessary during program participation. Need will be based on results from brief screening during intake and ongoing observation.
- f. The Multidisciplinary Team (MT) will assess for and refer to professional support services including domestic violence programs, sexual assault, and crisis programs.
- 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.

Progress: Avivo family residential treatment program provided individualized care plans for 42 during this reporting period. These plans were initiated upon client's arrival to treatment, within 10 days of initial services. These plans include therapeutic interventions from both licensed alcohol and drug counselors, as well as mental health counselors. Additionally, multiple referrals were made to these community resources; Help Me Grow, Washburn; ARMHS support, among others for additional support for the mothers and children. These educational and recreational activities – holiday celebrations, community meals, culturally specific crafts, arts and activities, and culturally specific birthday celebrations – were also held during this reporting period.

- C. 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.**

Progress: Avivo family residential treatment program is continuing to develop this goal. Discussions have begun around how to hold such collaborative safely with current COVID restrictions. At this time, Avivo staff have collaborated with community partners, such as Sage Prairie, for on-site medical advice and support. Avivo is continuing to build collaborative relationships with other community members.

- D. 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 18 women, participating in the project 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. GRANTEE may utilize internal resources and/or services from MT members to accommodate this requirement as many clients live outside the metro area.**

- a. GRANTEE's 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



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participants.

- b. GRANTEE will provide referrals to mental health counseling service as required by client. Providers of mental health services will vary and be dependent on client needs and geographical location. Referrals will be made to the client's local Human Service Department if a mental health case manager is needed.
- c. 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.
- 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.;
 - ii. assist client to meet basic needs, i.e. transportation, emergency financial assistance, food assistance, etc.;
 - iii. assist clients to obtain competent and dependable child care providers for their dependent children; and,
 - iv. arrange for public transportation for health care, recreational and other services.
- e. GRANTEE's case managers will also provide funding for recreational opportunities and emergency funding, which will assist client in achieving sobriety.
- f. 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.
 - ii. The client's housing situation will be assessed and referrals made to appropriate resources including financial resources and energy and fuel assistance. GRANTEE case managers will assist the women and their families in securing housing while participating in treatment and support services. In addition, GRANTEE will provide transportation to women to/from activities and professional appointments. GRANTEE will assist in accessing medical rides or public transportation to treatment services as needed.
- g. 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



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parenting and prenatal education in addition to the case management services.

- h. 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.
- i. 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.
- j. GRANTEE's MT will provide home visiting one (1or more) times per month, as needed, for treatment support, prenatal/parenting education, infant and child development, advocacy and assess need for referrals to support services.
- k. 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.
- l. GRANTEE's 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.
- m. GRANTEE will increase the number of healthy infants born to women in substance abuse treatment/recovery maintenance services.
 - i. GRANTEE will ensure the provision of individualized health care of all pregnant women participating in the program between July 1, 2020 – June 30, 2021 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.
 - ii. GRANTEE case managers will coordinate with the hospital of delivery for access to birth toxicology results; and, will develop and implement written tracking and documentation for verification of prenatal and postpartum health care which health care verification will include tracking toxicology test results for both mothers and infants born during participation in the program.
 - iii. GRANTEE will ensure toxicology screening for the mothers and infants born during program participation.

Progress: Avivo family residential treatment provided services for 42 during this reporting period. These services consisted of toxicology screenings, individualized health and medical care to include information on sexual health and child/infant health with the goal to reduce the number



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of infants born with a positive tox screen. Avivo family residential had 3 babies born free from substance during this reporting period.

Avivo family residential staff members provided in office treatment, parenting, mental health, and other individualized support. As a group, clients participated in the Parents in Recovery curriculum, which supports mothers experiencing substance use and mental health issues with building healthy, supportive relationships with their child/ren.

All Avivo participants in this program are provided transportation to community appointments as part of their treatment experience. Additionally, all women are provided with referrals and discharge planning, which may include employment support, referral to Avivo Career Education training services, Avivo Intensive Outpatient (step-down) treatment support, and/or additional supportive housing resources.

Due to significant change in staffing pattern at Avivo, additional training will be provided on referrals, EHR forms for grant tracking, and other requirements as hiring wraps up.

- E. **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 through June 30, 2021.**
- a. GRANTEE will increase knowledge, confidence and positive parenting skills by providing parenting guidance and training that includes drug use effects.
 - b. GRANTEE will provide parenting sessions on an annual basis.
 - 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.
 - i. GRANTEE will assess the insurance status of the client's children/family; and, refer to social services to determine medical assistance or MNsure eligibility.
 - ii. 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. GRANTEE will support women who drank during pregnancy and have prenatally exposed their children to alcohol by partnering with Proof Alliance 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.
 - e. GRANTEE 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.

Progress: Avivo family residential had 3 babies born free from substance during this reporting period. Avivo provided ongoing parenting support to all women involved in family residential

treatment, which was via group (Parents in Recovery) as well as individual, 1:1 support. With the support of Sage Prairie, all women and their children received medical support, as well as psychiatric support as needed or were assessed as needed. Additional support was provided by Certified Peer Recovery Specialists so mothers could obtain medical insurance on an as needed basis.

Additionally, clients were provided information on safe sleep practices, as well as other risk factors for infants.

F. 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.

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

Progress: Avivo family residential experienced significant staff turnover during this reporting period. Toward the end of the reporting period, multiple individuals had been interviewed with next steps pending. As a result, Avivo was not able to provide required training for the ASQ and ASQ-SE to be distributed to children at Avivo family residential's care. In the meantime, collaboration with Sage Prairie. LADC, mental health staff, and with the child development staff support, referrals were made for children as observed or non-formally assessed. Referrals included Washburn and Help Me Grow, among others.

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

Progress: Avivo family residential staff completed 32 continuing care plans. These plans included referrals for additional "step-down" treatment such as Avivo Family Intensive Outpatient, as well as ARMHS referrals to support with return to the community.

H. GRANTEE will provide in person or telephone contact with participant 4 weeks from discharge (or from transition from the care experience) to follow up on parenting and other recovery maintenance resources during transition into their community.

Progress: Avivo Certified Peer Recovery staff attempted telephone contact with 10, non-Avivo internal transfers, to ensure follow up on parenting and other recovery maintenance needs as participants transitioned back to the community.

I. GRANTEE will conduct formal follow up on referral, progress, and follow through during program participation of all clients.



