

## Report Cover Page

Agency: Wayside Recovery Center | The Wayside House

Program: Wayside Family Treatment Center

Grant/Contract Number: Proof Alliance Family Centered Long-Term Recovery Supports grant for Wayside Family Treatment

Budget Year: 7/1/19-6/30/20

Budget Amount: \$155,000

Name: Carrie Salsness

Title: Sr. Director of Treatment Services

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Report Date: 06/15/2020

### Target population

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

### Types of services provided

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

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

Wayside Family Service Support Staff funded by the Proof Alliance grant include a Family Services Supervisor (.2 FTE), Family Services Counselor (.2 FTE), Family Services Case Manager (1 FTE) and Peer Recovery Specialist (.75 FTE). Pregnant and parenting mothers and their children enrolled in our Family Treatment Services are supported by a multi-disciplinary team of 30 staff members (25.1 FTE) including Sr. Program Director of Treatment Services, LADC Counselors, MH Professionals, Nurse/RN, Recovery Advocates and Treatment Assistants that all support the activities of this grant.

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

Less than 10% of Minnesotans in need of treatment receive it. Wayside meets a critical need by our provision of gender specific and co-occurring treatment that meets the unique needs of women who are chemically dependent. Additionally, Wayside is one of only five providers in the state who provides comprehensive, whole-family treatment that addresses the needs of the mother, her children, and her entire family unit.

Treatment exists to facilitate a life lived in recovery and healing, but this is often where our women and families face the most significant challenges due to limited resources. After women transition from our active care experience, we have witnessed their access to recovery support limited by 1) a lack of transportation to get to and from therapy and medical and legal appointments; 2) a feeling of isolation now that they are no longer connected to other mothers in recovery every day; 3) not having a support network or reliable childcare arrangements to allow them to consistently attend meetings or appointments; and 4) inconsistent communication with in-home staff due to high mobility and limited access to technology.

Our Family Centered Long-Term Recovery Support expansion services address this need by connecting mothers to our Family Services Peer Recovery Specialist and Family Services Case Manager who work in tandem to meet their immediate and long-term recovery needs and the needs of their children and families. While mothers are in our active care experience, they participate in groups and activities to build community between participants and create lasting connections with other mothers in recovery. Recently staff hosted a “movie night” in collaboration with the African American Babies Coalition to view an educational film they had created about parenting through COVID-19. Women also receive individualized peer support and cash assistance in the form of gas cards and gift cards for basic needs to incentivize their participation and long-term engagement.

The benefit of this type of recovery support extends beyond tangible supports like emergency assistance and childcare. For example, when staff provide rides to meetings with probation officers or accessing programs like WIC or SNAP, they are also there to support and advocate for our clients in these settings. The result is deeper and more meaningful engagement with community- and home-based supports, a more robust recovery support network, and a stronger foundation for a life lived in recovery.

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

This grant provides funding for the continuation of our existing Family Treatment program and a long-term enhancement by adding continued family services after discharge in the form of case management and peer support.

PROOF ALLIANCE GRANT YEAR END REPORT

7/1/19-06/30/19

**Goals, Objectives and Services with Numbers**

Provide Co-Occurring Substance Abuse Treatment for Women

During the grant period **111 women and their 96 (on site) children** were provided co-occurring treatment, parenting support and family/children’s services. There were an additional **84 children who did not reside with the mothers** during this period; however, many had on site visits and services provided. **Thirteen (13) of these women entered treatment while pregnant and 10 children were born** while the mother was in our care. **All (100%) of women showed a reduced substance use and 100% were provided material, education, and support on FASD and smoking cessation.** All women received

referrals to other health providers and social service agencies that meet other needs which impact sobriety.

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

During this grant period, ten children were born. All (100%) of mothers who were pregnant received pre-natal care. All (100%) of the children born while Mom resided at Wayside received pre-natal care and post-natal care within the hospital system of the mother's choice. Wayside obtained toxicity reports for all babies born while mother was enrolled at Wayside Family Treatment, and we are thrilled to report that 100% of babies born were toxin-free during the reporting period.

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

Wayside provides a substance-free environment for women to achieve recovery while increasing their overall health and well-being and reducing the effects of a mother's alcohol abuse on children. All children at Family Treatment received an informal FASD screening 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. A barrier to these services has been wait times with referral agencies and the timeframe we have the child onsite. Through expansion, Wayside will provide mental health services for all children, and eventually, 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 (111) women were able to have either supervised, unsupervised, trial home, or overnight visits with their children. Eight (8) children were reunited with their mother during the reporting period. While their mothers are in programming all children receive therapeutic childcare. Fourteen (14) mothers were referred to Minnesota One Stop for Communities' Parent Mentor program for support regarding Child Protection cases. We have already begun to see the impact these expanded services have had on women and families who have transitioned back into the community. Mothers preparing to leave treatment feel more connected to sober support and resources. Mothers who have been connected to the Parent Mentor program report increased feelings of hope for reunification and an increased understanding of the child protection process. The increased parenting programming mothers are receiving while in treatment has also helped mothers feel more prepared for parenting in recovery. We are confident this will lead to increased long-term recovery and stability and prevent prenatal alcohol exposure in current/future pregnancies because research shows many parents with substance use disorders express a deep desire to break this cycle for their children. In fact, most adults seeking recovery are parents and identify improving their

relationship with their child(ren) as a primary goal in their recovery (Reupert, Price-Robertson, & Maybery, 2017). This assumption was echoed in a 2019 Issue Brief from SAMHSA that stated, “although implementing recovery-oriented parenting supports is not easy, it is an essential part of assisting adults in recovery to achieve their recovery goals.”

### **Activities Not Completed**

N/A

### **Staffing**

We successfully hired both Family Services Peer Recovery Specialist and Family Services Case Manager roles dedicated to this project as of November 11, 2019. Other than these new positions, our program was fully staffed for the remainder of the grant period. Because of daycare and school closures due to the COVID-19 pandemic, we secured grant funding from the Sauer Family Foundation to temporarily hire 2 part-time support roles dedicated to providing groups for children on site while mothers receive treatment. The first position has been filled and the second will begin the end of June 2020.

### **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. A draft of the pamphlet was submitted to and approved by Sarah Brown. 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**

When COVID-19 first started to impact our community, our Case Manager was working with a mother who was discharged from Wayside due to mental health needs and was transitioned to a program at Touchstone Mental Health. Prior to the mother leaving Wayside she had opted in to expanded long-term recovery programming supported by this grant. When she left Wayside, staff continued to support her and referred her to the Parent Mentor Program to assist her with navigating her CPS case. The Parent Mentor Program was able to get this mother a Section 8 voucher that was dependent on her gathering all of the paperwork required within a short amount of time. In order to get the Section 8 voucher, she needed to provide birth certificates for her children. This mother did not have their birth certificates and could not afford to buy them. She also was having trouble accessing a location to get the birth certificates due to COVID- 19 and businesses being closed. Grant funds allocated to client emergency needs were used pay for the cost of her children's birth certificates, and the Family Services Case Manager was able to work with her to help her mail the check in order to get the birth certificates in time to still qualify for the Section 8 housing voucher. Now, when she discharges from her program at Touchstone, she will be on her way to getting long term housing for herself and her children.

