

## Year Two Key Findings: June 1, 2017 – May 31, 2018

# Women's Recovery Services

The Minnesota Department of Human Services Behavioral Health Division (BHD) contracts with 12 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families, through an initiative known as Women's Recovery Services (WRS). The following provides a description of women and children served by WRS programs between June 1, 2017 and May 31, 2018, and outcomes for families during the year two of the 5-year grant.



### Women served by WRS programs

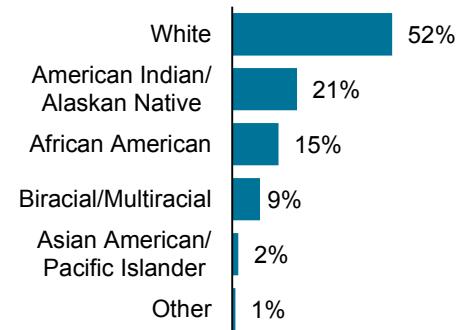
Women served	Children of women served	Median length of participation	Number of women who exited program	Average staff contact time per woman
1,336	2,561	3.3 months	905	218 hours

**Service areas of greatest client need:** According to program staff, women had the greatest need for services around mental health/counseling (70%), parenting (56%), housing (42%), and relationship issues (30%).

**Most common services areas:** Besides treatment and recovery support, program staff were most likely to provide services to women in the following areas: mental health/ counseling (89%), parenting (84%), transportation (74%), physical health (73%), relationship issues (69%), wellness/recreation (66%), public benefits (65%), and housing (63%).

**Chemical dependency treatment:** 82% of women were in treatment when they entered the program – most often in inpatient/residential (58%). Just over half (56%) of those who were in treatment during their program had successfully completed treatment by closing.

### Racial background of women served (n=1,336)

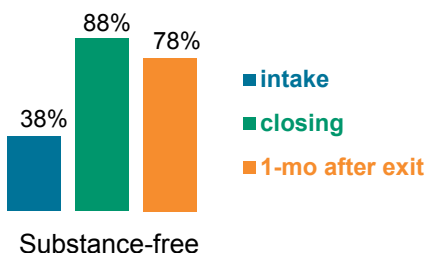


### Outcomes for families during year two of the 5-year grant

#### ► Substance use and sobriety

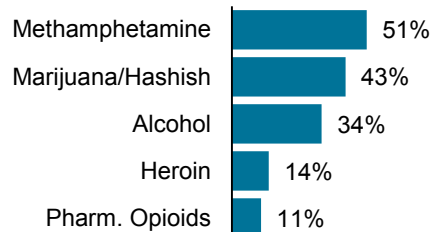
**Significant increases in sobriety at closing lose some ground 1-month after exit:** Significantly more women were substance-free at closing (88%) when compared to intake (38%), although some of these gains were lost by the 1-month follow-up interview (78%).

#### Sobriety at intake, closing, and follow-up (n=206)



**Meth is the most commonly used and preferred drug at intake:** Methamphetamine was the most commonly used drug at intake among the 764 women reporting recent substance use; it was also the most commonly preferred drug at intake among the 1,336 women served.

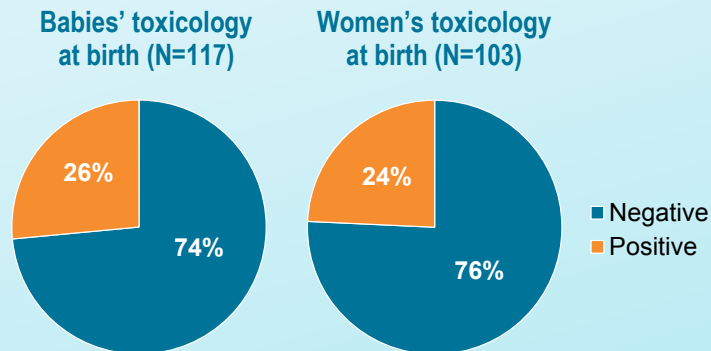
#### Most commonly used drugs at intake (n=764)



## ► Infant health

**Most babies were born healthy:** In year two, most babies were born full-term (90%) and with a normal birth weight (87%).

**Toxicology results from baby and mom:** At birth, most babies (74%) and mothers (76%) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 15%-25% of women or babies.



## ► Reunification

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

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

## ► Connection to recovery supports

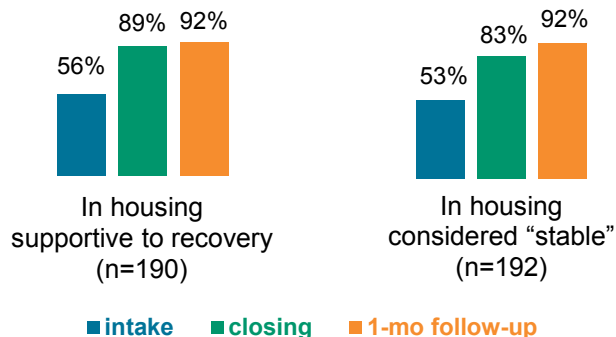
**Sources of recovery support at closing:** By program end, women sought support primarily through Alcoholics Anonymous (AA) or Narcotics Anonymous (NA; 75%), a faith-based support group (18%), a culturally specific support group (16%), or a support group through their program (15%; n=905).

**Change in recovery support participation:** Significantly more women were participating in at least one recovery support activity by closing (89%) when compared with intake (55%), including a significant increase in participation in AA or NA from intake (49%) to closing (85%; n=747).

## ► Housing

**Significant housing improvements for women:** Compared to intake, significantly more women were in housing "supportive to recovery" and in stable housing at closing and 1-month after program exit (includes the 21% women who exited in year two that had housing information available at all 3 time points).

