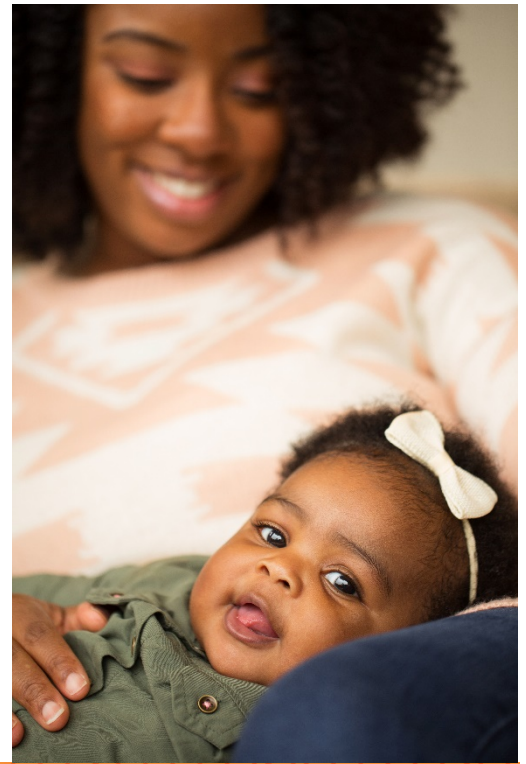


Women's Recovery Services in Minnesota: Year 3 Findings

Prepared by Wilder Research



M A R C H 2 0 2 0

451 Lexington Parkway North | Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

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Year Three Key Findings: June 1, 2018 – May 31, 2019

Women's Recovery Services

The Minnesota Department of Human Services Behavioral Health Division (BHD) contracts with 11 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families, through an initiative known as Women's Recovery Services (WRS). The following provides a description of women and children served by WRS programs between June 1, 2018 and May 31, 2019, and outcomes for families during the third year of the 5-year grant.



Women served by WRS programs

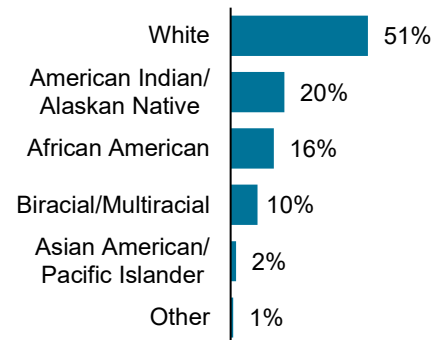
Women served	Children of women served	Median length of participation	Number of women who exited program	Average staff contact time per woman
1,245	2,309	3.5 months	866	231 hours

Service areas of greatest client need: According to program staff, women had the greatest need for services around mental health or counseling (68%), parenting (58%), housing (43%), and relationship issues (26%).

Most common service areas: Besides treatment and recovery support, program staff were most likely to provide services to women in the following areas: mental health or counseling (86%), parenting (81%), physical health (71%), housing (67%), relationship issues (64%), transportation (63%), wellness or recreation (66%), and public benefits (49%).

Chemical dependency treatment: 79% of women were in treatment when they entered the program – most often in inpatient/residential (54%). Over half (60%) of those who were in treatment during their program had successfully completed treatment by closing.

Racial background of women served (n=1,245)

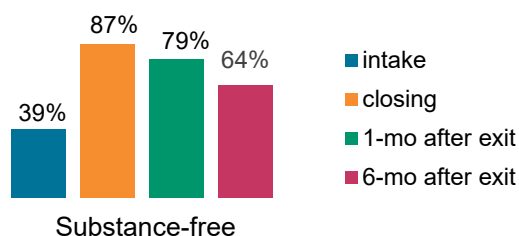


Outcomes for families during year three

► Substance use and sobriety

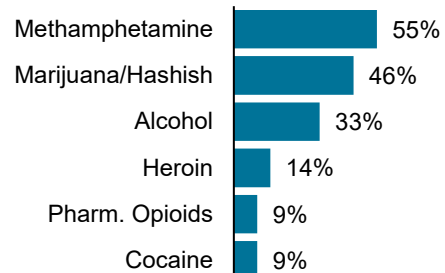
Significant increases in sobriety at closing lose some ground after exit: Significantly more women were substance-free at closing (87%) when compared to intake (39%), although some of these gains were lost by the 1-month follow-up interview (79%) and 6-month follow-up interview (64%).

Sobriety at intake, closing, and follow-up (n=309)



Meth is the most commonly used and preferred drug at intake: Methamphetamine was the most commonly used drug at intake among the 721 women reporting recent substance use; it was also the most commonly preferred drug at intake among the 1,245 women served.

Most commonly used drugs at intake (n=721)

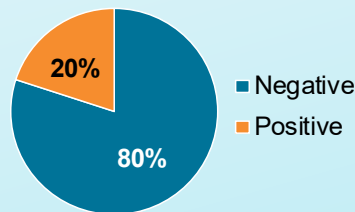


► Infant health

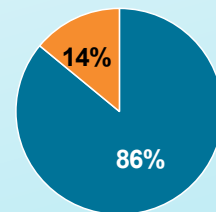
Most babies were born healthy: In year three, most babies were born full term (88%) and with a normal birth weight (83%).

Toxicology results from baby and mother: At birth, most babies (80%) and mothers (86%) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 14%-15% of women or babies.

Babies' toxicology at birth (N=111)



Women's toxicology at birth (N=108)



► Reunification

242 children were reunified with their mothers by closing (after a formal out-of-home placement)

144 additional children were reunified with their mothers by the 1-month follow-up (after a formal out-of-home placement)

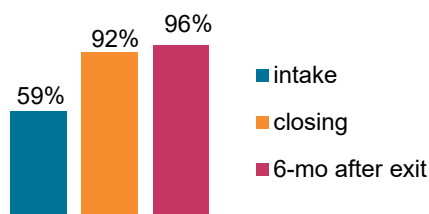
► Connection to recovery supports

Sources of recovery support at closing: By program end, women sought support primarily through Alcoholics Anonymous (AA) or Narcotics Anonymous (NA; 65%), a faith-based support group (23%), a culturally specific support activity (15%), or a support group through their program (15%; n=866).

Women maintain significant gains in recovery support participation 6 months after exit:

Significantly more women were participating in at least one recovery support activity by closing (92%) when compared with intake (59%); connections to these recovery supports were maintained by the 6-month follow-up, with 96% of women reporting participation in at least one recovery support (n=305).

Recovery support participation at intake, closing, and 6-month follow-up (n=305)

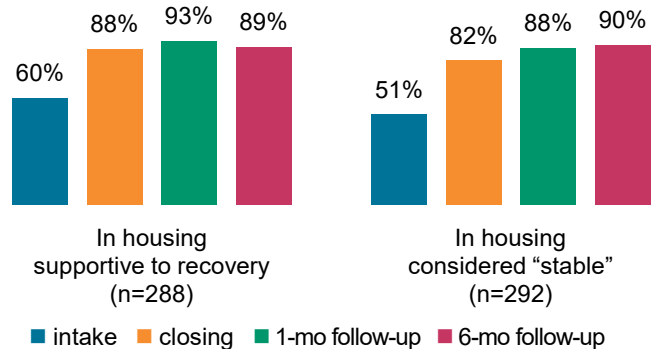


► Housing

Significant housing improvements for women:

Compared to intake, significantly more women were in housing "supportive to recovery" and in stable housing at closing; these gains were maintained 1-month and 6-months after exiting the program.

Significantly more women were:



Coordinated assessment and Section 8 waiting lists:

35% of women went through a coordinated assessment for housing while in the program, and 24% were on a waiting list for Section 8 or other subsidized housing at exit (waiting list information was unknown for 17% of women at closing).

► Health

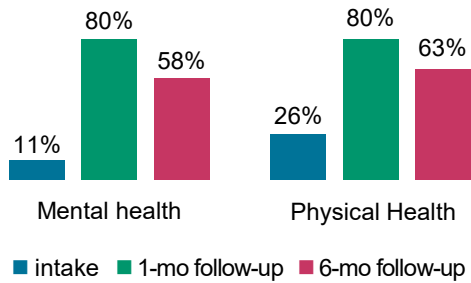
Mental health diagnoses are common among women served by WRS programs:

At intake, 81% of women had a mental health diagnosis. Among those with a diagnosis, the most common were anxiety disorders (85%) and depressive disorders (74%; n=1,245).

Significant increase in access to health care: At closing, significantly more women had a primary care physician and/or clinic (87%) as compared to intake (76%; n=724).

Physical and mental health decline 6 months after exit: When asked to rate their physical and mental health, women reported that their health significantly improved from intake to the 1-month follow-up. By the 6-month follow-up, significantly fewer women rated their mental or physical health as “good” or “excellent.”

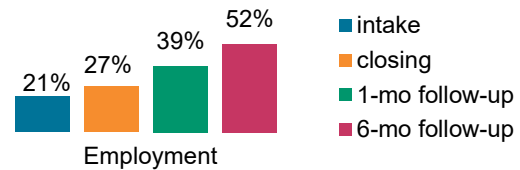
Percentage of women rating their health as “good” or “excellent” (n=300-301)



► Employment and schooling

Significant increases in employment and enrollment in school or job training: Significantly more women were employed either full time or part time at the 1-month follow-up (39%) and 6-month follow-up (52%) when compared to intake (21%; n=267). While relatively few women reported enrollment in school or a job training program, significantly more women are in one of these programs at 6-month follow-up (31% of women) when compared with intake (3%) or closing (6%).

Significantly more women employed over time (n=267)



► Parenting relationships and child protection

Improved relationships with children: 1 month and 6 months after program exit, significantly more women (95%) described their relationship with their child as “good” or “excellent” when compared with intake (47%; n=186).

Removal of infants after birth: 10% of babies born to women in year three were placed outside of the home following their birth.

Significant decrease in child protection after exit: Significantly fewer women were involved with child protection at the 1-month follow-up (47%) and 6-month follow-up (45%) when compared to intake (57%) or closing (51%; n=302).

► Dosage of services

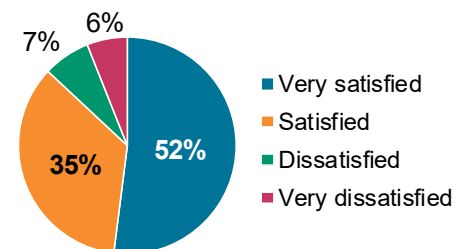
Women who received a *high dosage* of services – participating in their program for 90 days or more and receiving at least 180 hours of staff contact time and at least 12 hours of in-person staff contact time – were more likely to be:

- “Doing well” *at exit*
- Abstinent from substances *at exit* and *at 6-month follow-up*
- Have successfully completed Rule 31 treatment *by exit*
- Reunited with their children *at exit*
- Not involved with child protection *at exit*

► Program satisfaction

At follow-up, the majority of women (87%) were satisfied with their WRS program. In addition, most women agreed that staff helped them develop their goals (90%), were sensitive to cultural issues (90%), and understood their problems or concerns (90%; n=665-686).

Most women were satisfied with their WRS program (n=684)



► Additional outcomes

Percentage of women . . .

who were engaged with program goals at exit	who participated in a parenting program by closing	who were doing well at program exit according to program staff
71%	69%	59%

▶ Contributors to positive outcomes

Stable and supportive housing makes a difference. Securing safe and stable housing by program closing was significantly linked to:

- Sobriety at closing and the 1-month follow-up
- Decreased substance use at closing
- Reunification with one or more children at closing
- Successful completion of treatment at closing

Connections to mental health services are linked to sobriety and reunification by closing. Access to mental health services at closing was significantly connected to:

- Sobriety at closing and 6-month follow-up
- Reunification with one or more children at closing
- Infants remaining in their mom's care after birth (instead of an out-of-home placement)
- Successful completion of treatment at closing

Successfully completing treatment increases the likelihood of achieving positive outcomes. Women who successfully completed their most recent treatment episode were significantly more likely to be:

- Sober or have decreased substance use by 1-month follow-up and 6-month follow-up
- Reunified with one or more children at closing

Outcomes differ depending upon one's drug of choice and racial identity. A woman's race and preferred drug of choice made a difference in the likelihood of achieving positive outcomes, with those identifying as white and preferring to use meth more likely to achieve positive outcomes.



Children served by WRS programs

Total number of children . . .

of women who left
the program

1,634

who received services
from program

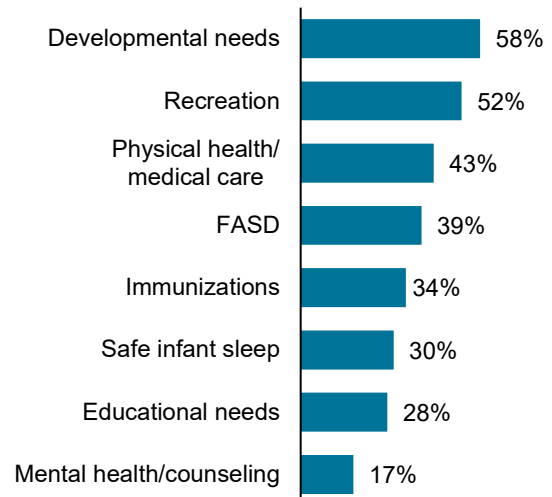
580¹

¹ 36% of children of women who exited the program in year three. Service data was missing for 49% of the 1,634 children of women who exited during the reporting period.

Most common assessments received by children served: Informal Fetal Alcohol Spectrum Disorders (FASD) screenings (59%) and developmental assessments (18%).

Child immunizations and medical insurance: At closing, 99% of children were current on immunizations and covered by medical insurance; this information was unknown or missing for 23% of children.

Most common service areas that program staff worked on with children (N=580)



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For more information

This summary presents highlights of *WOMEN'S RECOVERY SERVICES IN MINNESOTA: YEAR THREE FINDINGS*. For more information about this report, contact Jackie Aman at Wilder Research, 651-280-2669.

Authors: Jackie Aman & Stephanie Nelson-Dusek

APRIL 2020

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Project overview

In October 2016, the Minnesota Department of Human Services Alcohol and Drug Abuse Division – which became the Behavioral Health Division (BHD) in fall 2018 – contracted with 12 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families (Figures 1 & 2).¹ Through this initiative, known as Women’s Recovery Services (WRS), grantees provided comprehensive, gender-specific, family-centered services for the women in their care. See Appendix A for more grant information.