### **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, and that information may not always be accurate. Our EHR system, Netsmart MyEvolv, can capture more data easily for reporting, however we are still in transition to the new system and so some records are being kept manually. We have recently purchased software upgrades to 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 will be the hiring of a full time Evaluator position. Wayside recently received a \$4 million grant from the Substance Abuse and Mental Health Services Administration to launch a Certified Community Behavioral Health Clinic in our community and one of the required positions is a full-time evaluator. The Evaluator will be 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. Our ability to provide services is based upon child protection services approval or approval of the family member caring for the child. We are continuing to think creatively about how we can overcome this barrier. For example, we now have two family-friendly groups which allow children to attend groups with their mother. Because these groups are facilitated by our Family Service counselors, Child Protection is comfortable to allow children to have the additional time with their mothers.

Another historical challenge has been gaining meaningful involvement of fathers in family services. The Family Services department has been able to increase the number of co-parenting sessions through working with child protection's support in recommending these services to the fathers who are participating in their own CP cases. Through grant funding received from DHS we have hired a mental health counselor, Antoine Jackson, experienced in providing culturally specific services to develop and implement a parenting curriculum for fathers. Grant funding will also support contracting with culturally specific partner providers to deliver individual counseling sessions for father's and quarterly father's parenting groups. Antoine has extensive experience working with African American men, women, and children and is skilled in assessing children for mental health issues, providing FASD neuropsychological assessments, and providing counseling for children.

The COVID-19 pandemic has presented a challenge in continuing to serve our clients post-discharge while still practicing social distancing. Many of the communication with clients in the community is now happening over the phone and through email. Staff have still been able to provide basic needs for mothers and infants by doing no-contact drop-offs and mailing other items like gift cards. Before COVID-19 a representative from Minnesota One-Stop for Communities' Parent Mentor program would attend parenting groups to answer client's questions around the topic of parental rights and CPS. Now, the parent mentor is still present during these groups, however it is now via Zoom. Staff have also created Zoom accounts for the Peer Support Specialist and Family Services Case Manager so clients who have discharged and are now living in the community can continue to meet with staff as needed.

#### **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.

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

Due to restrictions related to the COVID-19 pandemic we have seen an increase in mothers admitting with children present at admit. Because daycares and schools are also closed, we are also providing increased parenting support and increased support for children's mental health needs. Initially we were able to connect both mothers and children to virtual mental health services, then in late May we began offering mental health diagnostic assessments and individual counseling for children on site with grant funding received from the Minnesota Department of Human Services to hire a Family Services Mental Health Therapist experienced in providing culturally specific services for children. We have also hired two (2) children's group facilitators to support children onsite as described above.

#### Attachment A Responses

##### 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 111 at the time of this year-end report. We were unable to meet the goal of serving 120 due to the initiation of a cap on our census because of the COVID-19 pandemic. Because we provide long-term residential care in a congregate living facility, we face additional challenges regarding social distancing. In the early days of the pandemic, clients who were able to leave the facility and shelter-in-place with family or friends made the decision to do so. It became clear that capping census in our residential treatment facilities was a costly but necessary step to ensure the safety of clients who had nowhere else to go. Limiting the number of clients onsite allows for a safe distance while receiving treatment, reduced spread of infectious disease, and helps manage the increase in behavioral health symptoms clients are experiencing so we can maintain a safe, healing environment. We continue to accept new clients with increased health screenings in place as others discharge. Our typical capacity at Family Treatment is 19 women with children. During the pandemic we are maintaining a capacity of 14 women with children to provide each family the necessary space to feel safe, reduce the risk of infection, and maintain a healing environment that supports the wellbeing of our families. At current, 46 women have opted in to receive extended in-home family services after discharge, far surpassing our goal of serving 35 women with enhanced recovery supports in the first year of expansion funding.

Wayside Family Treatment Center (FTC) provides integrated co-occurring disorder treatment for pregnant and parenting women. Our program's focus is to serve the unique needs of women who struggle with substance use disorders. At FTC, women can have their children reside with them while receiving treatment and many are able to work towards reunification with their children. Admission priority is given to pregnant women and 13 women have entered treatment while pregnant during the

reporting period. Wayside has continued its evidence-based programming at FTC which includes individual counseling, group counseling, mental health therapy, trauma-informed care, DBT skills groups, children's programming with play therapy, and family programming with family therapy. We also provide robust recovery support and education programming which includes a focus on FASD prevention, peer support, care coordination, MAT, case management, whole health, developmental trauma prevention, and parenting support.

#### Referral team

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

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

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

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

The individualized treatment and care plan includes treatment; therapeutic services for trauma; assistance in securing housing at program departure; and education, employment and financial management skill building. This treatment plan is reviewed weekly by staff to make any changes, adjustments, etc. as needed.

The Wayside case manager coordinates all wrap-around services mothers need in addition to substance abuse and co-occurring treatment. This case manager, with the support of the peer recovery specialist, coordinates the external referrals, so women receive comprehensive and highly individualized care. Both the Case Manager and Peer Recovery Specialist ensure each woman accesses culturally specific services (including the participation in culturally specific groups and out-of-treatment activities), parenting support and parenting education groups, referrals to the Parent Mentor program to assist with CPS/criminal justice involvement, mental health/developmental screening for children, screening for co-occurring disorders at program entrance and when indicated throughout the treatment period, connections to free education opportunities that would enhance her whole family health focus, referrals for services that will help with victim support for domestic violence experience, provided with a robust whole health manual/binder in order to track her referrals and provide guidance, assessed for housing needs, assisted with enrollment in housing wait lists and applications, transported and assisted with community based supports relating to financial literacy programming (FAIM), and any other referrals deemed to be relevant to her throughout her relationship with us.

In the eight months since the Peer Recovery Specialist and Case Manager have been employed, 50 referrals were made for women and children to receive services in addition to those provided at Wayside including fourteen (14) referrals to the Parent Mentor Program to assist with navigating CPS

related issues and parental rights; ten (10) referrals to African American Babies Coalition (AABC); five (5) referrals to Options for Women to provide baby items like strollers, diapers, formula and infant clothing; eight (8) referrals to Bundles of Love who provide mothers of newborns with bundles of items for baby care; six (6) referrals to Sabathani Community Center for food and clothing; four (4) referrals to Pathways for emergency assistance and to secure a state ID and birth certificate for the client's child; and three (3) referrals to the Proof Alliance Birth Mother Network.

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

Wayside has identified partners/clients/alumnae as well as identified new potential networking options (different locations) for this advisory team. All members have met in an initial convening to solicit and analyze feedback about what they believe will make this process successful. 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 Specialities, RS Eden, Avivo; Child Protection/Parenting Services: Hennepin County, Parent Mentor Program, 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.

#### 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, 77% of mothers were maintaining their sobriety one-month after program exit.

#### 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 provides an initial medical check-up. The nurse also schedules a visit with a medical doctor and encourages the women to be screened for STDs and other preventative care. Wayside offers smoking cessation programs in house.

All babies born (100%) since the start of the reporting period have been born healthy. The Wayside nurse arranges prenatal and postpartum health care and arranges all transportation to appointments. Staff ask for toxicology test results in writing when performed to ensure health and well-being of mother and baby.

#### Parenting programming | Family Services



All women at Wayside Family Treatment Center participate in programming that teaches positive parenting skills, how to parent sober and the effects of substance abuse during pregnancy. Each mother also has a parenting treatment plan. Wayside has a dedicated Family Counselor who supports women in their parenting. Wayside's Mental Health Professionals offer family therapy, play therapy, and the Circle of Parents intervention. The nurse at Wayside coordinates all health care appointments for babies and 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. 96 ASQ screenings were performed during this grant period.

#### Continuing Care Plan

After completing residential treatment women can enroll in outpatient 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.

