



# Women's Recovery Services in Minnesota: Cross-site Findings

*Cumulative Evaluation Results of a 5-year Minnesota Initiative  
Serving Chemically Dependent Women and their Children:  
2011-2016*

**O C T O B E R   2 0 1 6**

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# Executive summary

## Project overview

In 2011, the Minnesota Department of Human Services Alcohol and Drug Abuse Division (ADAD) contracted with eleven grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families. Through this initiative, known as Women's Recovery Services, a total of ultimately 12 grantees provided comprehensive, gender-specific, family-centered services for the clients in their care. The Women's Recovery Services initiative began in July 2011 and concluded in June 2016. Services offered to program participants through the Women's Recovery Services initiative varied somewhat across sites, but generally included services and supports related to treatment and recovery, basic needs and daily living, mental and physical health, and parenting.

## Evaluation overview

Wilder Research was contracted to evaluate the five-year initiative, which included the following components: a process evaluation, describing the clients served and services provided across programs; an outcome evaluation, assessing the extent to which clients' substance use, basic needs, employment, systems involvement, physical and mental health, and parenting improved, as well as the extent to which pregnant clients and their newborn infants were healthy and drug-free at birth; and a cost-benefit analysis, which examined the overall cost-benefit of the

initiative to DHS and to the state of Minnesota (reported out separately).

Program staff collected and documented information about clients and their children at intake, closing, and throughout their participation in the program in a common database system. Program-level information about outreach and financial support provided to clients was also collected by staff semi-annually. In addition, approximately six- and 12-months after leaving the program, Wilder Research conducted follow-up telephone interviews with clients to assess the family's well-being and progress over time.

This report summarizes program activities from June 2012 through March 2016, or approximately years 2 through 5 of the initiative (limited data are available for year 1, which was primarily devoted to development). Interpretation of findings should be considered in light of potential limitations around the evaluation, including missing or inaccurate data, program model differences, and small sample sizes, in some cases.

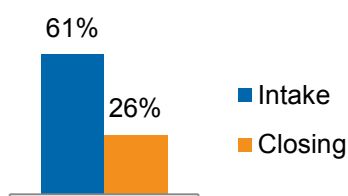
## Key findings

### *Clients showed significant improvements across multiple areas at program exit.*

As compared to program intake, when clients left the grant-funded programs, they were:

- Less likely to be using substances (26% vs. 61%); overall, 90% were either not using or using substances less.

#### Past 30-day substance use



- More likely to be connected to Alcoholics Anonymous or Narcotics Anonymous (81% vs. 48%).
- More likely to be housed (not homeless) (89% vs. 78%), to be living in their own home or have permanent supportive housing (54% vs. 45%), and to have living arrangements considered both stable (68% vs. 55%) and supportive to recovery (77% vs. 63%).
- More likely to be employed (21% vs. 14%).
- Less likely to be involved with child protection (39% vs. 43%).
- Significantly more likely to have increased family stability (mean=-0.1 vs. mean=-17.6)

Additionally, of the 550 infants born to clients while they were participating in the grant-funded programs, 84 percent had negative toxicology results at birth and the vast majority was born full-term and had a normal birth weight.

## Families served and services provided

The 12 Women's Recovery Services grantees served a total of 2,955 clients (with 6,051 children) in years 2 through 5. Most clients were white (53%), American Indian (23%), or African American/black (14%), and between the ages of 18 and 34 (79%). Just over one-quarter (27%) were pregnant when they enrolled in one of the grant-funded programs. More than half of the clients served (59%) reported having used alcohol and/or other drugs in the 30 days prior to program enrollment, usually marijuana (45%), alcohol (41%), or methamphetamines (41%). More than three-quarters (78%) were in treatment when they entered the grant-funded programs. Clients were experiencing a range of physical and mental health challenges at intake: 35 percent had a severe or chronic physical health problem, and 76 percent had at least one mental health diagnosis. Almost all clients served (92%) had incomes at or below the federal poverty line at program entry.

On average, clients were enrolled in one of the grant-funded programs for 5 months and received 80 hours of contact time with program staff.



***Some clients maintained these positive outcomes at follow-up; others did not.***

As noted, clients showed significant improvements from intake to closing in several key outcome areas and maintained a number of these improvements at the 6- and 12-month follow-up periods, including:

- Improved housing, including having housing in general (not homeless), being in their own home or permanent supportive housing, and having living arrangements considered both stable and supportive to recovery.
- Decreased participation in child protection.
- Increased access to reliable transportation.
- Increased access to social support.
- Higher levels of employment.

In other areas, however, clients' well-being tended to worsen after they left the program. For example:

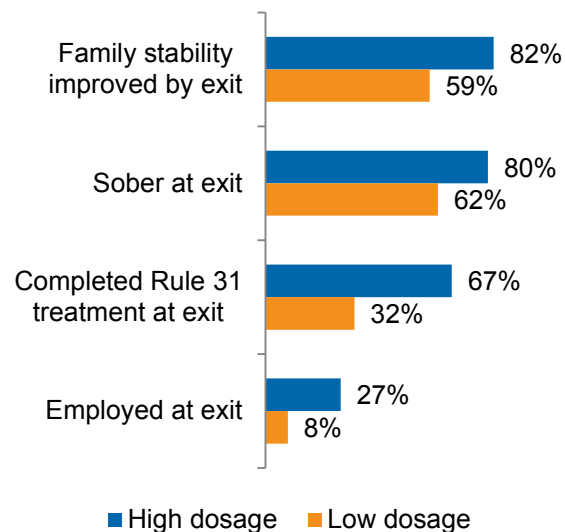
- After a significant decline in substance use between program entry and exit, about half of all clients were using substances again by the follow-up periods.
- While the proportion of clients for whom physical health was a "strength" increased from program entry to program exit, this proportion significantly decreased at follow-up.