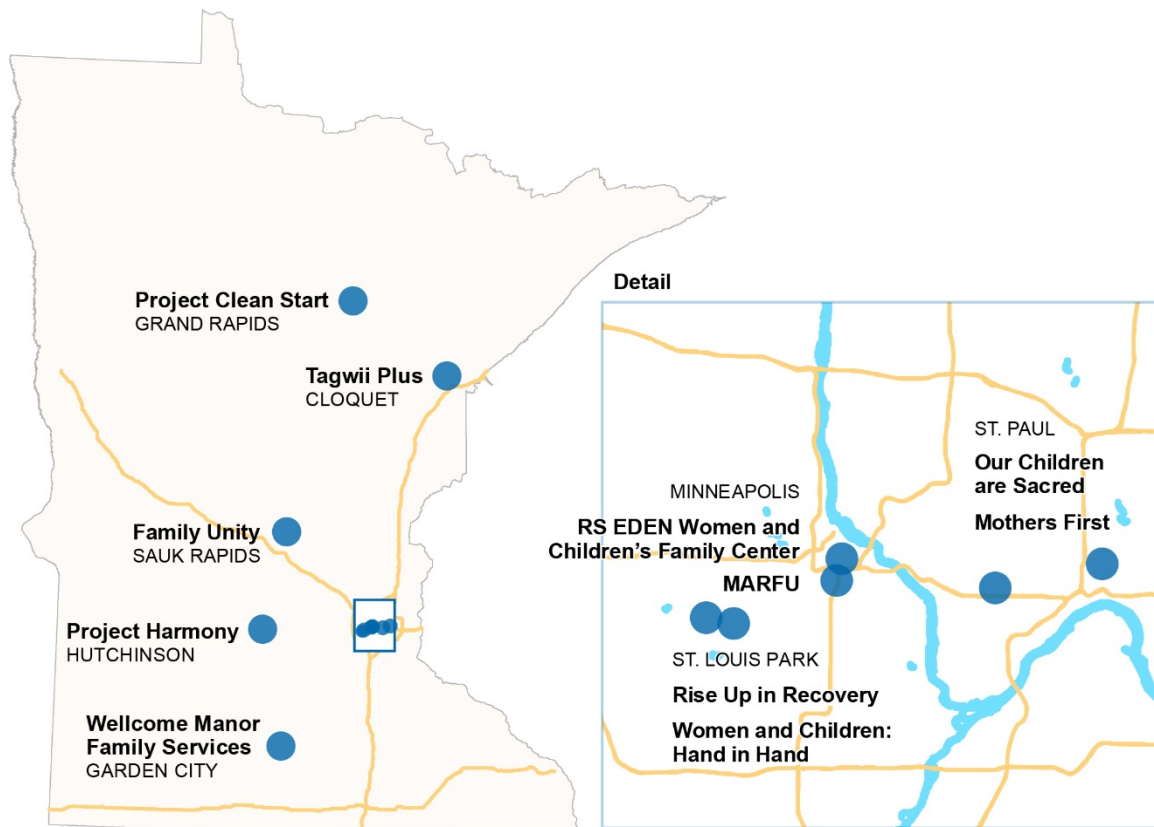
In order to evaluate women’s progress and the effectiveness of the Women’s Recovery Services grantees, the Department of Human Services asked Wilder Research to conduct an evaluation of the program for the duration of the grant. See Appendix B for more information about the methods used to conduct the evaluation.

1. Women’s Recovery Services’ grantees in year three

Grantee	Program	# of women served by the program	# of women who exited the program
American Indian Family Center	Wakanyeya Kin Wakan Pi “Our Children are Sacred”	17	9
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)	85	62
Fond du Lac Reservation	Tagwii	44	25
Hope House of Itasca County	Project Clean Start	57	37
Meeker-McLeod-Sibley Community Health Services	Project Harmony	48	20
Perspectives Inc.	Women and Children: Hand in Hand	64	20
Ramsey County Community Human Services	Mothers First	194	83
RS EDEN	Women and Children’s Family Center	119	88
St. Cloud Hospital Recovery Plus	Journey Home-Family Unity	258	217
Wayside House	Rise Up in Recovery	168	133
Wellcome Manor Family Services	Wellcome Manor Family Services	187	146

¹ While the Women’s Recovery Services initiative included 12 grantees initially in 2016, one grantee – St. Stephens Human Services (Kateri Residence) – closed operations in summer 2018, bringing the total number of Women’s Recovery grantees to 11.

2. Map of Women's Recovery Services grantees (2016-2021)



Overview of report

This report presents findings across all 11 funded programs in year three of the grant cycle (June 1, 2018 through May 31, 2019). The report begins with a description of the families served and services provided, and then moves into a detailed discussion of outcomes for women from intake to closing, or program exit. Note that descriptive information about families and services is based on all women and children served during this reporting period, while outcome information is generally based on all women whose cases were *closed* during the period.

The report then explores how women are doing after exiting WRS programs by comparing outcome data for women at four time points: at intake, closing, the 1-month follow-up interview, and the 6-month follow-up interview. Finally, the report includes an analysis of how the amount and intensity of services impacts outcomes and other factors that contribute to positive outcomes for women.

Description of women served

WRS grantees served a total of 1,245 women² during year three of the grant (411 of these women remained from a previous period, while 834 were new to the program). A total of 866 women exited their program during year three.

Exiting a program includes both women who completed the program and those who left without completing it (e.g., stopped attending the program or were asked to leave).

- **Women’s race and ethnicity:** At intake, women largely identified as white (51%), American Indian/Alaskan Native (20%), African American/black (16%), or multiracial (10%); 7% reported being of Hispanic origin.
- **Women’s age:** The majority of women served were age 25-49 (79%).
- **Pregnancy at intake:** 24% of women were pregnant at intake (79% of these women had at least one prior pregnancy).
- **Children of women served:** Women served had a total of 2,309 children, including 129 babies born while women were in a WRS program; 1,634 children exited during year three (along with the 866 women reported above), and 36% of these children were reported to have received services in year three, although service information was missing for 42% of children.
- **Income and public benefits:** Most women served (91%) had incomes at or below the federal poverty line. Women were connected to a variety of public benefits and community resources at intake, with the most common being food support or SNAP (48%), MFIP cash assistance (28%), and WIC (22%).
- **Educational background of women served:** The majority of women served had earned a high school diploma or GED (68%); 12% had obtained a post-secondary degree.

² Because it is possible for women to leave and then re-enter the program, this number may include some duplication.

Program participation

The following section includes data for the 866 women *who exited their program* in year three.

Program dosage

- **Average length of participation:** 5.3 months; median 3.5 months (range: <1 month to 5.9 years³)
- **Average number of contacts between program staff and women:** 190 contacts (89% of women had at least one in-person contact with staff per month)

*Average number of **phone call** contacts: 6 contacts – 33% of women participated in a phone call with program staff*

*Average number of **one-on-one** contacts (in-person): 32 contacts – 97% of women participated in a one-on-one contact with program staff*

*Average number of **group** sessions (in-person): 150 contacts – 85% of women participated in a group session with program staff*

*Average number of **text message** contacts: 2 contacts – 18% of women texted with program staff*

- **Average number of hours program staff spent with women:** 231 hours (range: 2 to 1,331 hours) for the 837 women with recorded contact hours; 29 women did not have any recorded contact time with program staff.

Services and assessments

- **Most common service areas:** Besides treatment and recovery support, program staff were most likely to work with women on mental health or counseling (86%), parenting (81%), physical health (71%), housing (67%), relationship issues (64%), transportation (63%), wellness or recreation (60%), and public benefits (49%).
- **Service areas of highest need:** Program staff reported that women needed the most help with mental health and counseling (68%), parenting (58%), housing (43%), and relationship issues (26%).
- **Assessments provided:** In year three, women most commonly received a mental health assessment (68%), a physical health assessment (66%), a Rule 25 chemical health assessment (64%), a mental health screening (48%), or a Fetal Alcohol Spectrum Disorder (FASD) screening through informal questions (42%).

³ While length of participation varied by program and by person, 90% of women who closed in year three participated for a year or less; 5 women (less than 1%) participated for 3 or more years.

- **Percentage of women who received urinalysis tests (UAs) while in the program:** 84% of all women who exited in year three.
- **Average number of UAs provided to women during the program:** 21 UAs; 57% of women had at least one positive UA, most commonly for methamphetamine (40%), marijuana (40%), other amphetamines (24%), other opiates (16%), alcohol (13%), benzodiazepines (13%), and cocaine powder (11%).
- **Percentage of women who completed an evidence-based parenting program:** 69% of women *participated* in an evidence-based program or curriculum while in a WRS program; 42% *completed* an evidence-based parenting program.

In-depth results: Comparing intake to closing

The following section summarizes information collected about women and their children during year three of the grant (2018-19 reporting period). It includes information about how women are doing *at intake* when they first enter the program, as well as a comparison of outcomes from *intake to closing or program exit*. Please see Appendix D for additional details on women at both time points and overall outcomes.

► **Matched analysis:** For many of the outcome areas, a matched analysis was used to see if there were significant changes for women in key areas from intake to closing. Because the matched analysis can only be conducted when data are available at both intake and closing, these results are based on a different (usually, smaller) number of women than the total number of women served during the reported year (as described in the previous section).

Among all 11 WRS programs, between 370 and 762 women had matched information on key outcome areas available at both intake and closing, representing 43% - 88% of all women who exited WRS programs in year three. The varied range of women represented in the results for each outcome area is due to incomplete information for women participating in a WRS program. Therefore, matched results may not be representative of all 866 women who exited a WRS program in year three.

For a complete list of matched analysis results, please see Appendix C.

WHAT IS A STATISTICALLY SIGNIFICANT CHANGE?

Wilder uses statistical analysis when looking at differences in outcomes between intake, closing, and follow-up interviews. Statistical software is used to determine whether a difference detected is “real” and more than likely not due to chance. When the report uses the term “significant” to describe change over time, this means the statistical test indicates that we can be confident that actual change occurred from intake to closing in a given outcome area.

While a statistical analysis may reveal that a change is statistically significant, the meaningfulness of these differences should be examined further. Relatively small differences between time points or groups sometimes emerge as “statistically significant” because the large number of women yields more “power” in the analysis to detect even small differences. The extent to which this statistical difference suggests a *meaningful* difference for women from one time to another should be considered for each individual outcome and the broader context in which they occur. For example, a difference of 3 or 5 percentage points, even if statistically significant, is not necessarily practically significant and should not be over-emphasized; in contrast, a difference of 10 or more percentage points suggests a more meaningful difference.

Substance use

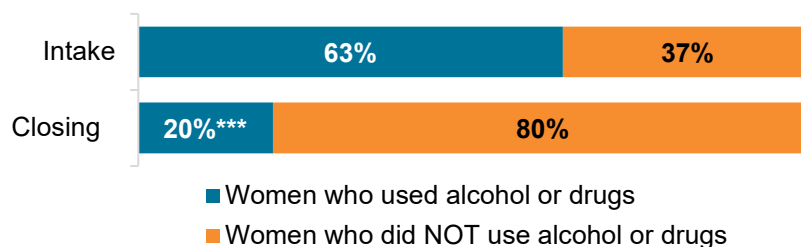
At intake (all women served in reporting year three)

- **Substance use and sobriety:** At intake, 58% of women reported having used alcohol and/or other drugs (excluding tobacco) in the 30 days prior to program enrollment or prior to a forced sobriety situation (e.g., jail, treatment) preceding enrollment. For the 516 women⁴ (41%) reporting no alcohol or drug use within 30 days of intake, their length of sobriety at intake ranged from 1 month to 9.3 years, with an average of 5 months.
- **Primary drug of choice:** For the women who entered a program during year three, the primary drug of choice was most often methamphetamine (39%), followed by marijuana (19%), alcohol (18%), and heroin (14%).
- **Most common substances used:** Among those reporting substance use in the 30 days prior to intake, women were most likely to have used methamphetamine (55%), followed by marijuana (46%), alcohol (36%), heroin (14%), pharmaceutical opioids (9%) and cocaine (9%). The majority of women (83%) also reported recent tobacco use at intake.

At closing (women who exited a program in reporting year three)

► **Matched analysis:** The number of women with recent substance use **significantly decreased** from intake to closing (Figure 3). While 63% of those with matched data had used in the month prior to intake, 20% reported using in the month prior to closing. For more information on women’s substance use at closing – including the number who reported *reduced* use from intake to closing – please see Appendix C.

3. Change in substance use from intake to closing (N=693)



Note. Differences between intake and closing were tested using the McNemar’s test and are significant at: ***p < .001, **p < .01, and *p < .05.

⁴ 516 women reported no recent alcohol or drug use; however, information on length of sobriety was available for only 484 of those women. Only the duration of sobriety for those 484 women was used in the length of sobriety calculations.

Infant health

All babies born to women served in reporting year three

- **Most babies were born healthy and stayed with mom following birth.** In year three, most babies were born full term (88%) and with a normal birth weight (83%). In addition, 24% of babies spent time in the NICU. Overall, 10% of babies born to women in year three were placed outside of the home following birth.
- **Infant toxicology:** Of infants tested, 20% of babies had positive toxicology results, most commonly for marijuana.⁵ (15% of all babies born during year three did not receive a toxicology test or had results unknown to program staff.) Infant toxicology was most often obtained through a meconium test (53%) or a blood test (19%).
- **Mothers' toxicology:** While toxicology results were unknown or untested for 18% of women who gave birth in year three, 14% of women with available results tested positive for substances at birth, most commonly for marijuana (73%).⁶ Toxicology results for women were most commonly obtained through a urine test (70%).

Recovery support

At intake (all women served in reporting year three)

- **Sources of recovery support:** Upon entering their Women's Recovery program, 48% of women were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Fewer women were connected to recovery support through faith-based groups (13%), culturally specific groups (7%), other community groups (4%), other recovery activities (3%), Al-Anon (3%), aftercare (3%), or Recovery Community Organizations (RCOs; 2%).

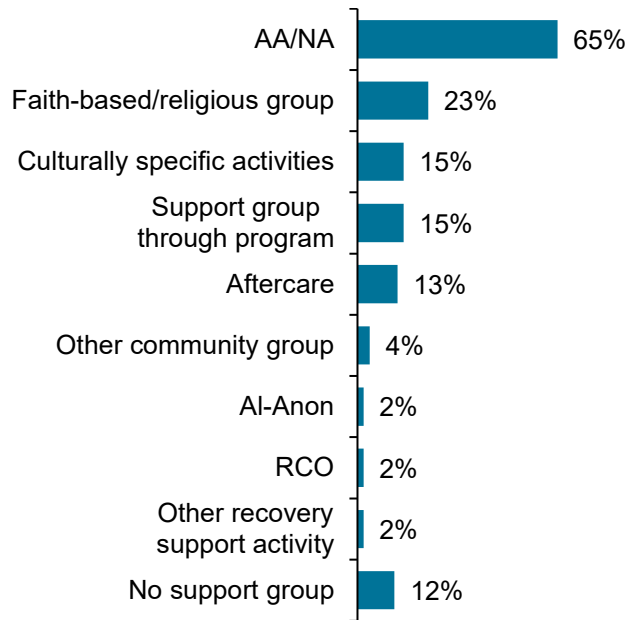
At closing (women who exited a program in reporting year three)

- **Sources of recovery support:** By closing, women sought support primarily through AA or NA (65%), a faith-based support group (23%), a culturally specific recovery support activity (15%), or a support group through their WRS program (15%; Figure 4).

⁵ This excludes 2 babies who tested positive for medications taken as directed by the mother.

⁶ This excludes 2 women who tested positive for a medication taken as directed.

4. Types of recovery support used by women at closing (N=866)



► **Matched analysis:** Significantly more women were connected to recovery support activities at closing (86%) than at intake (60%), particularly to Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA; Figure 5).

