

# Year Four Key Findings: June 1, 2019 – May 31, 2020

## Women's Recovery Services

The Minnesota Department of Human Services Behavioral Health Division (BHD) contracted with 11 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families, through an initiative known as Women's Recovery Services (WRS). The following provides a description of women and children served by WRS programs between June 1, 2019 and May 31, 2020, and outcomes for families during the fourth year of the 5-year grant.



### Women served by WRS programs

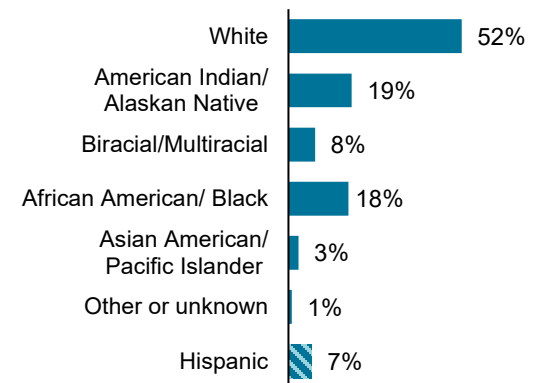
Women served	Children of women served	Median length of participation	Number of women who exited program	Average staff contact time per woman
1,041	1,938	4 months	754	218 hours

**Service areas of greatest client need:** According to program staff, women had the greatest need for services around mental health and counseling (70%), parenting (51%), housing (42%), and relationship issues (29%).

**Most common service areas:** Besides treatment and recovery support, program staff were most likely to work with women on mental health or counseling (85%), parenting (75%), relationship issues (67%), transportation (65%), physical health (64%), housing (64%), wellness or recreation (61%), and public benefits (57%).

**Chemical dependency treatment:** 79% of women were in treatment when they entered the program – most often in inpatient/residential (56%). Over half (56%) of those who were in treatment during their program had successfully completed treatment by closing.

### Racial background of women served (n=1,041)

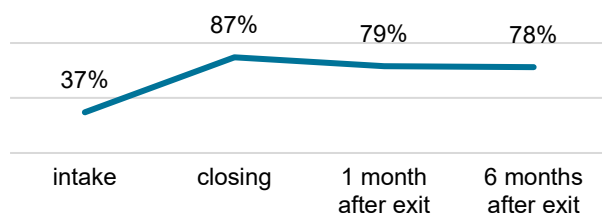


### Outcomes for families during year four

#### ► Substance use and sobriety

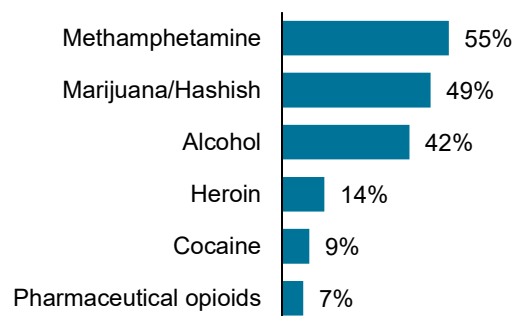
**Significant increases in sobriety at closing lose some ground after exit.** Significantly more women were substance-free at closing (87%) when compared to intake (37%), although some of these gains were lost by the 1-month follow-up interview (79%) and 6-month follow-up interview (78%).

#### Sobriety at intake, closing, and follow-up (n=454)



**Meth is the most commonly used and preferred drug at intake.** Methamphetamine was the most commonly used drug at intake among the 560 women reporting recent substance use; it was also the most commonly preferred drug at intake among the 1,041 women served.

#### Most commonly used drugs at intake (n=560)

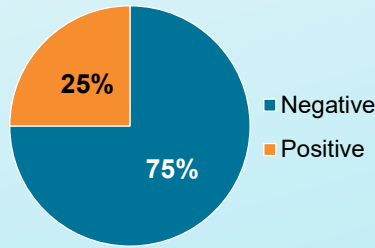


## ► Infant health

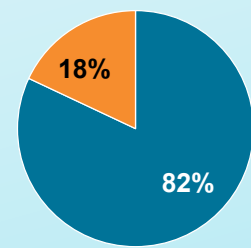
**Most babies were born healthy:** In year four, most babies were born full term (89%) and with a normal birth weight (86%).

**Toxicology results from baby and mother:** At birth, most babies (75%) and mothers (82%) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 23%-24% of women or babies.

