

# **Ramsey County Mothers First evaluation results**

*Reporting period July 2003 to June 2004*

AUGUST 2004

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**Prepared by:**  
Michelle Decker Gerrard

Wilder Research Center  
1295 Bandana Boulevard North, Suite 210  
Saint Paul, Minnesota 55108  
651-647-4600  
<http://www.wilder.org>



# Contents

Summary .....	1
Introduction.....	7
Program service delivery steps .....	8
Services summary .....	10
Program assessment .....	15
Evaluation design.....	15
Process evaluation results .....	17
Services provided.....	27
Outcome evaluation results: infants born July 2003 to June 2004 .....	29
Outcome evaluation results: women whose cases were closed July 2003 to June 2004 .....	33
Client satisfaction and perceptions of program impact.....	40
Feedback from Mothers First clients six months after their babies were born.....	40
Challenges and lessons learning during the grant period.....	53
Staff perceptions of current challenges.....	53
Staff perceptions of systemic barriers.....	54
Staff suggestions for improvements.....	55
Lessons learned about the target population.....	55
Results of interviews with collaborating agency professionals .....	56
Conclusion .....	60
Future outlook.....	61
Appendix.....	63
Six month follow-up interview .....	65
Key informant survey with partners .....	78
Minnesota Department of Human Services, Chemical Health Division data tables ....	83

# Figures

1. Women referred vs. women contacted.....	18
2. Clients served between July 1, 2003 and June 30, 2004.....	18
3. Demographic information, cases opened between July 2003 and June 2004.....	20
4. Previous chemical dependency treatment for clients whose cases were opened between July 2003 and June 2004 .....	23
5. Self-reported rate of drug use by clients whose cases opened between July 2003 and June 2004 .....	24
6. Number of substances used, clients entering Mothers First July 2003 to June 2004 .....	25
7. Chemical dependency treatment while in Mothers First, clients served July 2003 to June 2004 .....	28
8. Continuing Care/Recovery Maintenance while in Mothers First, clients served July 2003 to June 2004 .....	29
9. Pregnancy/toxicology outcomes of women who delivered while in the program, July 2003 to June 2004 .....	31
10. Premature births according to infant toxicology status, births that took place between July 2003 and June 2004 .....	32
11. Intensive care services according to infant toxicology status, births that took place between July 2003 and June 2004 .....	32
12. Re-hospitalization according to infant toxicology status, births that took place between July 2003 and June 2004 .....	32
13. Post-birth clinic follow-up, births that took place between July 2003 and June 2004.....	32
14. Number of clients whose cases closed between July 2003 and June 2004.....	33
15. Client functioning information and child protection activity, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004.....	34
16. Self-reported change in drug use on leaving the program compared to use at program entry, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004.....	38
17. Employment status, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004.....	38
18. Urinalysis testing, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004.....	39
19. Respondents' perceptions of services received from Mothers First workers overall .....	41

## Figures (continued)

20. Participants' perceptions of the time spent by Mothers First staff .....	41
21. Perceptions of overall benefit of the program to participant and family .....	42
22. Impact of Mothers First on participants.....	42
23. Perceptions of potential benefit of program for other families in a similar situation.....	42
24. Number of children born and in household .....	43
25. Result of pregnancy during participation in Mothers First.....	44
26. Future plans for more children.....	44
27. Services received by a majority of Mothers First participants .....	45
28. Services received by a minority of Mothers First participants .....	45
29. Attendance of Mothers First program's Monday support group sessions .....	46
30. Changes in life situation since enrollment in Mothers First .....	47
31. Main type of residence for participant for most of the past month.....	47
32. Changes in participants' living situation in past six months.....	47
33. Instability in participants' living situation during past six months.....	48
34. Current or recent enrollment in school .....	48
35. Current employment status .....	48
36. Average number of hours worked per week, for currently employed participants ..	49
37. Changes in alcohol or drug use in the last six months (since birth of child) .....	49
38. Substance use in the past month .....	50
39. Support network: existence of person who can watch kids to give participant a break.....	50
40. Support network: existence of someone to help participant in an emergency or crisis .....	51
41. Support services received in the past month.....	52
42. Professionals ratings of Mothers First services .....	57
43. Overall rating of other agency personnel of Mothers First.....	59

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Mark Anton  
Marilyn Conrad  
Thalia Cooper  
Swati Deo  
Louann Graham  
Margaree Levy  
Ryan McArdle  
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Daniel Swanson  
Karen Swenson

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# Summary

## *Program purpose*

The Mothers First program provides early identification, prevention, intervention, and assessment services to pregnant women experiencing chemical dependency. The program is designed to:

- Reduce maternal chemical use.
- Improve the health of mothers and newborn children.
- Prevent subsequent child neglect and abuse.
- Connect mothers with support in the community.

The Mothers First program uses the following strategies:

- Provide case management through a multidisciplinary team.
- Support mothers by partnering with existing community agencies to coordinate chemical dependency treatment, relapse prevention, prenatal care, housing, child care, transportation, family medical care, mental health, parenting skill development, and educational/vocational services.
- Provide a support group and aftercare services for postpartum women.

## *Program participation*

### Enrollment

Between July 1, 2003, and June 30, 2004, Ramsey County Mothers First served 116 women. Of these, 46 were enrolled prior to July 1, 2003, and 70 were new intakes between July 2002 and June 2003.<sup>1</sup> Included in these 70 intakes are 14 intake records for women who were re-opened for services.

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<sup>1</sup> One woman was enrolled prior to July 1, 2003 and closed during the period. She then reopened. So, she is counted in the number enrolled prior to July 1<sup>st</sup> and in the number of new intakes during this period.



Of the 116 clients served, there were 63 (54%) whose cases closed between July 2003 and June 2004.<sup>2</sup> The average length of enrollment for closed cases was 10.0 months (up from 8.4 months in the previous year) and ranged from 33 days to 31 months.

### Participant characteristics

Of the 70 clients entering Mothers First between July 2003 and June 2004, age, ethnicity and marital status information was available for nearly all of these women. This information indicates that the women come from diverse backgrounds:

- Fifty-seven percent were women of color. This proportion has remained constant over the past two years.
- Three-quarters of the women entering the program had never been married (77%).
- Ninety percent of the women were unemployed upon program entry. Of these, 7 percent were disabled and unable to work.
- Forty-six percent of those with information available were living in their own homes or apartments; four women were in an inpatient treatment facility; three women were homeless at program entry.
- Over three-quarters of Mothers First clients had other children. The average number of children per client was two at the time of the pregnancy and subsequent referral to Mothers First.
- Eighty-four percent had incomes below the poverty line.
- Ten women were already involved with Child Protection at the time of entry.
- Over half of new clients had been involved with the criminal justice system.
- Over one-third of clients had a Serious or Persistent Mental Illness diagnosis at intake.
- Over half of the women served had been in chemical dependency treatment at some time before coming to Mothers First.
- In terms of substance abuse at intake, 24 of the 59 women (41%) who reported substance use used *only one* substance, while the other 35 (59%) used more than one substance. In comparison with previous years, more women are reporting Methamphetamine use.

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<sup>2</sup> This same woman had her first case closed during this reporting period. She then became pregnant again, and her case was reopened. By the end of this reporting period, the second case had closed. In order to un-duplicate closed cases, this client's second closing was not counted in the closing figures.

## ***Methods***

To evaluate the results of this program, Wilder Research Center analyzed Mothers First administrative data including demographic, health, service use, and outcome information about clients and their newborn children. In addition, Wilder Research Center staff conducted telephone interviews with case managed clients six months after the birth of their babies. Wilder Research Center staff conducted key informant interviews with partner agency staff to gather feedback about program implementation and systemic issues. Finally, Wilder Research Center conducted a focused discussion group with Mothers First staff to discuss implementation and other issues to consider.

## ***Services provided***

Mothers First staff provided a variety of services, based on the principles of several disciplines. These services include: case management, chemical health assessments, testing for substance use, prenatal assessments, home visits, family meetings, one-to-one counseling, assistance with accessing community services, coordinated help in meeting basic needs (food, clothing, shelter), and transportation to medical, mental health, housing, and other appointments. In addition, during this period, Mothers First implemented recovery support services to clients after they gave birth to their children.

Mothers First staff provided a variety of substance use testing and treatment referral services to their clients. Most clients were tested for substances while in the program.

- Fifty of 63 women (whose cases closed between July 2003 and June 2004) were tested for substances while in the program. Of these 50 women, 31 did not have positive samples; 19 tested positive for illegal substances. This is the same number that tested positive in the previous year.
- For closed cases, the average number of times women were tested for substances while in Mothers First was six times.
- Thirty women were in chemical dependency treatment at some point during the year. Of these, 15 completed treatment.

During this period, 52 women completed the Mothers First program while 11 women left the program before completing. The average number of days that women were enrolled in Mothers First was 327 days for those who completed the program and 183 days for those who left before completing the program.

## *Outcomes*

During this period, 63 children were born to Mothers First clients.

- Fourteen of the mothers (23%) tested positive for drugs at the time of the birth of their baby.
- Thirteen babies (21%) tested positive for drugs or alcohol.
- Most babies were born full-term; most did not require intensive care services and none required re-hospitalization.
- Two thirds of the mothers whose cases were closed during the year had no child protection involvement while in Mothers First.

## *Client satisfaction*

Six months after the birth of their babies, the 26 women who participated in the follow-up interview credited the support and information received through Mothers First as making a positive impact on their lives. Three-quarters of participants (77%) reported that their lives had improved since enrolling in the program. Ninety-six percent of participants reported that they believed that other families in similar situations could benefit from participating in Mothers First. Eighty-one percent of respondents were parenting the baby they had given birth to while in Mothers First. Over three-quarters of clients surveyed (77%) reported that they were doing things differently now because of the Mothers First program. Sixty-nine percent of respondents rated the overall services that they had received from Mothers First as “outstanding” or “very good.”

## *Future outlook*

Based on feedback from staff, collaborating professionals, and clients, the following are issues to consider in program planning in the coming year (FY 2004-05).

### Mental health assessment and consultation services

In discussions with staff, a substantial barrier to providing services to Mothers First clients is the fact that many have undiagnosed mental health problems or difficulties resulting from brain injuries. Staff mentioned that it is difficult to get these clients to follow-through with appointments off-site; many have experienced trauma and are distrustful of new people. Others do not care to tell their stories to someone new. Still others are willing to have an assessment, but are unable to follow-through with appointments because of lack of their functioning level. Staff members note that it would

be extremely helpful to have a consulting therapist or psychologist to provide assessments on-site for mental health diagnoses, FAS/FAE testing, and/or issues related to traumatic brain injury. Staff members also state that it would be useful to have an expert in mental health provide guidance to staff through occasional case consultation. With an increase in severity of clients' mental health problems, staff may need this expertise to best meet the needs of these women and their children.

Housing issues, including treatment housing, for this population and their children

As in prior reporting periods, safe, secure, and/or stable housing continues to be an issue in the lives of these families. In a difficult housing market, these women experience multiple barriers to finding and keeping long-term housing. Many clients struggle with substance use, criminal histories, and/or lack of follow-through. In addition, many clients have mental health issues including brain injuries that may make keeping housing difficult. Supportive housing that targets mothers with multiple issues with large families is a gap that needs to be addressed to ensure progress in client functioning.

Staff report a shortage of inpatient treatment options that can serve mothers with children. Staff report that because of past experiences of trauma in their own lives, Mothers First clientele are less likely than most to allow their children to be in the care of a stranger so that they can receive treatment services. Mothers First participants may have a greater likelihood of completing treatment if their children remain with them. Both Mothers First and staff from collaborating agencies feel that housing remains a problematic and critical issue to helping clients stabilize their lives so that they can address other issues such as chemical dependency and mental health.

Continued monitoring of Recovery Maintenance activities

Within the past two years, Mothers First has added three chemical health specialists. These staff are working together to coordinate the recently funded "Recovery Maintenance" component. This team provides support and education to postpartum mothers by offering an alumni group, mentors, and chemical-free social events.

Last year, a change was made to the Recovery Maintenance project that enabled postpartum women to keep working with the same chemical health specialist that they were assigned while they were pregnant. This enables the relationships between the chemical health specialist and the woman to develop and trust to build so that more support is provided postpartum to Recovery Maintenance aftercare clients.

Overall, staff feel that Recovery Maintenance is an important addition to Mothers First services and has enhanced the program. As women struggle with many issues

postpartum, their sobriety is often threatened. Support services for these new mothers appear to be as critical as support while pregnant. As the Recovery Maintenance project ends its second year, staff have voiced enthusiasm for the project as well as some frustration with keeping clients involved with recovery support activities. For some, participation is erratic and limited. Mothers First staff are still seeking to hone and improve Recovery Maintenance project activities to respond to the needs and motivations of clients. Wilder Research Center will continue to work with Mothers First staff to evaluate the impact of these activities.

#### Data collection and reporting systems

Wilder Research Center and Ramsey County staff have developed improved data collection forms to comply with state requirements for reporting. A few additional questions will need to be implemented during the next period to comply with some changes in state reporting requirements. Wilder Research Center and Mothers First staff will also work together to try to better locate clients at follow-up to ensure that feedback is received from a wide variety of clients served by the project.

# Introduction

For over 10 years, the Ramsey County Mothers First/Maternal-Child Project (formerly the Ramsey County Maternal-Child Substance Abuse Project) has served substance-abusing pregnant women. The objectives of the Mothers First/Maternal-Child Project are to provide a quality continuum of care and to serve as a link between unrelated systems to help clients refocus away from substance abuse and toward the health of their unborn child. The goal is to help women deliver chemically-free, healthy babies. The program serves an adult population not limited by race or ethnicity.