5. Changes in recovery support participation from intake to closing

	Total N	Intake		Closing	
		n	%	n	%
Women involved in any form of recovery support	673	406	60%	581	86%***
Women involved in AA and/or NA	674	364	54%	538	80%***

Note. Differences between intake and closing were tested using the McNemar's test and are significant at: ***p < .001, **p < .01, and *p < .05. "Any form of recovery support" includes involvement in AA and/or NA, a support group through the program, a support group in the community, support from family/friends, a faith-based/religious group, or other recovery support activities.

System involvement

At intake (all women served in reporting year three)

- **Child protection:** 54% of women were involved with child protection at intake and 18% had been referred to their program through that system.⁷
- **Criminal justice system:** 48% of women were involved with the criminal justice system and 17% had been arrested in the 30 days prior to program entry; 9% had been referred through Corrections or Drug Court.

At closing (women who exited a program in reporting year three)

- **Reunification:** 242 children were reunified with their mothers by closing (after a formal out-of-home placement).
- **Babies placed out of home:** 10% of the babies born to mothers served during year three were placed out of the home by child protection following their birth.
- ▶ **Matched analysis:** Women were significantly less likely to be arrested in the 30 days prior to closing (5%) than in the 30 days prior to intake (21%). In addition, significantly fewer women were involved with child protection at closing when compared to intake, although this was only a 4 percentage point decrease. Involvement in the criminal justice system remained unchanged from intake to closing (Figure 6).

6. Changes in system involvement from intake to closing

	Total N	Intake		Closing	
		n	%	n	%
Women arrested in the prior 30 days	705	148	21%	32	5%***
Women involved in child protection	762	435	57%	405	53%**
Women involved with the criminal justice system	745	383	51%	379	51%

Note. Differences between intake and closing were tested using the McNemar's test and are significant at: ***p < .001, **p < .01, and *p < .05.

⁷ Child protection was among the top three referral sources for women entering their Women's Recovery program, as were treatment programs (20%) and self-referrals (20%).

Housing

At intake (all women served in reporting year three)

- At intake, women were most likely to be living in a relative or friend’s home (31%), in their own house or apartment (24%), or in an inpatient treatment facility (19%).
- In addition, 15% of women were living in a shelter or a place not intended for housing (such as a car, vacant building, or outside) at intake.
- Living arrangements were considered “supportive to recovery” for 61% of women and “stable” for 53% of women.
- The majority of program participants (76%) had experienced homelessness at some point in their lives, with 74% having been homeless one to four times.

At closing (women who exited a program in reporting year three)

- 35% of women went through a coordinated assessment for housing while in the program and 24% were on a waiting list for Section 8 or other subsidized housing at exit (waiting list information was unknown for 17% of women at closing).

► **Matched analysis:** Housing situations improved for many women by the time they exited a WRS program. By closing, women were significantly more likely to be housed (not homeless), in their own home or permanent supportive housing, in housing considered stable, and in housing supportive to their recovery (Figure 7). Please note that matched housing information was available for 43%-74% of women; therefore, these findings may not be representative of all women who exited a WRS program in year three.

7. Changes in housing from intake to closing

	Total N	Intake		Closing	
		n	%	n	%
Women in housing/not homeless ^a	461	387	84%	432	94%***
Women in own home or permanent supportive housing ^b	370	184	50%	221	60%***
Women in “stable” housing ^c	643	333	52%	467	73%***
Women in housing “supportive to recovery” ^d	626	378	60%	520	83%***

Note. Differences between intake and closing were tested using the McNemar’s test and are significant at: ***p < .001, **p < .01, and *p < .05.

^a Woman lives in her own home, a friend’s/relative’s home, transitional housing, permanent supportive housing, or a sober house, rather than no home (homeless, a shelter or motel, or a correctional facility).

^b Woman lives in her own home or permanent supportive housing, rather than a friend’s/relative’s home, transitional housing, or sober house.

^c Woman’s living arrangements are **stable**, as perceived by staff. Factors considered in this determination are woman’s permanency of arrangements, affordability, safety, and adequacy of space and amenities.

^d Woman’s living arrangements are **supportive to recovery**, as perceived by staff. Factors considered in this determination are woman’s safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs.

Treatment participation

- **Treatment at intake:** 79% of women were in treatment when they entered a WRS program; 54% were in inpatient/residential treatment, 30% were in outpatient treatment with housing, and 17% were in outpatient without housing. Of those in treatment at intake, 18% had children living with them while in treatment.
- **Prior treatment participation:** The majority of women (76%) reported having been in treatment at some point prior to entering their current program, typically one to four times (70%).
- **Treatment outcomes by closing:** Women who enter treatment more than once during their time in the program might have different outcomes for each treatment episode. For the 767 women who were in treatment at some point during their time in the program, their most recent treatment outcomes were as follows: 60% successfully completed Rule 31 treatment, 29% were noncompliant or left the program without staff approval, 4% were still in treatment, and 5% had some “other” treatment outcome.
- **Medication-assisted treatment and detox:** While in a WRS program, 16% of women received medication-assisted treatment (MAT), primarily suboxone and methadone (medications used to replace heroin or opioid addiction); 2% spent time in detox while in their program.

Health and safety

At intake (all women served in reporting year three)

- **Physical health and access to care:** 46% of women reported having a severe or chronic physical health problem at intake; most common chronic health issues were chronic neck or back problems (29%), tooth and/or gum problems (22%), lung/respiratory illness (20%), and migraines (17%). 46% had been to the emergency room in the past 6 months. The majority of women had medical insurance (91%), typically through a public option (e.g., MA, MNCare), and over three-quarters had a primary care physician, clinic, or both (76%).
- **Mental health diagnoses:** 81% of women had at least one mental health diagnosis at intake. Among those with a mental health diagnosis, women were most often diagnosed with an anxiety disorder (85%) or depressive disorder (74%). In addition, 48% of all women had been diagnosed with Post-traumatic Stress Disorder (PTSD). A small proportion of women reported a diagnosed Traumatic Brain Injury (6%) or Fetal Alcohol Spectrum Disorder (FASD; 2%).
- **Domestic violence:** When asked at program exit, 14% of women reported that, at intake, they were in a relationship with a partner who was physically or emotionally violent. (Data were unknown for 22% of women.)

At closing (women who exited a program in reporting year three)

- **Mental health services:** By closing, 58% of women were receiving mental health services or were connected to a specific clinic or therapist if services were needed; however, this information was unknown for 22% of women.
 - **Intimate partner violence:** 65% of women who reported an abusive relationship at intake said that their personal safety had improved by closing. 20% of women reported that their personal safety stayed the same or worsened by closing; this information was missing for 15% of women.
- **Matched analysis:** Significantly more women had a primary care physician and/or clinic at closing (87%) when compared with intake (76%). In addition, nearly all women had medical insurance by closing (99%), a significant increase from intake (91%; Figure 8).

8. Changes in health care access from intake to closing

	Total N	Intake		Closing	
		n	%	n	%
Women with a primary care physician and/or clinic	724	547	76%	628	87%***
Women with medical insurance	758	693	91%	749	99%***

Note. Differences between intake and closing were tested using the McNemar's test and are significant at: ***p < .001, **p < .01, and *p < .05.

Education and employment

At intake (all women served in reporting year three)

- **Education:** 68% of women had a high school diploma or GED at intake; 40% had completed some college or obtained a degree.
- **Employment and career-training programs:** Most women (83%) were unemployed or not working at intake, with 24% of those actively looking for work. Fewer (17%) were employed either full time or part time, or involved in school or a career-training program (3%).

At closing (women who exited a program in reporting year three)

- **Matched analysis:** Few women were employed or involved in school or career-training programs at either intake or closing. However, there was a small but statistically significant increase in the proportion of those who were employed full time or part time by closing (26%) when compared to intake (18%). Similarly, more women were involved in a school or career-training program at closing (5%) compared to intake (3%), which was a small but statistically significant increase (Figure 9).

9. Changes in employment and schooling from intake to closing

	Total N	Intake		Closing	
		n	%	n	%
Women employed full time or part time	678	123	18%	173	26%***
Women in school or a career-training program	750	24	3%	38	5%*

Note. Differences between intake and closing were tested using the McNemar's test and are significant at: ***p < .001, **p < .01, and *p < .05.

Additional outcomes

At closing (women who exited a program in reporting year three)

- **Engagement in case plan and continuing care plan:** At the time of closing, 71% of women were at least somewhat engaged in carrying out their program goals and case plan (as reported by program staff); 63% of women had a continuing care plan in place when they exited a WRS program.
- **Doing well at closing:** Using their own professional judgment, program staff assess the extent to which women are “doing well” or “not doing well” when they leave the program. Overall, staff reported that 59% of women who exited a WRS program this past year were “doing well” at closing. Staff had too little contact with 9% of women to make this determination (Figure 10).

10. Staff perception of women’s status at closing (N=866)



There were a range of reasons why staff perceived women as “not doing well” at closing, including that they were not compliant with program requirements (60%), they were not engaged in carrying out the goals of their case plan (51%), they were actively using substances (30%), they disappeared or could not be reached (21%), or because the woman was in crisis or experiencing a traumatic life event (11%).

Children of women served

Description of children

Women served by a WRS program during year three of the grant had a total of 2,309 dependents at the time of intake. Key characteristics of these children include:

- **Children’s race and ethnicity:** At intake, children were identified as white (38%), multiracial (23%), American Indian/Alaskan Native (19%), African American/black (15%), and Asian American/Pacific Islander (2%). In addition, 14% were identified as Hispanic.
- **Children’s age:** The majority of children (82%) were under age 12.
- **Babies born:** A total of 129 babies were born to women served by a WRS program in year three. Babies were most commonly identified as multiracial (31%), white (26%), African American/black (25%), American Indian/Alaskan Native (11%), and Asian American/Pacific Islander (2%). In addition, 12% of babies born in year three were of Hispanic origin.

Services provided to children

While WRS programs offer children’s services, programs do not always have the opportunity to serve the children of women participating in the program. Oftentimes, women may not have custody of their children while in their program or do not bring their children with them to the program. In addition, many children are in school or involved in outside programming during the day, limiting program staff’s ability to provide services to children.

Overall, WRS programs directly provided services to at least 580 children, or 36% of the 1,634 children of women who exited the program in year three. The following provides additional information about the services provided to these 580 children.

- **Service areas that program staff worked on with children:** For those who received services, program staff most commonly worked with children on developmental needs (58%), recreational services (52%), and physical health/medical care (43%). Children also received services related to FASD (39%), immunizations (34%), safe infant sleep (30%), educational needs (28%), and mental health/counseling (17%).
- **Assessments provided to children:** Children were most likely to receive a FASD screening through informal questions (59%) or a developmental assessment (18%); 29% of the children served did not receive any of the screenings or assessments listed on the closing form.

Children at closing

At closing, program staff collected information on the 1,634 children of women who had participated in a WRS program – regardless of whether or not each child received services from a program. The following section summarizes information on the children of all women who exited a WRS program in reporting year three, for whom data are available.

- **Custody status:** At closing, 47% of children were involved with child protection. Of those children, 56% had a formal out-of-home placement.
- **Medical insurance and immunizations by closing:** Of the children with known information, 99% of children had medical insurance and were up-to-date on their immunizations at closing, although this information was unknown for 23% of children.
- **Mental health services at closing:** Of the children with known information, 26% of children were receiving mental health services at closing, although this information was unknown for 31% of children.
- **Participation in an evidence-based children’s program:** While this information was unknown or missing for 14% of children, 11% of children participated in an evidence-based program during reporting year three and fully completed the program; an additional 6% partially completed an evidence-based program.

Life after WRS programs

Follow-up interview results

Number of women who
exited in years 1, 2 and 3

1,771

Number of women who
completed a 1-month
follow-up interview

534

Number of women who
completed a 6-month
follow-up interview

433

Number of women with
results at all 4 time points
(intake, closing, 1-month
follow-up, and 6-month
follow-up)

211-314

Wilder Research contacts women by telephone approximately one, six, and twelve months after exit to assess their well-being and satisfaction with the program. A total of 534 1-month interviews, 433 6-month interviews, and 240 12-month interviews were completed with women in years two and three (no interviews were completed in year one as evaluation systems were still being finalized and built). The number of interviews completed by program can be found in Figure 11, and detailed responses from all women interviewed can be found in Appendix E (1-month follow-up data), Appendix F (6-month follow-up data), and Appendix G (12-month follow-up data).

To learn how changes from intake to closing are maintained after women leave the program,⁸ Wilder conducted an analysis of data at four time points – intake, closing, 1-month follow-up, and 6-month follow-up. Because this analysis requires women to have information available at all four of these time points, the following results represent findings for 12%-18% of all 1,771 women who exited a WRS program during years one, two and three.⁹ Therefore, these findings may not be representative of all women who exited a WRS program during these years.

Please note that programs are not evenly represented in follow-up interview results. Given differences across WRS programs, Wilder Research is more likely to interview women from programs that serve a larger number of women per year and that average a shorter participation length. As Figure 11 shows, 89% of women included in the follow-up analysis participated in one of five programs. Therefore, some programs are represented

⁸ Generally, information collected at intake and closing was based on *staff* report, while information collected during the follow-up interviews was based on *client* self-report. Collecting data from two different sources can impact the accuracy of the data; please see the Limitations section in Appendix B.

⁹ Please note that not all women are eligible for follow-up interviews. See the Limitations section in Appendix B for more information about the women interviewed.

more than others in the follow-up analysis; these findings may not be representative of all programs and their participants that exited in years one, two, and three.

The analysis excludes 12-month interview results because few women had data available at all five time points (the previously mentioned 4 time points *plus* the 12-month follow-up) by the end of year three. Future reports will include 12-month data in the follow-up analysis once more interviews can be matched across all five time points.

11. Number and proportion of women included in the follow-up interview analysis, by program (N=329)

Grantee	Number of women included in follow-up interview analysis	Proportion of women included in follow-up interview analysis
St. Cloud Hospital Recovery Plus	90	28%
Wellcome Manor Family Services	79	24%
Wayside House	55	17%
RS EDEN	42	13%
Ramsey County Community Human Services	28	9%
Avivo	14	4%
Hope House of Itasca County	10	3%
Meeker-McLeod-Sibley Community Health Services	5	2%
American Indian Family Center	2	<1%
Perspectives Inc.	2	<1%
Fond du Lac Reservation	1	<1%
St. Stephen's Human Services	1	<1%
Total	329	100%

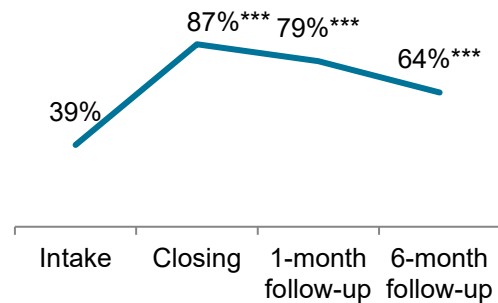
Note. Only women with information available at all four time points – intake, closing, 1-month follow-up, and 6-month follow-up – were included in the follow-up interview analysis. In addition, because the follow-up analysis includes women who exited a WRS program at any point during the 2016-2021 grant cycle, this includes women served by St. Stephen's Human Services (Kateri Residence) who also completed follow-up interviews before the program closed in July 2018. Thus, all 12 original WRS programs are represented in the follow-up analysis.