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

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

#### Culturally competent staff

At Wayside Family Treatment, 44% of the staff are individuals of color. The Child and Family Services Case Manager and Peer Recovery Specialist hired for the expansion of this grant program have years of experience providing culturally specific services that are wrapped around the entire family. In addition, all staff participate in cultural awareness trainings. In 2019 Wayside sought and secured funding from DHS and The Minneapolis Foundation to 1) develop a Training team that would ensure all Wayside staff receive training to advance our culturally responsive services from several experts in the field to address equity topics affecting our clients and staff; 2) invest in our human resources capacity to recruit and retain staff with diverse backgrounds and experiences; and 3) partner with DeYoung Consulting Services for bi-monthly consultation to create and implement a customized plan to address our equity gaps in training, HR strategies, team building and management. Wayside will consult with DeYoung Consulting Services because of its 3 years of experience providing customized and effective solutions with a cultural lens to organizations with similar challenges.

#### 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 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 year-end report on 6/15/20.

#### Confidentiality of information

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

#### Compliance regarding environmental tobacco smoke

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

#### Placement priority for pregnant women

Through state and federal funding, Wayside is mandated to provide placement priority for pregnant women. Since the start of the reporting period 6 pregnant women have been placed and 9 have given birth at Wayside. Since the beginning of the reporting period, 100% of babies were born toxin free and healthy.

#### Notification of staffing changes

All positions are filled, and no staffing changes have occurred during this grant period.

#### 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.

#### 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.

## Report Cover Page

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Program: Wayside Family Treatment Center

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

Budget Year: 7/1/19-6/30/20

Budget Amount: \$51,244.36

Name: Carrie Salsness

Title: Sr. Director of Treatment Services

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Report Date: 01/10/2020

### Target population

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

### Types of services provided

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

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

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

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

With less than 10% of the individuals in need of treatment in Minnesota receiving it, Wayside meets a critical need. This is further met by our provision of gender specific and co-occurring treatment that meets the unique needs of women who are chemically dependent. And lastly, as indicated, Wayside is

one of only five providers in the state who provides family focused comprehensive treatment addressing the needs of the mother, her children, and her greater family unit.

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

This grant provides funding for the continuation and enhancement of our existing Family Treatment by adding continued family services after discharge in the form of case management and peer support.

## MOFAS GRANT MID- YEAR REPORT

7/1/19-12/31/19

### Goals, Objectives and Services with Numbers

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

During the grant period **65 women and their 55 (on site) children** were provided co-occurring treatment, parenting support and family/children's services. There were an additional **55 children who did not reside with the mothers** during this time period; however, many had on site visits and services provided. **Six (6) of these women entered treatment while pregnant and 9 children were born** while the mother was in our care. **All (100%) of women showed a reduced substance use and 100% were provided material, education, and support on FASD and smoking cessation.** All women received referrals to other health providers and social service agencies that meet other needs which impact sobriety.

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

During this grant period, seven children were born. All (100%) of mothers who were pregnant received pre-natal care. All (100%) of the children born while Mom resided at Wayside received pre-natal care and post-natal care within the hospital system of the mother's choice. Wayside obtained toxicity reports for all babies born while mother was enrolled at Wayside Family Treatment, and we are thrilled to report that 100% of babies born were toxin-free during the reporting period.

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

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

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

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

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

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

**Activities Not Completed**

N/A

**Staffing**

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

**Pregnant Women and Women with Dependent Children Service Summary Form**

Included with this report.

**Products Developed**

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

**Success Story**

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

**Program Assessment**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 prevent challenges. Some data is self-reported, and that information may not always be accurate. Our new EHR, Netsmart MyEvolv, can capture more data easily for reporting, however we are still in transition to the new system and so some records are being kept manually. Recent staff changes have provided an opportunity to assess data collection and establish new processes within Netsmart which are still in process. Through Wilder Research we are collecting relevant data of this client demographic for our DHS Pregnant and Parenting Women Grant.

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

An ongoing challenge is delivering services to children who do not reside at Family Treatment. Our ability to provide services is based upon child protection services approval or approval of the family member caring for the child. We are continuing to think creatively about how we can overcome this barrier. For example, we now have two family-friendly groups which allow children to attend groups with their mother. Because these groups are facilitated by our Family Service counselors, Child Protection is comfortable to allow children to have the additional time with their mothers.

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

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

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

#### **Future Outlook**

##### Continuation of Project

Activities of this grant will continue after Proof Alliance funding ends.

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

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

Attachment A ResponsesGender-specific chemical dependency treatment for mothers

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

This grant requires that we serve 45 women during the grant period and we have served 45 at the time of this midterm report. At current, 18 number of women have “opted in” to receive extended in-home family services after discharge. Wayside Family Treatment Center (FTC) provides integrated co-occurring disorders treatment for pregnant and parenting women. Our program’s focus is to serve the unique needs of women who struggle with substance use disorders. At FTC, women can have their children reside with them while receiving treatment and many are able to work towards reunification with their children. Admission priority is given to pregnant women and 6 women have entered treatment while pregnant during the reporting period. Wayside has continued its evidence-based programming at FTC which includes individual counseling, group counseling, mental health therapy, trauma-informed care, DBT skills groups, children’s programming with play therapy, and family programming with family therapy. We also provide robust recovery support and education programming which includes a focus on FASD prevention, peer support, care coordination, MAT, case management, whole health, developmental trauma prevention, and parenting support.

Referral team

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

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

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

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

The individualized treatment and care plan includes treatment, therapeutic services for trauma, assistance in securing housing at program departure and education, employment and financial management skill building. This treatment plan is reviewed weekly by staff to make any changes, adjustments, etc. as needed.

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



coordinates the external referrals, so women receive comprehensive and highly individualized care. Both the Case Manager and Peer Recovery Specialist ensure each woman accesses culturally specific services (including the participation in culturally specific groups and out of treatment activities), parenting support and parenting education groups, referrals to the Parent Mentor program to assist with CPS/criminal justice involvement, mental health/developmental screening for children, screening for co-occurring disorders at program entrance and when indicated throughout the treatment period, connections to free education opportunities that would enhance her whole family health focus, referrals for services that will help with victim support for domestic violence experience, provided with a robust whole health manual/binder in order to track her referrals and provide guidance, assessed for housing needs, assisted with enrollment in housing wait lists and applications, transported and assisted with community based supports relating to financial literacy programming (FAIM), and any other referrals deemed to be relevant to her throughout her relationship with us.

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

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

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

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

#### Reduction in substance abuse

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

#### Programming

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

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

All babies born (100%) since the start of the reporting period have been born healthy. The Wayside nurse arranges prenatal and postpartum health care and arranges all transportation to appointments. Staff ask for toxicology test results in writing when performed to ensure health and well-being of mother and baby.

#### Parenting programming | Family Services

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

#### ASQ

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

#### Continuing Care Plan

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

#### Four-week follow-up

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

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

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

### Culturally competent staff

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

### Compliance

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

### Continuing education

Each staff member is allotted \$100-\$300 for continuing education purposes as related to our gender specific work. Wayside staff are provided with 12 CEU (continuing education unit)-approved training hours, with the potential to earn more through our Project ECHO trainings. Staff are also encouraged to apply for Wayside's Education Plans that allow them to receive paid internships, portions of their school tuition, or fees for certification courses or competencies.

### Data collection

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

### Evaluation and reporting

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

### Confidentiality of information

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

### Compliance regarding environmental tobacco smoke

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

### Placement priority for pregnant women

Through state and federal funding, Wayside is mandated to provide placement priority for pregnant women. Since the start of the reporting period 6 pregnant women have been placed and 9 have given birth at Wayside. Since the beginning of the reporting period, 100% of babies were born toxin free and healthy.