The Mothers First/Maternal-Child Project provides early identification, prevention, intervention, and assessment services through the utilization of the multi-disciplinary team to ensure an individualized continuum of care. This is accomplished by both direct service provision and partnering with existing community agencies to coordinate chemical dependency treatment, relapse prevention, prenatal care, housing, child care, transportation, family medical care, mental health and psychological services, parenting skill development, and educational or vocational services. At case closing, project staff link women with community based support services, chemical dependency services and/or public health nursing aftercare services. Some Mothers First clients also receive child protective services from Ramsey County's Department of Community Human Services.

There were seven program staff and a project coordinator involved in service delivery during the period of July 1, 2003 to June 30, 2004. The project staffing consists of a Public Health Nurse, 2 Social Workers, 2 Chemical Health Specialists, a Case Aide, and a Clerk.

In addition, the project has an advisory board consisting of community members and collaborative agency representatives. Community members from a local congregation also assist in supporting clients through an annual baby shower, providing clothing and other baby care items.

From July 2003 to June 2004, the overall project expenditures were \$421,182. Of this, \$355,438 has been received in grant funds from the Minnesota Department of Human Services, Chemical Health Division. The grant for this report is a continuation of existing services.

The Mothers First/Maternal-Child Health Project (for the remainder of this report referred to as "Mothers First") is community-based with an office located in the Midway area of St. Paul.

## ***Program service delivery steps***

Although there is some variation, the steps Mothers First typically takes to serve each client include:

1. Mothers First receives a referral; each referral is considered a case opening.
2. Staff contact referral source to obtain additional information about client.
3. Staff begin to track down client to attempt an initial contact (within five days of program referral).
4. Some clients can not initially be located; staff work with other agencies to gather accurate contact information to enable them to find clients.
5. After initiating contact with the client, staff schedule a time for a face-to-face meeting between the Mothers First team (consisting of the social worker, public health nurse, and chemical health specialist) and the client; a meeting is held; a Rule 25 assessment, a social assessment, and a medical assessment are completed.
6. Staff discuss the case at a Mothers First “staffing” to coordinate service planning.
7. If a client is deemed appropriate for inpatient treatment, staff focus on entering client into appropriate inpatient services.
8. A planning meeting is convened that includes the Mothers First team, the client, and agencies involved with the client (including treatment staff).
9. Mothers First staff provide individualized services and referrals that concentrate on client goals (on-going).
10. Client’s baby is born.
11. A Mothers First staff member visits client in the hospital (and gives client a quilt); if a client signs a release, toxicology results are obtained.
12. Mothers First public health nurse refers client to aftercare nurse. The Mothers First social worker connects client with other services and preparations are made to close client.
13. If client is not interested in Mothers First services, she is closed within one to two months after birth; clients who want services and have additional needs are often open longer.
14. An exit interview is conducted with the client and the case is closed.

15. Mothers First staff transfer client to aftercare services; some follow-up is done to encourage clients to participate in services after closing.
16. If a client chooses to be involved with the Ramsey County Maternal Child Aftercare Project, a public health nurse provides long-term follow-up (6 to 24 months) that includes home visits designed to provide coordinated services for women and their children.
17. Mothers First staff have monthly meetings with aftercare nurse to discuss the client's progress in aftercare.
18. For those clients who wish to participate in recovery maintenance services after their baby is born, Mothers First staff implemented Recovery Maintenance Grant activities, which includes two groups per week (one is a Narcotics Anonymous open group for mothers), one activity per month, and forming a mentor program. Transportation and child care are provided to mothers who participate in any of these groups/activities.



# Services summary

The following is a summary of the services of the Mothers First project. This section follows the format requested by the state listing progress by each goal and objective. The information in this section may not match some of the information contained in the tables section in the Appendix. This is because Wilder Research Center only includes data about clients who are considered Mothers First case managed clients. Wilder Research Center does not include clients who were referred, but were not found or refused services. The following information was obtained from the Mothers First fourth quarter report, June 2004.

Goal A. Maintain a coordinated, culturally appropriate early intervention system for the identification and assessment of women who are pregnant and using alcohol and/or other drugs; and to provide services designed to prevent positive drug toxicity among their children at birth, and to prevent developmental disabilities among their children due to fetal substance exposure.

**Objective 1: Provide contact and offer services to a minimum of 105 substance abusing pregnant women and their children who have been referred to the Mothers First Program annually.**

- Number of client referrals: 127
- Number of social service case plans developed: 73
- Number of chemical dependency assessments completed: 63
- Number of PHN prenatal assessments completed: 79

**Objective 2: To prevent positive drug toxicity among 75 percent of all children born to women annually enrolled in the program at the time of delivery.**

- Number of Urinalysis tests done: 306
- Number of women tested: 78
- Number of women who entered treatment voluntarily: 31
- Number of women committed: 8
- Number of women completing treatment: 24
- Number of babies born of Mothers First clients: 71 (including one set of twins)

- Number of babies born testing positive for drugs: 15
- Number of babies not tested: 8 (sometimes hospitals do not know to test mom or babies)
- Number of women who tested positive for substances at the birth of their baby: 12
- Number of women not tested for substances: 11

**Objective 3: Provide intensive home-based and center-based case management and provide referrals to community-based supportive services to 105 women enrolled annually in the program, and to their children as appropriate.**

- Number of new clients receiving case management services: 33 in the fourth quarter; 72 clients were open for case management services at the beginning of the quarter. Overall, according to Mothers First records, Mothers First provided services to 127 new referrals during this period.
- 159 women received community-based referrals
- 34 women were referred to treatment
- 36 women and families referred for supportive housing
- 11 women and families received supportive housing
- 46 women delivered while enrolled in the program
- 40 women were referred to the Public Health Aftercare Nurse
- 15 babies tested positive for substances and were referred to child protection.

**Objective 4: The Mothers First Program staff and administration will work to develop and maintain positive relationships with other agencies within the network of services for families and children to ensure that early intervention occurs, that appropriate referrals are made and that clients receive needed services through quarterly Mothers First advisory committee meetings and annual meetings with the Ramsey County Council of Chemical Dependency Service Providers.**

- Quarterly advisory committee meetings were held during this period including topics such as: evaluation; introduction of new board members, and networking.
- 42 agencies were given information about the Mothers First program, and 486 brochures were distributed to them.

Goal B. Children in the care of Mothers First Program enrollees who test positive for drug toxicity or who are determined to have been maltreated will be protected from further harm.

**Objective 1: Children, born to the minimum of 105 annual program enrollees, who test positive for drug toxicity, and children in the enrollee's care who score high on the Child Protection Risk Assessment Scale will receive appropriate protective services.**

- Number of positive toxicology of births referred to Child Protection Services: 15
- Number of children born with drug toxicity assessed for needed services: 15
- Zero children were identified as developmentally delayed. This is often because the babies are considered too young to be assessed.

Goal C. To reduce the number of babies born affected by Fetal Alcohol Syndrome and Fetal Alcohol Effects in Ramsey County by maintaining a coordinated and culturally appropriate early intervention system for the identification and assessment of women who are pregnant and using alcohol.

**Objective 1: Provide outreach and education to medical personnel to aid in client identification of alcohol abusing women and in providing referrals to the program and/or other community support.**

- Four medical agencies received a presentation on the Mothers First program.

**Objective 2: Provide basic client outreach to detoxification programs, medical clinics, and other medical and/or social services in order to offer on-site intervention services.**

- 12 women received interventions from Mothers First staff at the site that they were located.

Goal D. To improve the treatment outcomes of the participating women by reducing barriers to accessing treatment and on-going recovery services, increasing treatment completion, increasing aftercare participation, and enhancing individual and family stability.

**Objective 1: Barriers to receiving services will be reduced or eliminated so that all 105 women enrolled annually, and their children, may fully participate in the Mothers First Program.**

- Number of children provided childcare so that their mothers could attend group: 50

- Number of women provided transportation to attend groups/appointments: 80
- Number of women who received emergency funds so they can meet the basic needs to support their recovery: 50

**Objective 2: Provide supportive services to a minimum of 25 women annually who have been determined by Mothers First Program staff to be at-risk for relapse or continued substance abuse for up to one year post-birth.**

- Number of women (post-birth) who are in treatment and receiving Mothers First case management: 13
- Number of women (post-birth) who were provided transportation: 37
- Number of women (post-birth) who received referrals: 64
- Number of women (post-birth) receiving home visits by social worker: 49
- Number of women (post-birth) receiving home visits by chemical health specialist: 49
- Number of women (post-birth) who were referred to any type of recovery support group: 51

Goal E. To prevent relapse and recidivism among women whose cases have been closed from the Mothers First case management program following the birth of their children.

**Objective 1: To deliver Recovery Maintenance activities to a minimum of 20 women whose cases have been closed from the Mothers First case management program by developing an Alumni Group program. A minimum of 16 women in the Alumni Group (at least 80%) will report maintaining their recovery.**

- Number of women participating in Alumni Group: 37
- Number of weekly meetings held during this period: 43
- Number of mentors: 4
- Number of mentees: 3
- Number of Alumni Group women provided transportation: 28
- Number of Alumni Group children provided childcare: 21

Goal F. Grantee shall provide the State with up to three days each fiscal year to participate in site visits or attend other meetings on request.

- Number of visits/meetings with State: 1 visit; 2 meetings.

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

- Grantee is complying with Certification Regarding Environmental Tobacco Smoke; Public Law 103-227, also known as Pro-Children Act of 1994.

Goal H. Grantee is required to provide employees with continuing education in order to improve the program's activities and services.

Talli Brown, Supervisor: 15 hours

Mary Jackson, Social Worker: 7 hours

Tonya Hanson, Social Worker: 21 hours

Jeannette Kpissay, Public Health Nurse, Pre-natal: 9 hours

Jessica Richardson, Case Aide: 6 hours

Leah Fernandez, Chemical Health Specialist: 1 hours

Penelope Stewart, Chemical Health Specialist: 3 hours

Goal I. Grantee shall participate in the data collection system including forms developed and approved by the Chemical Health Division, Evaluation Coordinator that measures process and client outcomes. Grantee shall, upon request, submit the data collected to assess process and outcomes.

- Grantee is participating with all aspects of the data collection system.

Goal J. Grantee shall provide the State with Quarterly progress reports and final reports using the Final Report Form and including the results of the program.

- Grantee is providing the State with Quarterly Progress Reports and Final Reports.

# Program assessment

## *Evaluation design*

Primary research questions

Wilder Research Center was contracted to implement an evaluation of the Mothers First program for the reporting period of July 2003 – June 2004. The purpose of the evaluation is to answer the following questions:

### **Process evaluation**

- How many women were referred to the Mothers First program between July 1, 2003 and June 30, 2004? Of these, how many were found and enrolled in the program?
- What are the characteristics of women who enrolled in Mothers First?
- What services were provided by the Mothers First program? What referrals were made by the program?
- How many Mothers First clients were referred for chemical dependency treatment services? How many participated in chemical dependency treatment services? How many completed chemical dependency treatment services?
- Did Mothers First clients receive prenatal care? What were some of the health issues for mothers and their babies?
- How is the newly added emphasis on recovery maintenance after the baby is born working? In what ways are women participating in Recovery Maintenance activities?

### **Outcomes**

- Is participation in the Mothers First program positively associated with a reduction in substance use for program clients? How many women had a decrease in substance use upon completing the program?
- Is participation in the Mothers First program positively associated with a reduction in the number of newborn babies who test positive for drugs?
- Is participation in the Mothers First program positively associated with a reduction in out-of-home placements for newborn children of chemically dependent mothers?

## Methods

For this report, Wilder Research Center analyzed the data contained in Mothers First Initial Assessment Form and the Case Summary Form. For this period (July 1, 2003 – June 30, 2004) participant characteristics information is reported on clients who *entered* case management during the time period (N=70); service information is reported on clients who were *served* during the year (N=116); and outcome information is reported on clients who were *closed* from the program during the year (N=64).

In addition, methods were employed during this period to gather useful process information about the implementation of the Mothers First programming. Wilder Research Center staff conducted a focused discussion group with staff from Mothers First as well as an interview with staff from various agencies that collaborate or make referrals to Mothers First. Questions were asked about accessibility, responsiveness, and perceived effectiveness of Mothers First services.

### **Ramsey County Mothers First initial assessment**

Within a month of entering the program, Mothers First staff completed an Initial Assessment form which includes information about each client's background, demographics, and chemical abuse history. Wilder Research Center staff analyzed information from the initial assessments for 70 of the 70 clients (100%) entering the program between July 2003 and June 2004.

### **Ramsey County Mothers First case summary**

At closing, Mothers First staff completed a Case Summary form for each client. The case summary included information about each client's maternal health data, child health data, service use while enrolled, program referrals, and closing status. Wilder Research Center staff analyzed information from the case summaries for all of the 63 clients whose cases were closed between July 2003 and June 2004.

### **Mothers First participant follow-up interview**

Beginning in the summer of 2003, Wilder Research Center began contacting clients at six-months postpartum to conduct a telephone follow-up interview. The previous method was contacting women six months after closure, but locating these women at this time proved difficult, particularly in the cases of women who were kept open after the baby was born. Beginning in July 2003, participants are being contacted six-months after their baby is born whether or not they are still open in Mothers First. This began with those clients whose babies were born in January 2003. Follow-up interviews were conducted with 26 of 66 women for a response rate of 39 percent. This response rate is up slightly

from the previous year's rate of 33 percent. This may be due to the change in method to follow-up six months postpartum rather than six months post closing. Some of the women attempted for the interview had not had a face-to-face visit with Mothers First because they could not be located; others had refused services.

A copy of the follow-up interview is included in the Appendix.

### **Mothers First focused discussion group**

In July 2004, Wilder Research Center staff conducted a focused discussion group with Mothers First staff to ask questions about perceptions of the program model, the effectiveness of services, and the perceptions of the impact of the Recovery Maintenance grant. Seven staff attended the focused discussion group.