Substance use

Significant increases in sobriety by closing lose some ground after exit

After leaving their program, women lose some of the significant gains in sobriety made by closing (Figure 12). While significantly more women were sober at closing (87%) when compared to intake (39%), relatively fewer women reported sobriety at the 1-month follow-up (79%) and 6-month follow-up (64%) when compared to closing. This downward trend represents a significant decrease in sobriety when compared with closing, but still shows that significantly more women are sober in the months following program exit than at intake.

12. Percentage of women reporting sobriety (N=309)



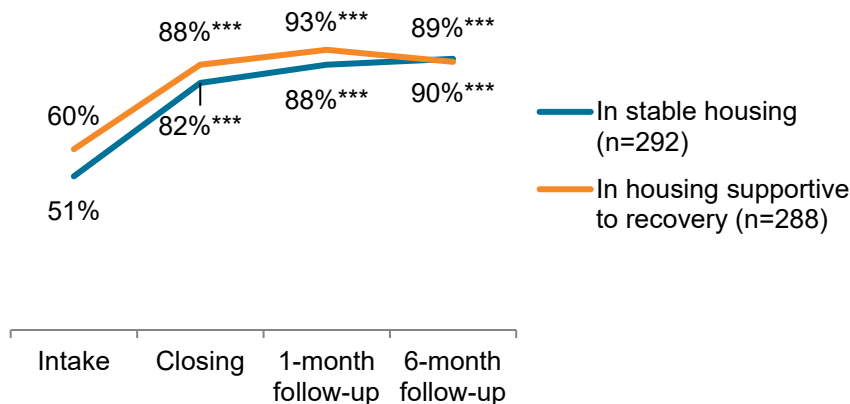
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$

Housing

More women have stable and supportive housing after exit

Women's housing situations continued to improve or stabilize in the months following program exit (Figure 13). Significantly more women were in stable housing at closing, 1-month follow-up, and 6-month follow-up (82%, 88%, and 90%, respectively) when compared to intake. Similarly, significantly more women were in housing considered supportive to their recovery at closing, 1-month follow-up, and 6-month follow-up, when compared to intake (88%, 93%, and 89%, respectively).

13. Percentage of women in housing considered "stable" and "supportive to recovery"



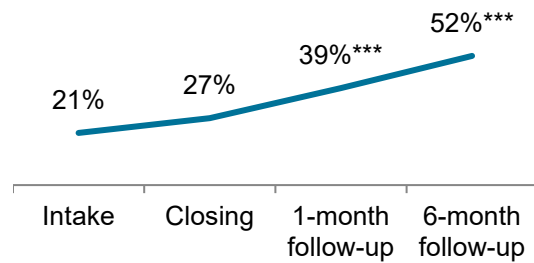
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$.

Employment, Schooling, and Job Training

Significantly more women were employed or in training at follow-up

Women continue to see gains in employment after participating in a WRS program (Figure 14). While the percentage of women who were employed full or part time at intake increased slightly to 27% at closing, the percentage of women employed grew significantly to 39% at the 1-month follow-up, and to 52% at 6-month follow-up. While relatively few women reported enrollment in school or a job training program, significantly more women are in one of these programs at 6-month follow-up (31% of women) when compared with intake (3%) or closing (6%).

14. Percentage of women employed (N=267)



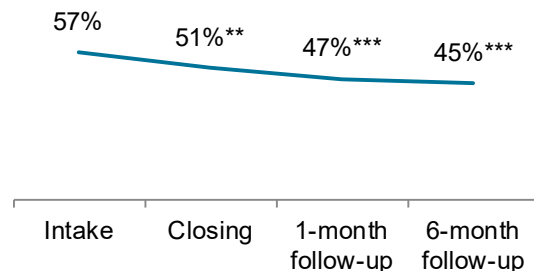
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$.

Child protection

Child protection involvement steadily decreases over time

Significantly fewer women were involved with child protection at closing (51%), 1-month follow-up (47%), and 6-month follow-up (45%), when compared to intake (57%; Figure 15). The percentage of women involved with child protection steadily decreases from intake through to the 6-month follow-up.

15. Percentage of women involved with child protection (N=302)



Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$.

Criminal justice system

Arrests decline during program involvement, but tick up at 6-month follow-up

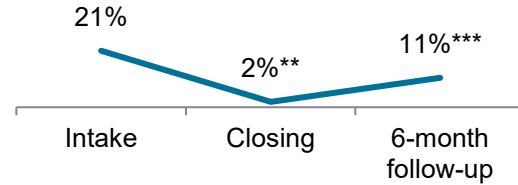
While one in five women were arrested in the month prior to joining a program (21%), significantly fewer women had been arrested in the month prior to closing (2%; Figure 16). At the 6-month follow-up, women are asked if they have been arrested for any reason since leaving their program; this percentage increased significantly to 11%. Please note that women were not asked about involvement in the criminal justice system at the 1-month follow-up; thus this information is only available at three points in time.

Recovery support

Women were significantly more likely to be connected to recovery support at exit and maintained that connection in the months after exit

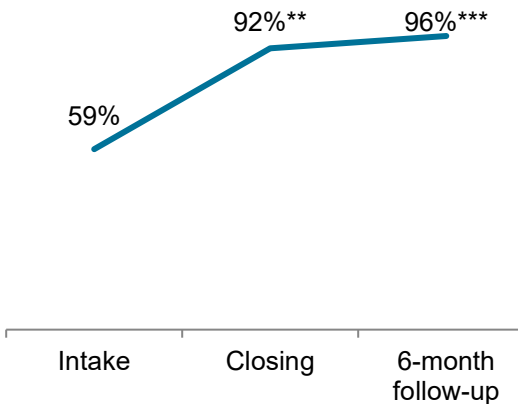
Significantly more women were connected to at least one recovery support by program exit (92%) when compared to intake (59%; Figure 17). These connections to recovery supports were maintained six months after exit, as 96% of women reported being connected to at least one recovery support at the 6-month follow-up. Please note that women were not asked about recovery supports at the 1-month follow-up; thus this information is only available at three points in time.

16. Percentage of women arrested



Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$

17. Percentage of women connected to at least one recovery support (N=305)



Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$

Quality of life

At their 1-month and 6-month follow-up interviews, women are asked to reflect back and rate various aspects of their life *before they started the program*, and to then rate those same aspects *currently*. Women reported significant improvements in many areas of their life (Figure 18), including:

- ✓ Better access to good advice from family and friends
- ✓ Better access to reliable transportation
- ✓ More supportive relationships with family and friends
- ✓ Improved relationships with their children
- ✓ Greater ability to afford basic living expenses
- ✓ More frequently making good parenting decisions, expressing love for their children, and otherwise being a more supportive parent

It should be noted that while women's physical and mental health improved from before they entered a program to their 1-month follow-up, both significantly declined from 1-month follow-up to 6-month follow-up (Figure 19, page 25).

18. Quality of life before and after the program (N=186-302)

	Total N	Before program		At 1-mo follow-up		At 6-mo follow-up	
		n	%	n	%	n	%
Women's mental health is "excellent" or "good"	300	33	11%	240	80%***	175	58%***
Women's physical health is "excellent" or "good"	301	79	26%	242	80%***	188	63%***
Women's family and friends give good advice "most of the time" or "some of the time"	302	173	57%	273	90%***	271	90%***
Women have access to reliable transportation "most of the time" or "some of the time"	300	218	73%	273	91%***	277	92%***
Women's relationships with family and friends are "very supportive" or "somewhat supportive"	302	211	70%	281	93%***	289	96%***
Women consider their relationship with their child(ren) to be "excellent" or "good"	186	87	47%	176	95%***	176	95%***
Women are able to afford basic living expenses "most of the time" or "some of the time"	297	156	53%	247	83%***	252	85%***

18. Quality of life before and after the program (N=186-302) (continued)

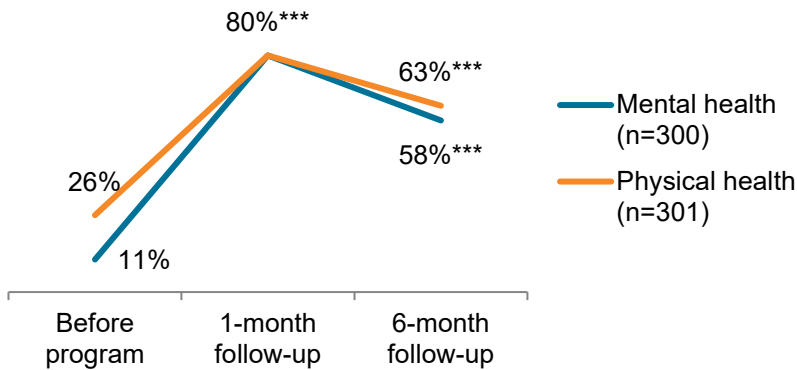
	Total N	Before program		At 1-mo follow-up		At 6-mo follow-up	
		n	%	n	%	n	%
Women are making good parenting decisions “most of the time” or “some of the time”	268	186	69%	<i>Parenting questions are only asked at the 6-month follow-up (not at the 1-month follow-up)</i>		263	98%***
Women are able to control their anger and frustration with their children “most of the time” or “some of the time”	263	229	87%			261	99%***
Women show their children love and affection “most of the time” or “some of the time”	266	251	94%			266	100%
Women consistently set limits and provided appropriate consequences for their children “most of the time” or “some of the time”	254	171	67%			249	98%***
Women try to understand what is going on with their children when they are upset or stressed out “most of the time” or “some of the time”	260	221	85%			258	99%***
Women tell their children they are proud of them when they do something well “most of the time” or “some of the time”	263	243	92%			263	100%
Women can name several good qualities their children have “most of the time” or “some of the time”	264	240	91%			264	100%
Women are positive about being a parent “most of the time” or “some of the time”	269	181	67%			265	99%***

Note. Differences between the three time periods were tested using the Cochran's Q Test and follow-up pairwise comparisons; differences between two time points use McNemar's Test. The following differences are significant at ***p < .001 between the “before the program” rating and the “1-month follow-up” rating, and between the “before the program” rating and the “6-month follow-up” rating. In addition, parenting questions are only asked at the 6-month follow-up; therefore, comparisons for parenting questions are available at two time points (before the program and at the 6-month follow-up). Please see Appendix C for detailed table showing comparisons between each time point.

Significant health gains made during the program lose ground by 6-month follow-up

While women reported significant improvements in their mental and physical health by the 1-month follow-up, some of these gains were lost by the 6-month follow-up (Figure 19). When asked to reflect back on their health *before* entering a WRS program, 11-26% of women rated their mental or physical health as “good” or “excellent.” The percentage of women reporting their health as “good or “excellent” increased significantly 1-month after exit to 80% each. However, by the 6-month follow-up, significantly fewer women rated their mental or physical health highly when compared to the 1-month follow-up. Please note that women were not asked about their mental and physical health at closing; thus this information is only available at three points in time.

19. Percent of women who rate their health “good” or “excellent” (N=300-301)



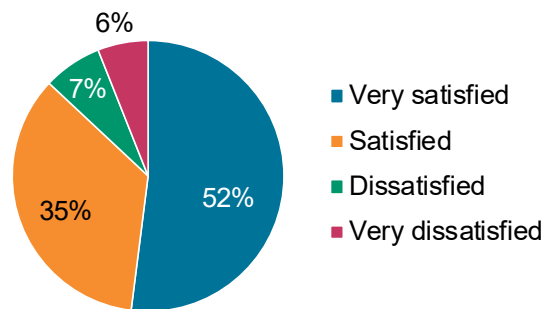
Note. Differences between the three time periods were tested using the Cochran's Q Test and follow-up pairwise comparisons; differences between two time points use McNemar's Test. The following differences are significant at ***p < .001 between the “before the program” rating and the “1-month follow-up” rating, and between the “before the program” rating and the “6-month follow-up” rating.

Program satisfaction and support

During follow-up interviews, respondents are asked to provide feedback about their experience in the WRS program, including their satisfaction with the program and the areas in which they felt they received support. Key findings include:

- **Most women are satisfied with the program.** The majority of women (87%) were “very satisfied” or “satisfied” with their WRS program, and 88% would recommend the program to women like themselves (Figure 20 and Appendix E).

20. Program satisfaction (N=684)



Note. Data were gathered at either the 1-month, 6-month, or 12-month follow-up and are aggregated in the table above; therefore, the n-size (N=684) is higher than in previous tables.

- **Women gave high ratings to program staff.** When asked about specific program elements, the majority of women were most likely to agree that program staff helped them develop their goals (90%), were sensitive to cultural issues (90%), and understood their problems or concerns (90%; Appendix E).
- **Women reported sobriety support as most helpful.** In terms of the services they found most helpful, women were most likely to report that their program helped them to get or stay sober (90%), and that this was the most helpful support to them and their children while in the program (34%). The program also provided the majority of women with emotional support (89%), addressed physical or mental health needs (82%), helped with parenting (80%), and helped women to find a support network of people to help them stay sober (68%; Appendix E).
- **Women needed more help with housing and basic needs.** More than a quarter of women did not receive help but needed assistance with housing (36%), accessing public benefits such as MFIP or WIC (35%), and basic needs such as transportation and paying the bills (25%; Appendix E).

Dosage: The impact of service amount and participation levels on women’s outcomes

Women’s length of participation in WRS programs and the amount of service received while in the program varies widely: across the 11 grant-funded programs during year three, length of participation ranged from less than a month to more than two years, while the amount of contact staff had with women ranged from 2 to 1,331 hours. Given this wide variation in service intensity or “dosage” among women, it is possible that outcomes differ for women based upon the amount of service they received while in their program.

In order to explore the impact of dosage, analyses were conducted that compare outcomes for women who received a high level of service to those who received a lower level of service; these analyses include data from those who exited a WRS program in years one, two, and three. Figure 21 illustrates how “high dosage” and “low dosage” were defined, which was based upon: women’s length of enrollment in the program; the total number of hours of contact time with program staff; and the number of hours of one-on-one, in-person contact with program staff. The threshold between “high” and “low” was based upon the range of data available for all women and is an attempt to assess the impact of dosage on their outcomes. Women had to meet all 3 criteria to fit into the “high” dosage group.

21. Criteria used to define high- and low-dosage groups

Criteria	High dosage	Low dosage
Length of program participation	90 days or more	Less than 90 days
Total contact hours (group, phone, and one-on-one)	180 hours or more	Less than 180 hours
Total one-on-one (in-person) contact hours	12 hours or more	Less than 12 hours

Using these criteria, two groups were created: a high-dosage group of 279 women across 8 programs and a low-dosage group of 188 women across 10 programs.¹⁰ Together, the 467 women included in the dosage analysis represent 26% of women who closed in years one, two, or three. The number of women by program represented within each group is illustrated in Figure 22. Only women who had matched information available (intake to closing, and in some cases, 1-month and 6-month follow-up data as well) and had data available for every criteria (i.e., no missing data) are included in these counts and in the subsequent analysis.

