

# Women's Recovery Services in Minnesota: Year 4 Findings

Prepared by Wilder Research



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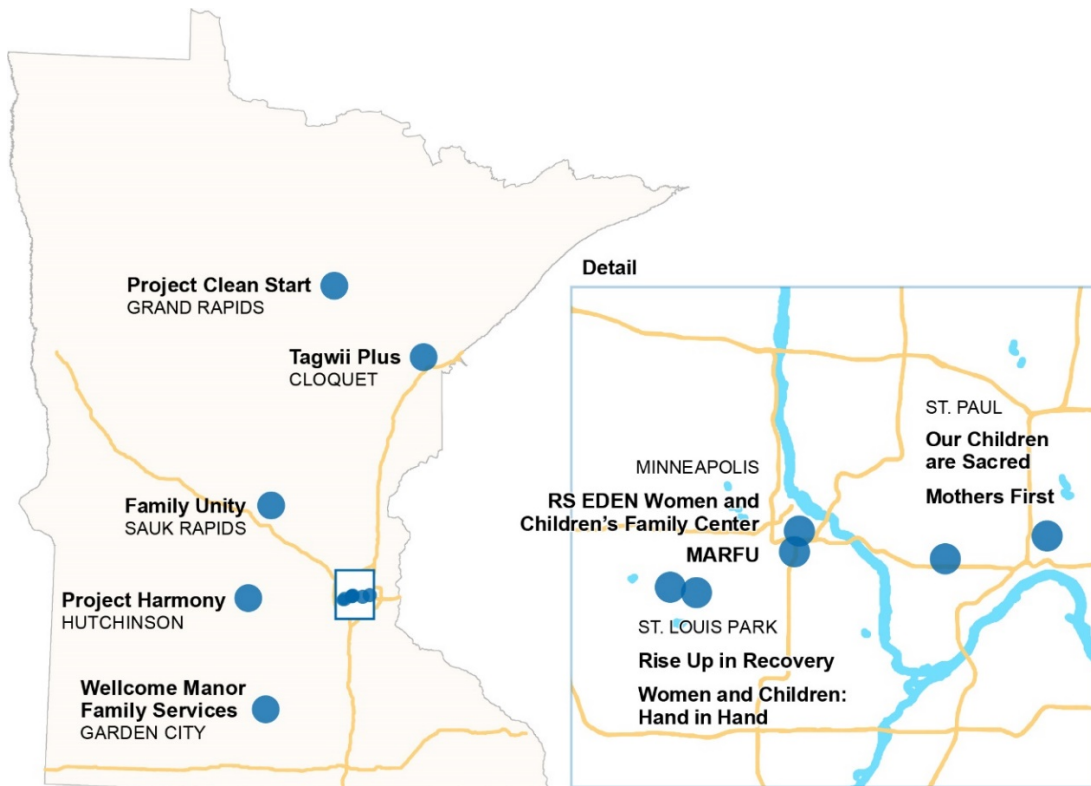
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# Project overview

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).<sup>1</sup> Through this initiative, known as Women’s Recovery Services (WRS), grantees provided comprehensive, gender-specific, family-centered services for the women in their care. Two grantees provided American Indian culturally specific services (Wakanyeja Kin Wakan Pi and Tagwii). 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. Map of Women’s Recovery Services grantees (2016-2021)



<sup>1</sup> While the Women’s Recovery Services initiative initially included 12 grantees, two grantees – St. Stephen’s Human Services (Kateri Residence) and St. Cloud Hospital Recovery Plus (Journey Home-Family Unity) – have since closed operations, bringing the total number of Women’s Recovery grantees to 10 as of July 1, 2020. St. Cloud Hospital operated through June 30, 2020, and are included in this year four report.

## 2. Women’s Recovery Services grantees in year four (June 2019 – May 2020)

Grantee	Program	# of women served by the program	# of women who exited the program
American Indian Family Center	Wakanyeja Kin Wakan Pi “Our Children are Sacred”	10	8
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)	98	66
Fond du Lac Reservation	Tagwii	37	18
Hope House of Itasca County	Project Clean Start	46	25
Meeker-McLeod-Sibley Community Health Services	Project Harmony	45	19
Perspectives Inc.	Women and Children: Hand in Hand	67	21
Ramsey County Community Human Services	Mothers First	166	140
RS EDEN	Women and Children’s Family Center	111	81
St. Cloud Hospital Recovery Plus	Journey Home-Family Unity	164	159
Wayside Recovery Center	Rise Up in Recovery	135	88
Wellcome Manor Family Services	Wellcome Manor Family Services	162	129
<b>TOTAL</b>		<b>1041</b>	<b>754</b>

## Overview of report

This report presents findings across all 11 funded programs in year four of the grant cycle (June 1, 2019 through May 31, 2020). 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 1,041 women<sup>2</sup> during year four of the grant (365 of these women remained from a previous period, while 676 were new to the program). A total of 754 women exited their program during year four.

*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 (52%), American Indian/Alaska Native (19%), African American/Black (18%), or multiracial (8%); 7% reported being of Hispanic origin.
- **Women’s age:** The majority of women served were age 25-48 (79%).
- **Pregnancy at intake:** 26% of women were pregnant at intake (81% of these women had at least one prior pregnancy).
- **Children of women served:** Women served had a total of 1,938 children, including 99 babies born while women were in a WRS program; 1,418 children exited during year four (along with the 754 women reported above), and 37% of these children were reported to have received services in year four, although service information was missing for 26% of children.
- **Income and public benefits:** Most women served (93%) 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 (49%), MFIP cash assistance (29%), and WIC (22%).
- **Educational background of women served:** The majority of women served had earned a high school diploma or GED (71%); 12% had obtained a post-secondary degree.

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<sup>2</sup> 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 754 women *who exited their program* in year four.

## Program dosage

- **Average length of participation:** 6.1 months; median 4 months (range: <1 month to 7.6 years<sup>3</sup>)
- **Average number of contacts between program staff and women:** 194 contacts (77% of women had at least one in-person contact with staff per month)
  - Average number of **phone call** contacts: 20 contacts – 35% of women participated in a phone call with program staff*
  - Average number of **one-on-one** contacts (in-person): 27 contacts – 90% of women participated in a one-on-one contact with program staff*
  - Average number of **group** sessions (in-person): 196 contacts – 71% of women participated in a group session with program staff*
  - Average number of **text message** contacts: 17 contacts – 22% of women texted with program staff*
- **Average number of hours program staff spent with women:** 218 hours (range: <1 hour to 1,024 hours) for the 697 women with recorded contact hours; 57 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 (85%), parenting (75%), relationship issues (67%), transportation (65%), physical health (64%), housing (64%), wellness or recreation (61%), and public benefits (57%).
- **Service areas of highest need:** Program staff reported that women needed the most help with mental health and counseling (70%), parenting (51%), housing (42%), and relationship issues (29%).
- **Assessments provided:** In year four, women most commonly received a mental health assessment (66%), a chemical health assessment (63%), a physical health assessment (59%), a mental health screening (48%), or a Fetal Alcohol Spectrum Disorder (FASD) screening through informal questions (32%).

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<sup>3</sup> While length of participation varied by program and by person, 89% of women who closed in year four participated for a year or less; 7 women (less than 1%) participated for 3 or more years.

- **Percentage of women who received urinalysis tests (UAs) while in the program:** 70% of all women who exited in year four.
- **Average number of UAs provided to women during the program:** 20 UAs; 60% of women provided with a UA had at least one positive UA, most commonly for methamphetamine (45%), marijuana (29%), other amphetamines (28%), other opiates (12%), alcohol (10%), benzodiazepines (10%), cocaine powder (8%), and heroin (5%).
- **Percentage of women who completed an evidence-based parenting program:** 68% of women *participated* in an evidence-based program or curriculum while in a WRS program; 57% *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 four of the grant (2019-20 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 360 and 691 women had matched information on key outcome areas available at both intake and closing, representing 48% - 92% of all women who exited WRS programs in year four. 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 754 women who exited a WRS program in year four.

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 it occurs. 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

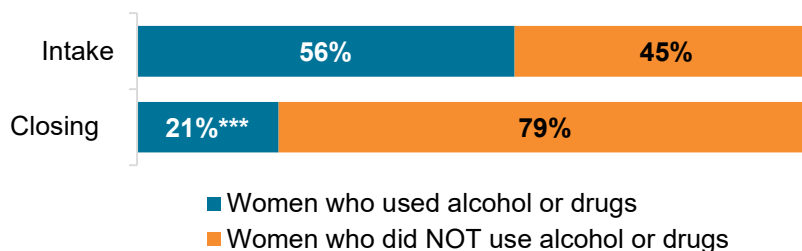
## At intake (all women served in reporting year four)

- **Substance use and sobriety:** At intake, 54% 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 478 women<sup>4</sup> (46%) 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 5.2 months.
- **Primary drug of choice:** For the women served during year four, the primary drug of choice was most often methamphetamine (40%), followed by alcohol (19%), marijuana (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 (49%), alcohol (42%), heroin (14%), cocaine (9%), and pharmaceutical opioids (7%). The majority of women (82%) also reported recent tobacco use at intake.

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

► **Matched analysis:** The number of women with recent substance use **significantly decreased** from intake to closing (Figure 3). While 56% of those with matched data had used substances in the month prior to intake, 21% 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=627)



Note. Differences between intake and closing were tested using the McNemar’s test and are significant at: \*\*\*p < .001. Cumulative percentages may vary from 100 percent due to rounding.

<sup>4</sup> 478 women reported no recent alcohol or drug use at intake; however, information on length of sobriety was available for only 448 of those women. Only the duration of sobriety for those 448 women was used in the length of sobriety calculations.

# Infant health

## *All babies born to women served in reporting year four*

- **Most babies were born healthy and stayed with their mother following birth.** In year four, most babies were born full term (89%) and with a normal birth weight (86%). In addition, 21% of babies spent time in the NICU. Overall, 19% of babies born to women in year four were placed outside of the home following birth.
- **Infant toxicology:** Of infants tested, 25% of babies had positive toxicology results, most commonly for marijuana (63%).<sup>5</sup> (24% of all babies born during year four did not receive a toxicology test or had results unknown to program staff.) Infant toxicology was most often obtained through a meconium test (42%) or a blood test (36%).
- **Mothers' toxicology:** While toxicology results were unknown or untested for 23% of women who gave birth in year four, 18% of women with available results tested positive for substances at birth, most commonly for marijuana (79%).<sup>6</sup> Toxicology results for women were most commonly obtained through a urine test (67%).