### **Collaborative agency interview**

In June and July 2004, Wilder Research Center staff conducted interviews with agency staff identified by Mothers First. These agencies were identified as collaborating with or referring clients to Mothers First. These agencies were asked questions about how they utilize Mothers First services, their perceptions of staff, and their perceptions of program impact. They were also asked their suggestions for program improvement. Interviews were conducted with 16 of 17 staff from different agencies for a response rate of 94 percent. A copy of the partner survey is included in the Appendix.

## ***Process evaluation results***

### Pre-entry data

Between July 1, 2003 and June 30, 2004, Ramsey County Mothers First received referrals for 100 women. Mothers First attempts to contact or makes collateral contacts to establish the location of every referent. During this period, 10 clients were not pregnant or had terminated their pregnancies before Mothers First could offer case management services. In addition, nine clients were not Ramsey County residents, and one client was incarcerated. Of the 87 women who were eligible for Ramsey County Mothers First services, 70 (80%) entered case management, 13 (15%) refused, and four (5%) were never located.



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## 1. Women referred vs. women contacted

	Number
Number of women referred but not contacted at start of year	7
Number of women referred to this program during this year	100
Number of women referred who staff made contact with	83*
Number of women contacted who refused services	13
Number of women contacted who entered case management this year	70
Number of women staff were unable to make contact with	24

\* **Note.** In some cases, the staff did not make actual contact with the women, but found out from referrals and other sources that women were either no longer or not pregnant or not a county resident. There were 10 women who were not pregnant or no longer pregnant, 1 client who was incarcerated, and 9 women who were not county residents who were referred, but did not receive case management services from Mothers First.

### Enrollment

Between July 1, 2003 and June 30, 2004, Ramsey County Mothers First served 116 women, of whom 17 percent were involved with Child Protection (CP). Of the 116 participants, 46 were enrolled prior to July 1, 2003 and 70 were new intakes during that period. Of the 70 intakes, 56 clients (80%) had no previous involvement with the program. Sixty-three of the 116 cases (54%) closed during this period.

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## 2. Clients served between July 1, 2003 and June 30, 2004

	Involved with child protection	Not involved with child protection	Total
Women in case management at start of the year	11	35	46
Women admitted to case management during this year	10	60	70
Women served by case management this year	21	95	116
Number of cases closed	13	39	52
Number of cases closed due to moving out of the area and doing well	0	1	1
Number of cases closed without completing, including those not doing well when they moved out of the area	4	6	10
Number of women still in case management at the end of period	4	49	53

*Source:* Wilder Research Center analysis of Mothers First records (July 2003 – June 2004).

## New participant characteristics

Participant characteristic information was analyzed for clients who entered the program between July 1, 2003 and June 30, 2004.<sup>3</sup>

Of the 70 clients entering Mothers First between July 2003 and June 2004, age, ethnicity and marital status information was available for nearly all of these women. This information indicates that the women come from diverse backgrounds:

- Fifty-seven percent were women of color. This proportion has remained constant over the past two years.
- Three-quarters of the women entering the program had never been married (77%).
- Ninety percent of the women were unemployed upon program entry. Of these, 7 percent were disabled and unable to work.
- Forty-six percent of those with information available were living in their own homes or apartments; four women were in an inpatient treatment facility; three women were homeless at program entry.
- Over three-quarters of Mothers First clients had other children. The average number of children per client was two at the time of the pregnancy and subsequent referral to Mothers First.
- Eighty-four percent incomes below the poverty line.
- Ten women were already involved with Child Protection at the time of entry.
- Over half of new clients had been involved with the criminal justice system.

Figure 3 shows demographic information for clients who entered the program between July 2003 and June 2004.

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<sup>3</sup> According to program staff, there is considerable time spent locating many of the clients who are referred to the program. Initial assessments (which include demographic information) cannot be completed until clients are located and contact is initiated.

### 3. Demographic information, cases opened between July 2003 and June 2004

	Number	Percent
<b>Age (n=70)</b>		
Under 20	9	13%
20 – 24	22	31%
25 – 29	13	19%
30 – 34	13	19%
35 – 40	9	13%
40 and over	4	6%
<b>Race (n=70)</b>		
African American	22	31%
White	29	41%
Hispanic	6	9%
Native American	5	7%
Asian/Pacific Islander	2	3%
More than one race	4	6%
Others/Unknown	2	3%
<b>Marital Status (n=70)</b>		
Married living with spouse	5	7%
Separated/Divorced/Widowed	10	14%
Never married	51	73%
Unknown	4	6%
<b>Highest degree earned (n=70)</b>		
Non-high school graduate	27	39%
High school grad or GED	35	50%
Vocational/AA degree or more	5	7%
Unknown	3	4%
<b>Employment status (n=70)</b>		
Unemployed, not in a job training program	55	79%
Unemployed, but in a job training program	7	10%
Employed part-time	3	4%
Employed full-time	4	6%
Unknown	1	1%

**3. Demographic information, cases opened between July 2003 and June 2004 (continued)**

	Number	Percent
<b>Living Arrangement (n=70)</b>		
In own house or apartment	31	44%
Parent/other relative	24	34%
In friend's home	4	6%
Correctional facility	1	1%
No home at present	3	4%
Other	4	6%
Unknown	3	4%
<b>How far along pregnancy was at intake (n=70)</b>		
1-3 months	20	29%
4-6 months	25	36%
7-9 months	24	34%
Unknown	1	1%
<b>For Pregnant Women (n=70)</b>		
Number who reported a history of premature deliveries	11	16%
Number who were receiving prenatal care at the time of entry	56	80%
<b>Income (n=62; 8 unknown)</b>		
Number of women whose income is lower than the federal poverty guidelines	52	84%
<b>Number of women who have the following number of children on entry (that the client has not lost parental rights for] (n=70)</b>		
0 Children	15	21%
1 Child	18	26%
2 Children	16	23%
3 Children	6	9%
4 or more Children	15	21%
<b>Family planning – using a form of birth control (e.g. Depo; tubal ligation) (n=70)</b>		
Yes	0	-
No	70	100%
Unknown	0	-

**3. Demographic information, cases opened between July 2003 and June 2004 (continued)**

	Number	Percent
<b>Parental rights terminated for all previous children (does not include those who voluntarily, legally transferred parental rights (n=70))</b>		
Yes	2	3%
No	50	71%
Unknown	18	26%
<b>Voluntarily, legally transferred parental rights for all previous children (n=70)</b>		
Yes	5	7%
No	45	64%
Unknown	20	29%
<b>Involved with child protection (under investigation/open cases) (n=70)</b>		
Yes	10	14%
No	60	86%
<b>MFIP client (n=70)</b>		
Yes	31	44%
No	36	51%
Unknown	3	4%
<b>Has a Serious and Persistent Mental Illness (SPMI) (n=70)</b>		
Yes	25	36%
No	35	50%
Unknown	10	14%
<b>Involved with criminal justice system (n=70)</b>		
Yes	37	53%
No	31	44%
Unknown	2	3%

*Source:* Wilder Research Center analysis of Mothers First records (July 2003 – June 2004).

## Previous chemical dependency treatment

Over half (57%) of clients who entered the program during the year had previously received chemical dependency treatment. On average, women had been in chemical dependency treatment 2.0 times before entering Mothers First. The number of times in treatment prior to entering the Mothers First program ranged from 0 to 10.

Figure 4 shows the chemical dependency treatment history for cases opened during this period.

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#### 4. Previous chemical dependency treatment for clients whose cases were opened between July 2003 and June 2004

<b>N=70</b>	<b>Number</b>	<b>Percent</b>
<b>Previous Chemical Dependency treatment</b>		
No previous chemical dependency (CD) treatment	24	34%
1-2 previous CD treatments	31	44%
3+ previous CD treatments	9	13%
CD treatment unknown	6	9%
<b>Women previously assessed as FAS or FAE</b>		
Yes	2	3%
No	62	89%
Unknown	6	9%
<b>Women had child previously assessed as FAS or FAE</b>		
Yes	2	3%
No	61	87%
Unknown	7	10%
<b>Children previously assessed as FAS/FAE</b>		
Number of children previously assessed as FAS or FAE	2	3%

*Source:* Wilder Research Center analysis of Mothers First records (July 2003 – June 2004).

## Substance use prior to program entry

### Recent use

Clients report high rates of substance use in the months just prior to program entry. During the initial assessment, clients were asked, “during the past six months, how often did you use. . .” (list of substances). All but three clients who had information available on this item (59 of 62) reported use of at least one substance. Many clients used multiple substances. The most commonly reported substances used in the previous six months were alcohol, marijuana, methamphetamines, and cocaine/crack. Compared to previous years, more women are using methamphetamines.

- Alcohol and Marijuana were the most commonly used substances with nearly half (47%) of the clients reporting that they used these at least once per week.
- Methamphetamines were the third most commonly used drug with 39 percent of clients reporting they used at least once per week.
- Cocaine/Crack was the fourth most commonly used drug with over one-third of clients (34% of those who had information available) reporting that they used it at least once per week.
- In terms of frequency of use, Marijuana and Methamphetamines had the largest percentage of clients reporting that they used these almost every day (14% and 13%, respectively).

Figure 5 shows the pattern of usage by substance. This information was collected from the records of the 70 clients whose cases were opened during July 2003 to June 2004.

### 5. Self-reported rate of drug use by clients whose cases opened between July 2003 and June 2004

N=70	Almost every day		Several times per week		Once per week		Less than once per week		No use		Unknown	
	N	%	N	%	N	%	N	%	N	%	N	%
Alcohol	4	6%	0	-	8	11%	17	24%	33	47%	8	11%
Marijuana	10	14%	3	4%	7	10%	9	13%	33	47%	8	11%
Cocaine/crack	5	7%	0	-	5	7%	11	16%	41	59%	8	11%
Heroin/opiates	2	3%	0	-	0	-	2	3%	59	84%	7	10%
Methadone	1	1%	0	-	0	-	0	-	57	81%	12	17%
Methamphetamine/amphetamines	9	13%	1	1%	7	10%	7	10%	38	54%	8	11%
Inhalants	0	-	0	-	0	-	0	-	61	87%	9	13%
Other drugs	0	-	0	-	0	-	4	6%	57	81%	9	13%

Source: Wilder Research Center analysis of Mothers First records (July 2003 – June 2004).

Note. One woman was using daily methadone as prescribed.

## Multiple drug use

A further analysis was done to determine the most common drugs used by women who reported using multiple substances. Of the 29 women who used Alcohol, only three (10%) used Alcohol only; the rest used Alcohol and at least one other substance. This was true for Cocaine with only 4 of 21 (19%) using Cocaine only. Marijuana and Methamphetamines had a slightly higher likelihood to be used alone: 8 of 29 women (28%) reported using Marijuana only and 9 of 24 women (38%) reported using Methamphetamines only. The number of women who used methamphetamines without other substances rose from three in the 2002-2003 fiscal year to nine during the 2003-2004 fiscal year.

Only 24 of the 62 women (39%) with records available used *only one* substance, while 35 (56%) used more than one substance. For multiple substance users, the most common combinations were: alcohol and marijuana with 15 of 59 women, alcohol and cocaine with 14 of 59 women, and alcohol and methamphetamines with 9 of the 59 women, and marijuana and methamphetamines with 9 of 59 women. Seven women reported using alcohol, marijuana, and cocaine. Figure 6 shows the number of substances used by women who entered Mothers First between July 2003 and June 2004.

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### 6. Number of substances used, clients entering Mothers First July 2003 to June 2004

<b>N=62</b>	<b>Number</b>	<b>Percent</b>
Zero reported substances	3	5%
1 reported substance	24	39%
2 reported substances	19	31%
3 reported substances	12	19%
4 reported substances	3	5%
5 reported substances	1	2%



## Head trauma

Of the 74 clients for whom the “head trauma questionnaire” was completed, 36 clients (49%) reported that they had been “hit in the head so hard that they saw stars or were knocked unconscious” at some time in their lives, and 38 clients (51%) said this had not happened to them.

Of the 36 clients who had been knocked unconscious or been hit in the head so hard they saw stars:

- Fifteen clients said this had happened to them only once, 12 clients said it had happened two or three times, five clients said it had happened four or five times, one client said it had happened 6 to 10 times, and three clients said it had happened to them more than 10 times.
- Thirteen of these clients said they had not been knocked unconscious, eight had been knocked unconscious for less than a minute, and 12 clients had been knocked unconscious for between 1 and 10 minutes. One client had been knocked unconscious for several hours and two had lost consciousness for at least one day.
- Of the 36 clients who had received some type of head trauma, 19 (53%) visited the emergency room as a result of their injury and eight (22%) were admitted to the hospital.

When asked if someone deliberately tried to hurt them, 27 of the 36 clients who had received head trauma said “yes” (75%). In fact, most of these women (N=19) had been injured by a past intimate partner, five had been injured by family members, three were injured by a friend, three were injured by a current partner, two were injured by strangers, and seven were hit as the result of an accident or self-inflicted injury. (Note: Some of these women had multiple injuries caused by more than one person, so the total of responsible parties for the injuries is greater than the total number of women reporting these types of injuries.)

When asked what types of problems or side effects they might have as a result of their head trauma, 23 clients have problems with headaches, 19 have problems with fear or worry, 19 have trouble sleeping, 15 have trouble concentrating, 11 have trouble getting along with people, nine have memory problems, and five have problems understanding things.

Of the clients who did not report head trauma, 43 percent were white and 57 percent were women of color. Of those who did report head trauma, 42 percent were white and 58 percent were women of color.

## *Services provided*

Mothers First staff provided a variety of services combining the approaches and principles of several disciplines. Services to meet the needs of clients included: case management, chemical health assessments, testing for substance use, prenatal assessments, home visits, family meetings, one-to-one counseling, assistance with accessing community services, coordinated help in meeting basic needs (food, clothing, shelter), and transportation (for medical, mental health, housing, and other appointments).