***Higher levels of service resulted in better outcomes.***

Clients who received a higher "dosage" of service<sup>1</sup> - that is, more intensive case management services – did better in several key outcome areas such as sobriety (at closing *and* follow-up), treatment completion, substance-free births, employment, housing, system involvement, and family stability. Dosage had the biggest impact ( $p < .001$ ) in some of the following areas:

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**Impact of dosage on select outcomes**



Given the fact that some women fail to maintain the gains made while *in* the program after they *leave* the program, these results suggest that higher doses of service may help counteract post-program slide.

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<sup>1</sup> A "high" dosage of service was defined as having participated in the program for at least 90 days, having at least 40 hours of total contact with staff,

and having had at least 12 hours of one-on-one, in-person contact with staff.

***Several factors play an important role in predicting clients' sobriety and stability.***

**Sobriety.** Clients were more likely to be sober at closing if they had been engaged in their case planning, were living in housing supportive to recovery at closing, were participating in AA/NA at closing, were pregnant at intake, and were receiving mental health services or connected to a clinic/therapist at closing. With the exception of pregnancy status, all of these factors also predicted sobriety at the 6- and/or 12-month follow-up. Additional factors were also found to be predictive of sobriety at follow-up, including receiving higher doses of service, having permanent and stable housing, being enrolled in the program for at least 90 days, being employed, being involved with treatment while in the program, and primary drug of choice.

**Family stability.** Several of these same factors were found to predict overall family stability, as well as other factors like participation in AA/NA at closing, *not* being involved in child protection at closing, *not* having a mental health diagnosis at closing, and receiving mental health services – or being connected to a mental health clinic or therapist – at closing.

Women's relationships with others also played a key role. Clients identified the emotional support they received from program staff and their relationships with their children as critical to supporting their sobriety and general well-being.

**Considerations for the future**

Overall, the grant-funded programs made a significant impact on the lives of the clients they served and their families. The most profound effects were observed for clients who received more intense services from the programs (i.e., a higher dosage) and had access to key supports such as housing that was stable and supportive to recovery, as well as mental health services and sobriety support (e.g., Alcoholics Anonymous or Narcotics Anonymous). Although clients continued to do better in many outcome areas after they left the program, many struggled to maintain their sobriety in the year after they left the program, even those who received higher doses of services. These findings suggest the need for continued support related to sobriety after case closing (e.g., aftercare services), and to address other ongoing and related challenges that persist, such as issues around affordable housing, physical health, and employment and income.

# Project overview

In 2011, the Minnesota Department of Human Services, Alcohol and Drug Abuse Division (ADAD) 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 this initiative, known as Women’s Recovery Services, grantees provide comprehensive, gender-specific, family-centered services for the clients in their care. The primary goals of the Women’s Recovery Services initiative are to help program participants remain alcohol and drug free, obtain or retain employment, remain out of the criminal justice system, find and secure stable housing, access physical and mental health services for themselves and their children, and deliver babies who test negative for substances at birth (for pregnant participants). In addition, the initiative aims to provide participants with information and support with regard to parenting.

The Women’s Recovery Services initiative began in July 2011 and concluded in June 2016. Over the five years, 12 different grantees<sup>2</sup> received funding through this grant. They include: the American Indian Family Center (Wakanyeja Kin Wakan Pi “Our Children are Sacred” Program), Fond du Lac Reservation (Tagwii Plus Women’s Recovery Program), St. Cloud Hospital Recovery Plus (Journey Home-Family Unity Program), Wayside House (Rise up in Recovery Program), RS Eden (Eden House), Meeker-McLeod-Sibley Community Health Services (Project Harmony), Ramsey County Community Human Services (Mothers First Program), Recovery Resource Center (Mothers Achieving Recovery for Family Unity MARFU Program), Resource Princeton (Women’s Recovery and Support Program), St. Stephens Human Services (Kateri Supportive Living Residence and Alumnae Program), Rum River Health Services (Women’s Recovery and Support Program), and Hope House of Itasca County (Project Clean Start) (Figure 1).

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<sup>2</sup> Most programs were funded for the entirety of the five-year grant period, although some programs did not start July 2011 but several months later. Three programs were only funded for part of the grant period: RS Eden (Eden House), which was funded from approximately January 2012-June 2013; Rum River Health Services (Women’s Recovery and Support Program), which was funded from approximately October 2011-September 2013; and RESOURCE Princeton (Women’s Recovery and Support Program), which was funded from approximately May 2015-June 2016.

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## 1. Women's Recovery Services grantees

Women's Recovery Services grantee	Program name	Location
American Indian Family Center	Wakanyeya Kin Wakan Pi (Our Children Are Sacred)	Saint Paul
Fond du Lac Reservation	Tagwii Plus	Cloquet
St. Cloud Hospital Recovery Plus	Journey Home/Recovery Plus	Sauk Rapids
Wayside House	Rise Up in Recovery	St. Louis Park
Meeker-McLeod-Sibley Community Health Services	Project Harmony	Hutchinson
Ramsey County Community Human Services	Mothers First	Saint Paul
Recovery Resource Center	Mothers Achieving Recovery for Family Unity (MARFU)	Minneapolis
Resource Princeton	Women's Recovery and Support Program	Princeton
St. Stephens Human Services	Kateri Residence	Minneapolis
Hope House of Itasca County	Project Clean Start	Grand Rapids
Rum River Health Services	Women's Recovery and Support Program	Princeton
RS Eden	Eden House	Minneapolis

The Minnesota Department of Human Services contracted with Wilder Research of Saint Paul to conduct a comprehensive evaluation of these treatment support and recovery services. This report presents findings across all funded sites from July 1, 2012 through February 29, 2016. The shortened reporting timeframe reflects the fact that limited information was collected in the first year of the grant (July 1, 2011 – June 30, 2012), as much of this first year was used to develop the evaluation, build the database, and train grantees on data collection. It should also be noted that the report does not include data collected during the last several months of the grant period (March 1, 2016 – June 30, 2016) due to reporting timeframes and requirements. Therefore, this report only includes the 4 years of the grant period when data was more consistently and accurately collected.