# Recovery support

## *At intake (all women served in reporting year four)*

- **Sources of recovery support:** Upon entering their Women's Recovery program, 45% of women were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Fewer women were connected to recovery support through faith-based groups (12%), culturally specific groups (7%), other community groups (5%), aftercare (3%), other recovery activities (3%), Al-Anon (2%), or Recovery Community Organizations (RCOs; 1%).

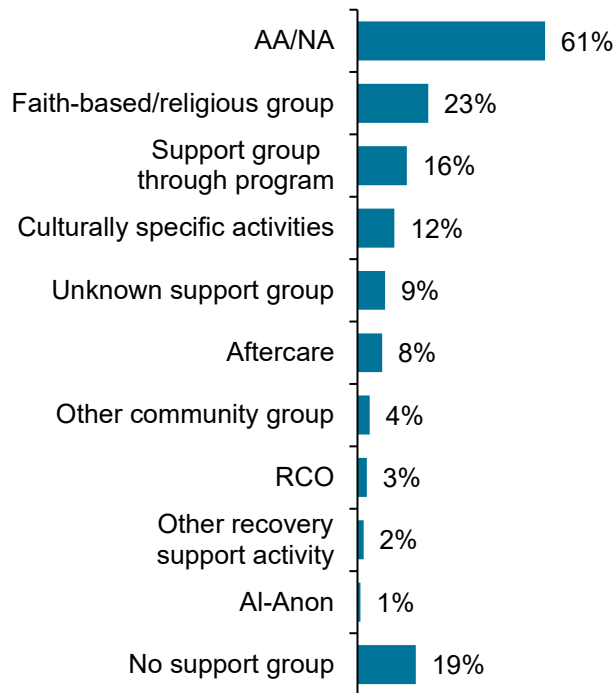
## *At closing (women who exited a program in reporting year four)*

- **Sources of recovery support:** By closing, women sought support primarily through AA or NA (61%), a faith-based support group (23%), a support group through their WRS program (16%), a culturally specific recovery support activity (12%), an unknown support group (9%), or aftercare (8%; Figure 4).

<sup>5</sup> This excludes 5 babies who tested positive for medications taken by the mother as directed.

<sup>6</sup> This excludes 5 women who tested positive for medications taken as directed.

#### 4. Types of recovery support used by women at closing (N=754)



► **Matched analysis:** Significantly more women were connected to recovery support activities at closing (79%) than at intake (57%), particularly to AA and/or 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	621	353	57%	491	79%***
Women involved in AA and/or NA	621	313	50%	444	72%***

Note. Differences between intake and closing were tested using the McNemar's test and are significant at: \*\*\*p < .001. "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 four)*

- **Child protection:** 51% of women were involved with child protection at intake and 17% had been referred to their program through that system.<sup>7</sup>
- **Criminal justice system:** 49% of women were involved with the criminal justice system and 15% had been arrested in the 30 days prior to program entry; 11% had been referred through corrections or drug court.

## *At closing (women who exited a program in reporting year four)*

- **Reunification:** 179 children were reunified with their mothers by closing (after a formal out-of-home placement).
- **Babies placed out of home:** 19% of the babies born to mothers served during year four 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 (3%) than in the 30 days prior to intake (16%). 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. The percentage of women involved 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	651	103	16%	20	3%***
Women involved in child protection	691	369	53%	335	49%**
Women involved with the criminal justice system	681	326	48%	325	48%

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

<sup>7</sup> 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 four)

- At intake, women were most likely to be living in a relative or friend’s home (30%), in their own house or apartment (24%), or in an inpatient treatment facility (17%).
- 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 (79%) had experienced homelessness at some point in their lives, with 76% having been homeless one to four times.

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

- 39% of women went through a coordinated assessment for housing while in the program and 29% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 5%-10% 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 48%-78% of women; therefore, these findings may not be representative of all women who exited a WRS program in year four.

## 7. Changes in housing from intake to closing

	Total N	Intake		Closing	
		n	%	n	%
Women in housing/not homeless <sup>a</sup>	442	376	85%	414	94%***
Women in own home or permanent supportive housing <sup>b</sup>	360	181	50%	212	59%**
Women in “stable” housing <sup>c</sup>	589	346	59%	439	75%***
Women in housing “supportive to recovery” <sup>d</sup>	565	357	63%	490	87%***

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

<sup>a</sup> 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).

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

<sup>c</sup> 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.

<sup>d</sup> 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; 56% were in inpatient/residential treatment, 26% were in outpatient treatment with housing, and 19% were in outpatient treatment without housing. Of those in treatment at intake, 16% had children living with them while in treatment.
- **Prior treatment participation:** The majority of women (77%) reported having been in treatment at some point prior to entering their current program, typically one to four times (71%).
- **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 659 women who were in treatment at some point during their time in the program, their most recent treatment outcomes were as follows: 56% successfully completed Rule 31 treatment, 30% were noncompliant or left the program without staff approval, 6% had some “other” treatment outcome, 5% were still in treatment, and 2% had treatment outcomes that were missing or unknown.
- **Medication-assisted treatment and detox:** While in a WRS program, 18% of women received medication-assisted treatment (MAT), primarily suboxone and methadone (medications used to replace heroin or opioid addiction); 3% spent time in detox while in their program.

## Health and safety

### *At intake (all women served in reporting year four)*

- **Physical health and access to care:** 45% of women reported having a severe or chronic physical health problem at intake; most common chronic health issues were chronic neck or back problems (13%), lung or respiratory illnesses (8%) tooth and/or gum problems (6%), migraines (6%), and high blood pressure (6%). 45% had been to the emergency room in the past 6 months. The majority of women had medical insurance (93%), typically through a public option (e.g., MA, MNCare), and over three-quarters had a primary care physician, clinic, or both (77%).
- **Mental health diagnoses:** 83% 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 (72%) or depressive disorder (63%). In addition, 51% of all women had been diagnosed with Post-traumatic Stress Disorder (PTSD). A small proportion of women reported a diagnosed Traumatic Brain Injury (TBI; 6%) or Fetal Alcohol Spectrum Disorder (FASD; 1%).

- **Intimate partner violence:** When asked at program exit, 18% of women reported that, at intake, they were in a relationship with a partner who was physically or emotionally violent. (Data were unknown for 16% of women.)

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

- **Mental health services:** By closing, 68% 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 10% of women.
  - **Intimate partner violence:** 67% of women who reported an abusive relationship at intake said that their personal safety had improved by closing. 17% of women reported that their personal safety stayed the same or worsened by closing; this information was missing for 17% of women.
- **Matched analysis:** Significantly more women had a primary care physician and/or clinic at closing (87%) when compared with intake (76%). While nearly all women had medical insurance at intake (94%), significantly more women had medical insurance by closing (99%), although this was only a 5 percentage point increase (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	658	500	76%	570	87%***
Women with medical insurance	680	641	94%	670	99%***

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

## Education and employment

*At intake (all women served in reporting year four)*

- **Education:** 71% of women had a high school diploma or GED at intake; 42% had completed some college or obtained a degree.
- **Employment and career-training programs:** Most women (83%) were unemployed or not working at intake, with 23% of those actively looking for work. Fewer (16%) were employed either full time or part time, or involved in school or a career-training program (4%).



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

► **Matched analysis:** Relatively 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 (27%) when compared to intake (18%). Similarly, more women were involved in a school or career-training program at closing (6%) compared to intake (3%), which was a small but statistically significant increase. Taken together, the percentage of women employed or enrolled in a school or career training program increased significantly from intake (20%) to closing (30%; 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	619	111	18%	165	27%***
Women in school/career-training program	688	22	3%	41	6%**
Women <u>either</u> employed OR enrolled in a school/career-training program	619	125	20%	186	30%***

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

## Additional outcomes

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

- **Engagement in case plan and continuing care plan:** At the time of closing, 70% of women were at least somewhat engaged in carrying out their program goals and case plan (as reported by program staff); 64% 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 64% of women who exited a WRS program this past year were “doing well” at closing. Staff had too little contact with 8% of women to make this determination (Figure 10).

### 10. Staff perception of women’s status at closing (N=754)



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 (51%), they were not engaged in carrying out the goals of their case plan (44%), they were actively using substances (33%), they disappeared or could not be reached (15%), or because the woman was in crisis or experiencing a traumatic life event (7%).

# Children of women served

## Description of children

Women served by a WRS program during year four of the grant had a total of 1,938 dependents at the time of intake. Key characteristics of these children include:

- **Children's race and ethnicity:** At intake, children were identified as White (42%), multiracial (21%), American Indian/Alaska Native (17%), African American/Black (17%), and Asian American/Pacific Islander (3%). In addition, 14% were identified as Hispanic.
- **Children's age:** The majority of children (83%) were under age 12.
- **Babies born:** A total of 99 babies were born to women served by a WRS program in year four. Babies were most commonly identified as African American/Black (33%), White (30%), multiracial (15%), American Indian/Alaska Native (13%), and Asian American/Pacific Islander (2%). In addition, 5% of babies born in year four 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 519 children, or 37% of the 1,418 children of women who exited the program in year four. The following provides additional information about the services provided to these 519 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 (61%), physical health/medical care (52%), and recreational services (49%). Children also received services related to immunizations (40%), safe infant sleep (38%), educational needs (31%), FASD (25%), and mental health/counseling (18%).
- **Assessments provided to children:** Children were most likely to receive a FASD screening through informal questions (37%) or a developmental assessment (18%); 53% 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 1,418 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 four, for whom data are available.

- **Custody status:** At closing, 45% of children were involved with child protection. Of those children, 52% 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 13%-17% of children.
- **Mental health services at closing:** Of the children with known information, 22% of children were receiving mental health services at closing, although this information was unknown for 23% of children.
- **Participation in an evidence-based children’s program:** While this information was unknown or missing for 6% of children, 10% of children participated in an evidence-based program during year four and fully completed the program; an additional 8% partially completed an evidence-based program.

## Life after WRS programs

### Follow-up interview results

Number of women who  
exited in years 1-4

**2,525**

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

**803**

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

**634**

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

**240-470**

Wilder Research contacts women by telephone approximately 1, 6, and 12 months after exit to assess their well-being and satisfaction with the program. A total of 803 1-month interviews, 634 6-month interviews, and 466 12-month interviews were completed with women in years two, three, and four (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,<sup>8</sup> 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 10%-19% of all 2,525 women who exited a WRS program during years one through four.<sup>9</sup> Therefore, these findings are not 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, 87% of women included in the follow-up analysis participated in one of five programs. Therefore, some programs are represented

<sup>8</sup> 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.