During this period, 52 women completed the Mothers First program while 11 women left the program before completing. The average number of days that women were enrolled in Mothers First was 327 days for those who completed and 183 days for those who left before completing the program.

### Chemical health testing and referral

Mothers First staff provided a variety of substance use testing and treatment referral services to their clients. Most clients were tested for substances while in the program.

- Fifty of 63 women (whose cases closed between July 2003 and June 2004) were tested for substances while in the program. Of these 50 women, 31 did not have positive samples; 19 tested positive for illegal substances. This is the same number that tested positive in the previous year.
- For closed cases, the average number of times women were tested for substances while in Mothers First was six times.
- Thirty women were in chemical dependency treatment at some point during the year. Of these, 15 completed treatment.

During this period, 52 women completed the Mothers First program while 11 women left the program before completing. The average number of days that women were enrolled in Mothers First was 327 days for those who completed and 183 days for those who left before completing the program.

Figure 7 shows number of women receiving chemical dependency treatment while enrolled in Mothers First, broken down by involvement with Child Protection. This information is based upon the best knowledge of Mothers First staff of clients' treatment activities.

**7. Chemical dependency treatment while in Mothers First, clients served July 2003 to June 2004**

	Involved with CP	Not Involved with CP	Total
In case management and licensed CD treatment at beginning of year	2	2	4
Admitted to licensed CD treatment during the year	2	24	26
Total in CD treatment sometime during the year	4	26	30
Completed licensed CD treatment during the year	2	13	15
Discharged without staff approval this year	2	8	10
Left case management program while still in CD treatment	0	0	0
Other	0	0	0
Clients in treatment at the end of this year	0	5	0

*Source: Mothers First staff reports.*

Clients are often referred more than one time to treatment. They also often receive more than one treatment episode in a year. In order to unduplicate, clients who had more than one episode in a year were counted only once and were coded as “completed” if they completed at least once during the period.

In all:

- 30 clients began treatment 46 times (including six committals). Of these, 21 clients began treatment one time, six clients began twice, two clients began four times, and one client began treatment five times during this reporting period.
- 15 clients completed treatment; some of these completed more than once for a total of 23 times
- 10 clients did not complete treatment; some of these did not complete treatment more than one time (total number of uncompleted treatments was 18)

Clients participating in Mothers First Recovery Maintenance support groups

Little information is available about whether or not clients participate in continuing care or aftercare activities after they receive inpatient and outpatient treatment. Mothers First staff have found that very few women participate in these programs after their babies are

born unless participation is mandated. However, Mothers First received funding to implement its own continuing care or aftercare supports to women after their children are born. The following table shows the participation for women in Mothers First Recovery Maintenance support group activities. The table is broken down by whether clients were involved with child protection versus those that were not.

**8. Continuing Care/Recovery Maintenance while in Mothers First, clients served July 2003 to June 2004**

	Involved with CP	Not Involved with CP	Total
In case management and Continuing Care at beginning of year	0	0	0
Admitted to Continuing Care during the year	12	33	45
Total in Continuing Care sometime during the year	12	33	45
Completed Continuing Care during the year	11	23	34
Discharged without staff approval this year	1	1	2
Left case management program while still in Continuing Care	0	0	0
Other	0	1	1
Clients in Continuing Care at the end of this year	0	8	8

Source: Mothers First staff reports.

***Outcome evaluation results: infants born July 2003 to June 2004***

The following section describes information for clients who were served between July 1, 2003 and June 30, 2004. Overall, Mothers First provided services to 116 women during this period. These women had 227 children for whom parental rights were not terminated.

Maternal and child health and toxicology results

Of the 116 women who received services between July 2003 and June 2004, 61 gave birth. The following describes the health status for the women and babies served.

In general, babies born to Mothers First clients were healthy.

- Only 8 of 61 babies (13%) were born at less than 37 weeks gestation. The average gestational age of babies born was 38.7 weeks.

- 90 percent of the babies born had a second Apgar score of 9 – representing healthy indicators at five minutes post birth.
- Babies ranged in weight from three and three-quarter pounds to over 10 pounds. The average weight of babies born while in the program was seven pounds.
- Five of 61 babies (8%) required intensive care at birth for more than seven days. Records available show that no babies required re-hospitalization within 30 days of birth. There appears to be no differences between babies who were born with a positive drug test result and those born with negative results in their use of ICU services or re-hospitalization.
- All of the babies with information available received a post-birth clinic follow-up.

However, in terms of toxicology, one in five of mothers and babies born to Mothers First case managed clients during this period tested positive.

- 13 of 61 babies (21%) tested positive for substances at birth.
- 13 of 60 mothers (22%) tested positive for substances at birth. Of these, seven tested positive for Cocaine, three tested positive for Amphetamines, two tested positive for Methamphetamines, and two tested positive for other substances. Some women tested positive for than one substance. One of these women had a set of twins who were also positive.

Figure 9 shows pregnancy and toxicology outcomes of women who delivered while in the program during this period. These results are based on Mothers First staff records of births during the year and thus include both clients whose cases remain open and those whose cases are now closed.

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**9. Pregnancy/toxicology outcomes of women who delivered while in the program, July 2003 to June 2004**

	<b>Number</b>
<b>Pregnancy outcome summary</b>	<b>N=63</b>
Live birth, child living	61
Live birth, child died	0
Miscarriage	1
Abortion	1
Stillbirth	0
<b>Infant toxicology results</b>	<b>N=61</b>
Positive toxicology for child	13
Negative toxicology for child	43
Child not tested	5
<b>Mother toxicology results</b>	<b>N=60*</b>
Positive toxicology for mother	13
Negative toxicology for mother	38
Mother not tested	9

**Note.** One woman had a set of twins during this period. She and the babies tested positive for substances.

The goal of the Mothers First program is to help chemically dependent women who are pregnant, deliver healthy, chemically free babies. Considering the high risk nature of many of the pregnancies, it is a promising outcome that just 21 percent of babies born to these mothers tested positive. However, nothing is known about the birth outcomes of five women – most of whom left the area to have their child.

Figures 10-12 shows the birth outcomes for clients whose cases were closed between July 2002 and June 2003. A statistical test was done to see if there were any significant differences in these outcomes between babies that were born with positive toxicology tests and those that were not. There were no statistically significant differences on these items between the two groups.

**10. Premature births according to infant toxicology status, births that took place between July 2003 and June 2004**

<b>N=61 babies, 60 moms **</b>	<b>Positive</b>	<b>Negative</b>	<b>Unknown</b>	<b>Total</b>
Number of premature births (less than 37 weeks gestation)	3	5	0	8
Number of Full-term births	10	38	0	48
Number of birth status unknown	0	0	5	5
Total	13	43	5	61

**11. Intensive care services according to infant toxicology status, births that took place between July 2003 and June 2004**

<b>N=61 babies, 60 moms* *</b>	<b>Positive</b>	<b>Negative</b>	<b>Unknown</b>	<b>Total</b>
Number of infants required ICU within 2 weeks of birth	3	2	0	5
Number of infants did not require ICU within 2 weeks of birth	10	41	0	51
Use of ICU services unknown	0	0	5	5
Total	13	43	5	61

**12. Re-hospitalization according to infant toxicology status, births that took place between July 2003 and June 2004**

<b>N=61 babies, 60 moms* *</b>	<b>Positive</b>	<b>Negative</b>	<b>Unknown</b>	<b>Total</b>
Number of infants re-hospitalized within 30 days of birth	0	0	0	0
Number of infants not re-hospitalized within 30 days of birth	7	33	1	41
Re-hospitalization status unknown	6	10	4	20
Total	13	43	5	61

\* No information available on the birth outcomes of 5 babies.

\*\* This includes a set of twins.

**13. Post-birth clinic follow-up, births that took place between July 2003 and June 2004**

<b>N=61 babies, 60 moms</b>	<b>Number</b>
Infant received post-birth Clinic Follow-up	24
Infant did not receive post-birth clinic follow-up	0
No information available for infant	13
Total	61

## ***Outcome evaluation results: women whose cases were closed July 2003 to June 2004***

Of the 116 clients served, there were 63 (54%) whose cases closed between July 2003 and June 2004.<sup>4</sup> The average length of enrollment for closed cases was 10.0 months (up from 8.4 months in the previous year) and ranged from 33 days to 31 months.

Of the clients who left Mothers First, 52 (83%) completed Mothers First; 11 (17%) did not complete. The average number of days that women were enrolled in Mothers First was 327 days for those who completed and 183 days for those who left before completing the program

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### **14. Number of clients whose cases closed between July 2003 and June 2004**

	<b>Number</b>	<b>Percent</b>
Completed the program	52	83%
Left before completing program	11	17%
Total	63	100%

Client functioning and child protection activity for clients who exited Mothers First between July 2003 to June 2004

Approximately 37 percent (23 out of 63 women) of Mothers First clients whose cases closed during this period had some involvement with Child Protection. According to closed records, one-third of these clients (8 of 23) had child protection workers assigned to their cases at the time of entry into the Mother's First program, and remained open with Child Protection during the time they received services from Mother's First. Fifteen mothers became involved with Child Protection while in the program. Twenty-one of the 23 mothers (91%) left the program while still involved with Child Protection.

One-quarter of Mothers First clients whose cases closed had a child placed in out-of-home care. Two mothers had children returned to their custody while receiving services from Mother's First.

Figure 15 shows information for women whose cases closed during the period of July 2003 to June 2004. This information pertains to clients while they were in the program, and is based on the best knowledge of staff who worked with these women. In some

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<sup>4</sup> This same woman had her first case closed during this reporting period. She then became pregnant again, and her case was reopened. By the end of this reporting period, the second case had closed. In order to un-duplicate closed cases, this client's second closing was not counted in the closing figures.



cases, clients were active with child protection or other county services, but the nature of this activity was unknown to Mothers First staff.

There is limited assessment for fetal alcohol syndrome or fetal alcohol effect for Mothers First clients or their children. Because these women are parenting newborn babies, there is often little ability to diagnosis FAS/FAE in children so young. However, Mothers First staff report significant efforts to connect clients and their children with mental health services.

**15. Client functioning information and child protection activity, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004**

<b>N=63</b>	<b>For those who completed N=52</b>	<b>For those who left before completing N=11</b>
<b>1. Length of stay</b>		
Average length of stay – in days	327 days	183 days
Number of clients this number is based on	52	11
<b>2. Abstinence status</b>		
Abstinent 6 months or more when completed/left	Information not available	
Abstinent less than 6 months when completed/left	28	1
Abstinent status unknown when left	24	10
<b>3. Termination of Parental Rights prior to entry for all previous children</b>		
Parental rights terminated for all previous children prior to program entry	0	0
Parental rights not terminated for all previous children prior to program entry	52	11
<b>4. Termination of Parental Rights while in the program</b>		
Parental Rights were Terminated while in this program	0	0
Parental Rights were not terminated while in this program	39	7
Unknown if Parental Rights were Terminated while in the program	13	4
<b>5. Transferred Parental Rights prior to project entry for all previous children</b>		
Voluntarily, legally transferred parental rights prior to program entry	1	1
Did not voluntarily, legally transfer parental rights prior to program entry	51	10
<b>6. Transfer Parental Rights while in the program</b>		
Voluntarily, legally transferred parental rights while in this program	1	0
Did not voluntarily, legally transfer parental rights while in this program	38	7
Unknown if voluntarily, legally transferred parental rights while in this program	13	4

**15. Client functioning information and child protection activity, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004 (continued)**

<b>N=63</b>	<b>For those who completed N=52</b>	<b>For those who left before completing N=11</b>
<b>7. Involved with Child Protection at project entry</b>		
Involved with child protection at entry	6	2
Not involved with child protection at entry	46	8
Unknown if involved with child protection at entry	0	1
<b>8. Became involved with child protection while in the program</b>		
Became involved with child protection while in the program	12	3
Did not become involved with child protection while in the program	40	7
Unknown if became involved with child protection while in the program	0	1
<b>9. Involvement with child protection closed while in this program</b>		
Involvement with child protection ended while in this program	2	0
Left the program while still involved with child protection	16	5
Never involved with child protection while in this program	34	5
Left with unknown child protection status	0	1
<b>10. Foster care at entry</b>		
Women with child in custody of child protection and in foster care home at entry	3	0
Women did not have a child in custody of child protection and in foster care home at entry	49	11
<b>11. Foster care during program</b>		
Had child placed in custody of child protection/ foster care while in the program	13	4
Did not have a child placed in custody of child protection/foster care while in the program	38	5
Unknown if had a child placed in custody of child protection/foster care while in the program	1	2
<b>12. Reunited with children (N=20)</b>		
Reunited while in your program with children who were in child protection/foster care	2	0
Women whose children were still in child protection/foster care when they left the program	12	5
Unknown if reunited with their children while in your program	0	1
Number of children reunited with their mother while she was in your program	2	0
<b>13. Completed a parenting program</b>		
Completed a parenting program	9	0
Did not complete a parenting program	43	11

**15. Client functioning information and child protection activity, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004 (continued)**