¹⁰ Because the dosage analysis includes women who exited a WRS program at any point during the 2016-2021 grant cycle, this includes women served by Kateri Residence who also completed follow-up interviews before the program closed in July 2018. Thus, all 12 original WRS programs are represented in the dosage analysis.

22. Number of high- and low-dosage women by program (N=467)

Women's Recovery Services grantee	Number of women in high-dosage group	Number of women in low-dosage group
Wellcome Manor Family Services	93	19
St. Cloud Hospital Recovery Plus	69	94
RS Eden	42	15
Wayside House	30	19
Avivo	29	14
Fond Du Lac Reservation	9	10
Perspectives	5	0
St. Stephen's Human Services	2	0
Ramsey County Community Human Services	0	7
American Indian Family Center	0	3
Hope House of Itasca County	0	3
Meeker-McLeod-Sibley Community Health Services	0	4
Total	279	188

When high dosage makes a difference

When comparing the outcomes of women who received a high dosage of services to those who received low dosage, women in the high-dosage group were significantly more likely to be:

- “Doing well” *at exit*
- Abstinent from substances *at exit*
- Abstinent from substances *at the 6-month follow-up*
- Reunified with their children *at exit*
- Not involved with child protection *at exit*
- Successfully complete Rule 31 treatment *by exit*

Women in the high-dosage group had significantly better outcomes in a variety of areas, including abstinence from substance use at exit, 1-month follow-up, and 6-month follow-up (Figure 23). They were also more likely to be “doing well” at exit and to be involved in AA or NA at exit. Additional analysis is needed as more follow-up interviews are completed with women 1, 6, and 12 months after program exit to examine whether differences between the high- and low-dosage groups hold over time.

23. Outcomes significantly linked to a high dosage of service

Outcome	Total N	Proportion of women in <u>high dosage group</u>	Proportion of women in <u>low dosage group</u>
“Doing well” at exit	442	83%***	47%
Abstinent at exit	428	86%***	69%
Abstinent or using less at <u>1-month follow-up</u>	339	97%*	90%
Abstinent at <u>1-month follow-up</u>	339	82%*	71%
Abstinent at <u>6-month follow-up</u>	262	68%*	55%
Involved in AA/NA at exit	419	90%*	81%
Successfully completed Rule 31 treatment by exit	406	86%***	44%
Employed at exit	418	25%**	14%

Note. Differences between high- and low-dosage groups were tested using chi-square tests and t-tests. Differences are significant at: ***p < .001, **p < .01, and *p < .05.

In addition, the analysis suggests that some outcomes are not significantly linked to the amount and intensity of services received while in a WRS program. When comparing outcomes of women who received a high dosage of services and those that received a low dosage, at program exit, there were no significant differences in whether or not women had reduced use of substances or received positive toxicology results for themselves or their babies. There were also no significant differences between groups in terms of women who were: involved with child protection; involved with the criminal justice system; employed; in housing (not homeless); or living in their own home or permanent supportive housing (Figure 24).

24. Outcomes *not* significantly linked to a high dosage of services

Outcome	Total N	Proportion of high dosage clients	Proportion of low dosage clients
Abstinence or reduced use at exit	425	97%	93%
Abstinence or reduced use at 6-month	262	94%	92%
Negative toxicology results for babies	21	75%	89%
Negative toxicology results for mothers	19	100%	75%
<i>Not</i> involved with child protection at exit	448	37%	43%
<i>Not</i> involved with the criminal justice system at exit	444	45%	45%
Employment at 1-month follow-up	162	35%	32%
Employment at 6-month follow-up	105	41%	56%
In housing (not homeless) at exit	372	92%	91%
In own home or permanent supportive housing at exit	341	61%	50%
In housing (not homeless) at 6-month follow-up	258	95%	97%
In own home or permanent supportive housing at 6-month follow-up	258	55%	54%

Note. Differences between high- and low-dosage groups were tested using chi-square tests and t-tests, and were not found to be statistically significant.

Contributors to positive outcomes

Although research has examined the treatment and recovery process for women, the factors that contribute to successful outcomes are still not well understood. Using the data collected for women who closed in year three of this initiative, we examined potential factors influencing positive outcomes for women and their children in recovery, including:

- Being in housing considered by staff to be stable and supportive to recovery at closing
- Participating in medically-assisted treatment (MAT) while in the program
- Being connected to mental health services at closing (including women currently using mental health services and those who have access to mental health services should the need arise)
- Successfully completing Rule 31 treatment in one's most recent treatment episode while in the program
- Being connected to the criminal justice system at intake
- Required participation in programming
- Being pregnant at intake
- Using alcohol, methamphetamine, marijuana, or heroin/opiates as the primary drug of choice
- Race
- Severe or chronic physical health conditions at intake
- Being involved in child protection at intake

The analysis examined to what extent the above factors had a statistically significant impact on key outcomes. Figure 25 provides an overview of key findings from this analysis.

25. Individual characteristics/behaviors contributing to successful outcomes for women and children

Outcomes	Stable & supportive housing at closing	Connected to mental health services at closing	Received a high dosage of services	Completed treatment by closing	Meth – primary drug of choice	Involved in criminal justice system at intake	Involved in child protection at intake	Race†
Decreased substance use at closing	✓			✓		✓		
Decreased substance use at 1-mo follow-up				✓				
Decreased substance use at 6-mo follow-up					✓	✓		
No substance use at closing	✓	✓	✓	✓	✓			✓ (W)
No substance use at 1-mo follow-up	✓			✓				✓ (W)
No substance use at 6-mo follow-up		✓	✓	✓	✓			
Reunification with one or more children at closing	✓	✓	✓	✓	✓			✓ (W)
Not involved with child protection at closing	✓		✓	✓				
Infants not placed outside the home following birth		✓						✓ (W)
Negative toxicology results for mothers								✓ (W)
Negative toxicology results for infants								
Successfully completed Rule 31 treatment by closing	✓	✓	✓					✓ (W)

Note. Factors designated with a checkmark were found to have a statistically significant influence on the corresponding outcome (at least $p < .05$).

† Analyses were conducted to identify whether there were significant differences in the achievement of positive outcomes among women of particular racial groups – specifically African American, white, and American Indian/Alaskan Native women – when compared with all other races. Any racial group found to be significantly more likely to achieve an outcome in comparison with all other racial groups is identified in the chart above using the following abbreviations: W for white.

Results

Overall, many of the factors analyzed had a statistically significant impact on various key outcomes, as illustrated in Figure 25. Some of the highlights are described below.

Stable and supportive housing makes a difference. Results show that securing safe and stable housing by program closing is significantly linked to both abstinence and decreased substance use at closing, as well as abstinence from substance use at the 1-month follow-up. Having stable and supportive housing also has a significant impact on a woman's likelihood of reunification with one or more of her children at closing, being uninvolved with child protective services at closing, as well as her successful completion of a treatment program by closing. While statistically significant, the nature of these correlations needs more consideration. It is likely that a woman's sobriety (or decreased substance use) and successful completion of treatment increases the likelihood that she could obtain safe and secure housing at program exit.

Connections to mental health services are linked to sobriety and reunification by closing. Women with access to mental health services at closing – including those currently receiving mental health services and those connected to mental health services should the need arise – were significantly more likely to be abstinent from substance use at closing and at the 6-month follow-up. Women with access to mental health services were also more likely to be reunified with one or more of their children at closing, to not have their infant placed outside of their home after birth, and to have successfully completed a Rule 31 treatment program by closing.

Involvement in the criminal justice system connects to decreased substance use. Women's involvement in the criminal justice system at intake is significantly associated with decreased substance use at exit as well as decreased substance use at the 6-month follow-up.

Successfully completing treatment increases the likelihood of achieving positive outcomes. While women may sometimes enter and exit treatment multiple times while in a program, those who successfully completed their most recent treatment episode were significantly more likely to be abstinent from substances or show decreased substance use by program exit and at the 1-month follow-up, and were significantly more likely to remain abstinent from substance use at 6-month follow-up. In addition, those successfully completing treatment were significantly more likely to be reunited with one or more of their children by program exit and to not be involved with child protective services at that time.

Outcomes differ depending upon one’s drug of choice. When looking at positive outcomes by a woman’s primary drug of choice, those who prefer methamphetamine are significantly more likely to achieve a number of positive outcomes at closing and in follow-up. These included a higher likelihood of abstinence from substance use at closing, decreased or no substance use at the 6-month follow-up, and reunification with children at closing. Women who prefer alcohol or marijuana are significantly more likely to report (or for staff to report) *negative outcomes* by program exit and at follow-up; women who prefer alcohol are significantly less likely to be reunified with her children at closing, and women who prefer marijuana are significantly less likely to report decreased substance use at 6-month follow-up.

White women are more likely to achieve positive outcomes when compared to women of other races. When looking across all WRS programs, the race of the participating woman makes a difference in the likelihood of achieving a number of outcomes. When compared to women of all other races, white women are significantly more likely to be substance-free at closing and at 1-month follow-up, to avoid out-of-home placements of their newborns following their birth, to be reunited with their children at closing, to have negative toxicology reports at birth (mother’s toxicology), and to have successfully completed a treatment program by closing.

Overall, year three results show that women who identify as American Indian or Alaskan Native are less likely to achieve positive outcomes through WRS programs. As Figure 26 shows, women who identify as American Indian or Alaskan Native are significantly less likely to show decreased substance use at exit and to have successfully completed treatment by exit. American Indian or Alaskan Native women are also more likely than their peers of other races to be involved with child protection at closing.

While not statistically significant, it should also be noted that women who identify as black or African American fall behind women of all other races in a number of outcome areas. This includes less likelihood of abstinence from substances at closing, 1-month follow-up, and 6-month follow-up; less likelihood of negative toxicology results (for the mother) following birth; and a greater likelihood of having one’s baby placed outside of the home following birth.

The Department of Human Services and WRS programs should consider these findings and examine the ways in which they work with women who identify as American Indian, Alaskan Native, black, or African American in order to ensure that positive outcomes are equally attainable for all women, no matter their race. Please note that this analysis of contributors to positive outcomes does not account for confounding factors that might also contribute to differences in outcomes by race, or to other historical and systemic discriminatory practices and structures which may be in place.

26. The likelihood of achieving certain outcomes varies by race

Outcomes	N	Percentage of women who achieved each outcome		
		White (N=25-397)	American Indian/Alaskan Native (N=6-140)	African American/Black (N=12-82)
Decreased substance use at closing	691	96%	92%*	96%
Decreased substance use at 1-mo follow-up	282	95%	96%	95%
Decreased substance use at 6-mo follow-up	168	88%	100%	87%
No substance use at closing	692	84%**	71%**	75%
No substance use at 1-mo follow-up	282	82%*	67%	70%
No substance use at 6-mo follow-up	169	60%	74%	52%
Negative toxicology results for mothers	49	100%*	67%	92%
Negative toxicology results for infants	50	93%*	50%*	92%
Successfully completed Rule 31 treatment by closing	697	71%***	54%**	66%
Baby not placed outside of home following birth	53	97%*	83%	86%
Not involved with in child protection at closing	433	18%	9%*	24%
Child(ren) reunified with mother	683	20%	25%	15%

Note. Analyses were conducted to identify whether there were significant differences in the achievement of positive outcomes among women of particular racial groups – specifically white, American Indian/Alaskan Native, and African American/black women – when compared with all other races. Any racial group found to be significantly more or less likely to achieve an outcome in comparison with all other racial groups is denoted with an asterisk, where *p < .05, **p < .01, ***p < .001.

Appendix

- A. Background
- B. Evaluation methods
- C. Additional data tables
- D. Evaluation tables (from database)
- E. 1-month follow-up interview tables
- F. 6-month follow-up interview tables
- G. 12-month follow-up interview tables

A. Background

Project overview

In October 2016, the Minnesota Department of Human Services Behavioral Health Division (BHD)¹¹ contracted with 12 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families. Through this initiative, known as Women’s Recovery Services, grantees provide comprehensive, gender-specific, family-centered services for the women in their care. The primary goals of the Women’s Recovery Services initiative are to help program participants remain alcohol and drug free, obtain or retain employment, remain out of the criminal justice system, find and secure stable housing, access physical and mental health services for themselves and their children, and deliver babies who test negative for substances at birth (if pregnant). In addition, the initiative aims to provide participants with information and support with regard to parenting. The current cycle of the Women’s Recovery Services initiative began in July 2016 and will continue through June 2021, with the possibility of an extension.

The Department of Human Services contracted with Wilder Research of Saint Paul to conduct a comprehensive evaluation of these treatment support and recovery services. This report generally covers program activities that occurred from June 2018 through May 2019 (year three of the grant) for 11 funded grantees, which includes: the American Indian Family Center (Wakanyeja Kin Wakan Pi “Our Children are Sacred” Program), Avivo (Mothers Achieving Recovery for Project Clean Start (MARFU) Program), Fond du Lac Reservation (Tagwii Women’s Recovery Program), Hope House of Itasca County (Project Clean Start), Meeker-McLeod-Sibley Community Health Services (Project Harmony), Perspectives Inc. (Women and Children: Hand in Hand), Ramsey County Community Human Services (Mothers First Program), RS EDEN (RS EDEN Women and Children’s Family Center), CentraCare - St. Cloud Hospital (Journey Home-Project Clean Start Program), Wayside House (Rise Up in Recovery Program), and Wellcome Manor. While the Women’s Recovery Services initiative included 12 grantees initially in 2016, one grantee – St. Stephens Human Services (Kateri Residence) – closed operations in summer 2018, bringing the total number of Women’s Recovery grantees to 11.

¹¹ During Year 3 of the grant, the Minnesota Department of Human Services restructured its divisions, so that the Alcohol & Drug Abuse Division (ADAD) is now called the Behavioral Health Division (BHD).

Eligibility guidelines for the grant

BHD provides a number of eligibility guidelines for providing grant-funded services, including that women must be pregnant or parenting dependent children under age 19. In addition, they must be enrolled in a substance abuse treatment program, have completed treatment within the six months prior to program enrollment, or commit to entering treatment within three months of program enrollment. Women who are pregnant and actively using alcohol or drugs are also eligible to receive program services, regardless of treatment status.

Program services

Services offered to program participants through the Women's Recovery Services initiative vary somewhat across sites, but generally include the following:

Treatment and recovery services and supports

This includes: ongoing case management (including home and office visits); recovery coaching and/or support from peer recovery specialists; chemical dependency brief intervention, screening, assessment, and referrals for treatment; comprehensive needs assessments and individualized care plans; trauma-informed approaches to providing services; and ongoing urinalyses (UAs).

Basic needs and daily living services and supports (offered directly or by referral)

This includes: housing; financial education; emergency funds; transportation; job training; and child care.