### Notification of staffing changes

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

Sub-contracts

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

Criminal background checks

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

Incentives

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

Quarterly meetings with grant-funded agencies and ADAD grant consultant

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

Site visits and meetings

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

State-sponsored training

Wayside staff continue to participate in Behavioral Health trainings.

Nondiscrimination policy

Wayside has an active nondiscrimination policy in place.

Minnesota Act

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

Religious based counseling

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

**Pregnant Women & Women with Dependent Children  
Service Summary Form: July 1, 2019-June 30, 2020 Year-End Report  
(for clients served July 1, 2019 – June 30, 2020)**

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

AGENCY & PROGRAM NAME: Wayside Recovery Center BUDGET YEAR AMOUNT \$ 155,000

GRANT/CONTRACT NUMBER: MF-1305 BUDGET YEAR AMOUNT SPENT: \$ 155,000

1. What geographic area does this program serve?

Single County  Multi-county  State Wide X Reservation

2. County(s) or Reservation(s) served. Use the county/reservation code numbers provided on page 2. 88  
**We are happy to provide specific counties as well as reservations we work alongside; however, we do serve the entire state and are not county specific.**

3a. Number of Pregnant Women who received services during July 2019 – June 2020 ..... 14  
Number of Women with Dependent Children who received services grant period July – Dec. 2019 this only includes women who were not already counted as Pregnant) ..... 97

Total number of women served ..... 111

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

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

3b. Total number of women who entered the program July 2019 – June 2020 ..... 111

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

- Age: Under 18: 18-48: 111 Over 48:
- Ethnicity: Hispanic/Latino: 13 Not Hispanic/Latino: 98 Unknown: 0

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

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

White	60	American Indian/Alaska Native	30
Black or African American	11	More than One Race	7
Asian	1	Race Not Known or Other	2
		Total	<b>111</b>

4a. Number of Dependent Children served. ..... 180  
(This number **includes all dependent children of the women who received services.** “Dependent children” are those children for whom the women still have parental rights).

4b. Total number of dependent children who entered the program this year..... 96

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

- Gender: Males: 48 Females: 48
- Age: 0-4 yrs: 64 5-11 yrs: 30 12 up to 18: 0 Unknown: 2

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

6. Number of staff trained (training/technical assistance/etc.) this grant year: 93. Please identify the staff role/position(s)

- X Director                      X Program Coordinator       Public Health Nurse                      X LADC
- X Case Manager              X Recovery Coach              X Other Administration, Nursing Staff, MH Therapist

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

**All staff received trainings on Co-occurring Disorders, HIPAA and Confidentiality laws, Mandated Reporting, Client Rights, Boundaries, Ethics, Pregnancy and SUD, SIDS/Head Trauma/Crib Safety, HIV-AIDS, Naloxone Administration, Universal Precautions, Stress and Conflict Management. Several trainings are brought in for certain divisions of staff as well. These include suicide risk assessment, motivational interviewing skills, and DBT skills training. All staff are currently receiving cultural awareness trainings made possible in part by a grant from The Minneapolis Foundation.**

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

**Our team has presented at multiple conferences during the reporting period - MARRCH, MNCASA, Proof Alliance, MN DHS, Community Mental Health Conferences, County Community Action Workshops, University- and healthcare-sponsored convenings and provided tailored presentations for mission specific organizations. We promote this grant, Proof Alliance, our initiatives, and our work as a part of each presentation.**

9. Offer any additional information about your program:

**Wayside received funding from the Minnesota Department of Human Services in 2020 to expand our whole family services to include mental health services for children and parenting support for fathers.**

10. Name and title of person who completed this form: **Hillary Luther, Development and Communications Manager, and Carrie Salsness, Sr. Director of Treatment Services**

11. Phone Number: **952-405-7645**

12. E-mail address: **carries.salsness@waysiderc.org**

**Location Code Numbers**

**County Code Numbers**

<b>01</b> Aitkin	<b>23</b> Fillmore	<b>45</b> Marshall	<b>67</b> Rock
<b>02</b> Anoka	<b>24</b> Freeborn	<b>46</b> Martin	<b>68</b> Roseau
<b>03</b> Becker	<b>25</b> Goodhue	<b>47</b> Meeke	<b>69</b> St Louis
<b>04</b> Beltrami	<b>26</b> Grant	<b>48</b> Mille Lacs	<b>70</b> Scott
<b>05</b> Benton	<b>27</b> Hennepin	<b>49</b> Morrison	<b>71</b> Sherburne
<b>06</b> Big Stone	<b>28</b> Houston	<b>50</b> Mower	<b>72</b> Sibley
<b>07</b> Blue Earth	<b>29</b> Hubbard	<b>51</b> Murray	<b>73</b> Stearns

08	Brown	30	Isanti	52	Nicollet	74	Steele
09	Carlton	31	Itasca	53	Nobles	75	Stevens
10	Carver	32	Jackson	54	Norman	76	Swift
11	Cass	33	Kanabec	55	Olmsted	77	Todd
12	Chippewa	34	Kandiyohi	56	Otter Tail	78	Traverse
13	Chisago	35	Kittson	57	Pennington	79	Wabasha
14	Clay	36	Koochiching	58	Pine	80	Wadena
15	Clearwater	37	Lac qui Parle	59	Pipestone	81	Waseca
16	Cook	38	Lake	60	Polk	82	Washington
17	Cottonwood	39	Lake of the Woods	61	Pope	83	Watonwan
18	Crow Wing	40	Le Sueur	62	Ramsey	84	Wilkin
19	Dakota	41	Lincoln	63	Red Lake	85	Winona
20	Dodge	42	Lyon	64	Redwood	86	Wright
21	Douglas	43	McLeod	65	Renville	87	Yellow Medicine
22	Faribault	44	Mahnomen	66	Rice	88	Statewide

#### Reservation Code Numbers

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

## **CRAFT Contract Objectives: 2019-2020 Mid-Year**

Data collected during the period of 07/01/2019-12/31/2019

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

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

A. We provided women’s specific treatment support and recovery maintenance services for 58 clients during this period. Forty-one of these women were in the program at the start of this period and 17 women were admitted this period. These services were provided by the sub-contractor Dunatos.

- B. Implement an action team that represents agencies that provide services to the clients. The team will include representatives from social service agencies, child protection, public health, corrections, county financial services, chemical dependency treatment programs, Olmsted Medical Center and Mayo Clinic, Salvation Army and PAIIR, children’s mental health, and the Father Project for Olmsted. Winona has Probation, Winona Health Services, GAL’s, Public Health, Child protection, U Of M extension office, County attorney office and Gunderson Hospital.

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

- a. Olmsted County Project Craft Program staff will complete individual care plans, developed by the multi-disciplinary team, for all 58 CRAFT participants (17 women who entered programming between 07/01/2019-12/31/19 completed one with case manager).

B.a. We completed individual care plans created by the multi-disciplinary team for 58 clients this period. These are reviewed at each home visits and adjusted according to client’s needs. These services were provided by the sub-contractor Dunatos.

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



B.b. The grantee assessed the physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs of 58 clients this period.

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

Olmsted County:

**Financial Assistance**-28 are receiving MFIP services and 4 were referred to this resource. 39 of the ladies are receiving medical assistance and 2 mothers were referred. 30 of the women are getting food assistance and four women were referred to this service. 2 Individuals utilized the MNSure navigator and 3 were referred to reach out to a navigator. 31 of the mothers are getting WIC services and 2 were referred to get signed up for services. 7 mothers utilized Workforce Development Center and 4 mothers were referred to their services.