### Program eligibility

In order to be eligible to receive grant-funded services from any of the participating providers, women must be pregnant or parenting dependent children under age 19. In addition, they must be enrolled in a substance abuse treatment program, have completed treatment within the six months prior to program enrollment, or commit to entering treatment within three months of program enrollment. Women who are pregnant and actively using alcohol or drugs are also eligible to receive program services, regardless of treatment status.

## Program services

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

### ***Treatment and recovery services and supports***

- Ongoing case management (including home and office visits)
- Chemical dependency brief intervention, screening, assessment, and referrals for treatment
- Comprehensive needs assessments and individualized care plans
- Trauma-informed approaches to providing services
- Ongoing urinalyses (UAs)

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

- Housing
- Financial education
- Emergency funds
- Transportation
- Job training
- Child care

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

- Medical and mental health assessments and services for women and children
- Fetal alcohol spectrum disorders education and screening for children
- Prenatal and postnatal health care and nutrition consultation for pregnant women
- Toxicology testing for mothers and infants
- Safe sleep education for infants
- Monitoring immunization status for children
- Tobacco cessation services

### ***Parenting services and supports***

- Parenting education using an evidence-based parenting curriculum
- Parenting support
- Recreational activities for families
- Children's programming

# Evaluation methods

## Overview

In order to evaluate the progress of clients and the effectiveness of the Women's Recovery Services initiative at each site, the Minnesota Department of Human Services asked Wilder Research to conduct an evaluation of the program for the duration of the grant.

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

### ***Process evaluation***

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

### ***Outcome evaluation***

To what extent does participation in the program:

1. Result in clients reducing their use of drugs and alcohol, or maintaining their sobriety?
2. Increase clients' access to community resources to meet their (and their children's) basic needs?
3. Help clients meet their (and their children's) basic needs?
4. Help clients find or maintain stable housing?
5. Help clients obtain or maintain employment?
6. Help clients stay out of the criminal justice system?
7. Improve clients' (and clients' children) overall physical and mental health?
8. Help clients improve their knowledge and skills related to parenting?
9. Help pregnant clients deliver healthy, drug-free infants?
10. To what extent do Women's Recovery Services grant-funded programs result in a cost-savings or cost-benefit to the community and Minnesota?

## Data collection instruments

Research staff, in partnership with ADAD, developed or identified 11 instruments in order to collect information about clients receiving program services. All forms were available in paper format as well as in a web-based database, into which all data were ultimately entered. Over the years, modifications were made to the data collection instruments as needed to address emergent needs and interests of ADAD and the grantees. The instruments are described in more detail below.

### *Client-level forms*

**Pre-intake form:** This form is used to track all individuals who are referred for program services, regardless of whether they ultimately enroll in the program. The form helps track the total number of individuals referred for program services, and captures any pre-intake services the individual receives.

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

**Service Needs Inventory (SNI):** The SNI is used to track a client's needs throughout her participation in the program, the extent to which the program was able to meet those needs, and, if met, whether services were provided onsite or offsite via referral. The Inventory also tracks needs of children and fathers. Needs assessed include recovery support, physical and mental health, financial management, employment and education, housing, emergency needs, and culturally specific needs.

**Screenings and Assessments form:** This form is used by staff to capture all screenings and assessments administered to clients and their children while in the program, including those administered directly by the program and by other agencies, if known.

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

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



**Closing form:** Program staff complete a closing form for each client when they exit the program. The closing form gathers information about each client’s maternal health data, child health data, use of services while enrolled, length of sobriety in the program, treatment status, program referrals, and closing status.

**Strengths and Stressors assessment:** Using this standardized instrument, program staff assess clients at intake and closing on a list of factors known to affect family stability and the likelihood of child maltreatment, including environmental factors, social supports, family interactions, parental capabilities, indicators of child and family safety, and indicators of child well-being.

### ***Program-level forms***

**Financial Support form:** This form is completed by each grantee every six months and summarizes the amount of financial support provided directly to clients (in cash, gift cards, or other forms of payment). Expenditures are grouped by type of support into the following categories: housing, child care, transportation, emergency needs, and other costs.

**Outreach form:** Grantees complete one outreach form for their site every six months. This form captures information about outreach and community engagement activities completed by each grantee, including the date of the event, a brief description, the number of attendees, and whether the purpose of the event was general education/information, client recruitment, or both.

### ***Follow-up interviews***

In order to track client progress and maintenance of goals, follow-up interviews were conducted with clients six months and 12 months after they leave the program. Wilder Research conducted interviews by telephone and asked respondents about their access to social support, education and employment, housing, transportation, physical and mental health, substance use, involvement with the criminal justice and child protection systems, self-efficacy, parenting and their relationship with their child(ren), children’s health and well-being, and their satisfaction with the program. Follow-up interviews began in April 2013 (the last quarter of year two) and continued through March 2016. Participants received \$25 gift cards for completing interviews.

This report summarizes results from all six- and twelve-month follow-up interviews conducted from April 2013 through March 2016. This includes a trend analysis that examines select outcomes for clients and their children over time – from intake to closing to six and 12 months post-exit from the program. Program-specific results are available in separate reports when a minimum of 30 participant interviews were completed. .