Mental and physical health services and supports (offered directly or by referral)

This includes: medical and mental health assessments and services for women and children; Fetal Alcohol Spectrum Disorders education and screening for children; prenatal and postnatal health care and nutrition consultation for pregnant women; toxicology testing for mothers and infants; safe sleep education for infants; monitoring immunization status for children; and tobacco cessation services.

Parenting services and supports

This includes: parenting education using an evidence-based parenting curriculum; parenting support; recreational activities for families; and children's programming.

B. Evaluation methods

Overview

In order to evaluate the progress of program participants and the effectiveness of the Women's Recovery Services initiative across all 11 sites, the Department of Human Services asked Wilder Research to conduct an evaluation of the program for the duration of the grant.

Over the course of the initiative, Wilder Research will address the following evaluation questions:

Process evaluation

1. How many women are referred to a program, have a case opened and closed, and are served by the program?
2. What are the characteristics of women served?
3. What services and referrals are women receiving through their participation in the program?
4. What are the main differences across programs?

Outcome evaluation

5. To what extent does participation in the program result in women reducing their use of drugs and alcohol, or maintaining their sobriety?
6. To what extent does participation in the program increase women's access to community resources to meet their (and their children's) basic needs?
7. To what extent does participation in the program help women meet their (and their children's) basic needs?
8. To what extent does participation in the program help women find/maintain stable housing?
9. To what extent does participation in the program help women obtain or maintain employment?
10. To what extent does participation in the program help women stay out of the criminal justice system?

11. To what extent does participation in the program improve women's (and their children's) overall physical and mental health?
12. To what extent does participation in the program help women improve their knowledge and skills related to parenting?
13. To what extent does participation in the program help pregnant women deliver healthy, drug-free infants?
14. To what extent do Women's Recovery Services grant-funded programs result in a cost-savings or cost-benefit to the community/Minnesota?

Data collection instruments

Research staff, in partnership with BHD, developed seven instruments in order to collect information about women receiving program services. For the current evaluation year, all forms were available in paper format as well as in a web-based database, into which all data were ultimately entered. Data collection instruments generally remained the same as in year one, with the exception of some additional questions to select instruments. Data collection instruments for year three are described in more detail below.

Client-level forms

Intake form: Program staff complete a new intake form for each woman who enters their program. This form collects basic demographic and other descriptive information about each woman and her dependent children. It serves as a baseline for assessing changes over time in primary outcome areas of interest such as substance use, employment, housing, criminal justice involvement, child protection involvement, and physical and mental health.

UA and Contacts form: This form captures information about Urinalysis (UA) tests performed and their outcomes (positive or negative) and logs the amount of direct contact the woman had with the program.

Pregnancy Outcome form: Program staff complete a pregnancy outcome form for all pregnant women served through the grant. This form gathers information about mother's and baby's health at delivery including toxicology status for both the mother and infant. The form also gathers descriptive information about the infant. Other birth outcomes such as miscarriage, abortion, and stillbirth are also documented on this form.

Closing form: Program staff complete a closing form for each woman when they leave the program. The closing form gathers information about maternal health data, child health data, use of services while enrolled, length of sobriety in the program, treatment

status, program referrals, and closing status. In addition, the closing form is used to capture information about services and referrals related to recovery support, physical and mental health, employment, housing, emergency needs, culturally specific needs, and child-specific needs. It also asks program staff to record all screenings and assessments administered to women and their children while in the program, including those administered directly by the program and by other agencies, if known.

Follow-up interviews

In order to track the progress of women and the maintenance of their goals, follow-up interviews are conducted with women one month, six months, and 12 months after they leave the program. Wilder Research began conducting interviews by telephone in year two (Fall 2017) and will continue through the duration of the grant. Interviewers ask women about their access to social support, education and employment, housing, transportation, physical and mental health, substance use, involvement with the criminal justice and child protection systems, self-efficacy, parenting and their relationship with their child(ren), children's health and well-being, and their satisfaction with the program.

Technical assistance

Throughout the grant period, Wilder Research provides programs with evaluation technical assistance (TA) as requested.

Data analysis

For this report, Wilder Research conducted analysis of the data described above, entered by program staff into the Women's Recovery Services database, for activities that occurred from June 1, 2018, through May 31, 2019 (year three of the grant). Wilder used the database to conduct basic analysis such as frequencies (number of women in the program) and percentages. Additional analyses (e.g., chi-square tests, McNemar's tests) were conducted using statistical software (SPSS) in order to assess changes in outcomes over time. This includes pretest/posttest matched analysis, which reflects women whose cases were closed during year three and who had matching data available at intake and closing. Women who were served less than 15 days in the program were excluded from outcome analyses, as it is not expected that women with such limited program exposure will benefit from the program to the same degree as those involved with the program for a longer term.

Limitations

The following summarizes limitations that should be considered when interpreting evaluation data for year three.

Completeness of data

All information included in this report is based upon data entered into the Women's Recovery Services database, which is completed by program staff. Program staff have been trained how to use and administer the data collection forms and enter data into the database. Due to the high demands on program staff and issues of staff turnover, it is possible that errors have been introduced into the database or that some participant or program information has not been entered and is unaccounted for in the findings reported here.

In order to best meet the needs of DHS and the programs, the data collection instruments are updated on an ongoing basis. For this reason, it is likely there will be a certain amount of missing data due to recent additions of data collection questions during the current or previous reporting periods.

In addition, much of the outcome analysis included in this report is based on a matched-case analysis for women who participated in the program for at least 15 days. Only those women with complete information at both intake and closing (for the pre/post comparative analysis) were included to determine if statistically significant changes occurred during their participation in the program. Often, the total number of women who were served or exited the program in year three exceeds the number of women that met these criteria. Thus, the results of the outcome analysis reflect changes observed among a more limited number of women.

Interpreting data when there are small numbers of women involved

It is important to use caution interpreting data when there are small numbers of cases reported (small "N" sizes). Percentages are based on number of participants, and in some cases, there are fewer than 10 participants to report. Therefore, it is recommended that tables be examined carefully, and the number of cases be kept in mind when interpreting results as such findings are less reliable and may not be representative.

Comparing information collected from multiple sources

Analysis of follow-up data comparing outcomes at intake and closing with outcomes after exiting the program combines data collected by program staff and participants. Program staff collect intake and closing information for women participating in the program. At the follow-up interviews (1-, 6-, and 12-months after closing), women who participated in the program provide information about their well-being and other related issues. Therefore, analyses that compare intake, closing, and follow-up data are using information gathered from various sources, which may introduce bias and lessen the accuracy of statistical analysis.

C. Additional data tables

C1. Change in alcohol and drug use from intake to closing (N=866)

Not using substances at closing	n	%
No change: not using drugs/alcohol at intake or closing	183	21%
Decreased use: not using drugs/alcohol at closing	422	49%
Using substances at closing		
Decreased use: using drugs/alcohol <u>less</u> at closing	85	10%
No change: using drugs/alcohol at intake and closing	14	2%
Increased use: using drugs/alcohol <u>more</u> at closing	25	3%
Substance use unknown	137	16%

C2. Complete list of matched analysis results from intake to closing

	Total N	Intake		Closing	
		n	%	n	%
Substance use within 30 days prior to intake/closing	693	438	63	136	20%***
Tobacco use within 30 days prior to intake/closing	723	623	86%	623	86%
Involvement in any form of recovery support	673	406	60%	581	86%***
Involvement in AA and/or NA	674	364	54%	538	80%***
Involvement with child protection	762	435	57%	405	53%**
Involvement with the criminal justice system	745	383	51%	379	51%

C2. Complete list of matched analysis results from intake to closing (continued)

	Total N	Intake		Closing	
		n	%	n	%
Arrested in the 30 days prior to intake/closing	705	148	21%	32	5%***
In housing/not homeless	461	387	84%	432	94%***
In own home or permanent supportive housing	370	184	50%	221	60%***
In “stable” housing	643	333	52%	467	73%***
In housing “supportive to recovery”	626	378	60%	520	83%***
Has medical insurance	758	693	91%	749	99%***
Has a primary care physician and/or clinic	724	547	76%	628	87%***
Employed full or part time	678	123	18%	173	26%***
In school or a career-training program	750	24	3%	38	5%*

Note. Differences between intake and closing were tested using the McNemar’s test and are significant at *p < .05, **p < .01, and ***p < .001.

C3. Substance use: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=309)

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
Sobriety at intake compared to closing	120	39%	270	87%***				
Sobriety at intake compared to 1-month follow-up	120	39%			245	79%***		
Sobriety at intake compared to 6-month follow-up	120	39%					199	64%***
Sobriety at closing compared to 1-month follow-up			270	87%	245	79%*		
Sobriety at closing compared to 6-month follow-up			270	87%			199	64%***
Sobriety at 1-month follow-up compared to 6-month follow-up					245	79%	199	64%***

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05.

C4. Supportive living arrangements: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=288)

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
In housing “supportive to recovery” at intake compared to closing	174	60%	254	88%***				
In housing “supportive to recovery” at intake compared to 1-month follow-up	174	60%			267	93%***		
In housing “supportive to recovery” at intake compared to 6-month follow-up	174	60%					257	89%***
In housing “supportive to recovery” at closing compared to 1-month follow-up			254	88%	267	93%		
In housing “supportive to recovery” at closing compared to 6-month follow-up			254	88%			257	89%
In housing “supportive to recovery” at 1-month follow-up compared to 6-month follow-up					267	93%	257	89%

Note. Differences between each point in time were tested using Cochran’s Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05.

C5. Stable living arrangements: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=292)

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
In “stable” housing at intake compared to closing	149	51%	238	82%***				
In “stable” housing at intake compared to 1-month follow-up	149	51%			258	88%***		
In “stable” housing at intake compared to 6-month follow-up	149	51%					264	90%***
In “stable” housing at closing compared to 1-month follow-up			238	82%	258	88%*		
In “stable” housing at closing compared to 6-month follow-up			238	82%			264	90%**
In “stable” housing at 1-month follow-up compared to 6-month follow-up					258	88%	264	90%

Note. Differences between each point in time were tested using Cochran’s Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05.

C6. In Housing (not homeless): Matched analysis results from intake to closing to 6-month follow-up (N=211)

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
In housing (not homeless) at intake compared to closing	177	84%	200	95%***		
In housing (not homeless) at intake compared to 6-month follow-up	177	84%			204	97%***
In housing (not homeless) at closing compared to 6-month follow-up			200	95%	204	97%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05. Please note that women are not asked about the type of housing that they are occupying on the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

C7. Employment: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=267)

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
Employed full or part time at intake compared to closing	56	21%	73	27%				
Employed full or part time at intake compared to 1-month follow-up	56	21%			105	39%***		
Employed full or part time at intake compared to 6-month follow-up	56	21%					139	52%***
Employed full or part time at closing compared to 1-month follow-up			73	27%	105	39%***		
Employed full or part time at closing compared to 6-month follow-up			73	27%			139	52%***
Employed full or part time at 1-month follow-up compared to 6-month follow-up					105	39%	139	52%***

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05.

C8. Enrolled in school or a career-training program: Matched analysis results from intake to closing to 6-month follow-up (N=320)

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Enrolled in school/career training at intake compared to closing	9	3%	19	6%		
Enrolled in school/career training at intake compared to 6-month follow-up	9	3%			99	31%***
Enrolled in school/career training at closing compared to 6-month follow-up			19	6%	99	31%***

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05. Please note that women are not asked about enrollment in school or a career-training program on the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

C9. Employed OR enrolled in school OR a career-training program: Matched analysis results from intake to closing to 6-month follow-up (N=289)

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Employed OR enrolled in school/career training at intake compared to closing	63	22%	81	28%		
Employed OR enrolled in school/career training at intake compared to 6-month follow-up	63	22%			185	64%***
Employed OR enrolled in school/career training at closing compared to 6-month follow-up			81	28%	185	64%***

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05. Please note that women are not asked about their enrollment in school or a career-training program on the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

C10. Child protection involvement: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=302)

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
Involvement with child protection at intake compared to closing	172	57%	153	51%**				
Involvement with child protection at intake compared to 1-month follow-up	172	57%			141	47%***		
Involvement with child protection at intake compared to 6-month follow-up	172	57%					136	45%***
Involvement with child protection at closing compared to 1-month follow-up			153	51%	141	47%		
Involvement with child protection at closing compared to 6-month follow-up			153	51%			136	45%*
Involvement with child protection at 1-month follow-up compared to 6-month follow-up					141	47%	136	45%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at ***p < .001, **p < .01, and *p < .05.

C11. Arrested in the past 30 days: Matched analysis results from intake to closing to 6-month follow-up (N=314)

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Arrested at intake compared to closing	67	21%	5	2%***		
Arrested at intake compared to 6-month follow-up	67	21%			33	11%***
Arrested at closing compared to 6-month follow-up			5	2%	33	11%***

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05. Please note that women are not asked about recent arrests on the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

C12. Connected to at least one recovery support: Matched analysis results from intake to closing to 6-month follow-up (N=305)

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Connected to a recovery support at intake compared to closing	179	59%	281	92%***		
Connected to a recovery support at intake compared to 6-month follow-up	179	59%			292	96%***
Connected to a recovery support at closing compared to 6-month follow-up			281	92%	292	96%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05. Please note that women are not asked about connections to recovery supports on the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

C13. Outcomes for women in high- and low-dosage groups

Outcome	Total N	Proportion of high-dosage clients	Proportion of low-dosage clients
“Doing well” at exit	442	83%***	47%
Abstinent at exit	428	86%***	69%
Abstinent at 1-month follow-up	339	82%*	71%
Abstinent at 6-month follow-up	262	68%*	55%
Not using substances, or using less, at exit	425	97%	93%
Not using substances, or using less, at 1-month follow-up	339	97%*	90%
Not using substances, or using less, at 6-month follow-up	262	94%	92%
Successfully completed Rule 31 treatment by closing	406	86%***	44%
Involved in AA/NA at exit	419	90%*	81%
Not involved with child protection at exit	448	37%	43%
Not involved with the criminal justice system at exit	444	45%	45%
Employed at exit	418	25%**	14%
Employed at 1-month follow-up	162	35%	32%
Employed at 6-month follow-up	105	41%	56%
In housing (not homeless) at exit	372	92%	91%
In housing (not homeless) at 6-month follow-up	258	95%	96%
In own home or permanent supportive housing at exit	341	61%	50%
In own home or permanent supportive housing at 6-month follow-up	258	55%	54%

Note. Differences between high and low dosage groups were tested using chi-square tests and t-tests. Differences are significant at: ***p < .001, **p < .01, and *p < .05.