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- 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.

Progress: Avivo family residential experienced significant staff turnover and staffing shortage (meaning positions took longer than expected to hire) during this reporting period. Toward the end of the reporting period, multiple individuals had been interviewed with next steps pending. Once hiring is complete, group and individualized training will take place on the EHR forms. However, referrals were made and tracked during this reporting period, to support continued recovery for the families in Avivo's care. These included referrals to additional outpatient treatment, referrals to community-based support, as well as referrals for continued mental health services such as ERTZ or ARMHS agencies.

J. GRANTEE will provide culturally competent staff to serve the needs of the women in the program.

Progress: Avivo family residential staff ensure all curriculum used is culturally informed and responsive. Additionally, staff receive ongoing training, both internal and external, to ensure continued learning so to provide best services to the women in the Avivo program.

K. 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)].

Progress: Avivo ensures this program is operated in compliance with all federal requirements.

L. 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.

Progress: All Avivo staff receive ongoing training, both internal and external, to ensure continued learning so to provide best services to the women served in this program.

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



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Progress: All Avivo staff will participate in data collection as developed and approved by Proof Alliance.

- N. Utilize a data collecting system in order to effectively evaluate programming. Submit reports to Proof Alliance on January 10, 2021 and June 15, 2021.**

Progress: All Avivo staff will utilize data collection to provide reports to Proof Alliance.

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

Progress: Avivo ensures this program is operated in compliance with all federal requirements.

- P. 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.**

Progress: Avivo ensures this program is operated in compliance with all above requirements.

- Q. 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.**

Progress: Avivo ensures this program is operated in compliance with all federal requirements.

- R. GRANTEE will immediately notify Proof Alliance 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.**

Progress: Avivo ensures all information for newly hired staff will be provided as requested.

- S. 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.**

Progress: Avivo ensures all information for newly hired staff will be provided as requested.

- T. 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 Proof Alliance staff.**

Progress: Avivo ensures all background checks are completed for newly hired staff will be provided as requested.

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

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

Progress: Avivo ensures all clients that receive a gift card as an incentive will not be used to purchase alcohol, tobacco, or licit or illicit drugs, including energy drinks. Clients found to violate this agreement, will not be eligible for future incentives.

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

Progress: Avivo will attend all scheduled meetings as requested.

W. 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.

Progress: Avivo will participate in site visits as requested.

X. 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.

Progress: Avivo will participate in trainings as requested.

Y. 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.

Progress: Avivo does not discriminate against employees, as stated above, per Avivo HR policy and MN Statutes.

Z. 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



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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

Progress: Avivo does not discriminate against employees, as stated above, per Avivo HR policy and MN Statutes.

AA.

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

Progress: Avivo agrees to comply with the rules and relevant orders of MN Department of Human Rights.

BB.

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

Progress: Avivo agrees no religious based counseling shall take place under the auspices of this grant.



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2. **Under the Narrative section provided for each goal/objective, if you are not on target to meet an objective as scheduled,** list the (a.) activities not completed or that are in progress or have not started yet, (b.) reasons why you are behind or not on target for this objective, and (c.) the strategies you are using or plan to use to complete this activity and meet this objective in the future.

Only include activities for which you are behind or not on target for completing by the dates listed in your contract.

Activity Not Completed	Reason(s) Behind or not on Target	Strategies to Complete Activity
Training on documentation, to include ASQ/ASQ-SE.	Slow to hire staff due to slow applicant flow, as well as staff leaving.	As positions fill, training will be provided via group training and individualized training.

3. Include copies of any print material developed (brochures, flyers, posters, news articles, etc.) this period
4. Report any 'Other Activities' your program provided with the grant funds.

Our other activities provided are noted in Grantee Duties, Progress section, but included holiday celebrations, culturally specific birthday/client celebrations, culturally specific arts, crafts and other therapeutic activities, housing support, emergency funding/supplies for moms and children, and staff training, specifically trauma informed training.

5. **Has your program been fully staffed during this reporting period?** Yes No ***If no***

(a.) Reasons for not being fully staffed: **It took a couple months to find and hire a peer recovery specialist, and we had licensed professional turnover, including a supervisor** (b.) Dates not fully staffed: **We were not fully staffed at any time during the reporting period.** (c.) FTEs needed to be fully staffed: **1.5 FTEs are needed to be fully staffed** (d.) Actions/steps being taken to fully staff: **We have a verbal acceptance of our last licensed staff, a tentative start date of 1/26/21, and we are still pursuing a supervisor, though the role is being filled internally in the interim.**

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

Andrea Seiden (peer recovery specialist)

Andrea.seiden@avivomn.org

612-394-5243

Resume attached.

7. **Describe progress on the implementation of the evaluation plan.**

- a. Has any evaluation activity for this project or program taken place during this reporting period?
 YES NO

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

- b. Describe data collection activities completed during this reporting period. Include copies of questionnaires, pre/post-tests or other data collection forms developed during the reporting period. Do not include any results, just the data being collected and how it is being collected. Be specific.

8. Include one **Success Story** using the format on the next page.

Challenges and Success Stories

The stories of your program's **challenges** and **successes** are essential to DHS as they are helpful in



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preparing Minnesota’s Federal Block Grant Application, reporting to the legislature, and media communications. Please include either a Challenge and/or a Success Story with the Mid Year Progress report. **The stories you include must be for services provided under your current grant contract during the previous six months.**

Avivo is the provider of the services described in this success story about TH. TH. received services at Avivo in the family residential program between August and November of 2020.

T. came to family residential treatment with her teenage daughter, in need of support for her mental health and substance use disorder, which was crack-cocaine. T. also indicated significant medical concerns related to back surgery and other back pain. She also stated she needed support with parenting her daughter as she worked to build a life of recovery and sobriety, that was more stable and structured than what both T and daughter were used to. T. also reported she wanted to be more involved as a parent, and be more involved to get her daughter services she is in need of to support her with school, her own mental health, etc.

Avivo FRT supported TH and her daughter by providing individualized services, for both mental health and recovery support. She also participated in parenting skill building in the Parenting in Recovery group, and worked on building those skills learned with staff. Additionally, she utilized peer support with the certified peer recovery specialist and recovery advocates, all of whom provided services such as transportation, community referrals, etc.