## Analysis

For this report, Wilder Research analyzed the data for activities that occurred from July 2012 through March 2016 (years 2 through 5 of the grant). Wilder used the Women's Recovery Services database to conduct basic analysis such as frequencies (number of clients) and percentages. Additional analyses (regression analyses, chi-square tests, McNemar's tests, t-tests, and Cochran's Q tests) were conducted using statistical software (SPSS) in order to assess changes in outcomes over time. This includes pretest/posttest and pretest/posttest/six-month/twelve-month follow-up matched analysis, which generally reflects clients who closed sometimes during years 2-5 of the grant and had matching intake information available (intakes may have occurred at any point). Follow-up interview data are based on all available data through March 2016. Clients who were served less than 15 days in the program were excluded from all outcome analysis, as it is not expected that clients with such limited program exposure would have benefited from the program to the same degree as longer-term clients.

## Limitations

The following summarizes limitations that should be considered when interpreting the evaluation results.

### **Completeness of data**

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

In addition, outcome analysis conducted for the Women's Recovery Services evaluation reports is based on a matched-case analysis for clients who participated in the program for at least 15 days; only those clients with a) complete information at *both* intake and closing and b) a length of service of 15 days or more were included to determine if statistically significant changes occurred during clients' participation in the program. Often, the number of clients who were served or exited in year four (Appendix A) exceeds the number of clients that met both of these criteria (Appendix C).

### **Consistency in program models**

Although the 12 grant-funded programs provide a similar range of services to a specified population under the parameters of the Women's Recovery Services grant, each program

operates within a unique framework. Some are treatment programs, while others are not; some are residential, whereas others do not provide housing. Programs also vary in size and geographic region, which affects the types of clients that seek services at each program, the services and resources that are available in each community, and the partnerships that programs form with other agencies and professionals within the community. Finally, programs have the flexibility to emphasize different services and to use different curricula and programming. Programs possess a number of unique traits, contributing to less consistency across program models than might be expected under this grant. While this report aggregates information across all programs in order to provide an overview of this particular grant, results should be interpreted cautiously given program differences.

### **Interpreting data when there are large or small numbers of clients involved**

In many cases, the analyses included *large* numbers of cases which allows for “powerful” analyses that are able to detect small but statistically significant differences. As a result, some group differences are statistically significant but may only represent a difference of a few percentage points. It is recommended that these differences be interpreted with caution and not overemphasized simply because they are statistically significant. We generally recommend taking note of findings that are statistically significant and show differences of at least ten percentage points. In a few cases, there are *small* numbers of cases reported (small “N” sizes). Percentages are based on number of participants, and, in some cases, there are fewer than 10 participants to report on due to the size of the grant-funded program. Therefore, examine tables carefully, and keep in mind the number of cases when interpreting results.

# Overview

## Summary of clients and children served

The following report summarizes data from the 12 grantees funded by the Women's Recovery Services grant through the Minnesota Department of Human Services, Alcohol and Drug Abuse Division. Over the full five-year period over which data were collected (July 2011 – February 2016), the Women's Recovery Services (WRS) grantees served a total of 3,405 clients and 7,021 children. This includes 593 clients who re-entered one of the grant-funded programs at some point during the five years. Thus, a total of 2,812 unique clients were served by the grant-funded programs between July 2011 and February 2016.

As noted earlier, this report presents findings from the four-year period when data were more reliably and consistently collected, years 2 through 5 of the grant (June 2012 – February 2016). During this period, WRS grantees served a total of 2,955 clients<sup>3</sup> and 6,051 children<sup>4</sup> during the four-year period (Figures 2-3). Of these, 2,624 clients and their 5,379 children entered the 12 programs during this reporting period (331 clients and 672 children first enrolled prior to this period). A total of 2,614 women and their 5,323 children exited the program during this period.

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### 2. Opened, served, and closed clients in years 2-5

	N
Number of new clients opened in years 2-5	2,624
Number of clients served in years 2-5	2,955
Number of clients closed in years 2-5	2,614

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### 3. Clients' children who were opened, served, and closed in years 2-5

	N
Number of children of clients opened in years 2-5	5,379
Number of children of clients served in years 2-5	6,051
Number of children of clients closed in years 2-5	5,323

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<sup>3</sup> 481 clients re-entered one of the programs during this service year after an earlier period of service. Because each period of service is counted as a "client" for reporting purposes, the tally of 2,955 clients served includes some duplication. A total of 2,474 *unduplicated* clients were served during the four-year reporting period.

<sup>4</sup> Children "served" as reported here and throughout this report includes all children identified as a dependent of the client at intake. Not all of these children necessarily received services from the program or had contact with staff. According to program staff, 44 percent of children (for whom that data are available) actually received services directly from program staff.

Figure 4 summarizes the number of clients served by each program during the grant period, which ranged from 32 to 1,051 clients per program.

#### 4. Clients served by program in years 2-5 (N=2,955)

Women's Recovery Services grantee	Number of clients served	Proportion of total Women's Recovery clients
St. Cloud Hospital Recovery Plus	1,051	36%
Ramsey County Community Human Services	494	17%
Wayside House	429	15%
Recovery Resource Center	336	11%
Hope House of Itasca County	138	5%
St. Stephens Human Services	109	4%
Fond du Lac Reservation	94	3%
RS Eden	79	3%
Rum River Health Services	77	3%
American Indian Family Center	62	2%
Meeker-McLeod-Sibley Community Health Services	54	2%
Resource Princeton	32	1%

**Note:** All of the above programs were funded continuously during the grant period with the exception of: RS Eden, which received funding from approximately January 2012-June 2013; Rum River, which received funding from approximately October 2011-September 2013; and Resource Princeton, which received funding from approximately May 2015-June 2016.

### Overview of report

The sections that follow provide information about the women and children served by the 12 grantee programs during the initiative. This information includes: a description of families served; process evaluation results, including data about client participation and the services provided to families; outcome evaluation results, including comparative data about changes from intake to closing to six and 12 months post-closing; an examination of the role of dosage and other predictive factors; follow-up interview results; and conclusions and issues to consider. More detailed data tables are also available in the Appendix of this report.