<b>N=63</b>	<b>For those who completed N=52</b>	<b>For those who left before completing N=11</b>
<b>14. Housing conditions conducive to recovery at entry</b>		
Had housing conditions conducive to recovery at entry	24	3
Did not have housing conducive to recovery at entry	0	0
Unknown if had housing conducive to recovery at entry	48	10
<b>15. Housing conditions conducive to recovery at exit</b>		
Had housing conditions conducive to recovery at exit	24	3
Did not have housing conducive to recovery at exit	28	8
<b>16. Family planning on entry</b>		
Yes	0 (all pregnant at entry)	
No	52	11
<b>17. Family planning when left – using a form of birth control</b>		
Yes	0	0
No	0	0
Unknown	52	11
<b>18. Criminal justice involvement at entry</b>		
Involved with criminal justice system at entry	25	7
Not involved with criminal justice system at entry	22	3
Unknown if involved with criminal justice system	5	1
<b>19. Criminal justice involvement at exit</b>		
Involved with criminal justice system at entry	19	8
Not involved with criminal justice system at entry	33	3
<b>20. MFIP client at entry</b>		
MFIP client at entry	24	6
Not MFIP client at entry	22	4
Unknown if MFIP client	6	1
<b>21. MFIP client at exit</b>		
MFIP client at exit	26	5
Not MFIP client at exit	26	6
<b>22. SPMI diagnosis at entry</b>		
SPMI diagnosis at entry	4	6
Not SPMI diagnosis at entry	12	1
Unknown if SPMI diagnosis	36	4

**15. Client functioning information and child protection activity, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004 (continued)**

<b>N=63</b>	<b>For those who completed N=52</b>	<b>For those who left before completing N=11</b>
<b>23. SPMI diagnosis at exit</b>		
SPMI diagnosis at exit	8	6
Not SPMI diagnosis at exit	12	1
Unknown if SPMI diagnosis at exit	32	4
<b>24. Client referred for a FAS/FAE Assessment</b>		
Were referred for a FAS/FAE assessment while in the program	1	0
Were not referred for a FAS/FAE assessment while in the program	51	11
<b>25. Client assessed for a FAS/FAE</b>		
Were assessed for FAS/FAE while in the program	0	0
Were not assessed for FAS/FAE while in the program	52	11
<b>26. Client assessed as having FAS/FAE</b>		
Were assessed as having FAS/FAE while in the program	0	0
Were not assessed as having FAS/FAE while in the program	52	11
<i>Diagnosed as having FAS/FAE either prior or during the program</i>	0	0
<b>27. Had children referred for a FAS/FAE assessment while in the program</b>		
Client had children referred for a FAS/FAE assessment	1	0
Client did not have children referred for a FAS/FAE assessment	51	11
<b>28. Had children assessed for FAS/FAE</b>		
Client had children assessed for FAS/FAE	1	0
Client did not have children assessed for FAS/FAE	51	11
<b>29. Children assessed as having FAS/FAE</b>		
Number of children assessed as having FAS/FAE	3	0
Number of children assessed as not having FAS/FAE	0	0
Number of children (of women exiting the program this year) diagnosed as having FAS/FAE, either prior to or during this program	7	0

**Note.** Abstinence status was not collected in this way during this reporting period. Therefore, researchers used the question at discharge about whether or not clients were using alcohol/drugs more, the same, less, or not at all. Clients who were rated as “not at all” using were classified as abstinent six months or less for the purpose of this table.

According to reports at case closings, most clients are using drugs or alcohol less than they were at program entry. Nearly half (46%) reported no use of drugs or alcohol at case closing. Only one client is reported to be using drugs or alcohol more.

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**16. Self-reported change in drug use on leaving the program compared to use at program entry, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004**

<b>N=63</b>	<b>For those who completed N=52</b>	<b>For those who left before completing N=11</b>
1. Using drugs/alcohol more	1	0
2. Using drugs/alcohol at the same level	5	2
3. Using drugs/alcohol less	3	0
4. Not using drugs/alcohol at all	28	1
5. Drug use unknown	15	8

Although the majority of clients are unemployed at case closing (76%), more clients are employed than at program entry. Entry data shows that only about 10 percent are employed, while nearly a quarter are employed at case closing.

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**17. Employment status, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004**

<b>N=63</b>	<b>For those who completed N=52</b>	<b>For those who left before completing N=11</b>
Are employed full-time (35 or more hours/week)	3	0
Are employed part-time (under 35 hours/week)	10	2
Are in an educational or vocational training program	1	0
Do volunteer work	4	0
Are disabled	2	2
Other (i.e. are not disabled, employed, or in an educational program)	18	2
Unknown employment status	14	5

Seventy-nine percent of clients whose cases were closed during this period received at least one urinalysis test. Of the 50 women who were tested:

- Sixty-five percent of women who completed the program had no positive urinalysis results while in Mothers First
- Forty-three percent of women who did not complete the program had no positive urinalysis results while in Mothers First
- Women who completed the program had a higher average number of times tested than non-completers (6.28 versus 4.29), but a similar average number of times positive (1.02 versus 1.29)

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**18. Urinalysis testing, clients who completed vs. those who left before completing Mothers First between July 2003 and June 2004**

<b>N=50 (50 of 63 received testing at least once)</b>	<b>For those who completed N=43</b>	<b>For those who left before completing N=7</b>
1. Had no positive UA results	28	3
2. 1% to 25% of their UA tests were positive	5	1
3. 26% to 50% of their UA tests were positive	6	1
4. 51% to 75% of their UA tests were positive	1	1
5. 76% to 100% of their UA tests were positive	3	1
6. Total number of UA tests for these women	270	30
7. Total number of positive UA tests for these women	44	9
8. Average number of times tested	6.28	4.29
9. Average number of times positive	1.02	1.29

# Client satisfaction and perceptions of program impact

## *Feedback from Mothers First clients six months after their babies were born*

Beginning in the summer of 2003, Wilder Research Center began contacting clients at six months postpartum to conduct a telephone follow-up interview. The previous method was contacting women six months after closure, but locating these women at this time proved difficult particularly in the cases of women who were kept open after the baby was born. Beginning in July 2003, participants are being contacted six months after their baby is born whether or not they are still open in Mothers First. This began with those clients whose babies were born in January 2003. Follow-up interviews were conducted with 26 of 66 women for a response rate of 39 percent. This response rate is up slightly from the previous year's rate of 33 percent. This may be due to the change in method to follow-up six months postpartum rather than six months post-closing. Some of the women attempted for the interview had not had a face-to-face visit with Mothers First because they could not be located; others had refused services.

Of the 26 women, 24 were closed from the program by the end of this reporting period. Most were also closed at the time of the interview. Most of the women who participated in the follow-up interview were listed as successfully "completing" the program. Therefore, the follow-up survey responses may under-represent clients who did not successfully complete Mother First. These clients may exhibit behaviors that may also make it difficult to locate them for a follow-up interview.

### Client satisfaction and perceptions of the Mothers First program

Overall, participants credited the support and information received through Mothers First as making a positive impact on their lives.

- Sixty-nine percent of respondents rated the overall services that they had received from Mothers First as "very good" or "outstanding."
- Eighty-one percent of respondents felt that Mothers First had spent the right amount of time working with them on the things that they needed help with; 15 percent said that not enough time was spent with them; and 4 percent said that too much time had been spent with them.

- When asked, only 12 percent of respondents said that there were problems or concerns in their family that Mothers First could not help with because they do not provide those kinds of services.

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**19. Respondents' perceptions of services received from Mothers First workers overall**

**“How would you rate the overall services that you have received from your Mothers First workers? Would you say...” N=26**

	<b>Number</b>	<b>Percent</b>
Outstanding	6	23%
Very good	12	46%
Good	6	23%
OK	2	8%
Poor	0	-
Terrible	0	-

*Source(s): First Six Month Follow-up Interviews*

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**20. Participants' perceptions of the time spent by Mothers First staff**

**“How much time did the Mothers First staff spend working with you on the things you needed help with? Would you say...” N=26**

	<b>Number</b>	<b>Percent</b>
Not enough time	4	15%
About right	21	81%
Too much time	1	4%

*Source(s): First Six Month Follow-up Interviews*

Respondents were asked to think about their experience with Mothers First and rate the overall benefit of the program to mothers and their families. Three-quarters of women surveyed (73%) rated the overall benefit as “very good” or “outstanding.” The rest rated the overall benefit as “good” (19%) or “okay” (8%). Consequentially, roughly three-quarters of respondents (77%) reported doing something differently in their lives as a result of participating in Mothers First.



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**21. Perceptions of overall benefit of the program to participant and family**

**“Thinking about your experience with Mothers First, how would you describe the overall benefit of the program to you and your family? Would you say...” N=26**

	<b>Number</b>	<b>Percent</b>
Outstanding	7	27%
Very good	12	46%
Good	5	19%
OK	2	8%
Poor	0	0%
Terrible	0	0%

*Source(s): First Six Month Follow-up Interviews.*

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**22. Impact of Mothers First on participants**

**“Are you doing anything differently now as a result of the Mothers First program? N=26**

	<b>Number</b>	<b>Percent</b>
Yes	20	77%
No	6	23%

*Source(s): First Six Month Follow-up Interviews.*

While nearly all of respondents (96%) reported that they believed that other families in similar situations could benefit from participating in Mothers First, half indicated that their use of alcohol or drugs had not changed while they were in the Mothers First program. Overall, 77 percent of respondents felt that things in their lives are better since they were first contacted by Mothers First staff.

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**23. Perceptions of potential benefit of program for other families in a similar situation**

**“Do you think that other families in a similar situation to yours could benefit from this program?” N=26**

	<b>Number</b>	<b>Percent</b>
Yes	25	96%
No	1	4%

*Source(s): First Six Month Follow-up Interviews.*

## Participant characteristics

For those clients who had closed (24 of the 26 clients interviewed; 92%), the length of time that respondents were participating in the Mothers First program varied considerably, from a minimum of 185 days to a maximum of 669 days. Eight of the respondents had cases that were open for a year or less (N=8) with Mothers First, nine respondents' cases were open for more than one year, and seven respondents did not have information available about length of enrollment in Mothers First.

Thirty percent of respondents had given birth to one child, while an equal percentage had given birth to two children (23%), three children (23%), and four or more children (23%). The number of children that were currently in the respondents' care was lower, reflecting that some respondents had lost custody or had children in placement. In terms of the pregnancy experienced while participating in Mothers First, all respondents' pregnancies had resulted in a live birth. Eighty-one percent (21 of 26) still had the infant living with them at the time of the interview. All five of the respondents who no longer had the infant living with them reported that these children were no longer in their custody.

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### 24. Number of children born and in household

“What is the total number of children that you have given birth to? How many of these children are living with you now?” N=26	Born		In care	
	Number	Percent	Number	Percent
Zero children	0	-	4	15%
One child	8	31%	12	46%
Two children	6	23%	5	19%
Three children	6	23%	4	15%
Four children	3	12%	1	4%
Five or more children (Maximum = 7)	3	12%	0	-

*Source(s): First Six Month Follow-up Interviews.*

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## 25. Result of pregnancy during participation in Mothers First

**“Now I’d like to ask a question about the child that you were pregnant with when you entered the Mothers First program? Could you tell me, did the pregnancy result in a live birth? [IF YES] Is the child still with you? [IF NO] Do you still have custody of the child?” N=26**

	<b>Number</b>	<b>Percent</b>
Yes – child is still with mother	21	81%
Yes – child is not in mother’s custody	5	19%
No	0	0%
Total	26	100%

*Source(s): First Six Month Follow-up Interviews.*

Respondents were asked if they were planning on having any more children, and two-thirds of them did not plan to have any more children. Half indicated that they were currently using birth control. One woman was pregnant at the time of the interview (six-months after the birth of her previous child).

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## 26. Future plans for more children

<b>N=26</b>	<b>Number</b>	<b>Percent</b>
Planning to have children	9	35%
Currently using birth control	13	50%
Currently pregnant	1	4%

*Source(s): First Six Month Follow-up Interviews.*

### Experiences as Mothers First participants

With the variety of services and supports available for participants in the Mothers First program, the actual mix of services varies from participant to participant depending on their needs. A majority of respondents reported receiving 14 of the 19 services listed in the survey. The most common services (received by at least 75% of respondents) received were: visits from a public health nurse, information about what happens to babies if a mother uses drugs or alcohol, and information about parenting. The least common services received (received by less than 33% of respondents) were: referrals for legal services, referrals for the clients’ children to mental health services, and help in finding a domestic violence service.

Women who participated in the follow-up survey during this period were more likely to say that Mothers First had helped them with a variety of services than during the previous period. The majority of the respondents said that they had received help from Mothers First on all but five of the areas mentioned (compared to 11 areas in the previous report). This data indicates that Mothers First provides extensive case coordination to these respondents in many different areas.

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## 27. Services received by a majority of Mothers First participants

**“I am going to read a list of services that Mothers First might provide to some women. Can you tell me which of the following services were provided to you through Mothers First?” N=26**

	Number	Percent
Information about what happens to babies if a mother uses drugs and alcohol	25	96%
Visits from a public health nurse	25	96%
Information about parenting	23	89%
Help in getting items for your baby	21	81%
Help in getting drug or alcohol treatment	19	73%
Help with transportation	19	73%
Help in getting food or clothing for your family	19	73%
Referral for a douala or other labor support	19	73%
Help in finding housing	16	62%
Help in getting connected to pre-natal care	15	58%
Counseling for emotional issues	14	54%
Help with getting financial assistance from the county	13	50%
Help with child care	13	50%
Referrals for you to mental health services	13	50%

Source(s): *First Six Month Follow-up Interviews.*

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## 28. Services received by a minority of Mothers First participants

**“I am going to read a list of services that Mothers First might provide to some women. Can you tell me which of the following services were provided to you through Mothers First?” (N=26)**

	Yes	
	Number	Percent
Help in finding a job or schooling	12	46%
Help with getting medical assistance or Minnesota Care	11	42%
Help in finding a domestic violence group or services	8	31%
Referrals for your children to mental health services	6	23%
Referral for legal services	6	23%

Source(s): *First Six Month Follow-up Interviews.*

## Recovery Maintenance activities

The emphasis of Mothers First services has traditionally been on providing services and support during pregnancy so that women deliver healthy, chemically-free babies. However, a year ago, Mothers First received a grant to help new mothers after they deliver. These *Recovery Maintenance* activities are designed to support women to maintain their sobriety and make positive steps with their families. As part of Recovery Maintenance, Mothers First added a third chemical health specialist. The chemical health specialists now offer support groups and case management services to their clients parenting newborns. This Recovery Maintenance project also allows Mothers First to provide support to women for longer periods of time. Last year, the average length of stay in the program was 9.8 months for clients whose cases were closed.