Avivo FRT created an individualized care plan for TH and her daughter. She determined, with the help of her counselor, that she would attend outpatient family programming at Avivo upon completion of family residential treatment. TH and her daughter were unable to move directly into family lodging when transitioning to IOP program.

In order to stabilize and support client, Avivo Certified Peer Recovery specialist supported TH and daughter while they were waiting for admit. Avivo provided monetary support to help client remain in emergency housing, which was a hotel, until space was available. Staff reached out to her, daily, to check in and provide support with her recovery as she waited. Avivo continues to realize the importance of stability with housing, and how that has a direct impact on the clients and their children.

Client admitted to Avivo outpatient program in early December to continue on her path of r include substance use treatment, mental health support, parenting support and other comr (such as medical, etc.) with her daughter by her side.

DHS-BHD Project Manager’s Approval Date _____ Signature: _____ Fiscal Report Reviewed? (√) _____ DHS Use Only
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**GRANT CONTRACT MID-YEAR PROGRAM PROGRESS REPORT
Women’s Recovery Services Grant Initiative**

AGENCY: Division of Indian Work

PROGRAM: Sober Support Group

BUDGET YEAR: 2020-2021
(month, day, year of start date – month, day, year of end date)

GRANT/CONTRACT NUMBER: _____ BUDGET YEAR AMOUNT: \$ _____

DHS-BHD PROJECT MANAGER’S NAME: Sarah Brown

NOTE: Please contact your DHS-ADAD grant consultant for information and/or technical assistance.

E-MAIL THIS REPORT to:

ruthie.dallas@state.mn.us
Regguinti
Completed This Report)

Name: M. Grimmer- D. Standingcloud- S.
(Name of Person Who

Title: __Program Coordinator

Phone: 612.279.6353

Retain one copy for your records.

Fax: 612.276.1534

E-mail: sregguinti@diw-

mn.org

*STATE OF MINNESOTA - DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
PO Box 64977, St. Paul, MN 55164-0977*

The Mid-Year Program Progress Report must follow the format outlined below and contain the following information:



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1. List each goal/objective/task as stated in **Section I. Grantee Duties**, of your Grant Contract. After each objective list your progress in the last 6 months toward fulfilling that objective. You must include the number of 'services/activities' provided, a description of the services/activities and, if appropriate, number of individuals served, attended/participated.

Objective A. This objective was met due to the ongoing group, Women's Sober Support Group, We have continue check ins with all women apart of the group despite COVID. We also have hired an additional staff to take over management of this group. We have implemented different groups through social media, zoom meetings, and having culturally appropriate contracted services to help implement ongoing groups.

Objective B. All women in group completed a risk assessment which shows what their immediate needs are and are referred out for services. We are currently in regular contact with 50 outside agencies for multiple needs such as shelter, food, childcare, government assistance, mental health, substance abuse, clothing, furniture, child protection, domestic abuse, etc.

Objective C. We have the Ninde Collaborative which meets monthly. It includes one individual from each area suggested.

Objective D. Regular home visits were conducted with 30 women either via zoom or in person. With COVID, shelter in place orders, as well as the current climate in Minneapolis we have still met with all women weekly. They have had basic needs such as food, and diapers dropped off at their doors as well as program supplies and special items such as gifts for the kids. All women were referred to mental health services as well. Bus tokens were provided to help clients with transportation to group or an outside referral that was made.

Objective E. We were unable to do anything outside of agency as a group due to COVID-19 in 2020 but we have gone as a group with the children to multiple events. We have gone to the apple orchard, participated in Native American Parade in May as well as other events specifically around Native American Month.

We have utilized the fathers project for help achieving individuals GED as well as AIOIC. We use our in-house Domestic violence and anger management group as a referral for Domestic Violence where safety plans are created for everyone.

. Each participant gets individual check ins/ home visits. They can also be referred out to our Parenting program which is through child protection if more parenting needs are needed.

Through the risk assessment that is completed at the start of every client we help meet the immediate needs of each client. We than do weekly check ins where we are able to always access what the needs are after immediate needs have been met. We also do goal planning where every client picks their own three goals, they would like to work on throughout their time in the program and do regular check ins on each goal.

All client's births are recorded and assessed for chemicals being present, birth weight, and any known birth defects. Doula services are also offered and provided with anyone wanting more support as well.

Objective F. Each client has every child assessed using the ASQ/ ASQSE tool. From the evaluation of the tool used we than can make a referral for early intervention if needed.

Objective G. Once client is discharged there is a referral if needed out to other programs. We have a program through DIW that will follow the parent and child for up to three years which provides the long-term support needed.

Objective H. Every client receives a follow up call 4 weeks after discharge to check in and see how they are doing as well as the kids and if they have any current needs. If needed diapers will be dropped off or another referral will be made if appropriate

Objective I- we have created a document that tracks every participants referral made and or needed. We also have created a goal setting form, and prenatal tracker.

Objective J- We have a running list of culturally appropriate community members that are specialists in their area of expertise that we utilize to speak on during group or zoom meetings. Handouts are also given out to any participant not able to be present for presentation.

Objective U. Each Participant upon completion of the program receives a target gift card that we track on a tracking form that each client signs off on



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2. **Under the Narrative section provided for each goal/objective, if you are not on target to meet an objective as scheduled,** list the (a.) activities not completed or that are in progress or have not started yet, (b.) reasons why you are behind or not on target for this objective, and (c.) the strategies you are using or plan to use to complete this activity and meet this objective in the future.

Only include activities for which you are behind or not on target for completing by the dates listed in your contract.

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

3. Include copies of any print material developed (brochures, flyers, posters, news articles, etc.) this period
The Program has not produced any print material at the mid-year of the reporting period. However, we anticipate producing materials in the coming weeks as we are currently working with, Indigenous Lotus, an American Indian Design Company that specializes in material for American Indian Programs and agencies.
4. Report any 'Other Activities' your program provided with the grant funds.
We were able to offer some families hot meals made from our on-site chef, Chef Austin. Chef Austin makes home cooked meals for all groups and families who are clients of DIW programs. We are able to deliver them to their homes as well which helps many families who have trouble with transportation.
5. **Has your program been fully staffed during this reporting period?** Yes No **If no -**
(a.) explain why the program was not fully staffed, (b.) give the dates your program was not fully staffed, (c.) # of FTE's you need to obtain to fully staff your program, and (d.) what steps were/are being taken to fully staff the program.
6. Please submit names, resumes, and contact information for any new staff hired during this reporting period. **N/A**
7. **Describe progress on the implementation of the evaluation plan.**
a. List the internal program staff responsible for working with the program evaluation and Wilder Research: **The Program Coordinator is responsible for administering, collecting and distributing evaluation material to the necessary staff who produce evaluation materials for DIW and Proof.**
b. Has any evaluation activity for this project or program taken place during this reporting period?
 YES NO

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

- c. Describe data collection activities completed during this reporting period. Include copies of questionnaires, pre/post-tests or other data collection forms developed during the reporting period. Do not include any results, just the data being collected and how it is being collected. Be specific.