Please note that descriptive information about families and process evaluation results represent all clients and children *served* during this reporting period. Outcome information is generally based on all clients who *closed* during the reporting period. Additional statistical analyses that compare individuals from intake to closing, and to the six and 12 month follow-up periods, relied upon a *matched sample* – that is, individuals who closed during the reporting period and for whom valid data were available at each time.

# Description of families served

The following summarizes descriptive information at intake for women and children served by the 12 Women's Recovery Services grantees during the 2012-2016 period.

## Description of participants

### *Demographic characteristics at intake*

Just over half of all clients served (53%) were white, about one-quarter (23%) identified as American Indian, and the remaining clients were African American/black (14%), multiracial (8%), Asian American (1%), or another racial group (1%). A small proportion (6%) also identified as being of Hispanic origin. The largest group of clients (53%) was between the ages of 25 and 34. Almost all clients identified as female (100%) and heterosexual/straight (93%). Just over one-quarter of clients (27%) were pregnant at intake; for 1 in 5 of these (21%), this was their first pregnancy (Figures 5-8).

#### 5. Race and ethnicity of clients at intake (N=2,995)

	N	%
<b>Race</b>		
White	1,557	53%
American Indian/Alaskan Native	673	23%
African American/Black	412	14%
Biracial/Multiracial	243	8%
Asian American	33	1%
Other	36	1%
Unknown	1	<1%
<b>Ethnicity</b>		
Non-Hispanic origin	2,774	94%
Hispanic origin	171	6%
Unknown	10	<1%

**Note:** "Other" racial categories include: Hispanic/Latina (18), Mexican/Mexican American (9), Somali (4), African immigrant (1), Asian (1), East Indian (1), Guatemalan (1), Guyanese (1), and Peruvian (1).

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**6. Clients' age at intake (N=2,995)**

	N	%
Clients under 18	14	1%
Clients 18 – 24	764	26%
Clients 25 – 34	1,556	53%
Clients 35 – 48	595	20%
Clients 49+	26	1%

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**7. Clients' gender and sexual orientation at intake (N=1,902)**

	N	%
<b>Gender (N=1,902)</b>		
Female	1,899	100%
Transgender or bigender	3	<1%
<b>Sexual orientation (N=1,894)</b>		
Heterosexual or straight	1,772	93%
Bisexual	88	5%
Homosexual or lesbian/gay	20	1%
Unsure about sexual orientation	14	1%

*Note: This information was only gathered partway through the initiative so it is not known for a significant proportion of clients. Only those clients for whom this information was reported are represented here.*

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**8. Pregnancy status at intake (N=2,955)**

	N	%
Pregnant at intake	804	27%
Not pregnant at intake	2,139	72%
Unknown	12	<1%
<b>Of those who were pregnant (N=804)</b>		
First pregnancy	168	21%
Not first pregnancy	634	79%
Unknown	2	<1%

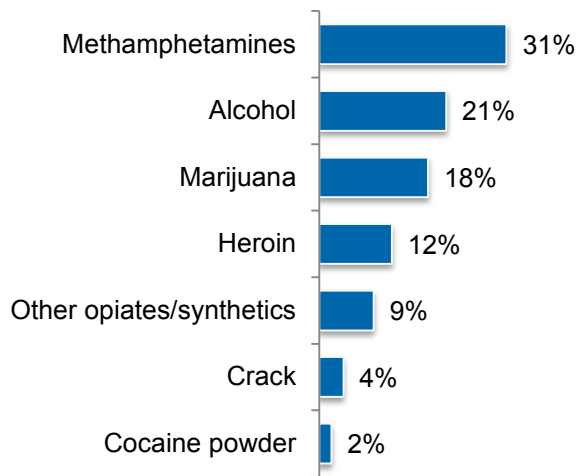
### ***Chemical use at intake***

More than half of the clients (59%) served reported having used alcohol and/or other drugs in the 30 days prior to program enrollment. Among the 1,748 clients using alcohol and/or other drugs, the most common substances included marijuana (45%), alcohol (45%), methamphetamines (41%), opiates (other than heroin) (16%), and heroin (15%). Most clients (83%) said they used tobacco at intake (Figures A30-A31b, Appendix A).

As illustrated in Figure 9, clients reported that their primary drug of choice was most often methamphetamines (31%), followed by alcohol (21%), marijuana (18%), heroin (12%), and other opiates (9%). Although 27 percent did not have a secondary drug of choice, among those who did, the most common secondary drugs were marijuana (20%), alcohol (17%), or methamphetamines (12%) (Figures A32a-A32b, Appendix A).

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#### **9. Primary drug of choice (N=2,955)**



For the 969 clients reporting no alcohol or drug use within 30 days of intake,<sup>5</sup> their length of sobriety at intake ranged from 30 days to 4.4 years, with an average of 128 days, or just over four months (Figure A31c, Appendix A).

### ***Treatment participation at intake***

More than three-quarters of clients (78%) were in treatment when they entered the grant-funded programs. Most often, this was either inpatient treatment (41%) or outpatient

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<sup>5</sup> 1,126 clients reported no recent alcohol or drug use; however, only 969 of those clients had been sober 30 days or more or had accurate data available (i.e., some clients were excluded because of erroneous data or because, in one case, length of sobriety was an extreme outlier [18 years]). As a result, length of sobriety is reported for 969 clients.



treatment with housing provided by the program (43%).<sup>6</sup> About three-quarters of clients (77%) also had a prior treatment episode – most often, one to two episodes (48%), although 27 percent had three or four previous treatment experiences, and 25 percent had been in treatment five or more times in the past.

Of those in treatment at intake, 19 percent of women had their children living with them in treatment, either in inpatient treatment (8% of all women in treatment) or outpatient treatment with housing (11% of all women in treatment). A total of 257 children were living with their mothers in inpatient treatment, while 372 children were living with their mothers in outpatient treatment with housing (Figures A33a-A34, Appendix A).