Sixty-five percent of the women interviewed had attended a support group as part of Mothers First Recovery Maintenance activities. Fifteen percent were still involved with these activities. This is a higher rate of attendance than during the previous reporting period which may indicate that more clients are participating in the support group after birth of their baby.

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### 29. Attendance of Mothers First program's Monday support group sessions

**“Have you ever attended the Mothers First program's Monday support group sessions?” N=26**

**[IF YES] “Are you currently involved with the Mothers First program's Monday support group sessions?” N=17**

	<b>Number</b>	<b>Percent</b>
Yes – currently attending	4	15%
Yes – not currently attending	13	50%
No	9	35%

*Source(s): First Six Month Follow-up Interviews.*

## Changes in the past six months

Although some instability was evident for many respondents, most respondents believed that their lives have generally improved since enrolling in Mothers First. Just over three-quarters of respondents (77%) indicated that their lives were at least “Somewhat better,” with over half reporting that their lives were “Much better.”

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**30. Changes in life situation since enrollment in Mothers First**

**“Think about the way things were going for you just before you were first contacted by the Mothers First staff. Since that time, would you say that things in your life are...” (N=26)**

	<b>Number</b>	<b>Percent</b>
Much better	13	50%
Somewhat better	7	27%
About the same	6	23%
Somewhat worse	0	-
A lot worse	0	-

*Source(s): First Six Month Follow-up Interviews.*

Six months after the birth of their babies, a majority of respondents (62%) had spent most of the past month living in their own homes or apartments, with most of the remaining respondents spending most of the time living with relatives (27%). Most respondents reported that their living situations had not changed considerably in the past six months. Over half of respondents (54%) had not moved, while 42 percent had moved once. One respondent had moved twice since the baby’s birth. Respondents were also asked if they had “had to live with friends or relatives, in a shelter, in a car, or outdoors” because they did not have their own housing. Five respondents (19%) indicated that this instability had occurred for them in the past six months.

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**31. Main type of residence for participant for most of the past month**

**“Where did you stay most of the last month?” N=27**

	<b>Number</b>	<b>Percent</b>
In your own house or apartment	16	62%
With relatives	7	27%
In transitional housing	1	4%
Something else	2	8%

*Source(s): First Six Month Follow-up Interviews.*

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**32. Changes in participants’ living situation in past six months**

**“Have you moved at all during the past six months? [IF YES] How many times?” N=26**

	<b>Number</b>	<b>Percent</b>
Yes – Two times	1	4%
Yes – One time	11	42%
No	14	54%

*Source(s): First Six Month Follow-up Interviews.*

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**33. Instability in participants' living situation during past six months**

**“During the past 6 months have you had to live with friends or relatives, in a shelter, in a car, or outdoors because you didn't have your own housing? [IF YES] How many times?” N=26**

	<b>Number</b>	<b>Percent</b>
Yes – Three times	1	4%
Yes – One or two times	4	15%
No	21	81%

*Source(s): First Six Month Follow-up Interviews.*

Nearly one-third of respondents (31%) were currently enrolled in school, and a quarter of the respondents were employed (23%). Of those six respondents who are currently employed, two were working 40 hours per week, while three were working between 28 and 32 hours per week. One was employed, but had not worked any hours in the previous month.

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**34. Current or recent enrollment in school**

**“Are you currently enrolled in school or were you enrolled before the summer started?” N=26**

	<b>Number</b>	<b>Percent</b>
Yes	8	31%
No	18	69%

*Source(s): First Six Month Follow-up Interviews.*

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**35. Current employment status**

**“Are you currently employed?” N=26**

	<b>Number</b>	<b>Percent</b>
Yes	6	23%
No	20	77%

*Source(s): First Six Month Follow-up Interviews.*

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**36. Average number of hours worked per week, for currently employed participants**

<b>“Thinking about the last month, on average how many hours a week did you work?” N=6</b>	<b>Number</b>
0 hours per week in the previous month	1
28 hours per week	1
30 hours per week	1
32 hours per week	1
40 hours per week	2

*Source(s): First Six Month Follow-up Interviews.*

Recent treatment activity, involvement with police, and substance use  
Respondents were asked three different questions about any experiences in the past three months with inpatient alcohol or drug treatment, detoxification centers, and the police. None of the clients reported that they had been admitted to inpatient drug or alcohol treatment in the past three months. One client said she had been admitted to detox. Two clients reported that they had been arrested by police in the past three months.

During the month preceding the follow-up interview, many respondents did not report using alcohol or drugs. A great majority of respondents (89%) were using cigarettes or other tobacco products, 19 percent report using alcohol, and 15 percent were using marijuana. It is unclear if respondents were being frank and open with interviewers when responding to these questions.

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**37. Changes in alcohol or drug use in the last six months (since birth of child)**

<b>“In the past 6 months (since you had a baby or closed from Mothers First), have you noticed any changes in your use of alcohol or drugs?” (N=26)</b>	<b>Number</b>	<b>Percent</b>
Yes	9	35%
No	17	65%

*Source(s): First Six Month Follow-up Interviews.*



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**38. Substance use in the past month**

<b>“During the past month, have you used any of the following substances?” (N=26)</b>	<b>Number</b>	<b>Percent</b>
Cigarettes or other tobacco products	23	89%
Alcohol	5	19%
Marijuana	4	15%
Crack or cocaine	0	-
Heroin or opiates	0	-
Amphetamines, speed, ice, crystal meth	1	4%
Misuse of prescription drugs	1	4%
Prescribed methadone	1	4%
Inhalants	0	-
Other drugs	2	8%

*Source(s): First Six Month Follow-up Interviews.*

**Participants' networks of support**

Nearly two-thirds of respondents reported that they had a few key supports most of the time or always when they need it. Respondents were also asked if they had someone who could assist them in an emergency or crisis; 65 percent reported that they “always” had that support, and 15 percent more had that support “most of the time.”

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**39. Support network: existence of person who can watch kids to give participant a break**

<b>“Do you have someone you can count on when you need a break from taking care of your children? Would you say you have this kind of support...” N=26</b>	<b>Number</b>	<b>Percent</b>
Always	10	39%
Most of the time	7	27%
Sometimes	6	23%
Rarely	2	8%
Never	1	4%

*Source(s): First Six Month Follow-up Interviews.*

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**40. Support network: existence of someone to help participant in an emergency or crisis**

**“Do you have someone you can count on when you need help in an emergency or a crisis?” N=26**

	<b>Number</b>	<b>Percent</b>
Always	17	65%
Most of the time	4	15%
Sometimes	3	12%
Rarely	1	4%
Never	1	4%

*Source(s): First Six Month Follow-up Interviews.*

Most respondents were involved with other systems of care beyond Mothers First in the past month. Eighty-five percent had received medical assistance and most respondents were receiving food stamps, WIC, and MFIP. Compared to the previous reporting period, fewer clients were receiving public housing or a Section 8 voucher down to 12 percent compared to 37 percent in the previous follow-up period. It is promising that more than one-third of respondents surveyed had attended A.A. or another chemical dependency support group in the previous month.

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**41. Support services received in the past month**

<b>“Could you tell me which of the services you used or received from any source in the past month?” (N=26)</b>	<b>Number</b>	<b>Percent</b>
Medical assistance (MA) or HMO services paid by M.A.	22	85%
Food stamps	21	81%
WIC (Women, Infant & Children Food program)	19	73%
MFIP	18	69%
Medical clinic	12	46%
A.A. or other chemical dependency support group	9	35%
Ongoing case management services (either mental health or chemical dependency)	8	31%
Mental health clinic	7	27%
ECFE or other parenting support	5	19%
Free or almost free clothing shelves	4	15%
Public housing or Section 8 voucher	3	12%
Dental clinic	2	8%
Assistance to help find a job	2	8%
Chemical dependency treatment	2	8%
Training on how to do a job	2	8%
Services for battered women	1	4%
Food shelves	0	-

Source(s): *First Six Month Follow-up Interviews.*

# Challenges and lessons learning during the grant period

Wilder Research Center conducted a focused discussion group with Mothers First staff as well as telephone interviews with staff from agencies who referred clients to Mothers First. The focused discussion group was designed to gather input about staff perceptions about challenges and next steps in program implementation. In addition, staff from Mothers First and partner agencies were asked their perceptions about changes in the client population and issues related to recent changes in social service availability.

Mothers First staff were asked to give their perceptions of four key areas: current challenges, systemic barriers, Recovery Maintenance activities, and recent changes in the client population. Each of these areas are discussed below.

## *Staff perceptions of current challenges*

Staff members were asked what they felt were one or two drawbacks with how the model is working and what they feel is the biggest challenge facing them. A couple of staff members were concerned that there was less long-term participation by clients than in the past. This was felt to be due to more severe chemical use and dependency issues. For instance, staff members now believe that 4 in 10 of the clients served by Mothers First are using Methamphetamines. The severity of these problems may be contributing to the lack of long-term participation by clients in the groups. Staff also expressed some frustration, because they feel there are a growing number of women who do not want to work to keep their babies. These women are going back to using substances after they have their babies, and their children are often placed.

As in the previous reporting period, Mothers First staff are noticing an increasing number of women who have serious mental health problems. Staff mentioned that many of the women were probably impacted by drug or alcohol use of their mothers at their own births. Also, many of the women may be impacted by a head or brain injury (as reported in the previous section).

## Staff perceptions of Recovery Maintenance activities

Mothers First staff were asked about the newly implemented Recovery Maintenance activities that have resulted from a recent grant. Over the past year, Mothers First staff have worked to engage women in the support services provided by the program after their babies are born. Although many women do participate, longer-term involvement is limited. Some women do not want to engage in these activities after the birth of their

babies, others are busy with other treatment programs that involve similar support services.

### ***Staff perceptions of systemic barriers***

When asked about systemic barriers, Mothers First staff discussed issues related to the lack of consequences for women to participate in the programming. The only leverage that the program has with resistant women is the threat of committing women to treatment. However, this is difficult and requires a medical doctor's report. They are also only able to use commitments with pregnant clients. Mothers First staff felt that it would be helpful to have access to some other type of consequence to encourage resistant women using chemicals to get needed services for themselves and their babies.

A lack of affordable housing is an issue that particularly impacts Mothers First clients. Mothers have seen decreases in several publicly funded programs including day care subsidies, MFIP, and the availability of getting extended treatment services for women with children. Staff also agreed that there needs to be more availability of supportive housing for women with chemical dependency, mental illness, and children. Staff also believe that some women need to get away from the communities in which they were previously using, and get housing outside of the county. Staff noted that there have been facilities in greater Minnesota that have closed recently. These facilities were ideal for some clients who needed to get away from negative influences in their communities. Also, the county's chemical health unit does not have support to use funds for women outside of Ramsey County although some women may benefit from leaving.

A lack of inpatient and day treatment services for women with their children is another issue that Mothers First staff also noted again this year. Staff observe that Mothers First clients do not want to go to treatment if their children will be placed while they are there. Mothers First clients appear to have a particular fear of strangers providing any kind of care for their children. Staff believe they are more afraid than other populations – possibly due to their own experiences with sexual abuse or other trauma. Staff agree that it would be helpful to have more treatment services for women who have children with them. Staff also mentioned that getting women the long-term treatment that they need is also an issue, because of constraints in the number of days in care that insurance companies will pay.

Similarly, staff felt that there needs to be more relapse prevention programs for women located in Saint Paul. Staff feel that the women lose focus in the presence of men. Also, they need relapse prevention programs that provide transportation and child care.

Finally, staff have noticed that some clients report being discriminated against in various parts of the system. Some women report being labeled as substance users in the health care even after they had been sober for some time.

### ***Staff suggestions for improvements***

As a group, staff were asked for suggestions for ways in which the services they provide can be improved. Staff gave several suggestions. Several staff discussed the difficulty of getting clients the full-range of assessment services, particularly when it comes to mental health issues such as an FAS/FAE assessment. It is difficult to get clients to follow-through with the various appointments that are needed for these assessments – made more difficult by the brain functioning of the clients. Staff suggested that an assessor or psychologist hold office hours at Mothers First to see clients there. This would increase the comfort level of clients and enable them to better access needed mental health services. Staff also feel that it would be beneficial to have a therapist available to staff to consult about case issues for the many clients who have both mental illness and chemical dependency issues.

A concrete suggestion for improvement was the desire by staff to have a reliable van to transport clients and their children. Staff go through a lengthy process to sign out a van from the county, and then have to transfer car seats before transporting clients. A van would enable the program to better use staff time and provide more transportation services to clients. Staff also felt that they could use more funds or staff to provide child care.

### ***Lessons learned about the target population***

#### Changes in client population

Staff members were asked if they have noticed any changes in the client population within the last year. Most staff had noticed some changes. Commonly, staff noticed an increase in the severity of some of the clients served that they attributed to increased Methamphetamine use. In addition, there appears to be an increased number of clients who are relapsing (and thus getting involved with child protection) after the birth of the child. Also, more teenagers have been referred to Mothers First than in the past. This year, a 13 year-old girl was referred to the program.

## ***Results of interviews with collaborating agency professionals***

In July 2004, Wilder Research Center staff conducted interviews with agency professionals identified by Mothers First. These agencies were identified as collaborating with or referring clients to Mothers First. They included community health clinics and chemical dependency treatment and supportive services. These agency professionals were asked questions about how they utilize Mothers First services, their perceptions of staff, and their perceptions of program impact. They were also asked their suggestions for program improvement. Interviews were conducted with 16 staff from different agencies.

Respondents had varying experience with Mothers First within the past year.