None to report/submit at this time

8. Include one ***Success Story*** using the format on the next page.

Challenges and Success Stories

The stories of your program's **challenges** and **successes** are essential to DHS as they are helpful in preparing Minnesota's Federal Block Grant Application, reporting to the legislature, and media communications.

***See Success Story Below**

Please include either a Challenge and/or a Success Story with the Mid Year Progress report. **The stories you include must be for services provided under your current grant contract during the previous six months.**

When communicating your Challenge or Success story please be concise, brief, focused, and informative. Please include the following in your description:

▪ **General Information –**

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

▪ **Program impact or participant response**

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

▪ **Reflection and Learning –**

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

Success Story for the Program

It would be fair to argue that even in the best of times the American Indian Community struggles with access to technology(computers, cell phones, internet, etc.), but during the pandemic this issue has been exacerbated tenfold. With meeting in person and as a group no longer an option, the program had to come up with other ways to meet its



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objectives. Through the generosity of private donors, state, federal and local programs, Proof and DIW's funds, the program was able to ensure all program participants had access to some form of technology. We were able to give them Chromebook's to use and advocated with Comcast/Xfinity for free and/or very reduced internet fees for their homes. Because of this, we can meet as a group or one on one through meeting platforms that otherwise would not have been possible. But even further than meeting with the program, the families have access and the ability to use this technology in all areas of their lives. In essence, they have been given one of the only ways to interact with the outside world during this tough time. Looking back at the past six months one things stands out more than any other. To maintain our programs success, we have to be fluid and willing to change depending on the challenges that arise. In other words, we have to be willing to change our approach in meeting the challenges of aiding participants struggles with sobriety.

DHS-BHD Project Manager's Approval Date _____ Signature: _____ Fiscal Report Reviewed? (√) _____ DHS Use Only

**GRANT CONTRACT MID-YEAR PROGRAM PROGRESS REPORT
Women's Recovery Services Grant Initiative**

AGENCY: Family Service Rochester

PROGRAM: Family Advocacy in Recovery & Restoration (FARR)

BUDGET YEAR: July 1, 2020 – June 30, 2021
(month, day, year of start date – month, day, year of end date)

GRANT/CONTRACT NUMBER: MF20FSR BUDGET YEAR AMOUNT: \$ 292,450



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DHS-BHD PROJECT MANAGER’S NAME: Ruthie Dallas

NOTE: Please contact your DHS-ADAD grant consultant for information and/or technical assistance.

E-MAIL THIS REPORT to:

ruthie.dallas@state.mn.us

Report)

Retain one copy for your records.

Name: Kelli DeCook, MSW, LGSW
(Name of Person Who Completed This

Title: Director of Child Welfare Services

Phone: 507-287-2010

Fax: 507-287-7805

E-mail: kdecook@familyservicerochester.org

STATE OF MINNESOTA - DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
PO Box 64977, St. Paul, MN 55164-0977

The Mid-Year Program Progress Report must follow the format outlined below and contain the following information:

- 3. List each goal/objective/task as stated in Section I. Grantee Duties, of your Grant Contract. After each objective list your progress in the last 6 months toward fulfilling that objective. You must include the number of ‘services/activities’ provided, a description of the services/activities and, if appropriate, number of individuals served, attended/participated.

Comprehensive Supportive Multi-disciplinary Case Management:

During this reporting period, **30 participants** were served along with ## of their dependent children. Of these 30 participants, 14 were new to these services, while the remaining 16 had participated in CRAFT services prior to it sun setting. All 30 participant completed an intake which included a holistic, comprehensive assessment of needs and the development of an individualized case plan. Case plans are formally reviewed at least monthly with participants to update progress and goals at home visits. On-going assessment of needs is completed at each interaction (telephone, text, video, group attendance) with the participant, most often weekly. Specific areas of focus include, mental, physical and chemical health, housing, access to medical care, finances, child care, basic needs and education/employment. Resources and referrals are made based on participant needs. During this reporting period staff assisted participants with the following resources (not an exhaustive list):



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- *Housing:* Support with accessing deposits and rental assistance through referrals to Housing Redevelopment Agency, SEMCAC. Assistance with eviction mitigation by attending court hears, problem solving with landlords and referrals to legal aid. Assistance with housing option search, moving and furnishing.
- *Employment:* Referrals to Workforce Development and Career Force Center, assistance with job search
- *Education:* Hawthorn for GED preparation and completion, RCTC for secondary education, support in completing financial aid paperwork
- *Mental/Chemical Health:* Referrals made as appropriate/requested for mental health assessments/services and substance abuse assessments/treatment/post treatment services. Almost all participants see a therapist on a regular basis.
- *Health Insurance:* Supports provided to secure medical assistance for participants and children when eligible. All participants and children have medical insurance.
- *Medical Care:* Referrals for prenatal care, child well-being checks and dental care, assistance with coordinating medical appointments, support around a new HIV diagnosis – medication management, relationship planning, IV drug use cautions
- *Transportation:* Support with learning to ride the public bus, securing medical rides, providing transportation and brainstorming other options when necessary
- *Basic Needs:* Assistance with securing food through Channel One Food Shelf and other food resources in the community, providing household essentials (toilet paper, cleaning supplies), personal hygiene and baby care supplies through the COVID Incidental Command Center
- *Financial Assistance:* Referrals were made to Three Rivers Community Action to access COVID related funds. **11 participants were provided gift cards and/or assistance** with paying bills during this reporting period.
 - All participants who received a gift card signed a document stating they would use the funds for the intended purpose, not for alcohol, tobacco, drugs or energy drinks.
- *Child Care:* Limited need due to pandemic, supported 2 participants in securing reliable safe child care
- *Urine Analysis:* Staff work with each participant to support their individualized needs regarding sobriety. When a urine analysis is requested by the participant or participant's team (Child Protection, Probation, etc) to assist with accountability, FARR staff will administer UAs as planned (regularly or on a random basis). In addition to UAs, participant's behaviors are monitored during individual and group sessions with staff. If any "using behaviors" are observed, staff will discuss the concern with the participant, utilize an UA if needed and determine how to inform the participant's team about the concerning behaviors. In this reporting period, 11 UA have been administered.
- *Collaboration with participant's team:* After releases have been signed by participant, staff work with the participant's team to support treatment goals, child protection/well-being goals and probation goals by supporting the participant and ensuring open communication and partnership with other providers. Staff attend case planning conference (team meetings) whenever possible to aide in collaborative efforts.