### ***Participation in recovery support activities at intake***

Just under half of all clients (47%) were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) at intake. Many clients also reported receiving recovery support from family and friends (61%), support groups offered through the program (49%), support groups in the community (41%), and faith-based groups (22%) (Figures A35-A36, Appendix A).

### ***Education, employment, and housing at intake***

Clients had varied education, employment, and housing histories at the time they enrolled in the program (Figures A11-A14e, Appendix A):

- 68% of clients had at least a high school diploma or GED at intake, and 38% attended at least some college.
- 6% of clients were in a school or career training program.
- The majority of clients (87%) were unemployed at intake, with 19% unemployed and looking for work; 13% were employed either full time or part time.

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<sup>6</sup> Inpatient or residential treatment is a safe, structured environment in which patients are removed from stressful circumstances that promote or fuel the urge to use alcohol or drugs. Treatment takes place in a secure facility where patients undergo an intensive, daily drug or alcohol treatment regimen to learn about the disease of addiction in a supportive, immersive environment.

Outpatient drug and alcohol treatment programs with housing share many similarities with residential treatment programs, but in a differently structured environment. Outpatient programs provide patients with more freedom of movement which allows them to maintain a regular commitment to family, work, and/or educational responsibilities. Because of the ability to go home after a daily or evening program, patients are able to have a greater level of privacy and anonymity. When outpatient programs are partnered with housing programs, patient housing is funded by a different source (usually HUD) than in treatment (usually funded through a county treatment fund or through health insurance).

- Most clients were either living in the home of a friend or relative (37%) or in their own home (30%) at enrollment. 9% were homeless, and not in a shelter, at intake.
- Living arrangements were considered “supportive to recovery” for nearly two-thirds of clients (63%) and “stable” for slightly fewer clients (54%).<sup>7</sup>
- 68% of participants had experienced homelessness at some point in their lives, usually one to three times (61% of those who had been homeless), although 8% reported experiencing homelessness 10 or more times in their lifetime.

### ***Health status at intake***

Clients reported a range of physical and mental health challenges at intake (Figures A15a-A18, Appendix A):

- About one-third of clients (35%) indicated that they had a severe or chronic physical health problem.
- 44% of clients had visited the emergency room in the past six months (of those for whom this information was available), an average of two visits during that period.
- 23% of clients had been hospitalized in the six months prior to intake (of those for whom this information was available), an average of six days.
- 76% of clients had at least one mental health diagnosis; of those with a diagnosis, depressive disorders (75%) and anxiety disorders (73%) were most common. A fair number of participants also reported bipolar disorder (26%), attention-deficit and disruptive behavior disorders (20%), and personality disorders (17%).
- A small proportion of clients had been diagnosed with fetal alcohol spectrum disorders (FASD) (2%) or a traumatic brain injury (TBI) (5%) at intake, while 37% had a diagnosis of post-traumatic stress disorder (PTSD).
- The majority of clients had either public (87%) or private medical insurance (4%); most had a primary care physician, clinic, or both (77%).
- 7% of clients reported they were currently in a relationship with a partner who was physically or emotionally violent.

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<sup>7</sup> Program staff consider the following criteria in determining whether a client’s living arrangement is “supportive to recovery”: safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs. They use the following criteria in determining whether a client’s living arrangement is “stable”: permanency of arrangements, affordability, safety, and adequacy of space and amenities.

### ***Resources at intake***

Almost all clients served (92%) had incomes at or below the federal poverty line at intake. Clients were connected to a variety of public benefits and community resources at intake, with the most common being food support or SNAP (47%), MFIP cash assistance (26%), WIC (21%), and General Assistance (17%) (Figures A19-A20, Appendix A).

### ***Systems involvement at intake***

Forty-four percent of clients were involved with child protection, while 47 percent were involved with the criminal justice system at program enrollment. Thirteen percent of clients had been arrested in the 30 days prior to their entry into the program (Figures A21-22b, Appendix A).

## **Description of participants' children**

### ***Demographic characteristics at intake***

Women served by the 12 grant-funded programs had a total of 5,452 children (excluding new infants).<sup>8</sup> Children were from varied racial backgrounds: 39 percent were white, 21 percent were American Indian, 18 percent were multiracial, and 12 percent were African American/black. Ten percent of children were of Hispanic origin. Children's ages varied widely, although most (63%) were between age 2 and 11. An equal number of boys and girls were served (Figures 10-12). In addition, 550 infants were born to mothers served by the programs during years 2-5 of the grant. Babies were primarily white (40%), African American/black (24%), or American Indian (12%); 9 percent were of Hispanic origin (Figure A38a-38b, Appendix A).

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<sup>8</sup> This count reflects the number of children for whom information was available at intake during this reporting period. It excludes infants born during the client's current episode of service.

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**10. Race and ethnicity of children at intake (N=5,452)**

	<b>N</b>	<b>%</b>
<b>Race</b>		
White	2,125	39%
American Indian/Alaskan Native	1,132	21%
Biracial/Multiracial	975	18%
African American/Black	674	12%
Asian American	67	1%
Other	56	1%
Unknown/missing	423	8%
<b>Ethnicity</b>		
Hispanic origin	536	10%
Non-Hispanic origin	4,432	81%
Unknown/missing	484	9%

**Note:** "Other" racial categories were not collected.

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**11. Age of children at intake (N=5,452)**

	<b>N</b>	<b>%</b>
Children under age 2	999	18%
Children age 2 – 4	1,317	24%
Children 5 – 11	2,143	39%
Children 12 – 18	845	16%
Adult children (19 or older)	45	1%
Unknown/missing	103	2%

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**12. Gender of children at intake (N=5,452)**

	<b>N</b>	<b>%</b>
Male	2,721	50%
Female	2,665	49%
Unknown/missing	66	1%

### ***Contact with parents at intake***

Living arrangements for participants' children were varied at the time mothers enrolled in the program. Children were most often living with a friend of the parent or a family member (other than the parent) (29%), or their mother (28%). About one in six children was living with their father (16%) or in a non-kinship setting such as foster care (16%). More than half of children (63%) had contact with their father at the time clients entered the program (Figures A27a-A27b, Appendix A).