**Babies' toxicology at birth (N=75)**



**Women's toxicology at birth (N=76)**



## ► Reunification

After a formal out-of-home placement...

**179** children were reunified with their mothers **by closing**

**206** additional children were reunified with their mothers by the **6-month follow-up**

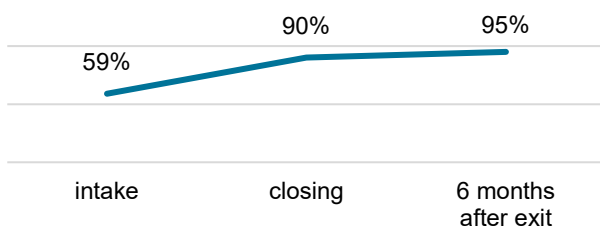
## ► Connection to recovery supports

**Women are connected to multiple recovery supports at closing.** By closing, women sought support primarily through AA or NA (61%), a faith-based support group (23%), a support group through their WRS program (16%), a culturally specific recovery support activity (12%), an unknown support group (9%), or aftercare (8%; N=754)

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

Significantly more women were participating in at least one recovery support activity by closing (90%) when compared with intake (59%). Connections to recovery support increased even more by the 6-month follow-up, with 95% of women reporting participation in at least one recovery support (n=449).

**Recovery support participation at intake, closing, and 6-month follow-up (n=449)**

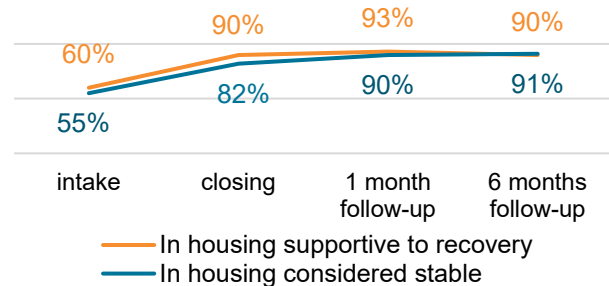


## ► Housing

**Significant housing improvements for women:**

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

**Significantly more women were:**



**Many women participate in a coordinated assessment or are on Section 8 waiting lists by closing.** While in a WRS program, 39% of women went through a coordinated assessment for housing, and 29% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 5%-9% of women at closing).

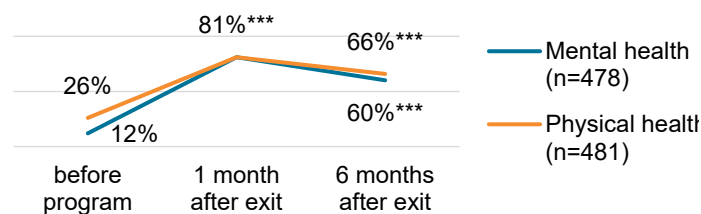
## ► Health

**Mental health diagnoses are common among women served by WRS programs.** At intake, 83% of women had a mental health diagnosis. Among those with a diagnosis, the most common were anxiety disorders (72%) and depressive disorders (63%; n=1,041).

**Significant increase in access to health care:** At closing, significantly more women had a primary care physician and/or clinic (87%) as compared to intake (76%; n=658).

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

**Percentage of women rating their health as “good” or “excellent”**



**Parenting relationships and child protection**

**Improved relationships with children:** 1 month and 6 months after program exit, significantly more women (94%-95%) described their relationship with their child as “good” or “excellent” when compared with intake (47%; n=307).

**Most infants remained with their mothers after birth.** In year four, 80% of babies born stayed with their mothers following birth; 18% were placed outside of the home following birth (N=99).

**Significant decrease in child protection after exit:** Significantly fewer women were involved with child protection at the 1-month follow-up (47%) and 6-month follow-up (43%) when compared to intake (56%) or closing (51%; n=449).