During this reporting period 8 participants were supported in accessing individualized prenatal and/or post-partum health care. All of the pregnant participants are/were receiving regular prenatal care. If a participant used drugs or alcohol while pregnant, staff provide education, support and referrals. During this reporting period with the encouragement of her case manager, one participant has been seeking out information from her medical team about what to expect if baby is born experiencing withdrawal symptoms as this is something that has been causing the participant stress and guilt. Of the **8 pregnant participants**

- 1 participant unsuccessfully discharged from the program
- 1 participant and her unborn child died during the reporting period
- 1 participant gave birth to a baby – both mom and baby had negative toxicology results for all substances at the time of birth. Postpartum care was provided.



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- 1 participant gave birth to a baby – baby and mom tested positive for TCH and methadone at the time of birth, both of which were prescribed to the mother. Postpartum care was provided.
- 4 remain pregnant at the end of the reporting period

Supportive Group Educational Activities:

During this reporting period, regular support/educational groups were facilitated by staff covering a variety of topics.

- Recovering out loud/rewriting your addiction story, Myths about addiction, Drugs affecting Mental Health, Recovery Jeopardy
- Spiritual healing, building resilience, setting boundaries, being grateful
- Mindfulness in relation to parenting, Attachment and Parenting Styles
- Budgeting, resolutions/intentions
- FASD

In *Winona*, an **average of 6 participants** attended group on a weekly basis over the reporting period. There were **21 groups** completed, all of which were held virtually through Zoom due to space limitations resulting from COVID 19. In *Rochester*, an **average of 4 participants** attended group which is held 2 times per week. There were **30 groups** completed, where most were held virtually through Zoom, with the exception of a couple months where group was held while practicing social distancing and PPE utilization to ensure health safety for participants and staff.

Sober Recreational Group Activities:

During this reporting period, 6 sober recreational opportunities were held in Rochester and Winona. Four of the opportunities (zoo, apple orchard, pumpkin patch, trunk or treat) were held in person while practicing health safety precautions. Other opportunities were held virtually (game night and cookie decorating).

Parenting:

During the reporting period services were provided to **50 children**. All children's needs are assessed by staff at all interactions (physical health, mental health, dental, basic, education) with the children and/or their mother. Resources and referrals are provided to support participants in meeting their children's needs. During this reporting period, all children served have access to medical insurance. In the group setting and more often in individual home visits, staff provide individualized prenatal/parenting education for all participants. Topics of discussion include, FASD, effects of drug use on parenting, safe sleeping, smoke-free environment, car-seat safety, co-parenting, child development, supervision and Alateen. When requested or determined to be necessary, staff make referrals to community resources (PAIRR, Kathy Perry, Public Health) for additional parent education and resources. Staff also complete Ages and Stages Questionnaires and Ages and Stages Social –Emotional to identify growth and development needs of children. Referrals are provided and followed-up on if indicated in the assessment. **3 ASQ ESs** (0 required referral) were completed during this reporting period and **0 ASQs** due to limited face to face interactions with participants due to COVID 19 and staff training. Parenting Inventories are completed with all participants who are parenting within 2 months of intake into the program and then again at discharge.

Interdisciplinary Collaborative Advisory Group/Action Team:

Due to COVID-19, advisory group development has been put on hold until early 2021 in both Winona and Olmsted Counties. Key participants have been identified in each community and scheduled quarterly meetings will begin virtually in the first quarter of 2021.

4. **Under the Narrative section provided for each goal/objective, if you are not on target to meet an objective as scheduled,** list the (a.) activities not completed or that are in progress or have not started



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yet, (b.) reasons why you are behind or not on target for this objective, and (c.) the strategies you are using or plan to use to complete this activity and meet this objective in the future.

Only include activities for which you are behind or not on target for completing by the **dates listed in your contract.**

Activity Not Completed	Reason(s) Behind or not on Target	Strategies to Complete Activity
ASQ and ASQ-SE completion	Limited face to face interactions with children due to COVID-19 Training of all staff to complete the assessments vs in the past one staff completed the assessment with all children.	Additional training on the ASQ including how to administer virtually. Develop a plan to assess all children within the first month of returning to face to face home visits. (hopefully late Spring 2021)
Action Team Development	New program and COVID related challenges	We are currently identifying participants and will plan to have meetings quarterly in 2021.

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

Please see attached brochure and newsletter article and facebook post

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

11. **Has your program been fully staffed during this reporting period?** Yes X No ***If no -***

(b.) explain why the program was not fully staffed, (b.) give the dates your program was not fully staffed, (c.) # of FTE's you need to obtain to fully staff your program, and (d.) what steps were/are being taken to fully staff the program.

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

During this reporting period, 4 staff were hired by Family Service Rochester to provide services outlined in this grant. Resumes are attached. All four staff worked with the program prior to FSR taking over the grant.

- a. Elyse Baker
- b. Alysa Scott
- c. Marissa Gerke
- d. Kylee Goettsch

13. **Describe progress on the implementation of the evaluation plan.**

d. List the internal program staff responsible for working with the program evaluation and Wilder



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Research: Kelli DeCook, Stephanie Burton, Teresa Bowman, Crystal Smith, others as needed

- e. Has any evaluation activity for this project or program taken place during this reporting period?
 YES NO

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

- f. Describe data collection activities completed during this reporting period. Include copies of questionnaires, pre/post-tests or other data collection forms developed during the reporting period. Do not include any results, just the data being collected and how it is being collected. Be specific.