### ***Health status of children at intake***

The following summarizes children's health at the time their mothers enrolled in one of the grant-funded programs (Figures A28a-A29, Appendix A):

- Almost all children (97%) for whom this information was available were up-to-date on their immunizations.
- 48 children (1%) had been diagnosed with FASD.
- 20% of children for whom this information was available were receiving mental health services.
- The majority of children (97%) for whom this information was available had medical insurance, either public or private.

# Process evaluation results

The following summarizes the process information collected through this evaluation, including information about women referred to the 12 programs, clients' participation and engagement in the programs, and the various services provided to clients and their children.

## Pre-engagement services

Not all women who are initially referred to the program go on to enroll in the program, for multiple reasons, but these women are eligible to receive basic pre-engagement or early intervention services under the grant.

Information was available for a total of 3,781 women who were referred to the 12 grant-funded programs during years 2-5 of the grant period (it is possible that pre-engagement information was collected on fewer women than actually came into contact with the program, so this number may be an undercount). Most of these referrals were from treatment (48%). Other primary referral sources include clinics and hospitals (13%), self-referrals (12%), child protection (8%), and corrections (5%). Most of the women referred to the program (84%) received various pre-engagement services, including brief intervention services (32%), referrals to other programs (18%), a screening for chemical dependency (17%), a chemical dependency assessment (8%), and referrals for specific services (6%) (Figures A2-A6, Appendix A).

Figure 13 summarizes the status of these initial referrals at the end of the reporting period. The number of women who entered the program from the initial referral (N=1,445) is a substantial undercount, as intakes show that 2,624 women are known to have entered one of the grant-funded programs during years 2-5 of the grant period. This undercount may be because some of the women with a "pending status" are among those who entered the program and/or the number of overall referrals is undercounted. The number and proportion of women with other enrollment statuses should be interpreted cautiously due to undercounting (Figure A7, Appendix A).

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### 13. Enrollment status of women referred to the program (N=3,781)

	N	%
Entered program (complete intake form)	1,445	38%
Refused services	413	11%
Ineligible for services	502	13%
Never reached	740	20%
Status pending (still trying to reach this person/on program waitlist)	347	9%
Unknown	334	9%

**Note:** Because 2,624 women entered the 12 grant-funded programs during years 2-5 of the grant period (in contrast to the 1,445 women reported here), the overall numbers reported in this figure from the Pre-Intake form are likely an undercount of the total number of women referred to the program.

Among the 2,955 women who went on to received services in one of the grant-funded programs in years 2-5, the most common referral sources include: treatment (28%), self-referral (17%), child protection (15%), and corrections (9%) (Figure A5, Appendix A).

### Length and amount of participation

For the 2,614 clients who left the programs during the four-year reporting period, their length of participation ranged from one day to 34 months, although, on average, clients were enrolled for 5 months (Figure A43a, Appendix A).

On average, clients had 67 contacts with program staff while in the program. Contact with staff was primarily in group settings (about 31 group contacts on average). Clients also had an average of 26 in-person meetings or sessions with program staff during their time in the program, each of which averaged about an hour in length. Of the 2,614 clients who exited one of the grant programs during years 2-5, 87 percent had at least one in-person contact with staff per month, while 73 percent had at least two in-person contacts with staff per month. Overall, program staff spent a total of between 15 minutes and 2,257 hours with clients during the reporting period, or 80 hours per client on average (Figures B9-B11, Appendix B).

About two-thirds of clients (64%) were at least “somewhat” engaged in carrying out their program goals and case plan, as reported by program staff. One-quarter (25%) were reportedly “very” engaged. Seventy-one percent had a continuing care plan in place when they exited the program (Figures A83-A84, Appendix A).

### ***Meeting program criteria***

Minnesota Department of Human Services ADAD staff outlined the following criteria as an expected service level for clients served by the Women's Recovery Services grant:

- 1) Participate in the program for a minimum of 6 months
- 2) Be abstinent from alcohol and other drugs for at least 30 days when they leave the program
- 3) Fully complete an evidence-based parenting curriculum
- 4) Have a care plan in place at the time they leave the program

One in six clients (17%) met all of these program criteria (Figures A46, Appendix A). Clients were most likely to meet the criteria related to developing a care plan with staff (71%) and being abstinent from drugs and alcohol at exit (61%). Fewer clients had completed an evidence-based parenting curriculum (48%) or had been enrolled for a minimum of six months (32%). Sixteen percent of clients met all program criteria *and* were also considered to be “doing well” by program staff, while 13 percent of clients did not meet any of the four criteria at closing.

Figure 14 illustrates the number and proportion of clients in each of the 12 grant-funded programs who met all of the program criteria at exit, which ranged from 0 to 42 percent.

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#### **14. Clients who met all program criteria at closing, by program**

	<b>Total N</b>	<b>Number who met criteria</b>	<b>Percent who met criteria</b>
Hope House of Itasca County	117	49	42%
Eden House	57	19	33%
St. Stephens Human Services	98	25	26%
American Indian Family Center	44	11	25%
Wayside House	391	84	21%
St. Cloud Hospital Recovery Plus	993	152	15%
Recovery Resource Center	293	40	14%
Women's Recovery and Support Program	77	8	10%
Ramsey County Community Human Services	418	36	9%
Fond du Lac Reservation	72	6	8%
Meeker-McLeod-Sibley Community Health Services	37	2	5%
Resource Princeton	17	0	0%
<b>All programs</b>	<b>2,614</b>	<b>432</b>	<b>17%</b>



## Services and referrals provided to meet client needs

Throughout clients' participation in the program, staff identify the various needs of clients and family members and the extent to which those needs are met by the time of case closing through direct services and/or referrals.