D. Evaluation tables (from database)

[Link to evaluation tables](#)

E. 1-month follow-up interview tables

E1. Number and proportion of 1-month follow-up interviews completed through May 2018, by program (N=534)

Grantee	Number of 1-month interviews completed	Proportion of total 1-month interviews
St. Cloud Hospital Recovery Plus	152	28%
Wellcome Manor Family Services	111	21%
Wayside House	92	17%
RS EDEN	61	11%
Ramsey County Community Human Services	49	9%
Avivo	26	5%
Hope House of Itasca County	24	4%
Meeker-McLeod-Sibley Community Health Services	9	2%
American Indian Family Center	3	1%
Fond du Lac Reservation	3	1%
Perspectives Inc.	2	<1%
St. Stephens Human Services	2	<1%
Total	534	100%

E2. Women’s satisfaction with program (N=665-686)

	Total N	Percentage who agree or strongly agree	Percentage who disagree or strongly disagree
You and the staff worked together to develop your goals for you and your family.	684	90%	11%
The staff were sensitive to cultural issues.	665	90%	10%
The staff understood your problems or concerns.	686	90%	10%
The staff were available when you needed their support.	686	89%	11%
You would recommend this program to women like yourself.	686	88%	13%
The services you received through the program met your expectations.	685	83%	17%
You feel you got the right level of support from the program.	686	83%	17%
The staff knew a lot about services and programs in the community that could help you and your family.	680	81%	19%

Note: Cumulative percentages may vary from 100 percent due to rounding. Women’s satisfaction was collected at the 1-month, 6-month, or 12-month interview, whichever came first; satisfaction results from both time points were combined and included in this table.

E3. Parenting program participation (N=684)

Did you participate in a parenting program while you were in the program?	N	%
Yes	559	82%
No	125	18%

Note: Cumulative percentages may vary from 100 percent due to rounding. Women were asked about their parenting program participation at either the 1-month, 6-month, or 12-month interview, whichever came first; results from both time points were combined and included in this table.

E4. Parenting program impact (N=554)

Of those reporting participation in a parenting program

Would you say...	Strongly agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
The parenting program you participated in helped you learn new parenting techniques or strategies to deal with your child's behavior.	290	52%	38%	36%	53	10%	14	3%
The parenting program you participated in helped you learn more about child development and what to expect of children at different ages.	276	50%	208		62	11%	8	1%

Note: Cumulative percentages may vary from 100 percent due to rounding. Women were asked at either the 1-month, 6-month, or 12-month follow-up interview to reflect on this aspect of their life before participating in the program and after participating, whichever interview came first; results from both time points were combined and included in this table.

E5. Overall satisfaction with program (N=684)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Overall, how satisfied were you with the services you received through the program?	52%	36%	7%	6%

Note: Cumulative percentages may vary from 100 percent due to rounding. Participant satisfaction was collected at either the 1-month, 6-month, or 12-month interview, whichever came first; and results from both time points were combined and included in this table.

E6. Types of support obtained through the program (N=671-681)

Did the program help you...	Yes, program helped with this	No, and I needed this type of help	No, but I did not need this type of help	Percentage who felt this was most helpful to them or children (N=663)
Get or stay sober?	90%	6%	4%	34%
By just being there to provide emotional support or encouragement?	89%	9%	2%	23%
Address your physical or mental health needs?	82%	14%	5%	13%
With parenting?	80%	7%	13%	13%
Find a support network of people who could help you stay sober?	68%	18%	15%	7%
With getting benefits like MFIP or WIC?	54%	11%	35%	3%
With things like transportation or paying bills?	50%	25%	25%	4%
With housing?	28%	36%	36%	3%

Note: Cumulative percentages may vary from 100 percent due to rounding. Information on the types of support provided through the program was collected at either the 1-month, 6-month, or 12-month interview, whichever came first; and results from both time points were combined and included in this table.

E7. Women's well-being before and 1-month after the program (N=531-533)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up
Your physical health	7%	34%	21%	46%	33%	17%	39%	3%
Your mental health	3%	30%	10%	49%	22%	16%	65%	5%

Note: Cumulative percentages may vary from 100 percent due to rounding. At the 1-month interview, women reflected back on their physical and mental health before participating in the program (a retrospective rating) and then described their health since leaving the program.

E8. Relationship with child before and 1-month after the program (N=493-513)

	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
<u>Before entering the program</u> , how would you describe your relationship with your child?	93	19%	135	27%	138	28%	127	26%
<u>Since you left the program</u> , how would you describe your relationship with your child?	310	60%	142	28%	40	8%	21	4%

Note: Cumulative percentages may vary from 100 percent due to rounding. At the 1-month interview, women reflected back on their relationship with their child before participating in the program (a retrospective rating) and then described their relationship since leaving the program.

E9. Use of alcohol and other drugs since leaving the program at 1-month follow-up (N=531)

	N	%
Woman has used alcohol, marijuana, or other drugs since leaving the program	121	23%
Change in substance use among those who have used (N=121):		
Using more at follow-up	14	12%
Using about the same amount at follow-up	19	16%
Using less at follow-up	88	73%
Frequency of substance use since leaving the program (N=121)		
1 time	31	26%
2 or 3 times	35	29%
More than 3 times	55	46%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E10. Types of substances used by 1-month follow-up (N=114-120)

Substances used:	N	%
Alcohol	75	63%
Marijuana/pot/weed/hashish	49	41%
Methamphetamine (meth)	49	41%
Heroin	13	11%
Other opioids	12	10%
Other substances	8	7%
Crack/cocaine	12	10%
Non-prescription methadone	3	3%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E11. Length of sobriety at 1-month follow-up (N=410)

How long have you been abstinent/clean/sober?	N	%
Less than 6 months	174	42%
6-11 months	163	40%
12-18 months	48	12%
More than 18 months	25	6%

Average (mean) length of sobriety: 8.3 months

Median length of sobriety: 6.7 months

Note: Cumulative percentages may vary from 100 percent due to rounding.

E12. Supportiveness and stability of living situation at 1-month follow-up (N=531)

When thinking about your current living situation...	Very supportive or stable	Somewhat supportive or stable	Not very supportive or stable	Not at all supportive or stable
How supportive to recovery is your current living situation?	70%	23%	3%	4%
How stable to recovery is your current living situation?	61%	28%	7%	4%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E13. Employment situation at 1-month follow-up (N=529)

Current employment situation at 1-month follow-up	N	%
Employed full time or part time	175	33%
Unable to work due to a disability	64	12%
Unemployed and looking for work	153	29%
Unemployed and not currently looking for work, including those in school	108	20%
Something else	29	6%

Note: Cumulative percentages may vary from 100 percent due to rounding. Employment includes temporary work and self-employment.

E14. Financial situation and access to transportation before and 1-month after the program (N=526-531)

How often are you/were you able to...	Most of the time		Some of the time		Rarely		Never	
	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up
Afford basic living expenses (rent, food, etc.)	34%	68%	23%	18%	28%	11%	16%	4%
Access reliable transportation	57%	73%	18%	17%	18%	8%	7%	2%

Note: Cumulative percentages may vary from 100 percent due to rounding. At the 1-month interview, women reflected back on their financial situation and access to transportation before participating in the program (a retrospective rating) and then described these things since leaving the program.

E15. Number of children living with you at 1-month follow-up (N=531)

How many children are you currently living with or parenting at least half of the time?	N	%
No children	160	30%
1 child	181	34%
2 children	99	19%
3 children	59	11%
4 or more children	32	6%

Average (mean) number of children among women living with children (N=371): 2 children

Median number of children among women living with children (N=371): 2 children

Note: Cumulative percentages may vary from 100 percent due to rounding.

E16. Parenting decisions before and 1-month after the program (N=361-371)

	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
<u>Before entering the program</u> , how often did you feel you were making good parenting decisions?	100	28%	146	40%	87	24%	28	8%
<u>Since you left the program</u> , how often did you feel you were making good parenting decisions?	345	93%	24	7%	2	1%	-	-

Note: Cumulative percentages may vary from 100 percent due to rounding. At the 1-month interview, women reflected back on their parenting decisions before participating in the program (a retrospective rating) and then described their parenting decisions since leaving the program. These questions were only asked of the women who were living with their children or parenting their children at least half of the time.

E17. Removal and reunification of children by 1-month follow-up (N=507)

Since you left the program...	Yes		No	
	N	%	N	%
Have you had any involvement with child protection?	234	46%	273	54%
Removal or reunification of children among those involved with child protection (N=234)				
Have any of your children been removed from your care?	38	16%	196	84%
Have any of your children been reunited with you?	72	31%	162	69%

Note: Cumulative percentages may vary from 100 percent due to rounding. By the 1-month follow-up, a total of 83 children were removed from their mother's care and 144 children had been reunified with their mother.

E18. Relationships with family and friends before and 1-month after the program (N=530-531)

	Very supportive		Somewhat supportive		Not at all supportive	
	N	%	N	%	N	%
Before entering the program, how would you describe your relationship with family and friends?	128	24%	238	45%	165	31%
Since you left the program, how would you describe your relationship with family and friends?	360	68%	133	25%	37	7%

Note: Cumulative percentages may vary from 100 percent due to rounding. At the 1-month interview, women reflected back on their relationships before participating in the program (a retrospective rating) and then described their relationships since leaving the program.

E19. Access to good advice before and 1-month after the program (N=531)

	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
Before entering the program, how often did you have friends or family available to give you good advice when you were facing a crisis?	173	33%	135	25%	165	31%	58	11%
Since you left the program, how often did you have friends or family available to give you good advice when you were facing a crisis?	378	71%	99	19%	37	7%	17	3%

Note: Cumulative percentages may vary from 100 percent due to rounding. At the 1-month interview, women reflected back on the availability of good advice before participating in the program (a retrospective rating) and then described the availability of good advice since leaving the program.

F. 6-month follow-up interview tables

F1. Number and proportion of 6-month follow-up interviews completed through May 2018, by program (N=433)

Grantee	Number of 6-month interviews completed	Proportion of total 6-month interviews
St. Cloud Hospital Recovery Plus	108	25%
Wellcome Manor Family Services	93	22%
Wayside House	80	19%
RS EDEN	55	13%
Ramsey County Community Human Services	36	8%
Avivo	21	5%
Hope House of Itasca County	18	4%
Meeker-McLeod-Sibley Community Health Services	8	2%
American Indian Family Center	4	<1%
St. Stephens Human Services	4	<1%
Fond du Lac Reservation	3	<1%
Perspectives Inc.	3	<1%
Total	433	100%

F2. Relationships with family and friends at 6-month follow-up (N=430)

	Very supportive		Somewhat supportive		Not at all supportive	
	N	%	N	%	N	%
In the past month, how would you describe your relationship with family and friends?	322	75%	87	20%	21	5%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F3. Access to good advice at 6-month follow-up (N=430)

	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
In the past month, how often did you have friends or family available to give you good advice when you were facing a crisis?	318	74%	67	16%	33	8%	12	3%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F4. Participation in schooling or job training since leaving the program (N=430-433)

	N	%
Number of women who have participated in any additional schooling or job training since leaving the program	117	27%
GED/High school	23	5%
Credential, license, or certificate	14	3%
Associate's or vocational college	8	2%
College degree/four year college	5	1%
Graduate/professional school	0	0%
Other job training	76	18%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F5. Employment situation at 6-month follow-up (N=429)

Current employment situation at 6-month follow-up	N	%
Employed full time or part time	197	46%
Unable to work due to a disability	61	14%
Unemployed and looking for work	88	21%
Unemployed and not currently looking for work, including those in school	69	16%
Something else	14	3%

Note: Cumulative percentages may vary from 100 percent due to rounding. Employment includes temporary work and self-employment.

F6. Financial situation and access to transportation at 6-month follow-up (N=428-429)

In the past month, how often have you been able to...	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
Afford basic living expenses (rent, food, etc.)?	242	57%	116	27%	55	13%	15	4%
Access reliable transportation?	314	73%	77	18%	33	8%	5	1%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F7. Frequency of housing transitions since leaving the program (N=281)

	Range	Mean
Number of times women moved since leaving the program (six months ago)	1-25	2.11

Note: These numbers exclude 146 families who did not move during the follow-up period.

F8. Living arrangements at 6-month follow-up (N=429)

How would you describe your current housing or living arrangement?	N	%
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	193	45%
Staying with a relative or friend on a temporary basis	92	21%
Permanent housing program with services to help you keep your housing, either on site services or services that come to you	37	9%
Staying with a relative or friend on a long-term basis	31	7%
Transitional housing program	26	6%
Halfway house for people in recovery	16	4%
Emergency shelter	13	3%
Residential drug or alcohol treatment facility	8	2%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	8	2%
Some other place	5	1%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F9. Supportiveness and stability of living situation at 6-month follow-up (N=428-429)

When thinking about your current living situation...	Very supportive or stable	Somewhat supportive or stable	Not very supportive or stable	Not at all supportive or stable
How supportive to recovery is your current living situation?	72%	18%	5%	6%
How stable to recovery is your current living situation?	66%	23%	5%	6%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F10. Women's well-being at 6-month follow-up (N=429)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
Your physical health	98	23%	182	42%	119	28%	30	7%
Your mental health	75	18%	178	42%	143	33%	33	8%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F11. Women's use of emergency room and hospitalization since leaving the program (N=429)

Since the time you left the program, have you...	N	%
Been to the emergency room for any reason related to your own health?	158	37%
	Range	Mean
Of those who visited the emergency room, number of visits (N=158):	1-10	8.36

F12. Mental health concerns since leaving the program (N=428)

Since the time you left the program, have you...	N	%
Had concerns related to anxiety, depression, or other mental health concerns since leaving the program?	260	61%
Received help at a clinic, or from a therapist, psychiatrist, or other mental health provider?	295	76%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F13. Women arrested since leaving the program (N=429)

	N	%
Woman has been arrested for any reason since leaving the program	54	13%
Of those arrested (N=54):	Range	Mean
Number of times arrested	1 – 4	1.22

F14. Women charged with crimes since leaving the program (N=429)

	N	%
Woman has been charged with any crimes or violations of a law since leaving the program	44	10%
Of those charged (N=44):	Range	Mean
Number of times charged	1-2	1.18

F15. Women incarcerated since leaving the program (N=428)

	N	%
Woman has been incarcerated for any reason since leaving the program	45	11%
Of those incarcerated (N=11):	Range	Median
Time spent incarcerated (days)	1-183	5.0

F16. Women in detox since leaving the program (N=429)

	N	%
Woman has been in detox since leaving the program	12	3%
Of those in detox (N=1):	Range	Mean
Number of times in detox	1-4	1.5

F17. Use of tobacco at 6-month follow-up (N=429)

Woman smokes cigarettes or uses tobacco products at 6-month follow-up	N	%
Yes	382	89%
No	47	11%
Yes, but only in cultural ceremonies		

Note: Cumulative percentages may vary from 100 percent due to rounding.