<sup>9</sup> 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 are not representative of all programs and their participants that exited in years one through four.

The analysis excludes 12-month interview results because too 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 four. 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=482)

Grantee	Number of women included in follow-up interview analysis	Proportion of women included in follow-up interview analysis
St. Cloud Hospital Recovery Plus	134	28%
Wellcome Manor Family Services	106	22%
Wayside House	79	16%
RS EDEN	55	11%
Ramsey County Community Human Services	45	9%
Avivo	24	5%
Hope House of Itasca County	22	5%
Meeker-McLeod-Sibley Community Health Services	8	2%
American Indian Family Center	3	<1%
Perspectives Inc.	3	<1%
Fond du Lac Reservation	2	<1%
St. Stephen's Human Services	1	<1%
<b>Total</b>	<b>482</b>	<b>100%</b>

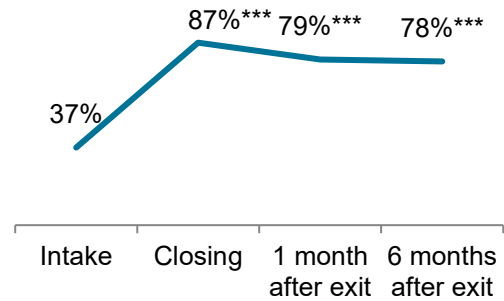
Note. Only women with information available at four time points – intake, closing, 1-month follow-up, and 6-month follow-up – were included in the follow-up interview analysis. In addition, because the follow-up analysis includes women who exited a WRS program at any point during the 2016-2021 grant cycle, this includes women served by St. Stephen's Human Services (Kateri Residence) and St. Cloud Hospital Recovery Plus (Family Unity) who also completed follow-up interviews before the programs closed in July 2018 and July 2020, respectively. 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 (37%), relatively fewer women reported sobriety at the 1-month follow-up (79%) and 6-month follow-up (78%) 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=454)



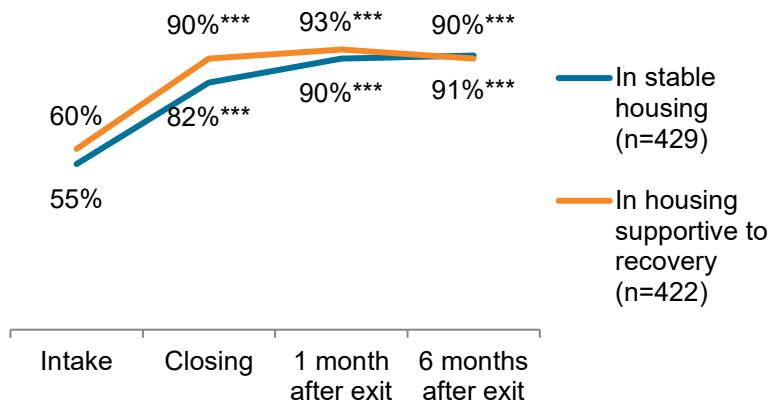
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: \*\*\*p < .001.

## 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%, 90%, and 91%, 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 (90%, 93%, and 90%, respectively).

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



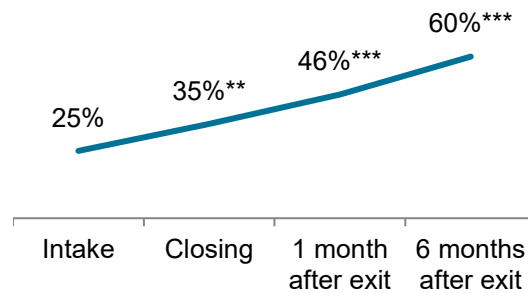
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: \*\*\*p < .001.

# 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). The percentage of women who were employed full or part time at intake increased significantly to 35% at closing, and continued to grow significantly to 46% at the 1-month follow-up, and to 60% at the 6-month follow-up. In addition, while relatively few women reported enrollment in school or a job training program, significantly more women are in one of these programs at the 6-month follow-up (30% of women) when compared with intake (2%) or closing (6%).

14. Percentage of women employed (N=342)



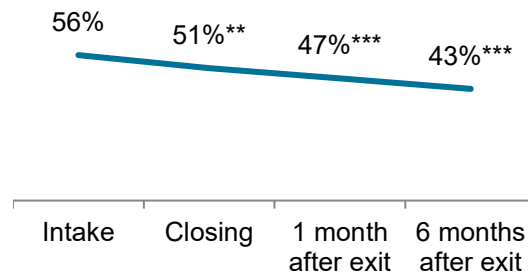
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: \*\*\*p < .001 and \*p < .05.

# Child protection

## Child protection involvement steadily decreases over time

Significantly fewer women were involved with child protection at closing (51%), at the 1-month follow-up (47%), and at the 6-month follow-up (43%), when compared to intake (56%; Figure 15). The percentage of women involved with child protection steadily decreases from intake through the 6-month follow-up.

15. Percentage of women involved with child protection (N=449)



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 and \*p < .05.

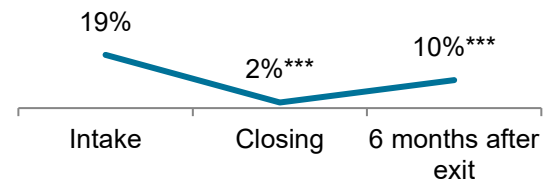


## Criminal justice system

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

While 19% of women were arrested in the month prior to joining a program, 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 10%. 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.

### 16. Percentage of women arrested (N=459)



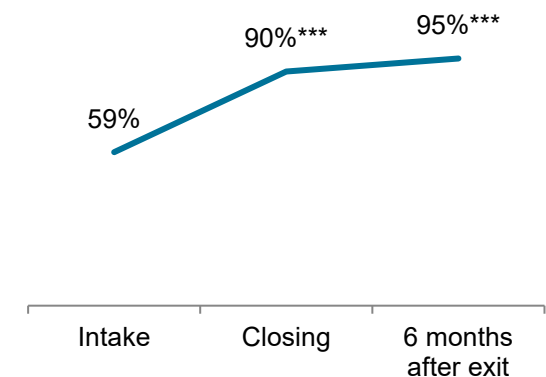
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: \*\*\* $p < .001$ .

## Recovery support

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

Significantly more women were connected to at least one recovery support by program exit (90%) when compared to intake (59%; Figure 17). These connections to recovery supports were maintained 6 months after exit, as 95% 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.

### 17. Percentage of women connected to at least one recovery support (N=449)



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: \*\*\* $p < .001$ .

## 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 ratings of their physical and mental health improved from before they entered a program to their 1-month follow-up, ratings for 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=270-482)

	Total N	Before program		At 1-mo follow-up		At 6-mo follow-up	
		n	%	n	%	n	%
Women's <b>mental</b> health is "excellent" or "good"	478	57	12%	389	81%***	288	60%***
Women's <b>physical</b> health is "excellent" or "good"	481	127	26%	388	81%***	319	66%***
Women's family and friends give good advice "most of the time" or "some of the time"	482	282	59%	440	91%***	434	90%***
Women have access to reliable transportation "most of the time" or "some of the time"	480	363	76%	434	90%***	442	92%***
Women's relationships with family and friends are "very supportive" or "somewhat supportive"	481	339	71%	446	93%***	462	96%***
Women consider their relationship with their child(ren) to be "excellent" or "good"	307	143	47%	288	94%***	291	95%***
Women are able to afford basic living expenses "most of the time" or "some of the time"	475	275	58%	399	84%***	399	84%***
Women are making good parenting decisions "most of the time" or "some of the time"	270	175	65%	270	100%***	266	99%***

## 18. Quality of life before and after the program (N=270-482) (continued)

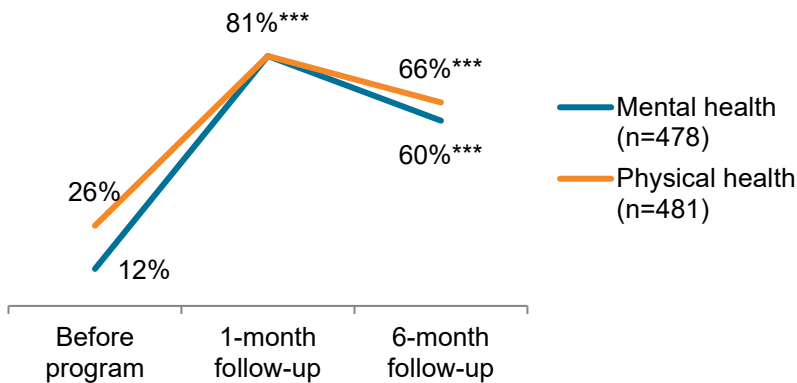
	Total N	Before program		At 1-mo follow-up		At 6-mo follow-up	
		n	%	n	%	n	%
Women are able to control their anger and frustration with their children “most of the time” or “some of the time”	394	340	86%	<i>Most parenting questions are only asked at the 6-month follow-up (not at the 1-month follow-up)</i>		392	100%***
Women show their children love and affection “most of the time” or “some of the time”	396	369	93%			396	100%***
Women consistently set limits and provided appropriate consequences for their children “most of the time” or “some of the time”	384	256	67%			376	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”	391	331	85%			389	100%***
Women tell their children they are proud of them when they do something well “most of the time” or “some of the time”	396	362	91%			396	100%***
Women can name several good qualities their children have “most of the time” or “some of the time”	398	367	92%			398	100%***
Women are positive about being a parent “most of the time” or “some of the time”	405	265	65%			401	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).

## 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, 12-26% 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 81% 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. Percentage of women who rated their health “good” or “excellent” (N=478-481)



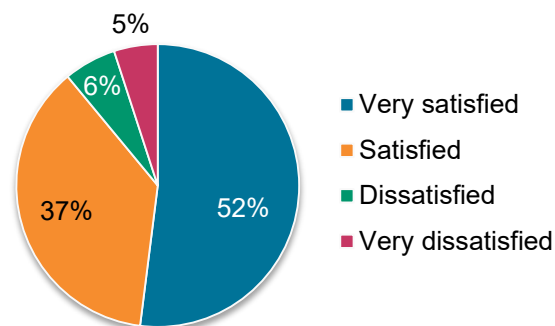
Note. Differences between the three time periods were tested using the Cochran's Q Test and follow-up pairwise comparisons; differences between two time points use McNemar's Test. The following differences are significant at \*\*\* $p < .001$ : between the “before the program” rating and the “1-month follow-up” rating, between the “1-month follow-up” rating and the “6-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. Please see Appendix E for more information on satisfaction results. Key findings include:

- **Most women are satisfied with the program.** The majority of women (89%) were “very satisfied” or “satisfied” with their WRS program and would recommend the program to women like themselves (Figure 20).