We have been working at establishing data collection processes in the past 6 months. We are currently using CareLogic (CL), an electronic medical records system, to collect all data at an individual/family level. The assessments that are utilized (ASAM, ASQs, parenting inventory) continue to remain the same as utilized by CRAFT, however we are working at incorporating this data into CL. At this time, we are finalizing discharge documents in CareLogic in an effort to measure outcomes of services on participants and children. Additionally we are working on a participant satisfaction questionnaire that will be completed at closure by participants.

14. Include one **Success Story** using the format on the next page.

In August of 2020, the Family Advocacy in Recovery and Restoration program completed the first intake outside of individuals that had transferred from the prior program. This individual that joined the program has turned out to be such a big success and has demonstrated a lot of growth in such a short period of time.

This participant had recently moved to the area and had left a relationship that was unhealthy and filled with domestic violence. This woman was six months pregnant at the time and had a recent relapse on heroin about a couple of weeks prior to moving to Olmsted County. At the time of her move, she had two other children that were currently not in her care due to her past with drug use. The program quickly got her engaged into programming and support groups in order to connect her with other mothers in the area that are actively in recovery. The program helped her continue with school and provided transportation when needed to doctor appointments and classes so that she could continue to work on her education while also maintaining a healthy pregnancy. The program was also able to connect her with a housing resource where she was able to move in to a 2-bedroom apartment with her mom that provides case management services and many financial resources. The program case manager was also there to provide her with support while she went through the process of submitting a court document for regaining custody of her other children.

In October, this mom gave birth to a healthy baby boy. Although he was born four weeks early, he has continued to impress his pediatricians with phenomenal growth in height, weight, and overall development. The mother has also continued to impress the professionals that she works with. She is getting ready to complete her general education diploma with plans to then transition into the community college in the area to work towards her license for alcohol and drug counseling. She is now approaching six months sober at the end of January. She has been approved for the court hearing and is looking forward to that at the end of January with hopes of regaining custody of her older children. If she is granted custody, her housing assistance program has already agreed to move her to a larger apartment so that she has enough space for each family member.

There has been a lot of collaboration with other community agencies while working with this mom. The FARR program has collaborated with a Parent Support and Outreach Worker, Family Support

and Assistance of Olmsted County to navigate her housing and financial benefits, a representative from Skyline Incorporated for continued housing support, Olmsted County Public Health for parenting education, and a mental health therapist from Zumbro Valley Health Center. The collaboration has ensured this mother is receiving wrap around services that can best support her and her children while she continues to navigate motherhood while in recovery.

Although there has been such substantial progress, there were also minor challenges along the way. The main surprise or challenge has been navigating housing that is affordable and will cater to having children. When this mother first moved to the area, she received housing benefits and lived with a random roommate that was also in the GRH program. The problem with this housing was that once she gave birth, she no longer could live there due to the complex management not willing to accommodate children within the housing program. With the help of Olmsted County Family Support and Assistance, we were able to line up the proper resources for a transfer into a new housing program. This situation may have been a bigger barrier had the mom not already been pulled from the coordinated entry list for housing supports but thankfully she had been.

Overall, working with this participant has shown just how truly resilient the women in this population are. We have learned that sometimes the biggest thing that we can do for our participants is to just be there for support and someone to help navigate all of the different supports that are entering their life. The main barrier within this community continues to be affordable housing as well as transportation. What has worked well with this participant specifically has been scheduling weekly phone calls and remaining in contact with all of her professional supports. Moving forward, we will continue to remain in contact on a weekly basis. She has goals set around beginning her college courses in the fall with an expected graduation date from our program in October.

Challenges and Success Stories

The stories of your program's **challenges** and **successes** are essential to DHS as they are helpful in preparing Minnesota's Federal Block Grant Application, reporting to the legislature, and media



communications.

Please include either a Challenge and/or a Success Story with the Mid Year Progress report. **The stories you include must be for services provided under your current grant contract during the previous six months.**

When communicating your Challenge or Success story please be concise, brief, focused, and informative. Please include the following in your description:

▪ **General Information –**

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

▪ **Program impact or participant response**

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

▪ **Reflection and Learning –**

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

Report Cover Page

Agency: The Wayside House, Inc. DBA Wayside Recovery Center
Program: Wayside Family Treatment Center
Grant/Contract Number: Proof Alliance Family Centered Long-Term Recovery Supports grant for Wayside Family Treatment
Budget Year: 7/1/20-6/30/21
Budget Amount: \$276,167
Name: Carrie Salsness
Title: Sr. Director of Treatment Services
Phone|Fax: 952-405-7645|952-345-8740
Email: carrie.salsness@waysiderc.org
Report Date: 01/15/2021

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 use alcohol and drugs during pregnancy or are at-risk for giving birth to a child with a Fetal Alcohol Spectrum Disorder (FASD) through the program, which is centered on a supportive, multi-disciplinary case management team approach. Wayside fills a unique need by allowing children to stay with their mothers while women receive 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

The Proof Alliance grant supports Wayside's Family Services team including a Family Services Supervisor (.2 FTE), Family Services Counselor (.2 FTE), Family Services Case Manager (1 FTE) and Peer Recovery Specialist (.75 FTE), and beginning July 1, 2020 per contract amendment, an additional 2 FTE Peer Recovery Specialists. Additionally, pregnant and parenting mothers and their children receiving Family Treatment Services are supported by a multi-disciplinary team of 22 full-time staff members including a Sr. Program Director of Treatment Services, LADC Counselors, Mental Health Professionals, and Nurses/RNs, as well as part- and full-time Recovery Advocates and Treatment Assistants that all support the activities of this grant (25.1 FTE).

PROOF ALLIANCE GRANT YEAR END REPORT 7/1/20-06/30/21

Goals, Objectives, and Services with Numbers

Provide Co-Occurring Substance Abuse Treatment for Women

During the grant period **58 women and their 53 children on site** were provided co-occurring treatment, parenting support and family/children's services. There were an additional **64 children who did not reside**

with the mothers during this period; however, many had on site visits and services provided. **Sixteen (16) of these women entered treatment while pregnant and 7 children were born** while the mother was in our care. **All (100%) of women showed a reduced substance use and 100% were provided material, education, and support on FASD and smoking cessation.** All women received referrals to other health providers and social service agencies that meet other needs which impact sobriety.