F18. Use of alcohol and other drugs at 6-month follow-up (N=429)

	N	%
Woman has used alcohol, marijuana, or other drugs since leaving the program	170	40%
Change in substance use among those who have used (N=168):		
Using more at follow-up	20	12%

F18. Use of alcohol and other drugs at 6-month follow-up (N=429) (continued)

Change in substance use among those who have used (N=168):	N	%
Using about the same amount at follow-up	16	10%
Using less at follow-up	132	79%
Frequency of substance use in the past 30 days (N=58)		
1 time	15	26%
2 or 3 times	16	28%
More than 3 times	27	47%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F19. Types of substances used since leaving the program (N=169-170)

Substances used:	N	%	Of those who have used, women who used this substance in the past 30 days	
			N	%
Alcohol	121	71%	57	47%
Marijuana/pot/weed/hashish	85	50%	48	57%
Methamphetamine (meth)	66	39%	23	35%
Heroin	23	14%	5	22%
Other opioids	23	14%	6	29%
Crack/cocaine	16	9%	6	38%
Non-prescription methadone	2	1%	2	100%
Other substances (Benzodiazepine, ecstasy, other prescription drugs)	9	6%	3	33%

F20. Length of sobriety at 6-month follow-up (N=258)

How long have you been abstinent/clean/sober?	N	%
Less than 6 months	10	4%
6-11 months	122	47%
12-18 months	95	37%
More than 18 months	31	12%
Average (mean) length of sobriety: 12.61 months		
Median length of sobriety: 11 months		

Note: Cumulative percentages may vary from 100 percent due to rounding.

F21. Participation in drug or alcohol treatment programs since leaving program (N=429)

Since you left the program, have you entered any other drug or alcohol treatment programs?	N	%
Yes	171	40%
No	258	60%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F22. Participation in other recovery support activities since leaving program (N=425-429)

Participation in the following activities as part of recovery support since leaving the program:	N	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	323	75%
Aftercare	232	54%
A faith-based or religious group	180	42%
Support from a recovery coach or peer recovery specialist	153	36%
Another support group offered in the community	125	29%
A Recovery Community Organization (RCO)	94	22%
A culturally specific group like a sweat lodge or talking circle	73	17%
Al-Anon	58	14%
Other things to support recovery	260	61%

F23. Sponsor at 6-month follow-up (N=428)

Do you have a sponsor?	N	%
Yes	170	40%
No	258	60%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F24. Participation in Medication Assisted Treatments (MAT) since leaving program (N=419)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	N	%
Yes	56	13%
No	363	87%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F25. Helpfulness of Medication Assisted Treatments (MAT) (N=56)

Of those who reported participating in MAT since leaving the program:	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful
In general, how helpful would you say Medication Assisted Treatment has been in your recovery?	79%	21%	-	-

Note: Cumulative percentages may vary from 100 percent due to rounding.

F26. Self-efficacy at 6-month follow-up (N=426-429)

How much do you agree or disagree with the following statements?	Strongly agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
You can usually solve difficult problems if you try hard enough	249	58%	172	40%	6	1%	2	1%
When you set goals for yourself, you have a hard time following through	32	8%	121	28%	189	44%	85	20%
You stay calm when facing difficulties	98	23%	245	58%	70	16%	13	3%
You can usually handle whatever comes your way	134	31%	267	63%	24	6%	2	1%
You often feel overwhelmed by all of the challenges in your life	55	13%	165	39%	171	40%	38	9%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F27. Number of children living with women at 6-month follow-up (N=429)

How many children are you currently living with or parenting at least half of the time?	N	%
No children	111	26%
1 child	157	36%
2 children	85	20%
3 children	43	10%
4 children	24	6%
5 children	5	1%
6 children	4	1%

Average (mean) number of children among women living with children (N=318): 2 children

Median number of children among women living with children (N=318): 2 children

Note: Cumulative percentages may vary from 100 percent due to rounding. The mean excludes families with no children living with them.

F28. Interactions with children at 6-month follow-up (N=270-273)

In the past month, how would you describe the following?	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
You showed your children love and affection	269	99%	3	1%	1	<1%	-	-
When your children did something well, you let them know that you were proud of them	268	98%	5	2%	-	-	-	-
You could name several good qualities your children have	263	97%	9	3%	-	-	-	-
When your children were upset or stressed out, you tried to understand what was going on with them	255	94%	13	5%	2	1%	1	<1%
You were able to control your anger and frustration with your children	239	88%	30	11%	3	1%	-	-
You make good parenting decisions	236	87%	30	11%	3	1%	3	1%
You feel positive about being a parent	232	85%	36	13%	3	1%	1	<1%
You consistently set limits and provided appropriate consequences	214	79%	51	19%	5	2%	-	-

Note: Cumulative percentages may vary from 100 percent due to rounding. These questions were asked of women living with and/or parenting children age 1 year or older.

F29. Relationship with child at 6-month follow-up (N=272)

In the past month, how would you describe your relationship with your child?	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
In the past month, how would you describe your relationship with your child?	193	71%	66	24%	12	4%	1	<1%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F30. Involvement with child protection since leaving the program (N=415)

Since you left the program, have you had any involvement with child protection?	N	%
Yes	193	47%
No	222	54%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F31. Reunification and removal of children since leaving the program (N=192)

Since you left the program	Yes		No	
	N	%	N	%
Have any of your children been reunited with you?	75	39%	118	61%
Have any of your children been removed from your care?	57	30%	135	70%

Note: Cumulative percentages may vary from 100 percent due to rounding. By the 6-month follow-up, 115 children were removed from their mother's care and 148 children had been reunified with their mother.

G. 12-month follow-up interview data tables

G1. Number and proportion of 12-month follow-up interviews completed through May 2018, by program (N=240)

Grantee	Number of 12-month interviews completed	Proportion of total 12-month interviews
St. Cloud Hospital Recovery Plus	54	23%
Wellcome Manor Family Services	52	22%
Wayside House	49	20%
RS EDEN	29	12%
Ramsey County Community Human Services	22	9%
Avivo	11	5%
Hope House of Itasca County	10	4%
Meeker-McLeod-Sibley Community Health Services	4	2%
St. Stephens Human Services	4	2%
American Indian Family Center	2	<1%
Fond du Lac Reservation	2	<1%
Perspectives Inc.	1	<1%
Total	240	100%

G2. Relationships with family and friends at 12-month follow-up (N=238)

	Very supportive		Somewhat supportive		Not at all supportive	
	N	%	N	%	N	%
In the past month, how would you describe your relationship with family and friends?	187	79%	44	19%	7	3%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G3. Access to good advice at 12-month follow-up (N=238)

	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
In the past month, how often did you have friends or family available to give you good advice when you were facing a crisis?	184	77%	30	13%	17	7%	7	3%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G4. Participation in schooling or job training since leaving the program (N=238)

	N	%
Number of women that have participated in any additional schooling or job training since leaving the program	71	30%
GED/High school	9	4%
Credential, license, or certificate	4	2%
Associate's or vocational college	15	6%
College degree/four year college	3	1%
Graduate/professional school	-	-
Other job training	44	18%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G5. Employment situation at 12-month follow-up (N=238)

Current employment situation at 12-month follow-up	N	%
Employed full time or part time	118	50%
Unable to work due to a disability	32	13%
Unemployed and looking for work	47	20%
Unemployed and not currently looking for work, including those in school	34	14%
Something else	7	3%

Note: Cumulative percentages may vary from 100 percent due to rounding. Employment includes temporary work and self-employment.

G6. Financial situation and access to transportation at 12-month follow-up

In the past month, how often have you been able to...	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
Afford basic living expenses (rent, food, etc.)?	141	60%	60	25%	30	13%	5	2%
Access reliable transportation?	190	80%	39	17%	5	2%	3	1%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G7. Frequency of housing transitions since leaving the program (N=165)

	Range	Mean
Number of times women moved since leaving the program (12 months ago)	1-8	2.15

Note: These numbers exclude 71 families who did not move during the follow-up period.

G8. Living arrangements at 12-month follow-up (N=238)

How would you describe your current housing or living arrangement?	N	%
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	131	55%
Staying with a relative or friend on a temporary basis	31	13%
Staying with a relative or friend on a long-term basis	21	9%
Permanent housing program with services to help you keep your housing, either on site services or services that come to you	20	8%
Transitional housing program	16	7%
Residential drug or alcohol treatment facility	7	3%
Emergency shelter	5	2%
Some other place	3	1%
Halfway house for people in recovery	2	1%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	2	1%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G9. Supportiveness and stability of living situation at 12-month follow-up (N=238)

When thinking about your current living situation...	Very supportive or stable	Somewhat supportive or stable	Not very supportive or stable	Not at all supportive or stable
How supportive to recovery is your current living situation?	70%	24%	2%	5%
How stable to recovery is your current living situation?	71%	21%	4%	4%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G10. Women's well-being at 12-month follow-up (N=236-237)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
Your physical health	58	25%	103	44%	61	26%	15	6%
Your mental health	49	21%	105	45%	65	28%	17	7%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G12. Mental health concerns since leaving the program (N=237)

Since the time you left the program, have you...	N	%
Had concerns related to anxiety, depression, or other mental health concerns?	142	60%
Received help at a clinic, or from a therapist, psychiatrist, or other mental health provider?	171	73%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G13. Women arrested since leaving the program (N=236)

	N	%
Woman has been arrested for any reason since leaving the program	45	19%
Of those arrested (N=45):	Range	Median
Number of times arrested	1 – 8	1.0

G14. Women charged with crimes since leaving the program (N=236)

	N	%
Woman has been charged with any crimes or violations of a law since leaving the program	34	14%
Of those charged (N=34):	Range	Mean
Number of times charged	1-4	1.6

G15. Women incarcerated since leaving the program (N=236)

	N	%
Woman has been incarcerated for any reason since leaving the program	37	16%
Of those incarcerated (N=37):	Range	Median
Time spent incarcerated (days)	1-304	10

G16. Women in detox since leaving the program (N=236)

	N	%
Woman has been in detox since leaving the program	15	6%
Of those in detox (N=15):	Range	Mean
Number of times in detox	1-3	1.4

G17. Use of tobacco at 12-month follow-up (N=236)

Woman smokes cigarettes or uses tobacco products at 12-month follow-up	N	%
Yes	207	88%
No	29	12%
Yes, but only in cultural ceremonies	0	0%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G18. Use of alcohol and other drugs at 12-month follow-up (N=237)

	N	%
Woman has used alcohol, marijuana, or other drugs since leaving the program	114	48%
Change in substance use among those who have used (N=114):		
Using more at follow-up	7	6%
Using about the same amount at follow-up	13	11%
Using less at follow-up	94	83%
Frequency of substance use in the past 30 days (N=54)		
1 time	10	19%
2 or 3 times	15	28%
More than 3 times	29	54%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G19. Types of substances used since leaving the program (N=114)

Substances used among those reporting drug usage:	N	%	Of those who have used, clients who used this substance in the past 30 days	
			N	%
Alcohol	82	72%	43	52%
Marijuana/pot/weed/hashish	59	52%	25	43%
Methamphetamine (meth)	51	45%	7	14%
Heroin	20	18%	5	25%
Crack/cocaine	13	11%	5	39%
Other opioids	11	10%	2	18%
Non-prescription methadone	-	-	-	-
Other substances	5	5%	1	20%

G20. Length of sobriety at 12-month follow-up (N=122)

How long have you been abstinent/clean/sober?	N	%
Less than 6 months	7	6%
6-11 months	7	6%
12-18 months	70	57%
More than 18 months	38	31%
Average (mean) length of sobriety: 17.3 months		
Median length of sobriety: 17 months		

Note: Cumulative percentages may vary from 100 percent due to rounding.

G21. Participation in drug or alcohol treatment programs since leaving program (N=237)

Since you left the program, have you entered any other drug or alcohol treatment programs?	N	%
Yes	83	35%
No	154	65%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G22. Participation in other recovery support activities since leaving program (N=221-236)

Women's participation in the following activities as part of recovery support since leaving the program:	N	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	172	73%
Aftercare	112	48%
A faith-based or religious group	87	37%
Another support group offered in the community	75	32%
Support from a recovery coach or peer recovery specialist	72	31%
A Recovery Community Organization (RCO)	45	19%
A culturally specific group like a sweat lodge or talking circle	42	18%
Al-Anon	32	14%
Other things to support recovery	114	52%

G23. Sponsor at 12-month follow-up (N=235)

Do you have a sponsor?	N	%
Yes	86	37%
No	149	63%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G24. Participation in Medication Assisted Treatments (MAT) since leaving program (N=236)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	N	%
Yes	41	17%
No	195	83%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G25. Helpfulness of Medication Assisted Treatments (MAT) (N=41)

Of those who reported participating in MAT since leaving the program:	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful
In general, how helpful would you say Medication Assisted Treatment has been in your recovery?	81%	15%	2%	2%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G26. Self-efficacy at 12-month follow-up (N=236)

How much do you agree or disagree with the following statements?	Strongly agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
You can usually solve difficult problems if you try hard enough	133	56%	100	42%	3	1%	-	-
You can usually handle whatever comes your way	82	35%	133	56%	21	9%	-	-
You stay calm when facing difficulties	54	23%	138	59%	37	16%	7	3%
You often feel overwhelmed by all of the challenges in your life	34	14%	86	36%	88	37%	28	12%
When you set goals for yourself, you have a hard time following through	21	9%	70	30%	104	44%	41	17%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G27. Number of children living with women at 12-month follow-up (N=237)

How many children are you currently living with or parenting at least half of the time?	N	%
No children	55	23%
1 child	89	37%
2 children	47	20%
3 children	26	11%
4 children	16	7%
5 children	2	1%
6 children	2	1%
Average (mean) number of children among women living with children (N=182): 2 children		
Median number of children among women living with children (N=182): 2 children		

Note: Cumulative percentages may vary from 100 percent due to rounding. The mean excludes families with no children living with them. G28. Interactions with children at 12-month follow-up (N=172-173)

G28. Interactions with children at 12-month follow-up (N=172-173)

In the past month, how would you describe the following?	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
You showed your children love and affection	170	98%	2	1%	1	1%	-	-
When your children did something well, you let them know that you were proud of them	168	97%	5	3%	-	-	-	-
You could name several good qualities your children have	167	97%	6	4%	-	-	-	-
When your children were upset or stressed out, you tried to understand what was going on with them	162	94%	11	6%	-	-	-	-
You were able to control your anger and frustration with your children	150	87%	21	12%	2	1%	-	-
You feel positive about being a parent	146	84%	25	15%	2	1%	-	-
You make good parenting decisions	136	79%	34	20%	2	1%	-	-
You consistently set limits and provided appropriate consequences	114	66%	50	29%	9	5%	-	-

Note: Cumulative percentages may vary from 100 percent due to rounding. These questions were asked of women living with and/or parenting children age 1 year or older.

G29. Relationship with child at 12-month follow-up (N=173)

	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
In the past month, how would you describe your relationship with your child?	112	65%	53	31%	8	5%	-	-

Note: Cumulative percentages may vary from 100 percent due to rounding. This question was asked of women living with and/or parenting children age 1 year or older.

G30. Involvement with child protection since leaving the program (N=225)

Since you left the program, have you had any involvement with child protection?	N	%
Yes	85	38%
No	140	62%

Note: Cumulative percentages may vary from 100 percent due to rounding.

G31. Reunification and removal of children since leaving the program (N=85)

Since you left the program	Yes		No	
	N	%	N	%
Have any of your children been reunited with you?	33	39%	52	61%
Have any of your children been removed from your care?	34	40%	51	60%

Note: Cumulative percentages may vary from 100 percent due to rounding. By the 12-month follow-up, a total of 63 children were removed from their mother's care and 63 children had been reunified with their mother.

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451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

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