### 20. Program satisfaction (N=983)



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=983) is higher than in previous tables.

- **Women gave high ratings to program staff.** When asked about specific program elements, the majority of women agreed that program staff helped them develop their goals (92%), understood their problems or concerns (91%), were sensitive to cultural issues (90%), and were available when support was needed (90%).
- **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 (32%). Programs also provided the majority of women with emotional support (90%), addressed physical or mental health needs (83%), helped with parenting (80%), and helped women to find a support network of people to help them stay sober (69%).
- **Women needed more help with housing and basic needs.** At least a quarter of women did not receive help but needed assistance with housing (34%), and basic needs such as transportation and paying the bills (25%).

# 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 four, length of participation ranged from less than a month to more than seven years, while the amount of contact staff had with women ranged from less than one hour to 1,024 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 through four. Figure 21 illustrates how “high dosage” and “low dosage” were defined, which was based upon women’s length of enrollment in the program and the total number of hours of contact time with program staff. In past years, the dosage analysis also included criteria that required women to have received at least 12 hours of in-person contact time to be considered “high dosage.” However, given COVID-19 and the decision of many program staff to change their service delivery to reduce in-person contacts (and increase phone contacts) in order to protect the safety of staff and participants, the dosage analysis does not include criteria around in-person contacts.

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 both 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

Using these criteria, two groups were created: a high-dosage group of 885 women across nine programs and a low-dosage group of 670 women across 11 programs.<sup>10</sup> Together, the 1,555 women included in the dosage analysis represent 62% of women whose cases closed in years one through four. The number of women by program represented within

<sup>10</sup> 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 and Family Unity who also completed follow-up interviews before the programs closed. Thus, all 12 original WRS programs are represented in the dosage analysis.

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 both criteria (i.e., no missing data) are included in these counts and in the subsequent analysis.

## 22. Number of women in high- and low-dosage groups by program (N=1,555)

Women’s Recovery Services grantee	Number of women in high-dosage group	Number of women in low-dosage group
Wellcome Manor Family Services	284	72
St. Cloud Hospital Recovery Plus	201	305
RS Eden	142	76
Wayside House	127	72
Avivo	91	41
Fond Du Lac Reservation	21	25
Perspectives	12	0
St. Stephen’s Human Services	4	4
Ramsey County Community Human Services	0	34
American Indian Family Center	0	10
Hope House of Itasca County	3	15
Meeker-McLeod-Sibley Community Health Services	0	16
<b>Total</b>	<b>885</b>	<b>670</b>

## When high dosage makes a difference

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

- Be “doing well” *at exit*
- Be abstinent from substances *at exit, at 1-month follow-up, and at 6-month follow-up*
- Reduce use of substances *at exit and at 1-month follow-up*
- Be reunified with their children *at exit*
- Have successfully completed 245G treatment *by exit*
- Be employed either part time or full time *by exit*
- Live in their own home or permanent supportive housing *by exit*
- Participate in Alcoholics Anonymous or Narcotics Anonymous *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, and reduced use of substances at exit and 1-month (Figure 23). The high dosage group was also more likely to achieve a number of positive outcomes by exit, including an increased likelihood to be “doing well,” to have successfully completed treatment, to be employed, and to be involved in AA or NA at exit.

### 23. Outcomes significantly linked to a high dosage of services

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	1,517	78%***	49%
Abstinent at exit	1,439	86%***	72%
Abstinent at <u>1-month follow-up</u>	524	82%**	72%
Abstinent at <u>6-month follow-up</u>	411	67%**	53%
Abstinent or using less at exit	1,433	96%***	90%
Abstinent or using less at <u>1-month follow-up</u>	523	96%*	92%
Reunified with one or more children at exit <sup>a</sup>	708	58%***	14%
Involved in AA/NA at exit	1,439	90%***	83%
Successfully completed 245G treatment by exit	1,321	83%***	46%
Employed at exit	1,452	23%***	12%
In own home or permanent supportive housing at exit	1,137	54%***	44%

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.

<sup>a</sup>Please note that children who were not in placement at any point of a woman’s participation in a WRS program were excluded from the analysis on the impact of dosage on the likelihood of reunification at exit.

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 who received a low dosage, at program exit, there were no significant differences in whether or not women had positive toxicology results for themselves or their babies at birth. 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 at the 1-month and at the 6-month follow-up; in housing (not homeless); or living in their own home or permanent supportive housing at the 6-month follow-up (Figure 24).

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

Outcome	Total N	Proportion of high dosage women	Proportion of low dosage women
Abstinence or reduced use at 6-month follow-up	411	94%	90%
Negative toxicology results for babies	128	80%	86%
Negative toxicology results for mothers	122	87%	83%
<i>Not</i> involved with child protection at exit	1,525	41%	44%
<i>Not</i> involved with the criminal justice system at exit	1,514	45%	47%
Employment at 1-month follow-up	446	36%	36%
Employment at 6-month follow-up	350	56%	59%
In housing (not homeless) at exit	1,244	91%	93%
In housing (not homeless) at 6-month follow-up	390	95%	94%
In own home or permanent supportive housing at 6-month follow-up	370	63%	61%

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.

Overall, the most substantial, longest-lasting impact of receiving a “high dosage” of services can be seen in women’s abstinence from substance use. A significantly higher proportion of women in the “high dosage” group reported abstinence from substances at exit, 1-month follow-up, and 6-month follow-up when compared to the proportion of women in the “low dosage” group – at least a 10 percentage point difference at each time point. Meanwhile, the impact of dosage on being in housing (not homeless) and employed seems diminish by the 1-month and 6-month follow-up, as a similar proportion of women from both the “high dosage” and the “low dosage” groups report being housed and employed at these time points.

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.

## 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 the past four years 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 245G treatment in one's most recent treatment episode while in the program
- Being connected to the criminal justice system at intake
- 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	Completed treatment by closing	Received MAT	Involved in criminal justice system at intake	Involved in child protection at intake	Race <sup>a</sup>
Decreased substance use at <b>closing</b>	✓	✓	✓		✓		✓ (W)
Decreased substance use at <b>1-mo follow-up</b>	✓	✓	✓				
Decreased substance use at <b>6-mo follow-up</b>	✓		✓		✓		
No substance use at <b>closing</b>	✓	✓	✓				✓ (W)
No substance use at <b>1-mo follow-up</b>	✓	✓	✓				
No substance use at <b>6-mo follow-up</b>			✓		✓	✓	
Reunification with one or more children at <b>closing</b>	✓	✓	✓				
Not involved with child protection at <b>closing</b>	✓		✓				✓ (B)
Infants not placed outside the home following birth	✓						
Negative toxicology results for mothers			✓		✓	✓	✓ (W)
Negative toxicology results for infants			✓		✓	✓	✓ (W)
Successfully completed 245G treatment by <b>closing</b>	✓	✓	NA				✓ (W)

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

<sup>a</sup> 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/Black, White, and American Indian/Alaska 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: B for African American/Black, and W for White.

## 25. Individual characteristics/behaviors contributing to successful outcomes for women and children (continued)

Outcomes	Meth – primary drug of choice	Alcohol- primary drug of choice	Heroin or opiates -primary drug of choice	Pharmaceutical opioids - primary drug of choice	Marijuana - primary drug of choice
Decreased substance use at <b>closing</b>	✓				
Decreased substance use at <b>1-mo follow-up</b>	✓				
Decreased substance use at <b>6-mo follow-up</b>					
No substance use at <b>closing</b>	✓				
No substance use at <b>1-mo follow-up</b>	✓				
No substance use at <b>6-mo follow-up</b>	✓				
Reunification with one or more children at <b>closing</b>					
Not involved with child protection at <b>closing</b>					✓
Infants not placed outside the home following birth					✓
Negative toxicology results for mothers	✓				
Negative toxicology results for infants	✓				
Successfully completed Rule 31 treatment by <b>closing</b>	✓				

Note. Factors designated with a checkmark were found to have a statistically significant influence on the corresponding outcome (at least  $p < .05$ ). No statistically significant correlation was found between the positive outcomes listed and the preference for alcohol, heroin or opiates, or pharmaceutical opioids (as determined by a woman's stated primary drug of choice).

## Results

Overall, many of the factors analyzed had a statistically significant impact on various key outcomes, as illustrated in Figure 25. It is important to note that not all significant relationships shown in this figure indicate a desired result. 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 from substance use and decreased substance use at closing and 1-month follow-up, as well as decreased use at 6-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, infants not being placed outside of their mother's home after birth, as well as women's 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.** While mental health diagnoses are significantly associated with poor outcomes for women, specifically an increased likelihood of substance use at closing and of infants being placed outside of the home following birth, connections to mental health services are significantly linked to positive outcomes for women. 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 or show decreased substance use at closing and at the 1-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 and to have successfully completed a 245G treatment program by closing.

**Involvement in the criminal justice system is associated with 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 abstinence from substance use and decreased substance use at the 6-month follow-up. Women who were involved in the criminal justice system at intake were also more likely to have negative toxicology results for themselves and their infants at birth.

**Involvement in child protection is linked to better outcomes.** Women who are involved in child protection at intake are significantly more likely to be abstinent from substance use at the 6-month follow-up, and are more likely to have negative toxicology results for themselves and their infants at birth.

**Women who receive medically assisted treatment (MAT) are less likely to achieve certain positive outcomes.** The use of medically assisted treatment is significantly linked to substance use at closing and a lower likelihood of successfully completing 245G treatment by closing. More analysis and discussion with program staff is needed to understand the linkage between MAT and the increased likelihood of negative outcomes, and if these findings are confounded by the negative outcomes related to opioid use in general.

**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 245G treatment episode were significantly more likely to be abstinent from substances or show decreased substance use by program exit and at their 1-month and 6-month follow-ups. They 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. Additionally, they were significantly more likely to have negative toxicology results for themselves and their infants upon birth.