**Housing Resources**:3 mothers are utilizing Three Rivers to meet their housing needs and one was referred to reach out to them for services. 2 mothers are using Energy Assistance programs, and 3 were encouraged to complete the paperwork needed for energy assistance. One family is using the Children Exchange program for clothing assistance. 13 women use channel one for food assistance and 1 was referred to their program. 7 mothers are utilizing Salvation Army Services to assist with housing, and 1 mother was referred to get on their waitlist. Two mothers used Dorothy Day house due to homelessness. One person was referred to Bear Creek sober housing, one person lived at gage East sober housing. One mother lived at the Cronin Home sober board and lodging, and two mothers were referred to their services. One mother receives help from Zumbro Valley housing. One mother was referred to use interfaith for housing resources, and another referral was made to the Bridges housing program, and three referrals were made to Olmsted County Housing Programs to sign up for housing opportunities. One mother utilizes LINK for homeless youth (under 24 years old). St. Vincent De Paul was utilized by one mother and 5 mothers were referred to their services. Lastly three families were referred to the Women Shelter for protection.

**Family Services**- 15 of the mothers have a Public Health nurse that comes into their home monthly and two mothers were referred to this program. Two families use Catholic Charities and two mothers were referred to use their services. One family uses Community Food Response and one person was referred the program. Five mothers were referred to use Legal Aid Services. Two mothers are utilizing Kathy Perry's individual parenting program. Three mothers utilized Birth Right, and one mother was referred to their services. One mother was referred to CARE services, and one mother was referred to baby steps. 5 mothers use the family access center for supervised Visits with their children and one person was referred to use that service. 7 mothers used Crisis Nursery for child care or respite care and five mothers were referred to their program. 6 mothers use Families First, and two mothers are in Parenting Classes through PAIRR. 31 mothers have utilized parenting classes at CRAFT and 27 mothers have utilized Public Health at CRAFT groups. 20 families are involved in child Protection cases in Olmsted county, one in Winona County, 1 in Wabasha County, 4 in Dodge County, one in goodhue, and two in other counties and mother is here for treatment. 6 mothers successfully completed all child protection requirements, and 14 mothers are using a voluntary Child Protection Service for extra support. One mother does have a Domestic Violence Social Worker.

**Mental and Physical Health**-8 mothers have a County Mental Health Worker, 1 has an ARMS worker, 6 mothers are receiving mental health services through Olmsted Medical Center, and 6 mothers are receiving mental health services through Mayo Clinic. Other local mental health providers for our families are Blue Stem (1), Psychological Consultants (2), Empower (27 ongoing, 6 referred), Jeff Clark (2), Zumbro Valley Mental Health (7), Common Ground (3), DBT (1), Serene Spirit (1), HRC (3), and a Cog Class through county probation(3). 23 families have a

primary care provider at Olmsted Medical Center, and 25 families have a primary care provider at Mayo Clinic. One mother utilizes Planned Parenthood. All families have a connection with a Dentist agency and some mothers were referred to schedule an appointment; Vallhala Dental(3), Apple Tree Dental(7 ongoing, 2 referrals), Rochester Community Dental (7 ongoing and 4 referrals), Free Clinic (2 ongoing, and 3 referrals), Northpoint Dental (1 referral), Lakeside Dentist (1), 5 other's ongoing.

**Recovery-**All 58 women are encouraged to attend community AA, NA, or Celebrate Recovery support groups. 4 women we served stayed at Pathway half way house. Outpatient services our women were engaged in were Empower (19 ongoing, 4 referred), Zumbro Valley (4 ongoing, and 1 referral), Oddessey(3 ongoing), Fountain Centers(1 ongoing), 1 person at Stage By Stage, 3 are using metro services, and 7 are utilizing Recovery is Happening Services. We have had several women who have required inpatient treatments five families were at Wellcome Manor, One person utilized Recovery Plus, one person went to Gables, 4 mothers who went to MN Teen Challenge, two mothers went to Recovery Hope, one mother went to Northstar and another mother went to the Heights. The sub-contractor, Dunatos, provided these referrals to clients to meet their ongoing needs. Many of our women are on Probation; 17 are in Olmsted County, 1 in Mower County, 2 in Dodge County, 1 in Goodhue County, 1 in Wabasha County, 1 in Steele County and 1 in Scott County. Two of our families are in Drug Court and one was referred but denied to no recent use.

**Education-** 4 families are using Hawthorn to further their Education and one mother was referred to go there. 1 mother is going to school at RCTC and three mothers were referred. 2 mothers are doing online schooling, and one mother is enrolled in the Jerimiah Program and 2 mothers were referred to their program.

#### **Winona Referrals:**

**Financial Assistance:** Six mothers are receiving MFIP, seven on Medical Assistance, and eleven on food assistance, seven mothers are on receiving WIC, five mothers are on energy assistance, seven mothers are on section 8 housing, seven mothers are working with the Workforce Center, one mother is receiving services through Catholic Charities, and one mother is getting help through the Crisis Nursery.

**Mental and Physical Health:** Two mothers are getting dental care at Dental Health of Winona, four mothers are getting it through Dental Health: Rochester, and one mother is getting dental care at Wabasha Dental Health. All of our women and children have a family physician; one family is going to Plainview Clinic, two families are going through Gunderson La Crosse, and twelve families are going through Winona Health. All of the mothers have had a mental health assessment completed within the last three years and updated when needed. However many of our mothers are still receiving mental health services currently; six mothers are at Hiawatha Valley, three mothers are at Common Ground Winona, Two mothers have a County Mental Health Worker and three of our mothers have ARMHS workers, and eight mothers are at EmpowerCTC Winona.

**Recovery:** All of our ladies are encouraged to participate in AA/NA/Celebrate Recovery meetings that supports their sobriety. Most of our ladies do participate in recovery meetings regularly. Some of our ladies are on probation; one mother is working with probation out of Wisconsin, one is in Olmsted County, three mothers are working with Winona County Corrections. Two of these mothers finished probation successfully while working with CRAFT. Many of our mothers received treatment services during this time; three mothers worked with Common Ground Winona, four mothers work with Hiawatha Valley, one mother works with EmpowerCTC Winona, one person works with metro in Rochester from Winona, and Winona Health is working with two mothers. One mother is enrolled in Treatment Court in Winona. Four of these mothers have completed Inpatient treatment service and successfully completed treatment.

**Family Services:** Two mothers are working with Child Protection Services and four mothers have successfully completed Child Protection recommendations. Two mothers are working with PSOP and one mother completed with PSOP after family needs were met. Seven mothers have utilized public health nurses within their home. Nine of the mothers enrolled in the Winona CRAFT Program have received Parenting Classes through the FCC program or the ECFE Program. **Education:** Lastly, we look at the education for the mothers in the Winona Program. One mother is currently taking classes at Middle School Nevada, two mothers are attending high school credits in Rochester MN, Three mothers are getting High School credits in Winona School District (and two graduated with their high school degree), and four mothers are working toward their GED, one mother is enrolled in a Tech School, and three mothers are working toward a degree, and one graduated from college while in CRAFT.

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

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

- d. Program's multidisciplinary team will ensure that the following are included in each participant's care plan; 1) therapeutic interventions and trauma services to address issues of relationships, emotional, sexual and physical abuse; 2) housing, financial management and job training/education.