- Eleven of the 16 respondents had referred a client to Mothers First
- Eight of the 16 respondents had referred a client to a Mothers First aftercare service such as the recovery group or aftercare nurse
- Fourteen of the 16 respondents had received a referral from Mothers First to provide services to one of their clients
- All worked with Mothers First staff to plan services for a client
- Three of 16 respondents had worked with Mothers First staff to plan services for a client's children

Staff from collaborating agencies were asked to rate the work of Mothers First in several areas. The following is a summary of the results.

### *Accessibility*

When asked about the helpfulness of Mothers First staff in responding to their calls or requests, respondents rated Mothers First staff as “very helpful” (n=9) and “somewhat helpful” (n=6). No respondents rated Mothers First as “somewhat unhelpful” or “very unhelpful” in this area. One respondent had no experience with Mothers First in this area and therefore rated this as “don’t know.”

### *Perceptions of Mothers First staff's work*

Respondents gave high ratings to the work of Mothers First staff. In particular, agency staff felt that the case coordination, public health, and chemical dependency assessment services were high quality services provided by Mothers First.

The following figure gives respondent ratings to the quality of Mothers First’s work in several areas:

#### 42. Professionals ratings of Mothers First services

“How would you rate the quality of Mothers First’s work in this area?” N=16 collaborating agency respondents	Terrible or poor	OK	Good	Very good	Outstanding
Getting women assessed for chemical dependency issues	-	1	1	6	3
Providing other chemical dependency case coordination for women	-	1	2	5	4
Providing public health services to mothers and their babies	-	-	3	7	4
Helping women get their basic needs met: food, clothing, and housing	-	1	3	2	4
Referring women to other services	-	1	-	8	3
Providing a support group for women	-	-	4	5	4
Forming a relationship with clients	-	1	4	3	5
Helping women get sober	-	1	3	3	3
Helping women stay sober	-	1	3	1	3
Preventing child abuse and neglect	-	-	4	4	1

Respondents were asked to tell more about their opinions about the aspects of the program that were particularly helpful. Responses were varied, but focused on the need to help clients maintain their sobriety and the need to meet basic needs. Also, these agencies saw benefits in the home visiting aspect of the model – serving the client in her home. The following are selected collaborating agencies representatives perceptions of the most helpful aspects of Mothers First.

- Home visits, advocacy medical – nursing education about pre-natal care, providing women with basic needs.
- The groups for women: three different groups during the week. It’s a really valuable service because it’s women only. Also, Mothers First’s help in finding housing for women – meeting their basic needs.
- It is the support and the advocacy of the patient. They meet with patient on a one-to-one basis and in a timely manner within the same day that a client has called or contacted Mother First. Clients are acknowledged early on and I think this is important.
- Chemical dependency recovery services and housing placement services.



Home visits, one-on-one support, and follow-up services: More like on going communication with the client even when formally out of the program.

The home-based services. Going to client rather than waiting. Our types of clients won't come to us.

The public health nurse and the chemical house referrals.

Their wraparound services, and overall case management.

First of all, tracking them down: They go to every length to find them either at Dorothy Day or under a bridge. Teamwork, multidisciplinary and inter connected and not afraid to call to work things out.

Intervention during pregnancy for chemical dependency. Ancillary others problems that client has in housing, mental health are, etc. Preventing placement of children.

### Duplicative services

Respondents were asked if they feel there are services that Mothers First provides that duplicate with services their agencies provide. Four of the 16 agencies said that there were services that were duplicative. These respondents were asked how well Mothers First staff collaborate when duplication does occur. Respondents also were asked how well the collaboration works when duplication occurs: one said "somewhat poorly" and two said "very well."

### Suggestions

Collaborating agencies gave a few useful suggestion about ways in which agencies could improve the way they work with another. They include:

- Better collaboration between agencies including networking and "in services" between Mothers First, referral sources, and other providers.
- Improve communication about what happens with clients after they are referred to Mothers First.
- Work to spread the word throughout the county that Mothers First is available for these types of clients.

Collaborating agencies perceptions of systemic barriers and the needs of the clients

Collaborating agencies were asked their opinions of service gaps and systemic barriers that impact the clients served. In general, these professionals saw a need for more community-based activities, support groups, and chemical dependency treatment programs that specifically target women who are parenting young children. Like Mothers First staff, these professionals see a need for services that allow chemically dependent mothers to get services to support their recovery and still have their children with them. Professionals also saw the impact of recent budget cuts on the client population, particularly in the area of access to affordable housing.

#### Summary of collaborating agency feedback

In general, agency professionals felt that Mothers First was a good organization that does good work. Selected responses included:

- Mothers First does a great job supporting these women with their kids. They want success for their women.
- The staff has always been helpful when we have called to consult.
- This is an excellent program for recovering mothers.

Respondents were asked to rate Mothers First services overall using a six-point scale of “outstanding,” “very good,” “good,” “okay,” “poor,” or “terrible.” Nearly three-quarters gave a rating of “outstanding” (5) or “very good” (6). One respondent did not know enough to rate this item.

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#### 43. Overall rating of other agency personnel of Mothers First

<b>“Overall, how would you rate Mothers First services?” (N=15)</b>	<b>Number</b>	<b>Percent</b>
Outstanding	5	33%
Very Good	6	40%
Good	4	27%
Okay	0	-
Poor or Terrible	0	-

## Conclusion

Mothers First serves an extremely difficult population with high rates of relapse. At program entry, most clients are unemployed, without their own housing, and have young children dependent on them. Most have extensive histories of frequent drug and alcohol use (commonly marijuana, cocaine/crack and other substances), and most have previously been in chemical dependency treatment.

Some of the data indicates that women entering the Mothers First program may have more severe issues and circumstances than in previous years. There are more indications of use of Methamphetamines and increased involvement with child protection.

Despite the difficulty of the caseload, the Mothers First program appears effective in initiating contact and providing services to the majority of chemically dependent women who are referred the program. When results can be obtained, about three-quarters of mothers and their newborn children test negative for drugs at birth.

For clients who are located and who do not resist services, Mothers First provides direct services, transportation, and coordination of such services as chemical dependency treatment, relapse prevention, prenatal care, housing, child care, family medical care, mental health, parenting skill development, and vocational services. At closing, many of these clients are connected with aftercare services. However, little is known about what happens to clients who cannot be located by program staff or who refuse services.

## Future outlook

Based on feedback from staff, collaborating professionals, and clients, the following are issues to consider in program planning in the coming year (FY 2004-05).

### Mental health assessment and consultation services

In discussions with staff, a substantial barrier to providing services to Mothers First clients is the fact that many have undiagnosed mental health problems or difficulties resulting from brain injuries. Staff mentioned that it is difficult to get these clients to follow through with appointments off-site; many have experienced trauma and are distrustful of new people. Others do not care to tell their stories to someone new. Still others are willing to have an assessment, but are unable to follow-through with appointments because of lack of their functioning level. Staff note that it would be extremely helpful to have a consulting therapist or psychologist to provide assessments on-site for mental health diagnoses, FAS/FAE testing, and/or issues related to traumatic brain injury. Staff also state that it would be useful to have an expert in mental health provide guidance to staff through occasional case consultation. With an increase in severity of clients, staff may need this expertise to best meet the needs of these women and their children.

### Housing issues, including treatment housing, for this population and their children

As in prior reporting periods, safe, secure, and/or stable housing continues to be an issue in the lives of these families. In a difficult housing market, these women experience multiple barriers to finding and keeping long-term housing. Many clients struggle with substance use, criminal histories, and/or lack of follow-through. In addition, many clients have mental health issues including brain injuries that may make keeping housing difficult. Supportive housing that targets mothers with multiple issues with large families is a gap that needs to be addressed to ensure progress in client functioning.

Staff report a shortage of inpatient treatment options that can serve mothers with children. Staff report that because of past experiences of trauma in their own lives, Mothers First clientele are less likely than most to allow their children to be in the care of a stranger so that they can receive treatment services. Mothers First participants may have a greater likelihood of completing treatment if their children remain with them. Both Mothers First and staff from collaborating agencies feel that housing remains a problematic and critical issue to helping clients stabilize their lives so that they can address other issues such as chemical dependency and mental health.

## Continued monitoring of Recovery Maintenance activities

Within the past two years, Mothers First has added three chemical health specialists. These staff are working together to coordinate the recently funded “Recovery Maintenance” component. This team provides support and education to postpartum mothers by offering an alumni group, mentors, and chemical-free social events.

Last year, a change was made to the Recovery Maintenance project that enabled postpartum women to keep working with the same chemical health specialist that they were assigned while they were pregnant. This enables the relationships between the chemical health specialist and the woman to develop and trust to build so that more support is provided post partum to Recovery Maintenance aftercare clients.

Overall, staff feel that Recovery Maintenance is an important addition to Mothers First services and has enhanced the program. As women struggle with many issues postpartum, their sobriety is often threatened. Support services for these new mothers appear to be as critical as support while pregnant. As the Recovery Maintenance project ends its second year, staff have voiced enthusiasm for the project as well as some frustration with keeping clients involved with recovery support activities. For some, participation is erratic and limited. Mothers First staff are still seeking to hone and improve Recovery Maintenance project activities to respond to the needs and motivations of clients. Wilder Research Center will continue to work with Mothers First staff to evaluate the impact of these activities.

## Data collection and reporting systems

Wilder Research Center and Ramsey County staff have developed improved data collection forms to comply with state requirements for reporting. A few additional questions will need to be implemented during the next period to comply with some changes in state reporting requirements. Wilder Research Center and Mothers First staff will also work together to try to better locate clients at follow-up to ensure that feedback is received from a wide variety of clients served by the project.

# Appendix

*Six month follow-up interview*

*Key informant survey with partners*

*Minnesota Department of Human Services, Chemical Health  
Division data tables (all applicable tables are included in the  
body of this report)*



*Six month follow-up interview*

Case ID: \_\_\_\_\_

**Mothers First  
6- Month Follow-up Interview**

**Activity Code: 70008**

May I speak to   [R]  ? This is   Interviewer   calling from Wilder Research Center in St. Paul.

IF NOT HOME: When would be the best time to reach   [R]  ?

IF R NO LONGER LIVES THERE: Do you know how we can reach   [R]  ?

Can you give   [R]   a message to call us?

Ask   [R]   to call us at x and ask for x.   [R]   will receive a \$15 Target gift card for talking with us.

IF   [R]   IS ON THE PHONE: This is   Interviewer   from Wilder Research Center in St. Paul. I am calling about a letter we sent you recently regarding your involvement with Mothers First, the program September, Mary, Tonya, Judd, Jeanette, and Audrey work for. We would like to do a telephone interview with you about your experiences with this program. When you are done with the interview, we will send you a \$15 Target gift certificate for your time. The interview takes about 15 minutes and whatever you tell me during our interview will be confidential. Your name will not be attached to any of your comments. If this is a good time for you, we can do the interview right now?

IF YES, PROCEED.

IF NO: Is there any particular reason why you would prefer not to be part of this survey?

\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER: IF R SAYS SHE DID NOT RECEIVE A LETTER, VERIFY/CHANGE THE ADDRESS ON THE FACE SHEET AND TELL HER WE WILL SEND ANOTHER LETTER. IF POSSIBLE, HAVE R DO THE INTERVIEW NOW RATHER THAN WAITING FOR THE LETTER.



## Mothers First 6-Month Follow-up Interview

INTERVIEWER: IF R HAS BEEN IN MOTHERS FIRST PROGRAM MORE THAN ONCE, ANSWER ONLY FOR THE MOST RECENT EXPERIENCE.

1. Thinking back, how did you find out about the Mothers First program?

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2. How would you rate the overall services that you have received from your Mothers First workers? Would you say. . .

- Outstanding,.....(GO TO Q. 4).....1
- Very good,.....(GO TO Q. 4).....2
- Good,.....(GO TO Q. 4).....3
- OK,.....(GO TO Q. 4).....4
- Poor, or.....5
- Terrible?.....6
- Refused .....7
- Don't Know .....8

3. (IF POOR OR TERRIBLE) Why would you say the services were poor/terrible?

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4. How much time did the Mothers First staff spend working with you on the things you needed help with? Would you say...

- Not enough time,.....1
- About the right amount of time, or .....2
- Too much time? .....3
- Refused .....7
- Don't Know .....8

5. Are you doing anything differently now because of the Mothers First program?
- Yes .....1
- No.....(GO TO Q. 6).....2
- Refused.....(GO TO Q. 6).....7
- Don't Know.....(GO TO Q. 6).....8

5A. What are you doing differently?

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6. I am going to read a list of services that Mothers First might provide to some women. Can you tell me which of the following services were provided to you through Mothers First?

	Yes	No	Ref.	Don't Know
A. Help in getting connected with pre-natal care?	1	2	7	8
B. Help in finding housing?	1	2	7	8
C. Help with getting financial assistance from the county?	1	2	7	8
D. Help with getting medical assistance or Minnesota Care?	1	2	7	8
E. Help in getting items for your baby?	1	2	7	8
F. Information about parenting?	1	2	7	8
G. Information about what happens to babies if a mother uses drugs and alcohol?	1	2	7	8
H. Help in getting food or clothing for your family?	1	2	7	8
I. Help in getting drug or alcohol treatment?	1	2	7	8
J. Help in finding a job or schooling?	1	2	7	8
K. Help with transportation?	1	2	7	8
L. Help with childcare?	1	2	7	8
M. Counseling for emotional issues?	1	2	7	8
N. Referrals for you to mental health services?	1	2	7	8
O. Referrals for your children to mental health services?	1	2	7	8
P. Visits from a public health nurse?	1	2	7	8
Q. Referral for a doula or other labor support?	1	2	7	8
R. Help in finding a domestic violence group or services?	1	2	7	8
S. Referral for legal services?	1	2	7	8

7. What did the Mothers First program do that helped you the most?

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8. Did you have problems or concerns in your family that Mothers First couldn't help you with because they don't provide those kinds of services?