**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 follow-up. These includes a higher likelihood of abstinence from or decreased use of substances at closing and the 1-month follow-up, as well as abstinence at the 6-month follow-up. Women who prefer methamphetamine are also more likely to have negative toxicology results for themselves and their infants at birth, and are more likely to have successfully completed 245G treatment at closing.

Women who prefer alcohol, heroin/opiates, pharmaceutical opioids, and/or marijuana are significantly more likely to report (or for staff to report) *negative outcomes* by program exit and at follow-up. For example:

- Women who prefer **alcohol** are significantly less likely to be abstinent from substance use at closing and the 1- and 6-month follow-ups.
- Women who prefer **heroin/opiates** are less likely to be abstinent from substance use at closing, more likely to have positive toxicology results for themselves and their infants at birth, and less likely to have successfully completed treatment at closing.
- Women who prefer **pharmaceutical opioids** are less likely to be abstinent from substance use at closing.

- Women who prefer **marijuana** are less likely to be involved with child protection at closing and are less likely to have their infants placed outside of the home following birth. However, they are also more likely to have positive toxicology results for themselves and their infants at birth.

It should be noted that differences in drug of choice (and drug of use) often vary by race, geographical location, and a number of other individual factors. More research is needed to learn how individual characteristics and other factors confound the statistical links seen between certain drugs and the likelihood of achieving positive outcomes.

**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. 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, nor for other historical and systemic discriminatory practices and structures that disproportionately affect people of color and Indigenous communities.

When compared to women of all other races, White women are significantly more likely to be substance-free and have decreased use at closing. They are also significantly more likely to have successfully completed 245G treatment by closing and to have negative toxicology results for themselves and their infants at birth.

Overall, results show that women who identify as American Indian or Alaska Native are less likely to achieve positive outcomes through WRS programs. As Figure 26 shows, women who identify as American Indian or Alaska Native are significantly less likely to be abstinent from substances or show decreased substance use at exit, and less likely to be abstinent from substances the 1-month follow-up. They are significantly more likely to be involved with child protection at closing, and are significantly less likely to have successfully completed 245G treatment by closing.

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 or decreased use of substances at closing. They are also more likely to have positive toxicology results for themselves and their infants at birth, and less likely to have successfully completed 245G treatment by closing. However, Black or African American women are less likely to be involved with child protection at closing when compared to women of all other races.

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, Alaska Native, Black, or African American in order to ensure that positive outcomes are equally attainable for all women, no matter their race.



## 26. The likelihood of achieving certain outcomes varies by race

Outcomes	N	Percentage of women who achieved each outcome		
		White (N=144-1,335)	American Indian/Alaska Native (N=53-484)	African American/Black (N=90-282)
Decreased substance use at closing	2,368	95%***	91%	90%
Decreased substance use at 1-mo follow-up	789	95%	92%	94%
Decreased substance use at 6-mo follow-up	630	91%	94%	86%
No substance use at closing	2,360	83%***	74%***	70%***
No substance use at 1-mo follow-up	790	79%	70%*	72%
No substance use at 6-mo follow-up	633	78%	75%	75%
Negative toxicology results for mothers	333	85%**	77%	67%**
Negative toxicology results for infants	352	81%**	70%	62%**
Successfully completed Rule 31 treatment by closing	2,360	68%***	53%***	51%***
Baby not placed outside of home following birth	403	82%	93%	90%
Not involved with child protection at closing	1,452	17%	14%*	26%**
Child(ren) reunified with mother	1,096	40%	38%	33%

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/Alaska 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. Project 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. Project background

## Overview of grant

In October 2016, the Minnesota Department of Human Services Behavioral Health Division (BHD) 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.

BHD contracted with Wilder Research to conduct a comprehensive evaluation of these treatment support and recovery services. This report generally covers program activities that occurred from June 2019 through May 2020 (year four of the grant). While the Women’s Recovery Services initiative included 12 grantees initially in 2016, two grantees – St. Stephens Human Services (Kateri Residence) and St. Cloud Hospital Recovery Plus (Journey Home-Family Unity) – closed operations prior to reporting in year four, bringing the total number of Women’s Recovery grantees to 10. All 12 original grantees are listed below:

<b>Grantee</b>	<b>Program</b>
American Indian Family Center	Wakanyeja Kin Wakan Pi “Our Children are Sacred”
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)
Fond du Lac Reservation	Tagwii
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
RS EDEN	Women and Children’s Family Center
St. Cloud Hospital Recovery Plus	Journey Home-Family Unity – <b>closed</b>
St. Stephens Human Services	Kateri Residence – <b>closed</b>
Wayside Recovery Center	Rise Up in Recovery
Wellcome Manor Family Services	Wellcome Manor Family Services

## ***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 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 at each site, BHD 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 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 a 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 a WRS 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 a WRS program, including those administered directly by the programs 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 1 month, 6 months, and 12 months after they leave a WRS 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 WRS program. To learn how changes from intake to closing are maintained after women leave a WRS program, Wilder conducts an analysis of data at four time points – intake, closing, 1-month follow-up, and 6-month follow-up (12-month information was not included because there were too few women with matched data across five time points). Because this analysis requires women to have information available at all four time points, the results in this report reflect a smaller group of women than those who had exited a WRS program in year four. 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 (see “Limitations” section below).

## 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, 2019, through May 31, 2020 (year four 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 four and who had matching data available at intake and closing. Women who were served less than 15 days in a WRS program were excluded from outcome analyses, as it is not expected that women with such limited program exposure will benefit from programs to the same degree as those involved for a longer term.

## **Statistical significance**

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 overemphasized; in contrast, a difference of 10 or more percentage points suggests a more meaningful difference.

## **Limitations**

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

### **COVID-19**

It is important to note that the global COVID-19 pandemic began during this reporting period. Women’s Recovery grantees have experienced a wide array of challenges because of the pandemic; in some cases, programs may have had to halt or slow services, staff hours may have been reduced, and in-person visits may have moved to virtual, telehealth appointments.

### **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. The COVID-19 pandemic (as mentioned above) has also forced many programs to pause



data entry and focus on the more important task of serving women in treatment and recovery.

In order to best meet the needs of BHD 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 a WRS 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 a WRS program. Often, the total number of women who were served or who exited the program in year four exceeds the number of women who met these criteria. Thus, the results of the outcome analysis reflect changes observed among a more limited number of women.

### **Comparing information collected from multiple sources**

Analysis of follow-up data comparing outcomes at intake and closing with outcomes after exiting a WRS program combines data collected by program staff and participants. Program staff collect intake and closing information for women participating in each program. At the follow-up interviews (1, 6, and 12 months after closing), women who participated in a WRS 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=754)

<b>Not using substances at closing</b>	<b>n</b>	<b>%</b>
No change: not using drugs/alcohol at intake or closing	138	18%
Decreased use: not using drugs/alcohol at closing	384	51%
<b>Using substances at closing</b>		
Decreased use: using drugs/alcohol <u>less</u> at closing	79	11%
No change: using drugs/alcohol at same level at intake and closing	19	3%
Increased use: using drugs/alcohol <u>more</u> at closing	41	5%
<b>Substance use unknown</b>	<b>92</b>	<b>12%</b>

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

	<b>Total N</b>	<b>Intake</b>		<b>Closing</b>	
		<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Abstinence from alcohol or drug use within 30 days prior to intake/closing	627	279	45%	495	79%***
Abstinence from tobacco use within 30 days prior to intake/closing	638	109	17%	134	21%**
Involvement in AA and/or NA	621	313	50%	444	72%***
Involvement in any form of recovery support	621	353	57%	491	79%***
Involvement with child protection	691	369	53%	335	49%**
Involvement with the criminal justice system	681	326	48%	325	48%

**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	651	103	16%	20	3%***
In housing/not homeless	442	376	85%	414	94%***
In own home or permanent supportive housing	360	181	50%	212	59%**
In “stable” housing	589	346	59%	439	75%***
In housing “supportive to recovery”	565	357	63%	490	87%***
Has medical insurance	680	641	94%	670	99%***
Has a primary care physician and/or clinic	658	500	76%	570	87%***
Employed full or part time	619	111	18%	165	27%***
In school or a career-training program	688	22	3%	41	6%**
Employed full or part time OR In school or a career-training program	619	125	20%	186	30%***

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

**C3. Sobriety: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=454)**

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
Sobriety at <b>intake</b> compared to <b>closing</b>	168	37%	397	87%***				
Sobriety at <b>intake</b> compared to <b>1-month follow-up</b>	168	37%			358	79%***		
Sobriety at <b>intake</b> compared to <b>6-month follow-up</b>	168	37%					356	78%***
Sobriety at <b>closing</b> compared to <b>1-month follow-up</b>			397	87%	358	79%*		
Sobriety at <b>closing</b> compared to <b>6-month follow-up</b>			397	87%			356	78%*
Sobriety at <b>1-month follow-up</b> compared to <b>6-month follow-up</b>					358	79%	356	78%

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 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=422)**

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
In housing “supportive to recovery” at <b>intake</b> compared to <b>closing</b>	254	60%	379	90%***				
In housing “supportive to recovery” at <b>intake</b> compared to <b>1-month follow-up</b>	254	60%			391	93%***		
In housing “supportive to recovery” at <b>intake</b> compared to <b>6-month follow-up</b>	254	60%					379	90%***
In housing “supportive to recovery” at <b>closing</b> compared to <b>1-month follow-up</b>			379	90%	391	93%		
In housing “supportive to recovery” at <b>closing</b> compared to <b>6-month follow-up</b>			379	90%			379	90%
In housing “supportive to recovery” at <b>1-month follow-up</b> compared to <b>6-month follow-up</b>					391	93%	379	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.