B.d. We included in each participant's care plan therapeutic interventions, trauma services, housing, financial management, and job training/education on an as needed basis for 58 clients this period. Reference section B.b. for referrals. The sub-contractor, Dunatos, provided these referrals to clients to meet their ongoing needs.

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

B.e. The grantee ensured that 58 clients received a mental health assessment, if necessary, either prior to admission or during program participation. Referrals to mental health providers were made if needed. Also, the grantee completed initial ASAM score ratings for 17 clients that were admitted, and concerns are addressed at weekly staff meetings by CRAFT and at EmpowerCTC's mental health meeting. These services were provided by the sub-contractor Dunatos.

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

B.f. See section B.d.

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

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

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

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

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

C.a. This period the multi-disciplinary team completed 31 home or office visits in July 30 in August, 31 in September, 38 in October, 31 in November, and 32 in December. This does not include other interactions that we may have with the clients outside of Home Visits and groups. This would include doctor visits, Care Planning Conferences, probation meetings, child protection meetings, ect. We also see these clients twice a week during our support groups. We offered 7 support groups in July, 9 in August, 7 in September, 19 in October, 7 in November, and 5 in December in Olmsted County. Mothers in Winona County had 5 groups in July, 4 groups in August, 4 groups in September, 5 groups in November, and 4 groups in December. These services were provided by the sub-contractor Dunatos.

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

C.b. We assured that 58 clients had their mental health needs met by meeting with multidisciplinary teams weekly and discussing cases after meeting with clients each month. We referred for mental health assessments and treatment as needed. See section B.b. for referrals. These services were provided by the sub-contractor Dunatos.

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

C.c. We have conducted 249 Urinary Analysis Tests in the last six months either at groups, home visits, or individuals. Due to funding we have cut down on the amount of UA's that are completed with clients. Each client still gets one UA a month. All clients get a UA on their first group and each client that graduates have one the month of their graduation. We were unable to obtain urinary analyses on many of the clients who were discharged, due to loss of contact or lack of participation. These services were provided by the sub-contractor Dunatos.

d. GRANTEE's case managers will aid communication between child welfare workers and substance abuse treatment providers;

- i. support clients in overcoming barriers to health care services by assisting with MA application process, transportation, setting appointments, choosing providers etc.;

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

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

C.d.ii. We have transported 22 clients to CRAFT group and/or professional services this period. We also provided gas vouchers to 31 clients, Walmart gift cards to 31 clients, and bus passes to 1 client for support activities this period. We have provided baby care necessities (diapers and wipes) to 30 clients this period. These services were provided by the sub-contractor Dunatos.

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

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

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

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

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

C.e. We have provided 6 clients with referrals to Families First of Minnesota this period and 7 clients used the Crisis Nursery and 5 individuals were referred to their services. Families First is no longer doing childcare assistance. This is now changed to County Assistance and Crisis Nursery. These services were provided by the sub-contractor Dunatos.

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

C.f. We host and fund a recreational social event the first Monday of each month for clients who are eligible to attend. This has included going out to eat, serving a meal at the Ronald McDonald house, having a game night, watching a movie as a group, family photo shoots, and bowling. We held 11 social events during this period between both counties. No funding through the PH program was utilized this period. These services were provided by the sub-contractor Dunatos.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

C.k. This period our licensed early childhood educator has met with clients and their children for home or office visits. The early childhood educator had visits with 12 children in July, 16 in August, 16 in September, 21 in October, 14 in November, and 9 in December. Treatment support, prenatal/parenting education, infant and child development, advocacy and assessing needs for referrals to support services is implemented by both the case managers and the childhood educator based on the professional's knowledge of the subject. These services were provided by the sub-contractor Dunatos.

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

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

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

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

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

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

C.n.i. We ensured that individualized health care was provided for 16 clients who were pregnant this period. See Section B.b. regarding referrals to health care providers. This service was completed by the sub-contractor Dunatos.

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

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

Dunatos.

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

C.n.iii We have received the toxicology results for 9 infants born this period and 9 mothers who gave birth this quarter. 8 of the 9 infants tested were negative for all substances at birth. 9 of the 9 mothers tested was negative for all substances at the time of delivery that had not been prescribed to them. One infant tested positive for THC; client entered program one month prior to giving birth. Child Protection case was never opened passed assessment stage. This service was compiled by the sub-contractor Dunatos.

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

C.n.iv. All 58 participants have had FASD and the effects of other drugs education printed materials available to them this period, as well as a demonstration of what alcohol does to an egg to represent the effects upon a fetus as well as our brain. CRAFT has provided information at group sessions or home visits at least once per quarter. We will continue to offer this service at least quarterly. This service was completed by the sub-contractor Dunatos.

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

D. We have a PAIR parenting facilitator come to group sessions twice a month during the school year and once a month in the summer to provide parenting training. There have been 31 clients that have received this training at group, though it was available to all participants. We have met with PAIR each quarter to discuss individual progress. The parenting training was provided by PAIR. We also have a public health nurse come to group sessions approximately once a month to provide parenting training. There have been 27 clients that have received this training at group, though it was available to all participants. The parenting training was provided by Olmsted County Public Health.

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

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

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

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



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

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

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

D.b.ii. We utilize the Adult-Adolescent Parenting Inventory. We have administered the pre-test to 17 clients who were admitted this period within 10 days of admission. We have administered the post-test to 5 clients who have completed the parenting education this period. These services were provided by the sub-contractor Dunatos.

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

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

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

D.c. We have assessed the needs of 100 children to ensure their physical health and dental care needs are met. We ensured services were being received (or made a referral) for 20 children to Olmsted Medical Center, 30 children to Mayo Clinic, 31 to Winona Health, 9 to Apple Tree Dental, 6 Community Health Dental, 6 Pediatric Dentistry. In some cases, mothers had parental rights but did not have their children in their care due to a CPS case and their services are not known to case managers. We still ensured that their physical and dental needs were met, and referrals are made if necessary. These services were provided by the sub-contractor Dunatos.

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

D.c.i. We have ensured that 100 children are meeting with their doctor for regular doctor visits. All but three families choose to vaccinate their children on immunizations. These services were provided by the sub-contractor Dunatos, Mayo Clinic, and Olmsted Medical Center.

- ii. Grantee will refer participants to the Women's Infant's and Children's program, Minnesota Family Investment Program, and the Public Nurse Home Visiting Program for newborns upon admission into the OCPC program.

D.c.ii. We have 27 mothers who are utilizing Women's, Infant's and Children's program, Minnesota Family Investment Program, and the Public Nurse Home Visiting Program. 38 children this period utilized the WIC program and 27 families have an assigned public health nurse. See section B.b. for all referrals to the above programs. These referrals were provided by the sub-contractor Dunatos.

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

D.c.iii. We have referred 58 clients to parenting classes through PAIR within our group services. These referrals were provided by the sub-contractor Dunatos and PAIR. See additional referrals pertaining to the above services in section B.b. (including Planned Parenthood, Public Health, and WIC).

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

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

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

D.c.v. We have ensured that 58 clients and 100 children have had access to child exams and preventative health care this period. See sections B.b. and D.c. for health care referrals. These referrals were provided by the sub-contractor Dunatos.

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

D.d. We ensured that prenatal and postnatal health education was provided for 16 clients who were pregnant and/or gave birth this period. See Section B.b. regarding referrals to health care providers. These services were provided by the sub-contractor Dunatos.

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

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

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

passenger safety, home safety, etc.