- Yes .....1
- No.....(GO TO Q. 10).....2
- Refused .....7
- Don't Know .....8

9. What services do/did you need that they couldn't help with?

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10. Have you ever attended the Mothers First program's support group sessions?

- Yes .....1
- No.....(GO TO Q. 13).....2
- Refused .....7
- Don't Know .....8

11. Are you currently involved with the Mothers First program's Monday support group sessions?

- Yes .....1
- No.....2
- Refused .....7
- Don't Know .....8

12. What did/do you like best about the support group?

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13. Thinking about your experience with Mothers First, how would you describe the overall benefit of the program to you and your family? (CLARIFY IF NEEDED: how much good has it done for you and your family?) Would you say . .

- Outstanding, .....1
- Very good,.....2
- Good,.....3
- Ok,.....4
- Poor, or.....5
- Terrible?.....6
- Refused .....7
- Don't Know .....8

14. Do you think that other families in a similar situation to yours could benefit from this program?

- Yes .....1
- No.....2
- Refused .....7
- Don't Know .....8

**We are interested in finding out how things are going for you in the last six months (since you've had a baby or left the Mothers First program).**

15. Have you moved at all during the past six months?

- Yes (15B. How many times? \_\_\_\_\_).....1
- No.....2
- Refused .....7
- Don't Know .....8

16. During the past 6 months have you had to live with friends or relatives, in a shelter, in a car, or outdoors because you didn't have your own housing?

- Yes (16B. How many times? \_\_\_\_\_).....1
- No.....2
- Refused .....7
- Don't Know .....8

17. Where did you stay most of the last month?
- In your own house or apartment, .....1
  - With relatives, .....2
  - With friends, .....3
  - In transitional housing, .....4
  - In an emergency shelter, .....5
  - In a shelter for battered women, .....6
  - In a halfway house, .....7
  - In a residential treatment facility, or .....8
  - Something else? (SPECIFY \_\_\_\_\_)..9

18. Are you currently enrolled in school or were you enrolled before the summer started?
- Yes .....1
  - No.....2
  - Refused .....7
  - Don't Know .....8

19. Are you currently employed?
- Yes .....1
  - No.....(GO TO Q. 21).....2
  - Refused .....7
  - Don't Know .....8

20. (IF YES) Thinking about the last month, on average how many hours a week did you work? (WE ARE INTERESTED IN A CURRENT TYPICAL WEEK)
- \_\_\_\_\_ Hours

**Next, we have some questions about your family and the resources you have to help with your family. Remember, the information that you give me will be kept confidential. No names are attached to any of the results of this survey.**

21. Please think of the help and support you have from day to day. Do you have someone you can count on when you need a break from taking care of your children? Would you say you have this kind of support

- Always, .....1
- Most of the time, .....2
- Sometimes, .....3
- Rarely, or .....4
- Never? .....5
- Refused .....7
- Don't Know .....8

22. Do you have someone you can count on when you need help in an emergency or a crisis?

- Always, .....1
- Most of the time, .....2
- Sometimes, .....3
- Rarely, or .....4
- Never? .....5
- Refused .....7
- Don't Know .....8

23. What is the total number of children that you have given birth to?

\_\_\_\_\_ # of children

24. How many of these children are living with you now?

\_\_\_\_\_ # of children

25. Now I'd like to ask a question about the child that you were pregnant with when you entered the Mothers First program? Could you tell me, did the pregnancy result in a live birth?

Yes .....1

No.....(GO TO Q. 27).....2

Refused .....7

Don't Know .....8

26. (IF YES) Is the child still with you?

Yes (SKIP TO Q. 27).....1

No.....2

Refused .....7

Don't Know .....8

26A. (IF NO) Do you still have custody of the child?

Yes (SKIP TO Q. 27).....1

No.....2

Refused .....7

Don't Know .....8

26B. (IF LOSS OF CUSTODY) What were the reasons given to you for your loss of custody?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Are you planning to have any more children?

Yes .....1

No.....2

Refused .....7

Don't Know .....8

28. Are you currently using any kind of birth control methods?

- Yes .....1
- No.....2
- Not applicable (currently pregnant) .....3
- Refused .....7
- Don't Know .....8

29. I'm going to read a list of services that people might receive. Could you tell me which of the services you used or received from any source in the past month?

	Yes	No	Ref.	Don't Know
A. Food stamps?	1	2	7	8
B. WIC (Women, Infant & Children Food program)?	1	2	7	8
D. MFIP?	1	2	7	8
E. Medical assistance (MA) or HMO services paid by M.A.?	1	2	7	8
F. Public housing or Section 8 voucher?	1	2	7	8
G. Training on how to do a job?	1	2	7	8
H. Assistance to help find a job?	1	2	7	8
I. Free or almost free clothing shelves?	1	2	7	8
J. Food shelves?	1	2	7	8
K. Medical clinic?	1	2	7	8
L. Dental clinic?	1	2	7	8
M. Mental health clinic?	1	2	7	8
N. A.A. or other chemical dependency support group?	1	2	7	8
O. Chemical dependency treatment?	1	2	7	8
P. Services for battered women?	1	2	7	8
Q. ECFE or other parenting support?	1	2	7	8
R. Ongoing case management services (either mental health or chemical dependency)?	1	2	7	8



The next questions are about substance use. I just want to remind you again that your answers will be kept confidential. Your answers will be grouped together with others, and no names will be attached.

30. During the past month, have you used any of the following substances? (READ EACH RESPONSE AND CIRCLE YES OR NO FOR EACH)

	Yes	No	Ref.	Don't Know
A. Cigarettes or other tobacco products?	1	2	7	8
B. Alcohol?	1	2	7	8
C. Marijuana?	1	2	7	8
D. Inhalants?	1	2	7	8
E. Crack or cocaine?	1	2	7	8
F. Heroin or opiates?	1	2	7	8
G. Amphetamines, speed, ice, crystal meth?	1	2	7	8
H. Methadone? [IF YES, ASK]: Was this prescribed through your treatment? YES _____ NO _____	1 SEE PROBE	2	7	8
I. Misuse of prescription drugs?	1	2	7	8
J. Other drugs? Describe: _____	1	2	7	8

31. In the past 3 months, have you been admitted to a facility for inpatient alcohol or drug treatment?

- Yes .....1
- No.....2
- Refused .....7
- Don't Know .....8

32. In the past 3 months, have you been admitted to detox?

- Yes .....1
- No.....2
- Refused .....7
- Don't Know .....8

33. In the past 3 months, have you been arrested by the police?

Yes .....1

No.....2

Refused .....7

Don't Know .....8

34. In the past 6 months (since you had a baby or closed from Mothers First), have you noticed any changes in your use of alcohol or drugs?

Yes .....1

No.....(GO TO Q. 36).....2

Refused .....7

Don't Know .....8

35. What changes have you noticed? (**INTERVIEWER: PROBE FOR WHAT SUBSTANCE AND WHAT CHANGE.**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

36. Thinking back, (before your baby was born/before you closed from the program) did you notice any differences in your use of alcohol or drugs while you were in the Mothers First program?

Yes .....1

No.....(GO TO Q. 38).....2

Refused .....7

Don't Know .....8

37. What differences did you notice? **(INTERVIEWER: PROBE FOR WHAT SUBSTANCE AND WHAT CHANGE.)**

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38. Think about the way things were going for you just before you were first contacted by the Mothers First staff. Since that time, would you say that things in your life are . . .

- Much better, .....(GO TO Q. 40).....1
- Somewhat better, .....(GO TO Q. 40).....2
- About the same, .....(GO TO Q. 40).....3
- Somewhat worse, or.....4
- A lot worse? .....5
- Refused .....7
- Don't Know .....8

39. (IF SOMEWHAT OR A LOT WORSE) Why would you say that things have gotten worse for you?

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40. Finally, the Mothers First program is interested in improving its services. What suggestions do you have for making the program better for women and families?

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- Refused .....7
- Don't Know .....8

41. Those are all of the questions I have. Thanks for taking the time to be interviewed today. We really appreciate your help and your time. I have a \$15 Target gift certificate to send to you. We have your address as (FACE SHEET ADDRESS). Is this correct?

Yes .....(GO TO Q. 43).....1  
No.....2

42. What is your correct address?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Your gift certificate will be sent by certified mail within the next week or two. This means that the mail carrier will bring it to your door for a signature, to ensure that it isn't lost or stolen. INTERVIEWER; IF CERTIFIED MAIL IS A PROBLEM, GIVE R A CHOICE OF HAVING IT SENT ELSEWHERE OR HAVING IT SENT BY REGULAR MAIL AT HER OWN RISK. THIS MEANS THAT IF THEY DON'T RECEIVE IT, WE WILL NOT REPLACE IT.

Certified .....1  
Regular mail.....2

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Employee #: \_\_\_\_\_

**INTERVIEWER**

Do you have comments about this case? Please include anything that you think the supervisor or the coder should know about this case. If you are unsure how to code a particular response, note the item name and the problem here.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

***Key informant survey with partners***

CASE ID #: \_\_\_\_\_

**Mothers First  
Key Informant Survey with Partners**

**Activity Code: 70008**

**INTRODUCTION:**

Hi, my name is \_\_\_\_\_, and I'm calling from Wilder Research Center on behalf of the Ramsey County Mothers First program. We are calling service organizations that collaborate or refer clients to Mothers First to learn more about your agency's experience with the program and any impressions that you have formed of their work. We are also interested in your thoughts about service gaps for pregnant woman and new mothers experiencing chemical dependency issues. The survey is voluntary and confidential, and takes about 10 minutes. Would you be willing to participate? We can do it now if this is a convenient time.

**IF YES, PROCEED.**

**IF NO, ASK IS THERE A BETTER TIME TO CALL AND RECORD DATE AND TIME ON FACESHEET.**

**IF REFUSED, ASK: Is there any particular reason why you would rather not participate in this survey.**

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**Mothers First  
Key Informant Survey with Partners**

1. First, during the past year, what kinds of contact have you had with the Mothers First program or staff?

Have you. . .	Yes	No	REF	DK	NA
A. Referred a client to Mothers First?	1	2	7	8	9
B. Referred a client to a Mothers First aftercare service such as the recovery group or aftercare nurse?	1	2	7	8	9
C. Received a referral from Mothers First to provide services to one of their clients?	1	2	7	8	9
D. Worked with Mothers First staff to plan services for a client?	1	2	7	8	9
E. Worked with Mothers First staff to plan services for a client's children?	1	2	7	8	9
F. Other? Please describe: _____ _____ _____	1	2	7	8	9

2. How helpful are Mothers First staff in responding to your calls or requests. Would you say. . .

- Very helpful, ..... 1
- Somewhat helpful, ..... 2
- Somewhat unhelpful, or ..... 3
- Very unhelpful? ..... 4
- Refused ..... 7
- Don't know ..... 8

3. Can you say more about this?

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4. We are also interested in impressions people have about the work of Mothers First. How would you rate the quality of Mothers First work in...

	How would you rate the quality of Mothers First's work in this area? Would you say...							
	Terrible	Poor	OK	Good	Very Good	Out-standing	REF	DK
A. Getting women assessed for Chemical Dependency (CD) issues?	1	2	3	4	5	6	7	8
B. Providing other CD case coordination for women?	1	2	3	4	5	6	7	8
C. Providing public health services to mothers and their babies?	1	2	3	4	5	6	7	8
D. Helping women get their basic needs met: food, clothing, housing?	1	2	3	4	5	6	7	8
E. Referring women to other services?	1	2	3	4	5	6	7	8
F. Providing a support group for women?	1	2	3	4	5	6	7	8
G. Forming a relationship with clients?	1	2	3	4	5	6	7	8
H. Helping women get sober?	1	2	3	4	5	6	7	8
I. Helping women stay sober?	1	2	3	4	5	6	7	8
J. Preventing child abuse and neglect?	1	2	3	4	5	6	7	8

5. In your view, what are the services that Mothers First provides that are the most beneficial to the clients served?

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6. Do you feel there are services that Mothers First provides that duplicate with services your agency provides?

- Yes ..... 1
- No (GO TO Q. 8) ..... 2
- Refused (GO TO Q. 8) ..... 7
- Don't know (GO TO Q. 8) ..... 8

7. When duplication in services occurs, how well do Mothers First staff collaborate with your program? Would you say. . .

- Very well, ..... 1
- Somewhat well,..... 2
- Somewhat poorly, or..... 3
- Very poorly? ..... 4
- Refused ..... 7
- Don't know ..... 8

8. What suggestions do you have for ways in which Mothers First can respond better to duplicative services?

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9. Overall, how would you rate Mothers First services?

- Outstanding, ..... 1
- Very good, ..... 2
- Good, ..... 3
- Okay,..... 4
- Poor, or ..... 5
- Terrible?..... 6
- Refused ..... 7
- Don't know ..... 8

10. Can you think of any ways that Mothers First can better engage clients?

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11. Can you think of any ways that Mothers First can better collaborate with agencies such as yours?

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12. Can you think of any other suggestions or comments about Mothers First?

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13. Finally, we are interested in your perceptions of gaps in programming for chemically dependent pregnant or parenting women. What do you see as the one or two most pressing gaps in services for these women?

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Thanks very much for taking time to do the interview. We really appreciate your feedback in helping us improve Mothers First programming.

## ***Minnesota Department of Human Services, Chemical Health Division data tables***

The following tables are required by the Minnesota Department of Human Services Chemical Health Division. When examining these tables, please note the following:

- Tables that apply to the Mothers First program are contained in the body of this report. In some cases the data was not available and so noted.
- Wilder Research Center and Mothers First staff finalized new data collection forms in June 2003 to respond to reporting requirements from that period. Because changes have been made to the report requirements for the next grant period, some of the data collection measures will need to be updated to reflect these changes.