Improve Birth Outcomes for Children Born During Treatment

7 babies were born during this grant period. All (100%) of mothers who were pregnant received pre-natal care. All (100%) of the children born while their mother 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 90% or 6 babies born while mother was enrolled at Wayside Family Treatment (one mother reported not recalling being tested), and **we are thrilled to report that all babies were either born with negative toxicology results or detected only medications used as directed by doctors (i.e., Medication Assisted Treatment) 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 and were referred for further assessment/intervention when appropriate. 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. In late 2019, Wayside secured funding from the Minnesota Department of Human Services (DHS) to expand children's mental health services onsite. Wayside has hired a mental health therapist who will begin providing children's mental health services onsite including diagnostic assessments and individual therapy. Previously, children in our Family Treatment Program received screenings and referrals to mental health services at one of our partner providers, as well as parent-child therapy onsite as part of Wayside's family services. Through expansion, Wayside provides mental health services for all children and parenting support for fathers. All (100%) mothers received a complete physical within ten 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. All (58) women were able to have either supervised, unsupervised, trial home, or overnight visits with their children. **Eleven (11) children were reunited with their mother during the reporting period.** While their mothers are in programming, all children receive therapeutic childcare. **14 mothers were referred to Minnesota One Stop for Communities' Parent Mentor program for support regarding Child Protection cases.**

Activities Not Completed

N/A

Staffing

We had successfully hired both Peer Recovery Specialists (PRS) supported by our grant amendment

as of October 15, 2020 (resumes attached). One new hire, Joshua Vlasaty, did not continue his employment at Wayside. Tiffany Morgan (hired in 2019) resigned December 29, 2020 and we are currently working to fill these two PRS positions; however, we are experiencing barriers in hiring and retaining staff due to the workforce shortage in Behavioral Health, in particular peer support positions. We attribute this to organizations growing faster than the current workforce and the impacts of job-related secondary traumatic stress, including the added impact of COVID-19, that is leading to higher turnover rates. We are working to mitigate this hiring/retention issue by creating a professional development and training opportunity for staff members who are interested in becoming a certified peer support specialist. We are also working to dually certify all peers who qualify to become a mental health and SUD peer support specialist. In addition, because of the continuing COVID-19 pandemic, we have secured additional philanthropic support to sustain the two support roles dedicated to providing groups for children on site while mothers receive treatment.

Pregnant Women and Women with Dependent Children Service Summary Form

Included with this report.

Products Developed

Wayside developed an informational pamphlet about the program that is provided to each pregnant/postpartum mother and reviewed at intake. We are continuing to build 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

Amina* entered Wayside Family Treatment July 6, 2020 with her 6-month-old son. Her Child Protection case stipulated that this would be her final attempt at recovery to retain custody of her child. While at Wayside, Amina was reluctant to sign up for support services due to having had negative experiences with other programs in the past. Once she was able to meet with Wayside's Case Manager and Peer Recovery Support Specialist and learn more about the supports available to her and her child through the Proof Alliance grant, she was eager to enroll. She reported never having heard of another program that could continue to offer support for up to two years. Amina successfully completed treatment on October 5, 2020. She and her son now live in their own apartment. Amina continues to receive ongoing recovery support from Wayside's Case Manager and Peer Recovery Support Specialist and is working toward her GED.

*Name has been changed to protect client confidentiality.

Program Assessment

Semi-Annual Report Tables

Service Summary accompanies this report.

Challenges/Problems Encountered in Collecting Data

Wayside was able to track all required information either through our database system and/or through a manual system. In collecting some data, we are reliant on verification with partners which can present challenges. Some data is self-reported in which clients can opt-in or out of evaluation interviews and as a result, 100% of clients are not always represented. Our EHR system, Netsmart MyEvolv, can capture data more easily for reporting, however we are still expanding the system's capability to track recovery services. In the interim data is being tracked manually. We have recently purchased software upgrades to



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improve the reporting functionality of Netsmart. Through Wilder Research we are collecting relevant data of this client demographic for our DHS Pregnant and Parenting Women Grant. A key step in improving our data collection processes has been the hiring of a full-time Lead Evaluator, Meghan Adams. Meghan is responsible for developing and implementing an evaluation plan that measures the efficiency of our services including managing evaluation protocols, database integration, collection methods, analysis, and reporting. The Evaluator will work in partnership with and assist program staff in collecting data, data entry, and reporting.

Challenges/Barriers in Providing Services and Dealing with Each

An ongoing challenge is delivering services to children who do not reside at Family Treatment. This has been exacerbated by the COVID-19 pandemic. Our ability to provide services is based upon child protection services approval or approval of the family member caring for the child. To address this barrier, we have created two family-friendly groups which allow children to attend 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. Individual counseling sessions for father's and quarterly father's parenting groups have been delayed due to COVID-19. Wayside's Children's Mental Health Therapist, Antoine Jackson, has extensive experience providing culturally specific services for men, women, and children and will continue to develop this programming when it is safe to hold groups onsite.

The COVID-19 pandemic has continued to create challenges in serving our clients post-discharge. Staff continue to meet with clients via phone and Zoom.

Future Outlook

Continuation of Project

Activities of this grant will continue after Proof Alliance funding ends. We value these services because we know they play a key role in our clients' long-term stability. There are initiatives at the State level to make pre- and post-engagement of peer support services Medicaid eligible. If these services become billable for post-engagement, we will explore ways to continue to develop our case management and peer recovery workforce by hiring, training, and certifying more peers and case managers and expanding the number of clients we can serve with this long-term community-based recovery support. We are also working toward our case managers becoming treatment coordinators which are eligible for reimbursement for services. Dually certifying our peers (mental health and substance use disorder) will also create the opportunity to be reimbursed for pre- and post-engagement services.

Changes in Staffing, Target Population, Funding for Coming Year

Due to restrictions related to the COVID-19 pandemic we continue to see more mothers admitting with children present at admit. Because daycares and schools continue to experience closures, we have expanded children's services onsite to include two full-time children's group facilitators to lead Children's Groups during the day while mom receives treatment. In addition to maintaining mothers' care experience and facilitating distance learning, programming has evolved to include children's therapy groups and individual "recovery" goals for children. Wayside's Children's Group Facilitator collaborates with our Children's Mental Health Therapist and Family Services Counselor to integrate "family work" into programming where mother and child(ren) work on individual recovery goals and family recovery goals they work on together. With more time together onsite, staff have identified this as the missing link for strengthening parent-child relationships and building resiliency in our children and families. While moms have been working towards their own programming goals, children are able to work on social and coping

skills in our children's group. Mothers overall are thankful that their kids can be here in the building with them.