**Significantly more women were:**



## ▶ Health

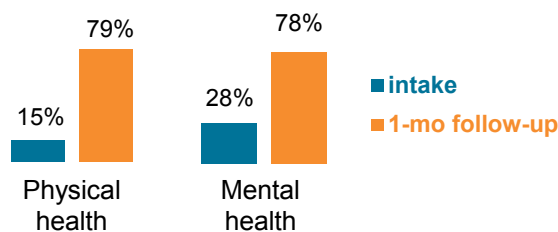
**Mental health diagnoses:** At intake, 81% of women had a mental health diagnosis. Among those with a diagnosis, the most common were anxiety disorders (85%) and depressive disorders (76%; n=1,078).

**Access to health care:** At closing, significantly more women had a primary care physician and/or clinic (82%) as compared to intake (71%; n=765).

### Significant health gains 1 month after exit:

Significantly more women rated their physical and mental health as “good” or “excellent” at the 1-month follow-up when compared to intake (n=220, representing 24% of women who exited in year 2).

### Percentage of women rating their health “good” or “excellent” (n=220)



## ▶ Parenting relationships and child protection

**Relationship with child:** One month after program exit, significantly more women (91%) described their relationship with their child as “good” or “excellent” when compared with intake (44%; n=201).

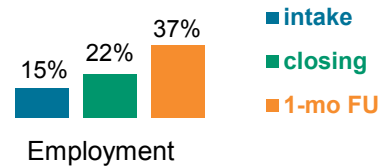
**Removal of infants after birth:** 13% of babies born to women in year two were placed outside of the home following their birth.

**Significant decrease in child protection 1-month after exit:** Significantly fewer women were involved with child protection at the 1-month follow-up (41%) when compared to intake (51%) or closing (47%; n=207, or 23% of women who exited in year two).

## ▶ Employment

Significantly more women were employed at closing (22%) and at the 1-month follow-up (37%) when compared to intake (15%; n=184, representing 20% of women who exited in year two).

### Significantly more women employed over time (n=184)



## ▶ Additional outcomes

### Percentage of women . . .

who were engaged with program goals at exit	who completed a parenting program by closing	who were <b>doing well</b> at program exit according to program staff
73%	61%	65%

## ▶ Dosage of services

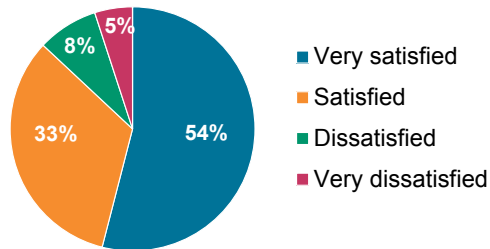
Women who received a *high dosage* of services – participating in their program for 90 days or more and receiving at least 180 of staff contact time and at least 12 hours of in-person staff contact time – were more likely to be:

- “Doing well” *at exit*
- Abstinent from substances *at exit*
- Abstinent from or using less substances *at exit*
- Abstinent from or using less substances *at 1-month follow-up*
- Have successfully completed Rule 31 treatment *by exit*

## ► Program satisfaction

At follow-up, the majority of women (87%) were satisfied with their WRS program. In addition, most women agreed that staff helped them develop their goals (91%), were available when they needed support (91%), and understood their problems or concerns (90%; n=301).

**Most women were satisfied with their WRS program (n=301)**



## ► Contributors to positive outcomes

At program exit and 1-month later, women were significantly more likely to be *sober* or *using less substances* when they:

- Had safe and stable housing at closing
- Were connected to mental health services at closing
- Had successfully completed Rule 31 treatment by closing.

Women were also significantly more likely to be *using less substances* at closing and 1-month after the program – and have negative toxicology results if they gave birth while in the program – if they had received at least 180 hours of staff contact time or at least 4 in-person contacts per month. In addition, a woman's race and preferred drug of choice made a difference in the likelihood of achieving positive outcomes, with those identifying as white and preferring to use meth more likely to achieve positive outcomes.



## Children served by WRS programs

### Total number of children . . .

of women who left the program  
**1,755**

who received services from program  
**591<sup>1</sup>**

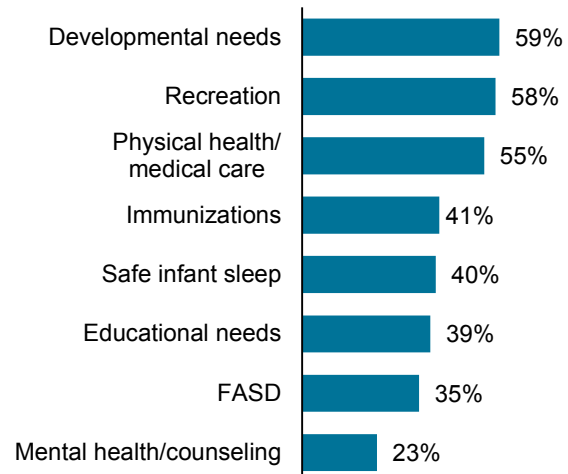
<sup>1</sup>34% of children of women who exited the program in year two. Service data was missing for 54% of the 1,755 children of women who exited during the reporting period.

**Most common assessments received by children served:** Informal Fetal Alcohol Spectrum Disorders (FASD) screenings (47%) and developmental assessments (21%).

### **Child immunizations and medical insurance:**

At closing, 99% of children were current on immunizations and covered by medical insurance; this information was unknown or missing for 23-25% of children.

### Most common service areas that program staff worked on with children (N=591)



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### For more information

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

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APRIL 2019