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

- E. GRANTEE will work to decrease the likelihood children of women in substance abuse treatment support or recovery maintenance services and increase substance abuse protective factors, reduce substance abuse risk factors and increase resilience of clients' children by providing strength-based age-appropriate children's programming, through contract with Parents Are Important in Rochester (PAIRR), for children in the custody of ninety (90) OCPCP participants (forty five (45) women between 07/01/2017 – 06/30/2018 and forty five (45) women between 07/01/2018 – 06/30/2019).

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

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

F. Our multi-disciplinary team is working with the clients to assess and address the therapeutic needs of their children. Referrals in Rochester have been made to Fernbrook (5), Rochester School District- ECSE (9), Head Start (1), Early Head Start (8), Three Year Old Screenings (3) OC Behavioral Health (2), PAIRR (1), Kathy Perry-Parenting (2), Boys and Girls Club (4), Blue Stem (4), Meadow Heights (1), and the Imagination Library (17), Day Care Assistance (15), Parent Aware (2). Referrals in Winona have been (10) WIC, Parenting Program FCC (2), Parenting Program ECFE (7), Early Education (8), Head Start (1), Grace Place (3), Hiawatha Valley Mental Health (5), Partners in Excellence(1), IEP (3), Day Care Assistance (3), School Counselor (1). These services were provided by the sub-contractor Dunatos.

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

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

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

H. The childhood educator assesses all dependent children of clients that we have contact with using the age appropriate ASQ-3 at the beginning, middle and final stages of their participation in the program. The childhood educator has completed 14 ASQ SE's, and completed 17 ASQ 3's. All of the children are assessing on a regular basis by Early Childhood Educator, and in Winona they are completed by their Public Health nurse. Proper referrals were made. There were no children that required a referral due concerns on Ages and Stages Questionnaire. There were a few that indicated child should be monitored. Those individuals are working with a Public

Health nurse one on one to continue monitoring those needed areas. These services were provided by the sub-contractor Dunatos.

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

H.a. We have assessed 100 children in order to meet their mental and physical health needs. See sections D.c. and G. for referrals. These referral services were provided by the sub-contractor Dunatos.

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

H.b. We have a licensed childhood educator on staff come to group twice a week to provide children's programming. We offered 7 support groups in July, 9 in August, 7 in September, 19 in October, 7 in November, and 5 in December in Olmsted County with Early Childhood Educator Present. Mothers in Winona County had 5 groups in July, 4 groups in August, 4 groups in September, 5 groups in November, and 4 groups in December with advocacy weekly available by phone for assistance at staff meetings. Early Childhood Educator did talk in Winona in November about Parenting Styles. Of the 55 children who participated in this group programming there were 35 children in the 0-3 age group, there were 8 children in the 4-6 age group, there was 12 children in the 7-12 age group, and there were 0 children in the 13-17 age group served in Olmsted County. In Winona ages served are 14 (0-3) year old, 8 (4-6) years old, 3 (7-12) years old, and 6 (13-17) years old. Some of these children came twice each week, but some only came once a week due to school, transportation, appointments, and parental attendance. However, Winona only meets one time a week at this time and does not have a Early childhood Educator present at groups. In some cases, some of the mothers had parental rights, but did not have their children in their care due to a CPS case. Therefore, there were a number of children that did not attend this programming. The children's programming is provided by the licensed childhood educator and Dunatos.

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

H.c. We have encouraged participation of all children and family members that are appropriate for Alateen or Alanon. EmpowerCTC also has a family night available one a month for family members to come and address issues around Chemical Dependency that is encouraged when appropriate. Children need to be at least 16 years of age or older to attend that meeting.

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

I. We have provided 7 clients with individual continuing care plans at graduation. At times, clients were discharged due to loss of contact or were unwilling to meet with staff prior to

discharge and it was not possible to provide continuing care plans. This service was provided by the grantee and the sub-contractor Dunatos.

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

J. We have provided in person or telephone contact with 7 clients during week four following graduation. These clients with whom we followed up with needed no further assistance with transition into their communities. Clients are reminded at their final home visit that as alum of the program they are always welcome back to groups and social events for further support. It appears we are providing adequate referrals for resources upon graduation. These services were provided by the sub-contractor Dunatos.

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

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

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

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

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

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

M. Although CRAFT is not a Rule 31 licensed treatment program, pregnant drug-abusing women get advocacy and action when reporting laws or priority treatment status comes into play. Staff

will encourage the women to self-report and empower themselves. However, when it becomes necessary to take involuntary action such as notifying a screening unit or child protection intake regarding danger to a fetus staff will do so.

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

N. CRAFT staff attends continuing education training as needed to fulfill the requirements of their respective licenses. The majority of the trainings are related to chemical and/or mental health services and best practice models. Staff attends two weekly staff meeting; one being a mental health meeting for all staff to address needs of their clients, and one weekly staff meeting for CRAFT to discuss cases and other issues.

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

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

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

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

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

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

- R. GRANTEE's will comply with Certification Regarding Environmental Tobacco Smoke; Public Law 103-227, also known as Pro-Children Act of 1994, requiring that this language be included in any subcontracts which contain provisions for children's services and that all subcontractors will certify this compliance.

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

- S. GRANTEE's will ensure that pregnant women are provided preference in admission to treatment centers and provide interim services to pregnant women in need of treatment in compliance with all applicable requirements in Health and Human Services Code of Federal Regulations (CFR) Title 45, Part 96.131

(a) federal block grant requirements relating to drug and alcohol treatment programs and their role in the provision of treatment to injection drug users (IDU's) and substance abusing pregnant women.

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

T. GRANTEE will immediately notify MOFAS in writing of any program staff changes, including a position description and resume for newly hired staff, and a plan for the continuance of the duties outlined in the grant contract.

T. We have immediately notified MOFAS in writing of any program staff changes and have provided any required paperwork. There has been no staff changes in the last six months; however, a case manager from the Winona Site put in her two week notice this week.

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

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

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

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

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

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

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

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

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

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

i. Monthly Social Events are based on a woman's attendance in CRAFT groups. In the month prior to the Social Event, a woman must attend a minimum of three (3) groups

and/or be working full time or attending school. Social Events are a CRAFT group activity that varies from month to month depending on client interest and weather.

W.c.i. We have held and funded 11 social events during this period for the clients who attended the minimum of three group sessions the month prior or are attending school or work full-time.

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

W.c.ii. We provided 123 \$15 gas cards, 149 \$20 Walmart gift cards, and 1 \$16 bus pass this period.

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

iv.

W.c.iii. We provided a \$20 fuel gift card to 5 clients upon completion of the CRAFT program this period.

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

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

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

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

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

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

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

AA. The CRAFT staff and sub-contractor Dunatos does not discriminate due to race, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regards to current



employees or applicants. CRAFT staff agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

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

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

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

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

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

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

**Section 1: General Information:**

Service Provider: CRAFT Project Staff

Date of Entry: 8/23/2018

Date of Discharge: 10/28/2019

CRAFT staff met with Kaitlyn on 8/23/2018 after Kaitlyn had been referred to the program. Kaitlyn's drug of choice is alcohol. She has experimented with other drugs, but always found that alcohol was her go to drug. Kaitlyn has two children, a daughter who is now 6 and a son who is 3. Kaitlyn was involved with child protection before she was involved with CRAFT, and her case closed successfully. Kaitlyn has been sober since 1/2/2017 and has not relapsed. She has stated that it has not been easy for her and there are times that she thinks about drinking but finds ways to overcome those thoughts. Kaitlyn has been to four treatment facilities and has completed two of them. She completed Wellcome Manor and Journey Home. The main reason Kaitlyn wanted to join the CRAFT program was to find other mom's who have gone through the same things she has and be able to relate to them without the fear of being judged by her past. While in the CRAFT program, Kaitlyn was on probation and had an HPSP worker (Health Professionals Services Program). She was taken off probation in November 2018. Kaitlyn had an HPSP worker because of her degree in social work. Tracy, her HPSP worker, successfully closed her case in July 2019. Kaitlyn remains on going to school full-time for her degree in elementary education and a minor in math. She also is addressing her mental health and sees her therapist weekly at EmPower CTC. Kaitlyn is raising her children by herself, continuing her education, and making strides to living her best and sober life.