Attachment A Reponses

A. 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 120 women during the grant period and **we have served 58 at the time of this mid-year report**. Having served nearly 50% of our total goal, we anticipate being able to serve at least 120 women during the grant period despite the continued COVID-19 pandemic.

Wayside Family Treatment Center (FTC) provides integrated co-occurring disorder treatment for pregnant and parenting women including a culturally specific Family Services team serving African American women, children, and families. 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 **16 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.

B. 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; 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.



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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.

Two additional Peer Recovery Specialists were hired during the grant period as part of Wayside's grant amendment to expand and enhance long-term recovery supports. During the reporting period **50 referrals were made for women and children to receive children's mental health services and wraparound care in addition to those provided at Wayside.** Referrals included 14 referrals to the Parent Mentor Program to assist with navigating CPS related issues and parental rights; 7 referrals to Options for Women to provide baby items like strollers, diapers, formula, and infant clothing; 2 referrals to Project Child for pregnancy support; and 2 referrals to Proof Alliance for FASD support.

C. 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. Subsequent large group meetings have been delayed due to COVID-19 but Wayside continues to actively partner with the following organizations in our service delivery: Childcare/Child Development Services: YWCA, Twin Cities Childcare, The Family Partnerships; Shelter: Spence Specialties, RS Eden, Avivo; Child Protection/Parenting Services: Minnesota One-Stop for Communities' Parent Mentor Program, Hennepin County, Minnesota Communities Caring for Children; Housing: Welcome Manor, Journey Home, Metahouse; Culturally Specific/Recovery Services: American Indian Family Center, AABC, Southside Family Partnership, Cultural Wellness Center, Minnesota Recovery Connection.

D. 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.



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This grant requires we provide culturally specific long-term recovery services to 45 women throughout the grant term. By the time of this mid-year report, **39 women have accessed this culturally specific programming**. Case Managers and Peer Recovery Support Specialists meet with women a minimum of once per month to provide treatment support and recovery maintenance, including referrals to parenting support, FASD education and support, healthcare services, school placement, and adult and children's mental health services as appropriate. **During this reporting period, 25 referrals were made to support services such as the Parent Mentor Program, Options for Women, Proof Alliance, and Project Child.**

E. 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 childcare/children's services.

Reduction in substance abuse

Wayside's SUD treatment has been successful in reducing substance abuse for 100% of mothers while in treatment. According to data collected by Wilder Research, **79% of mothers were maintaining their sobriety one-month after program exit and 93% were engaged in recovery support activities by the 6-month follow-up.**

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. We have recently received grant funding to expand our on-site mental health services to include children and fathers. 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 records client vitals. The nurse also schedules a visit with a medical doctor and encourages the women to be screened for STDs and other preventative care. Wayside now employs a physician as Medical Director and has contracted with a Nurse Practitioner who can offer physicals and other medical checkups onsite. We have also expanded Medication Assisted Treatment (MAT) services provided onsite with an additional contract with Your Path Health. Their providers are highly skilled in providing MAT, especially to high-risk clients who have co-occurring mental health and substance use disorders as well as HIV and/or Hepatitis C diagnoses, which meets the needs of many Wayside clients. Wayside offers smoking cessation programs in house.

All babies born 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 the Circle of Parents intervention. The nurse at Wayside coordinates all health care appointments for babies and



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children and transportation is provided. All women (new mothers with children born while at Family Treatment Center) and those who enter treatment with their children continue to receive education on safe sleep, SIDS, and shaken baby syndrome through in-person instruction, videos, and handouts.

ASQ

Wayside performs ASQ screenings for all children entering Wayside Family Treatment Center.

Continuing Care Plan

After completing residential treatment women can enroll in outpatient substance use disorder and/or mental health treatment which typically lasts 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. Additionally, women who have “opted in” to our long-term recovery support services will continue to meet with our Peer Recovery Specialist and Family Services Case Manager to address their ongoing needs as they transition back into the community.

Four-week follow-up

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

Referrals 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

Since 2019 Wayside has made strategic investments in our Human Resources department and engaged experienced consultants to develop strategies for recruiting, hiring, and retaining diverse staff and providing ongoing training to deliver culturally relevant and responsive services. All Wayside staff receive cultural awareness training and education on issues and health disparities impacting the women and children we serve. During the reporting period, Wayside’s Board of Directors has formed a Diversity, Equity, and Inclusion (DEI) Committee to continue this priority, including establishing a DEI Workgroup, budget, and continuous improvement plan tied to clear and measurable organizational goals. We have also hired a full-time HR Director and a Director of Training to strengthen our organizational capacity, and engaged Culture Brokers, LLC to lead Wayside through a holistic and comprehensive process to create and maintain an inclusive and equitable organization that reflects the communities we serve and is prepared and supported to effectively serve clients with diverse backgrounds and significant trauma histories. Since March 2020, we have hired 16 staff who identify as Black, Indigenous, or Persons of Color (BIPOC) which represents 42.1% of all hires made during that time.

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



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annually, with the potential to earn more through our Project ECHO trainings. Prior to 2020, Wayside offered staff an Education Plan Program that provided staff with the opportunity to receive paid internships, portions of their school tuition, or fees for certification courses or competencies. While we plan to continue with a similar program in the future, this program is currently on pause as we reevaluate our goals, processes, and desired outcomes.

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 mid-end report on 1/15/21.

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 **16 pregnant women have been placed and 7 have given birth at Wayside. Since the beginning of the reporting period all babies have been born full-term and at a healthy birth weight and all babies were either born with negative toxicology results or detected only "medications used as directed by doctors" (i.e., Medication Assisted Treatment).**

Notification of staffing changes

With the support of Proof Alliance and the grant amendment effective July 1, 2020, Wayside hired two additional Peer Recovery Support Specialists (PRS) who provide care coordination and support including housing, recovery networks, public assistance, and employment (resumes attached). Joshua Vlasaty and Shonee Phillips began work October 2020. As of December 29, 2020, we had experienced a transition in two PRS and positions and are currently interviewing candidates to fill these roles.

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 allocates \$2,500 to client emergency funds which support mothers with things like rent, damage deposits, utilities, medical bills, and similar emergency needs.



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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.