**Additional outcomes**

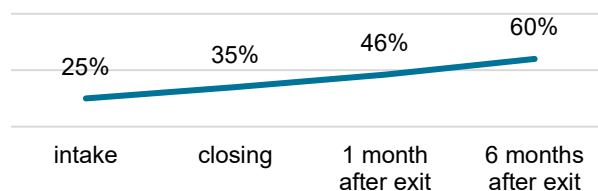
**Percentage of women . . .**

who were engaged with program goals at exit	who participated in an evidence-based parenting program by closing	who were <b>doing well</b> at program exit according to program staff
70%	68%	64%

**Employment and schooling**

**Significant increases in employment and enrollment in school or job training:** Significantly more women were employed either full time or part time at the 1-month follow-up (46%) and 6-month follow-up (60%) when compared to intake (25%) or closing (35%; n=342). While relatively few women reported enrollment in school or a job training program, significantly more women were enrolled 6 months after exit (30%) when compared with intake (2%) or closing (6%).

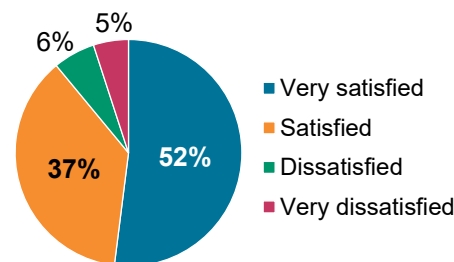
**Significantly more women employed over time (n=342)**



**Program satisfaction**

At follow-up, the majority of women (89%) were satisfied with their WRS program. In addition, most women agreed that staff helped them develop their goals (92%), understood their problems or concerns (91%), were sensitive to cultural issues (90%), and were available when needed (90%; n=958-984).

**Most women were satisfied with their WRS program (n=983)**



**Dosage of services**

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

- Be “doing well” at exit
- Be abstinent from substances at exit, 1-month follow-up, and 6-month follow-up
- Have reduced their use of substances at exit and at 1-month follow-up
- Be reunified with their children at exit
- Have successfully completed treatment by exit

Dosage of services continued

- Be employed either part time or full time *at exit*
- Be living in their own home or permanent supportive housing *by exit*
- Have participated in Alcoholics Anonymous or Narcotics Anonymous *by exit*

## ▶ Contributors to positive outcomes

### Stable and supportive housing makes a difference.

Securing safe and stable housing by program closing was significantly linked to:

- Sobriety at closing and the 1-month follow-up
- Decreased substance use at closing, 1-month follow-up, and 6-month follow-up
- Reunification with one or more children at closing
- Higher likelihood of infants not being placed outside the home following birth
- Lower likelihood of child protection involvement at closing
- Successful completion of treatment at closing

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

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

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

- Sober or have decreased substance use by closing, 1-month follow-up, and 6-month follow-up
- Reunified with one or more children at closing
- Not involved with child protection at closing
- Negative for substances (mom and baby) at birth

**The likelihood of achieving positive outcomes differs by drug of choice and racial identity.** A woman's race and preferred drug of choice made a difference in the likelihood of achieving positive outcomes, with those identifying as White and preferring to use meth more likely to achieve positive outcomes.



## Children served by WRS programs

### Total number of children . . .

of women who exited  
the program  
**1,418**

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

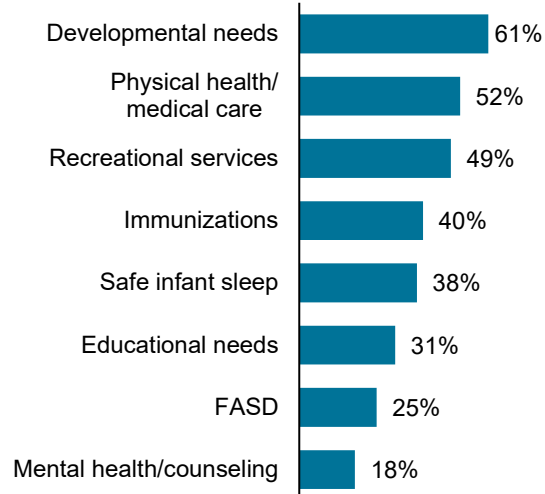
<sup>1</sup>37% of children of women who exited the program in year four. Service data was missing for 26% of the 1,418 children of women who exited during the reporting period.

### Most common assessments received by children served:

Informal Fetal Alcohol Spectrum Disorders (FASD) screenings (37%) and developmental assessments (18%) were the most common assessments administered to children.

**Child immunizations and medical insurance:** Of the children with known information, 99% of children had medical insurance and were up-to-date on their immunizations at closing, although this information was unknown for 13%-17% of children.

### Most common service areas that program staff worked on with children (N=519)



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### For more information

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

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