CRAFT staff provided services and supports to Kaitlyn as she needed in her time with CRAFT. We developed an individualized care plan during individual visits and groups that Kaitlyn attended during her time with CRAFT.

**Sobriety:**

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

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

- CRAFT was able to provide Kaitlyn new relationships that were positive and healthy to her sobriety.

-CRAFT was able to collect random UA's that helped close her case with probation and her HPSP worker.

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

-CRAFT case manager help get Kaitlyn get other support services- mental health, to help her continue her sobriety.

**Health:**

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

-CRAFT was able to help Kaitlyn with her mental health issues. She continues to meet with her mental health worker every week to address her mental health.

### **Employment:**

-Kaitlyn is a full-time student at Winona State University. She is majoring in elementary education and minoring in math.

-Kaitlyn was working part-time at the Y in Winona when she first started the CRAFT program. However, she became very overwhelmed trying to manage school, work, and raising two kids on her own. With the help of CRAFT staff, she was able to decide that working was not the best fit for her family, and she needed to focus on school and graduating. She was able to go full-time at school and is projected to graduate next spring.

### **Finances:**

-CRAFT helped with working with her other workers, HPSP and probation, to eliminate the expense of UA tests. Kaitlyn was required to call in everyday for her HPSP worker and if she was told to go take a UA test, she would have to go in that day and provide a UA and pay for it. CRAFT was able to connect with her HPSP worker and after release of information was signed, we were able to send over Kaitlyn's UA results and she no longer had to call in everyday and pay for her own tests.

-CRAFT worked on budgeting with Kaitlyn to help her save money and pay off probationary fines.

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

-CRAFT staff was able to help provide resources for her address college tuition expenses.

### **Parenting Support:**

-CRAFT provides an Early Childhood Educator in Rochester and Kaitlyn is able to contact her or have us contact her with parenting questions.

-CRAFT also asks that the Early Childhood Educator from Rochester comes and speaks at groups with various parenting topics.

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

-CRAFT supported Kaitlyn and her daughter when Kaitlyn was having a hard time with her daughter and not sure what to do for her. They now go to counseling together at Hiawatha Valley and are able to address various concerns.

### **Program Impact:**

Kaitlyn was attending group regularly and would meet with CRAFT staff individually monthly and attend the social events put on by CRAFT staff. Kaitlyn is very dedicated to her sobriety and giving herself and her children the best life they can have. Kaitlyn was our first mom to graduate the CRAFT program in

Winona. She is now an alumna who the other mom's look up to. She is going to school full-time, still maintains her meetings for her and her kids, is a full-time single mom, and still remaining sober.

During Kaitlyn's time with CRAFT, Kaitlyn completed probation and HPSP. She paid off her probationary fines. She is on track to graduate from Winona State University in the Spring of 2021 with a degree in elementary education. Kaitlyn still attends group as often as she can and comes to social when her school schedule allows her too.

After graduating the CRAFT program, Kaitlyn set some goals for herself and is working on accomplishing each of them. She is looking to move out of housing and getting a place of her own with her two children. She is also working on herself and going to mental health appointments weekly. She knows that she needs to talk to someone and address things that have happened in her past and she doesn't always know where to start. She has said that talking about these issues with her mental health worker has been one of the best things she has ever done for herself.

#### Rochester Success Story:

A young 20 year old joined CRAFT prior to being accepted into an inpatient treatment center. She was married but having a child with another man who had been abusive to her. This young scared mom who had used so much trying to abort the baby by consuming drugs and alcohol because she was so scared; came to live with her mom in MN at 30 weeks pregnant. Her mom was also in recovery, but knew as a mother she couldn't be the person for her daughter to rely on due to needing to keep her recovery strong. This young lady came in and no person would have any idea that she was pregnant due to her heavy use with her boyfriend at the time. She entered the CRAFT Program and a week later she had baby, and a week after that she started inpatient treatment. At this time it was uncertain how long she would be in the area. She was still wanting to go back to her boyfriend in South Dakota who was waiting for her to come back after birth of their son. While in treatment a child protection case opened up due to the use and the domestic violence within the relationship. By the time she completed outpatient treatment programming she had decided that she would stay with her mother in Olmsted County. A new leaf on life and the desire to have nothing but a healthy mother for her family, and lead a sober life was not important to her. She had never attempted sobriety before and knew how difficult it is. This individual surrounded herself with healthy support systems while in the community, and started finding friends in the recovery community. As a mother she made the decision to go and visit family and invite the biological dad to come and meet his new son. However, this became an eye opening experience for Jessie as she learned that he was still strong in his addiction and came to visit under the influence and with paraphernalia in his back pack. This took a toll on our C.R.A.F.T client as she now realized that he is making the decision to not get help and to live in his addiction. She stayed strong and called her supports including her CRAFT case manager and child protection worker and his probation officer. This was pivotal moment for her as she made the decision that she didn't plan on moving back to South Dakota at all. The ball was now in his court. If he wanted to be a family, he needed to make the decision to seek help and commit to the family sober. She began to focus on herself and her family. She was attending treatment three times a week, CRAFT two times a week, and other support groups when she could. She was seeing a mental health therapist where she learned that she would block out chunks of time during dissociation. She worked with her therapist to understand these and to help reduce her dissociation before she had her children alone fulltime. She was working on her sobriety fulltime, and she was re-inventing her parenting. She stated how important it was for her to be a great mom as she had put her children through so much while she was using. She never let herself stay in shame and used that towards motivation to helping her kids in every way. She was asking people parenting advice, learning how to make her own baby food, being attentive to her daughter and doing therapy with her. By the end of summer she was doing so well she completed child protection requirements and had

over six months of sobriety. She even graduated treatment and was looking forward to college. This individual was now working towards goals she had and she was showing more of her personality. Her personality radiated to the other girls for people to enjoy her company, her journey, draws from her courage, and she became a leader to other in the group. This December she celebrated her year of sobriety, and awaits to start college, has her own place with her two children, and is thriving in her recovery. While she may have made it seem easy, this process was anything but. There were tears, fights, struggles, but she never let that defeat her. If you were to ask her how CRAFT has impacted her life she would tell you that she was scared to be sober, and scared to show her true self. She was used to being beat for showing her real personality. While she was drug into the CRAFT office to complete the intake; she stated it was the best thing that has ever happened to her. I was given the courage to show who I really was with others and be comfortable with it. I learned I wasn't alone so I didn't have to be embarrassed to talk about my issues, and I didn't have to be ashamed to talk about my drug use. I now have sober social supports that I feel comfortable going to and we help each other out. It also helped me become the mom I wanted to become for my children. With CRAFT's help I was able to get sober, and my first attempt at recovery from every day use I have been a year clean now. Its been nice to feel a new normal, and I am proud of everything I have accomplished. I couldn't have done that without CRAFT's support. She is set to graduate this month and we are excited to reflect upon her complete success story more.