**C5. Stable living arrangements: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=429)**

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
In “stable” housing at <b>intake</b> compared to <b>closing</b>	236	55%	350	82%***				
In “stable” housing at <b>intake</b> compared to <b>1-month follow-up</b>	236	55%			384	90%***		
In “stable” housing at <b>intake</b> compared to <b>6-month follow-up</b>	236	55%					391	91%***
In “stable” housing at <b>closing</b> compared to <b>1-month follow-up</b>			350	82%	384	90%*		
In “stable” housing at <b>closing</b> compared to <b>6-month follow-up</b>			350	82%			391	91%**
In “stable” housing at <b>1-month follow-up</b> compared to <b>6-month follow-up</b>					384	90%	391	91%

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=295)**

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
In housing (not homeless) at <b>intake</b> compared to <b>closing</b>	255	86%	281	95%***		
In housing (not homeless) at <b>intake</b> compared to <b>6-month follow-up</b>	255	86%			288	98%***
In housing (not homeless) at <b>closing</b> compared to <b>6-month follow-up</b>			281	95%	288	98%

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. Please note that women are not asked about the type of housing that they are occupying in the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

**C7. In own home or permanent supportive housing: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=240)**

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
In own home or permanent supportive housing) at <b>intake</b> compared to <b>closing</b>	124	52%	140	58%		
In own home or permanent supportive housing at <b>intake</b> compared to <b>6-month follow-up</b>	124	52%			161	67%***
In own home or permanent supportive housing at <b>closing</b> compared to <b>6-month follow-up</b>			140	58%	161	67%*

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 and \*p < .05. Please note that women are not asked about the type of housing that they are occupying in the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).



**C8. Employment: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=342)**

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
Employed full or part time at <b>intake</b> compared to <b>closing</b>	84	25%	118	35%*				
Employed full or part time at <b>intake</b> compared to <b>1-month follow-up</b>	84	25%			158	46%***		
Employed full or part time at <b>intake</b> compared to <b>6-month follow-up</b>	84	25%					204	60%***
Employed full or part time at <b>closing</b> compared to <b>1-month follow-up</b>			118	35%	158	46%**		
Employed full or part time at <b>closing</b> compared to <b>6-month follow-up</b>			118	35%			204	60%***
Employed full or part time at <b>1-month follow-up</b> compared to <b>6-month follow-up</b>					158	46%	204	60%***

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.

**C9. Enrolled in school or a career-training program: Matched analysis results from intake to closing to 6-month follow-up (N=470)**

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Enrolled in school/career training at <b>intake</b> compared to <b>closing</b>	11	2%	28	6%		
Enrolled in school/career training at <b>intake</b> compared to <b>6-month follow-up</b>	11	2%			139	30%***
Enrolled in school/career training at <b>closing</b> compared to <b>6-month follow-up</b>			28	6%	139	30%***

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. Please note that women are not asked about enrollment in school or a career-training program in the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

**C10. Employed OR enrolled in school OR a career-training program: Matched analysis results from intake to closing to 6-month follow-up (N=387)**

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Employed OR enrolled in school/career training at <b>intake</b> compared to <b>closing</b>	94	24%	129	33%*		
Employed OR enrolled in school/career training at <b>intake</b> compared to <b>6-month follow-up</b>	94	24%			265	69%***
Employed OR enrolled in school/career training at <b>closing</b> compared to <b>6-month follow-up</b>			129	33%	265	69%***

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 and \*p < .05. Please note that women are not asked about their enrollment in school or a career-training program in the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

**C11. Child protection involvement: Matched analysis results from intake to closing to 1-month follow-up to 6-month follow-up (N=449)**

	Intake		Closing		1-month follow-up		6-month follow-up	
	n	%	n	%	n	%	n	%
Involvement with child protection at <b>intake</b> compared to <b>closing</b>	253	56%	237	51%**				
Involvement with child protection at <b>intake</b> compared to <b>1-month follow-up</b>	253	56%			211	47%***		
Involvement with child protection at <b>intake</b> compared to <b>6-month follow-up</b>	253	56%					195	43%***
Involvement with child protection at <b>closing</b> compared to <b>1-month follow-up</b>			237	51%	211	47%		
Involvement with child protection at <b>closing</b> compared to <b>6-month follow-up</b>			237	51%			195	43%**
Involvement with child protection at <b>1-month follow-up</b> compared to <b>6-month follow-up</b>					211	47%	195	43%

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 and \*\*p < .01.

**C12. Arrested in the past 30 days: Matched analysis results from intake to closing to 6-month follow-up (N=459)**

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Arrested at <b>intake</b> compared to <b>closing</b>	89	19%	8	2%***		
Arrested at <b>intake</b> compared to <b>6-month follow-up</b>	89	19%			46	10%***
Arrested at <b>closing</b> compared to <b>6-month follow-up</b>			8	2%	46	10%***

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. Please note that women are not asked about recent arrests in the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

**C13. Connected to at least one recovery support: Matched analysis results from intake to closing to 6-month follow-up (N=449)**

	Intake		Closing		6-month follow-up	
	n	%	n	%	n	%
Connected to a recovery support at <b>intake</b> compared to <b>closing</b>	266	59%	404	90%***		
Connected to a recovery support at <b>intake</b> compared to <b>6-month follow-up</b>	266	59%			425	95%***
Connected to a recovery support at <b>closing</b> compared to <b>6-month follow-up</b>			404	90%	425	95%

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. Please note that women are not asked about connections to recovery supports in the 1-month interview; therefore, this data is only available for 3 time points (intake, closing, and 6-month follow-up).

## D. Evaluation tables (from database)

[Link to evaluation tables](#)

## E. 1-month follow-up interview tables

### E1. Women’s satisfaction with program (N=958-984)

	Total N	Percentage who agree or strongly agree	Percentage who disagree or strongly disagree
The staff were available when you needed their support.	982	90%	10%
The staff understood your problems or concerns.	984	91%	9%
You would recommend this program to women like yourself.	984	89%	12%
You and the staff worked together to develop your goals for you and your family.	982	92%	8%
The staff were sensitive to cultural issues.	958	90%	10%
The services you received through the program met your expectations.	983	85%	15%
You feel you got the right level of support from the program.	984	85%	15%
The staff knew a lot about services and programs in the community that could help you and your family.	975	82%	18%

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

### E2. Parenting program participation (N=983)

Did you participate in a parenting program while you were in the program?	N	%
Yes	792	81%
No	191	19%

Note. Cumulative percentages may vary from 100 percent due to rounding. Women were asked about their parenting program participation at either 1-month, 6-month, or 12-month interview, whichever came first; satisfaction results from various time points were combined and included in this table. Of the 191 women who did not participate in a parenting program, 16 did not have children.

### E3. Parenting program impact (N=785-786)

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.	409	52%	279	36%	78	10%	19	2%
The parenting program you participated in helped you learn more about child development and what to expect of children at different ages.	385	49%	302	38%	88	11%	11	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 came first; results from various time points were combined and included in this table.

#### E4. Overall satisfaction with program (N=983)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Overall, how satisfied were you with the services you received through the program?	52%	37%	6%	5%

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 follow-up interview, whichever came first; satisfaction results from various time points were combined and included in this table.

#### E5. Types of support obtained through the program (N=966-980)

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 their children (N=959)
Get or stay sober?	90%	5%	5%	32%
With parenting?	80%	7%	13%	11%
By just being there to provide emotional support or encouragement?	90%	8%	2%	25%
Address your physical or mental health needs?	83%	12%	5%	14%
Find a support network of people who could help you stay sober?	69%	17%	14%	7%
With things like housing, transportation, or paying bills?	51%	25%	24%	5%
With getting benefits like MFIP or WIC?	54%	11%	35%	3%
Find housing?	29%	34%	37%	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; results from various time points were combined and included in this table.



## E6. Women's well-being before and 1-month after the program (N=798-801)

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%	32%	22%	50%	33%	16%	39%	2%
Your mental health	3%	31%	11%	49%	22%	16%	64%	4%

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 the program (a retrospective rating) and then described their health since leaving the program.

## E7. Relationship with child before and 1-month after the program (N=746-774)

	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
<u>Before entering the program</u> , how would you describe your relationship with your child?	135	18%	210	28%	226	30%	175	24%
<u>Since you left the program</u> , how would you describe your relationship with your child?	479	62%	211	27%	54	7%	30	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.

**E8. Use of alcohol and other drugs since leaving the program (at 1-month follow-up)  
(N=798)**

	<b>N</b>	<b>%</b>
Woman has used alcohol, marijuana, or other drugs since leaving the program	184	23%
<b>Change in substance use among those who have used (N=183):</b>		
Using more at follow-up	18	10%
Using about the same amount at follow-up	28	15%
Using less at follow-up	137	75%
<b>Frequency of substance use since leaving the program (N=183)</b>		
1 time	46	25%
2 or 3 times	53	29%
More than 3 times	84	46%

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

**E9. Types of substances used by 1-month follow-up (N=183)**

<b>Substances used:</b>	<b>N</b>	<b>%</b>
Alcohol	121	66%
Marijuana/pot/weed/hashish	75	41%
Methamphetamine (meth)	73	40%
Heroin	18	10%
Other opioids	15	8%
Other substances	13	7%
Crack/cocaine	16	9%
Non-prescription methadone	3	2%

### E10. Length of sobriety at 1-month follow-up (N=600)

How long have you been abstinent/clean/sober?	N	%
Less than 6 months	253	42%
6-11 months	226	38%
12-18 months	75	13%
More than 18 months	46	8%
<b>Average (mean) length of sobriety: 8.8 months</b>		
<b>Median length of sobriety: 6.7 months</b>		

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

### E11. Supportiveness and stability of living situation at 1-month follow-up (N=797-798)

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 <b>supportive</b> to recovery is your current living situation?	71%	21%	4%	4%
How <b>stable</b> to recovery is your current living situation?	62%	28%	7%	4%

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

### E12. Employment situation at 1-month follow-up (N=796)

Current employment situation at 1-month follow-up	N	%
Employed full time or part time	265	33%
Unable to work due to a disability	90	11%
Unemployed, and looking for work	226	28%
Unemployed, and not currently looking for work, including those in school	176	22%
Something else	39	5%

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

**E13. Financial situation and access to transportation before and 1-month after the program (N=791-798)**

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.)	35%	66%	24%	19%	27%	11%	14%	4%
Access reliable transportation	55%	73%	21%	18%	17%	8%	6%	2%

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

**E14. Number of children living with you at 1-month follow-up (N=798)**

How many children are you currently living with or parenting at least half of the time?	N	%
No children	234	29%
1 child	276	34%
2 children	147	18%
3 children	91	11%
4 or more children	50	6%
<b>Average (mean) number of children among women living with children (N=564): 2 children</b>		
<b>Median number of children among women living with children (N=564): 2 children</b>		

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

**E15. Parenting decisions before and 1-month after the program (N=550-564)**

	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?	158	29%	218	40%	130	24%	44	8%
<u>Since you left the program</u> , how often did you feel you were making good parenting decisions?	524	93%	36	6%	4	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.

**E16. Involvement with Child Protection, children removed or reunified by 1-month follow-up (N=769)**

<b>Since you left the program...</b>	Yes		No	
	N	%	N	%
<b>Have you had any involvement with Child Protection?</b>	355	46%	414	54%
<b>Of those involved with Child Protection (N=355)</b>				
Have any of your children been removed from your care?	51	14%	304	86%
Have any of your children been reunited with you?	107	30%	248	70%

Note. Cumulative percentages may vary from 100 percent due to rounding. By the 1-month follow-up, 104 children had been removed from their mother’s care and 213 children had been reunified with their mother.

**E17. Relationships with family and friends before and 1-month after the program (N=796-798)**

	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?	204	26%	348	44%	246	31%
Since you left the program, how would you describe your relationship with family and friends?	545	69%	194	24%	57	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.

**E18. Access to good advice before and 1-month after the program (N=797)**

	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?	261	33%	199	25%	239	30%	98	12%
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?	550	69%	158	20%	58	7%	31	4%

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 data tables

### F1. Relationships with family and friends at 6-month follow-up (N=631)

	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?	468	74%	135	21%	28	4%

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

### F2. Access to good advice at 6-month follow-up (N=632)

	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?	465	74%	102	16%	50	8%	15	2%

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

### F3. Participation in schooling or job training since leaving the program (N=632)

	N	%
Number of women who have participated in any additional schooling or job training since leaving the program	173	27%
<b>Of those who participated in schooling or job training since leaving program (n=173)</b>		
GED/High school	27	16%
Credential, license, or certificate	17	10%
Associate's or vocational college	21	12%
College degree/four year college	10	6%
Graduate/professional school	-	-
Other job training	111	64%

Note. Some women participated in more than one job training or educational program; thus the cumulative percentage exceeds 100 percent.

#### F4. Employment situation at 6-month follow-up (N=631)

<b>Current employment situation at 6-month follow-up</b>	<b>N</b>	<b>%</b>
Employed full time or part time	294	47%
Unable to work due to a disability	83	13%
Unemployed, and looking for work	129	20%
Unemployed, and not currently looking for work, including those in school	107	17%
Something else	18	3%

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

#### F5. Financial situation and access to transportation at 6-month follow-up (N=630-631)

<b>In the past month, how often have you been able to...</b>	<b>Most of the time</b>		<b>Some of the time</b>		<b>Rarely</b>		<b>Never</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Afford basic living expenses (rent, food, etc.)?	359	57%	164	26%	83	13%	24	4%
Access reliable transportation?	472	75%	104	17%	46	7%	9	1%

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

#### F6. Frequency of housing transitions since leaving the program (N=629)

	<b>Range</b>	<b>Mean</b>
Number of times women moved since leaving the program (six months ago)	1-25	2.1

Note. The range and mean exclude the 36 families who did not move during the follow-up period.



## F7. Living arrangements at 6-month follow-up (N=631)

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	289	46%
Staying with a relative or friend on a temporary basis	126	20%
Permanent housing program with services to help you keep your housing, either on-site services or services that come to you	47	7%
Staying with a relative or friend on a long-term basis	53	8%
Transitional housing program	37	6%
Residential drug or alcohol treatment facility	15	2%
Emergency shelter	18	3%
Halfway house for people in recovery	21	3%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	11	2%
Some other place	14	2%

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

## F8. Supportiveness and stability of living situation at 6-month follow-up (N=630-631)

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 <b>supportive</b> to recovery is your current living situation?	72%	18%	5%	5%
How <b>stable</b> to recovery is your current living situation?	66%	24%	5%	5%

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

## F9. Women's well-being at 6-month follow-up (N=629-631)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
Your physical health	143	23%	284	45%	159	25%	45	7%
Your mental health	110	18%	270	43%	196	31%	53	8%

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

### F10. Women’s use of emergency room and hospitalization since leaving the program (N=630)

Since the time you left the program, have you...	N	%
Been to the emergency room for any reason related to your own health	224	36%
	<b>Range</b>	<b>Median</b>
<b>Of those who visited the emergency room, number of visits (N=224):</b>	1-10	2

### F11. Mental health concerns since leaving the program (N=589-630)

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? (N=630)	375	60%
Received help at a clinic, or from a therapist, psychiatrist, or other mental health provider? (N=589)	436	74%

### F12. Women arrested since leaving the program (N=631)

	N	%
Woman has been arrested for any reason since leaving the program	72	11%
<b>Of those arrested (N=72):</b>	<b>Range</b>	<b>Mean</b>
Number of times arrested	1-4	1.3

### F13. Women charged with crimes since leaving the program (N=631)

	N	%
Woman has been charged with any crimes or violations of a law since leaving the program	64	10%
<b>Of those charged (N=64):</b>	<b>Range</b>	<b>Mean</b>
Number of times charged	1-3	1.2

#### F14. Women incarcerated since leaving the program (N=630)

	N	%
Woman has been incarcerated for any reason since leaving the program	60	10%
<b>Of those incarcerated (N=60):</b>	<b>Range</b>	<b>Median</b>
Time spent incarcerated (days)	1-183	5.5

#### F15. Women in detox since leaving the program (N=631)

	N	%
Woman has been in detox since leaving the program	18	3%
<b>Of those in detox (N=18):</b>	<b>Range</b>	<b>Mean</b>
Number of times in detox	1-4	1.3

#### F16. Use of tobacco at 6-month follow-up (N=630)

<b>Woman smokes cigarettes or uses tobacco products at 6-month follow-up</b>	<b>N</b>	<b>%</b>
Yes	562	89%
No	68	11%
Yes, but only in cultural ceremonies	-	-

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

#### F17. Use of alcohol and other drugs at 6-month follow-up (N=631)

	N	%
Woman has used alcohol, marijuana, or other drugs since leaving the program	256	41%
<b>Change in substance use among those who have used (N=253):</b>		
Using more at follow-up	31	12%
Using about the same amount at follow-up	28	11%
Using less at follow-up	194	77%
<b>Frequency of substance in the past 30 days (N=115)</b>		
1 time	20	17%
2 or 3 times	31	27%
More than 3 times	64	56%

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

### F18. Types of substances used since leaving the program (N=244-256)

Substances used:	N	%	Of those who have used, women who used this substance in the past 30 days	
			N	%
Methamphetamine (meth)	101	40%	39	39%
Alcohol	191	75%	99	52%
Marijuana/pot/weed/hashish	133	52%	82	62%
Other opioids	31	12%	10	35%
Crack/cocaine	25	10%	10	40%
Heroin	38	15%	12	32%
Non-prescription methadone	3	1%	2	67%
Other substances (Benzodiazepine, ecstasy, other prescription drugs)	15	6%	7	47%

### F19. Length of sobriety at 6-month follow-up (N=361)

How long have you been abstinent/clean/sober?	N	%
Less than 6 months	11	3%
6-11 months	173	48%
12-18 months	125	35%
More than 18 months	52	14%

**Average (mean) length of sobriety:** 13.1 months

**Median length of sobriety:** 11 months

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

### F20. Participation in drug or alcohol treatment programs since leaving program (N=630)

Since you left the program, have you entered any other drug or alcohol treatment programs?	N	%
Yes	246	39%
No	384	61%

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

## F21. Participation in other recovery support activities since leaving program (N=624-630)

Participation in the following activities as part of recovery support since leaving the program:	N	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	469	74%
Aftercare	323	52%
A faith-based or religious group	256	41%
Support from a recovery coach or peer recovery specialist	217	35%
Another support group offered in the community	165	26%
A culturally specific group like a sweat lodge or talking circle	103	16%
A Recovery Community Organization (RCO)	126	20%
Al-Anon	78	12%
Other things to support recovery	388	62%

## F22. Sponsor at 6-month follow-up (N=629)

Do you have a sponsor?	N	%
Yes	245	39%
No	384	61%

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

## F23. Participation in Medication Assisted Treatments (MAT) since leaving program (N=620)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	N	%
Yes	93	15%
No	527	85%

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

## F24. Helpfulness of Medication Assisted Treatments (MAT) (N=93)

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?	80%	18%	1%	1%

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

## F25. Self-efficacy at 6-month follow-up (N=626-630)

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	375	60%	238	38%	14	2%	2	<1%
When you set goals for yourself, you have a hard time following through	50	8%	175	28%	278	44%	125	20%
You stay calm when facing difficulties	149	24%	356	57%	94	15%	27	4%
You can usually handle whatever comes your way	206	33%	380	61%	34	5%	8	1%
You often feel overwhelmed by all of the challenges in your life	88	14%	250	40%	237	38%	55	9%

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

## F26. Number of children living with women at 6-month follow-up (N=629)

How many children are you currently living with or parenting at least half of the time?	N	%
No children	154	24%
1 child	232	37%
2 children	130	21%
3 children	64	10%
4 children	35	6%
5 children	8	1%
6 children	6	1%

**Average (mean) number of children among women living with children (N=475): 2 children**

**Median number of children among women living with children (N=475): 2 children**

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

**F27. Interactions with children at 6-month follow-up (N=406-409)**

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	403	99%	5	1%	1	<1%	-	-
When your children did something well, you let them know that you were proud of them	402	98%	7	2%	-	-	-	-
You could name several good qualities your children have	393	96%	15	4%	-	-	-	-
You feel positive about being a parent	352	86%	52	13%	3	1%	1	<1%
You make good parenting decisions	358	88%	44	11%	3	1%	3	1%
You consistently set limits and provided appropriate consequences	317	78%	81	20%	8	2%	-	-
When your children were upset or stressed out, you tried to understand what was going on with them	388	95%	16	4%	2	1%	1	<1%
You were able to control your anger and frustration with your children	363	89%	42	10%	3	1%	-	-

Note. Cumulative percentages may vary from 100 percent due to rounding. These questions were asked of the 409 women living with and/or parenting children age 1 year or older.

**F28. Relationship with child at 6-month follow-up (N=407)**

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?	292	72%	96	24%	18	4%	1	<1%

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

**F29. Involvement with Child Protection, children removed or reunified by 6-month follow-up (N=614)**

Since you left the program...	Yes		No	
	N	%	N	%
<b>Have you had any involvement with Child Protection?</b>	272	44%	342	56%
<b>Of those involved with Child Protection (N=272)...</b>				
Have any of your children been removed from your care?	75	28%	195	72%
Have any of your children been reunited with you?	102	38%	170	63%

Note. Cumulative percentages may vary from 100 percent due to rounding. By the 6-month follow-up, 147 children had been removed from their mother's care and 206 children had been reunified with their mother.

## G. 12-month follow-up interview data tables

### G1. Relationships with family and friends at 12-month follow-up (N=466)

	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?	358	77%	95	20%	13	3%

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

### G2. Access to good advice at 12-month follow-up (N=466)

	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
<u>In the past month</u> , how often did you have friends or family available to give you good advice when you were facing a crisis?	363	78%	61	13%	31	7%	11	2%

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

### G3. Participation in schooling or job training since leaving the program (N=466)

	N	%
Number of women who have participated in any additional schooling or job training since leaving the program	148	32%
<b>Of those who participated in schooling or job training since leaving program (n=148)</b>		
GED/High school	23	16%
Credential, license, or certificate	12	8%
Associate's or vocational college	38	26%
College degree/four year college	6	4%
Graduate/professional school	-	-
Other job training	83	56%



#### G4. Employment situation at 12-month follow-up (N=466)

Current employment situation at 12-month follow-up	N	%
Employed full time or part time	225	48%
Unable to work due to a disability	59	13%
Unemployed, and looking for work	95	20%
Unemployed, and not currently looking for work, including those in school	79	17%
Something else	8	2%

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

#### G5. Financial situation and access to transportation at 12-month follow-up (N=464-465)

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.)	285	61%	110	24%	58	13%	11	2%
Access reliable transportation	384	87%	63	11%	13	3%	5	1%

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

#### G6. Quality of life at 12-month follow-up compared with life before the program (N=463-466)

When considering your life <u>now and before you started the program</u> , would you say...	Better now than before starting program		A little better now than before		About the same now as it was before		A little worse now		A lot worse now	
	N	%	N	%	N	%	N	%	N	%
Financial situation	204	44%	109	23%	97	21%	33	7%	23	5%
Employment situation	187	40%	77	17%	154	33%	34	7%	12	3%
Living situation	288	62%	73	16%	72	16%	14	3%	18	4%
Access to reliable transportation	205	44%	77	17%	164	35%	13	3%	5	1%
Physical health	199	43%	117	25%	107	23%	35	8%	7	2%
Mental or emotional health	234	51%	127	27%	62	13%	32	7%	8	2%
Your relationship with your child(ren)	222	68%	60	19%	41	13%	2	1%	-	-

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

#### G7. Frequency of housing transitions since leaving the program (N=341)

	Range	Mean
Number of times women moved since leaving the program (12 months ago)	1-8	2.1

Note: These numbers exclude 123 families who did not move during the follow-up period.

### G8. Living arrangements at 12-month follow-up (N=466)

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	251	54%
Staying with a relative or friend on a temporary basis	62	13%
Permanent housing program with services to help you keep your housing, either on-site services or services that come to you	40	9%
Staying with a relative or friend on a long-term basis	41	9%
Transitional housing program	27	6%
Residential drug or alcohol treatment facility	11	2%
Emergency shelter	7	2%
Halfway house for people in recovery	9	2%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	5	1%
Some other place	13	3%

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

### G9. Supportiveness and stability of living situation at 12-month follow-up (N=466)

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 <b>supportive</b> to recovery is your current living situation?	70%	23%	3%	4%
How <b>stable</b> to recovery is your current living situation?	70%	22%	4%	4%

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

### G10. Women's well-being at 12-month follow-up (N=464-465)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	N	%	N	%	N	%	N	%
Your physical health	104	22%	217	47%	117	25%	27	6%
Your mental health	84	18%	219	47%	128	28%	33	7%

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

**G11. Women’s use of emergency room and hospitalization since leaving the program (N=463)**

Since the time you left the program, have you...	N	%
Been to the emergency room for any reason related to your own health	202	44%
	<b>Range</b>	<b>Mean</b>
<b>Of those who visited the emergency room, number of visits (N=200):</b>	1-10	2.2

**G12. Mental health concerns since leaving the program (N=463-465)**

Since the time you left the program, have you...	N	%
Woman has concerns related to anxiety, depression, or other mental health concerns since leaving the program	281	60%
Woman has received help at a clinic, or from a therapist, psychiatrist, or other mental health provider	355	77%

**G13. Women arrested since leaving the program (N=464)**

	N	%
Woman has been arrested for any reason since leaving the program	88	19%
<b>Of those arrested (N=88):</b>	<b>Range</b>	<b>Median</b>
Number of times arrested	1 – 8	1.0

**G14. Women charged with crimes since leaving the program (N=464)**

	N	%
Woman has been charged with any crimes or violations of a law since leaving the program	76	16%
<b>Of those charged (N=76):</b>	<b>Range</b>	<b>Mean</b>
Number of times charged	1-7	1.5

### G15. Women incarcerated since leaving the program (N=464)

	N	%
Woman has been incarcerated for any reason since leaving the program	74	16%
<b>Of those incarcerated (N=74)</b>	<b>Range</b>	<b>Median</b>
Time spent incarcerated (days)	1-304	7

### G16. Women in detox since leaving the program (N=464)

	N	%
Woman has been in detox since leaving the program	26	6%
<b>Of those in detox (N=26):</b>	<b>Range</b>	<b>Mean</b>
Number of times in detox	1-3	1.3

### G17. Use of tobacco at 12-month follow-up (N=464)

<b>Woman smokes cigarettes or uses tobacco products at 12-month follow-up</b>	<b>N</b>	<b>%</b>
Yes	412	89%
No	52	11%
Yes, but only in cultural ceremonies	-	-

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

### G18. Use of alcohol and other drugs at 12-month follow-up (N=465)

	N	%
Woman has used alcohol, marijuana, or other drugs since leaving the program	232	50%
<b>Change in substance use among those who have used (N=230):</b>		
Using more at follow-up	18	8%
Using about the same amount at follow-up	29	13%
Using less at follow-up	183	80%
<b>Frequency of substance use in the past 30 days (N=104)</b>		
1 time	15	14%
2 or 3 times	30	29%
More than 3 times	59	57%

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

### G19. Types of substances used since leaving the program (N=223-231)

Substances used among those reporting drug usage:	N	%	Of those who have used, clients who used this substance in the past 30 days	
			N	%
Methamphetamines (meth)	113	49%	22	20%
Alcohol	173	75%	73	42%
Marijuana/pot/weed/hashish	129	56%	52	41%
Other opioids	21	9%	5	24%
Crack/cocaine	26	11%	10	39%
Heroin	34	15%	7	21%
Non-prescription methadone	3	1%	-	-
Other substances (Benzodiazepine, ecstasy, other prescription drugs)	14	6%	2	14%

### G20. Length of sobriety at 12-month follow-up (N=226)

How long have you been abstinent/clean/sober?	N	%
Less than 6 months	8	4%
6-11 months	11	5%
12-18 months	128	57%
More than 18 months	79	35%
<b>Average (mean) length of sobriety: 18.9 months</b>		
<b>Median length of sobriety: 17 months</b>		

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

### G21. Participation in drug or alcohol treatment programs since leaving program (N=465)

Since you left the program, have you entered any other drug or alcohol treatment programs?	N	%
Yes	174	37%
No	291	63%

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

## G22. Participation in other recovery support activities since leaving program (N=459-464)

Participation in the following activities as part of recovery support since leaving the program:	N	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	344	74%
Aftercare	235	51%
A faith-based or religious group	178	39%
Support from a recovery coach or peer recovery specialist	163	35%
Another support group offered in the community	150	32%
A culturally specific group like a sweat lodge or talking circle	82	18%
A Recovery Community Organization (RCO)	100	22%
Al-Anon	54	12%
Other things to support recovery	270	59%

## G23. Sponsor at 12-month follow-up (N=463)

Do you have a sponsor?	N	%
Yes	165	36%
No	298	64%

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

## G24. Participation in Medication Assisted Treatments (MAT) since leaving program (N=464)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	N	%
Yes	75	16%
No	389	84%

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

## G25. Helpfulness of Medication Assisted Treatments (MAT) (N=75)

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%	16%	1%	1%

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

**G26. Self-efficacy at 12-month follow-up (N=463-464)**

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	271	59%	184	40%	8	2%	-	-
When you set goals for yourself, you have a hard time following through	35	8%	130	28%	212	46%	86	19%
You stay calm when facing difficulties	108	23%	268	58%	72	16%	16	3%
You can usually handle whatever comes your way	165	36%	260	56%	37	8%	2	<1%
You often feel overwhelmed by all of the challenges in your life	73	16%	166	36%	171	37%	53	11%

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

**G27. Number of children living with women at 12-month follow-up (N=465)**

How many children are you currently living with or parenting at least half of the time?	N	%
No children	119	26%
1 child	160	34%
2 children	97	21%
3 children	54	12%
4 children	27	6%
5 children	5	1%
6 children	3	1%

**Average (mean) number of children among women living with children (N=346): 2 children**

**Median number of children among women living with children (N=346): 2 children**

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

**G28. Interactions with children at 12-month follow-up (N=330-331)**

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	325	98%	3	1%	3	1%	-	-
When your children did something well, you let them know that you were proud of them	324	98%	7	2%	-	-	-	-
You could name several good qualities your children have	319	96%	11	3%	1	<1%	-	-
You feel positive about being a parent	278	84%	49	15%	4	1%	-	-
You make good parenting decisions	255	77%	70	21%	5	2%	-	-
You consistently set limits and provided appropriate consequences	220	67%	97	29%	13	4%	1	<1%
When your children were upset or stressed out, you tried to understand what was going on with them	307	93%	24	7%	-	-	-	-
You were able to control your anger and frustration with your children	277	84%	49	15%	5	2%	-	-

Note: Cumulative percentages may vary from 100 percent due to rounding. These questions were asked of 331 women living with and/or parenting children age 1 year or older.

**G29. Relationship with child at 12-month follow-up (N=331)**

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?	211	64%	102	31%	17	5%	1	<1%

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, children removed or reunified by 12-month follow-up (N=444)**

Since you left the program...	Yes		No	
	N	%	N	%
<b>Have you had any involvement with Child Protection?</b>	183	41%	261	59%
<b>Of those involved with Child Protection (N=181-183) ...</b>				
Have any of your children been removed from your care?	64	35%	117	65%
Have any of your children been reunited with you?	69	38%	114	62%

Note: Cumulative percentages may vary from 100 percent due to rounding. By the 12-month follow-up, 119 children had been removed from their mother's care and 138 children had been reunited with their mother.



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