### *Client needs*

According to staff report, the highest needs among clients were in the following areas (Figure B1, Appendix B):

- Substance use support (63%)
- Mental health/counseling (63%)
- Parenting education (63%)
- Housing information/support (59%)
- Recovery coach (59%)
- Transportation (58%)
- Treatment (58%)
- Healthy relationships (54%)
- Physical health/medical care (54%)

By closing, staff reported that most clients (80% to 91%) had these needs met.

Clients were least likely to have their needs met when it came to dental care (19%), smoking cessation (20%), and housing (i.e., getting housing) (14%) (Figure B2, Appendix B).

### *Children's needs*

Staff reported that about one-quarter to one-third of children had needs in at least one of the following areas: immunizations (19%), physical health/medical care (18%), child care (17%), developmental needs (16%), and FASD (14%) (Figure B3, Appendix B). By closing, at least 90 percent of children had their needs met in the areas of:

- Parenting education (100%, although this represents only one child)
- FASD (95%)

- Physical health/medical care (93%)
- Immunizations (92%)
- Developmental needs (92%)
- Safe sleep (90%)

Very few children had needs that were not met. A small proportion did not have their needs met in the areas of dental care (8%), child/youth support groups (7%), early childhood educational services (5%), and mental health/counseling (5%) (Figure B4, Appendix B).

These findings should be considered in light of other data that indicates only 25 percent of all children whose parents exited the program in years 2-5 received some sort of services directly from staff at one of the programs (although receipt of services was unknown for another 44 percent of children) (Figure A67b, Appendix A).

See Appendix B for more information about families' needs and the services and referrals they received.

### Screenings, assessments, and urinalysis tests

Various screenings and assessments were administered to clients and their children over the four-year period. The most common screenings and assessments that clients received were a mental health screening (77%), a Rule 25 chemical health assessment (72%), a physical health assessment (67%), a mental health assessment (64%), and a FASD screening (53%). Just 27 clients (1%) went on to receive a FASD assessment. Seventeen percent of clients received a prenatal assessment.

Nineteen percent of children received a FASD screening; just 13 children total (<1%) received a FASD assessment. Eighteen percent of clients' children also received a developmental assessment (Figures B7-B8, Appendix B).

Most of the 2,614 clients who closed during this four-year period (86%) received at least one urinalysis test (UA) while in the program; on average, clients received eight UAs while in the program. Of those clients who received one or more UA, half (50%) had at least one positive UA. Clients were most likely to be positive for methamphetamines (26%), marijuana (31%), benzodiazepines (25%), opiates/synthetics other than heroin (22%), and medications taken as directed (17%) (Figure B12, Appendix B).

## Financial support

Program staff can use grant funds to provide financial support to clients in numerous ways, including payments for things like transportation, rental deposits, child care, and emergency needs, or in the form of gift cards. Housing and child care were typically the areas in which clients were most likely to receive financial support. See Figure A42a, Appendix A for more information.

# Outcome results

The following section summarizes outcome data collected about clients and their children during years 2 through 5 of the grant period (July 2012 – February 2016), including key outcomes related to substance use, infant health, and family stability, as well as outcomes in other areas of women’s and children’s lives that the program is expected to address. It includes a comparison of clients’ well-being in various areas from intake to closing, as well as an examination of select outcomes over time, including intake, closing, and the six- and twelve-month follow-up periods, to assess long-term maintenance of those outcomes. Information is also presented about the impact of service intensity or “dosage” on outcomes and other factors that contribute to or predict positive client and child outcomes.

For each key outcome, differences over time are examined for *statistical significance* (i.e., statistical software is used to determine whether the difference detected is “real” and more than likely not due to chance). Analyses revealed many statistically significant differences, but the meaningfulness of these differences should be kept in mind when interpreting the results. Given the large number of clients examined in this report, relatively small differences between time points or groups sometimes emerged as “statistically significant” because large sample sizes such as these yield more “power” in the analysis to detect even small differences. The extent to which this statistical difference suggests a *meaningful* difference for clients from one time point to another should be considered for each individual outcome examined and the broader context in which they occur. For example, a difference of three or five percentage points, even if statistically significant, is not necessarily *practically* significant and should not be overemphasized; in contrast, a difference of 10 or more percentage points suggests a more meaningful difference.

It is also worth noting that the total number of participants examined in the following analyses is fewer than described above. While the descriptive data are based upon everyone for whom that information is available at that single point in time (e.g., at intake for many of the descriptive characteristics), outcomes are based upon participants for whom *matched* data are available at *more* than one point in time (e.g., intake and closing, or intake and closing and the 6- and 12-month follow-up periods). The total number of participants examined for any outcome area will therefore vary based upon the number of time periods examined and the extent to which data for that variable are available (not missing).

## Key outcomes: Intake to closing

Several key indicators of success for this grant were identified, in partnership with the Minnesota Department of Human Services, Alcohol and Drug Abuse Division staff:

- 1) Women maintain their sobriety or reduce their use of substances
- 2) Infants are born healthy and drug-free
- 3) Families have increased overall stability

Findings related to each of these indicators at closing are described below.

### ***Sobriety and reduced substance use***

#### **Alcohol and drug use**

Overall, among all clients who exited the programs for whom change in substance use was known, 73 percent were not using alcohol or other drugs when they exited the program. Of these, 51 percent had stopped using by exit, while 23 percent had not been using at either intake or exit. An additional 17 percent of clients showed reduced use by exit. A small proportion of clients were either still using at program exit (4%) or using substances more (5%) (Figure 15).

#### **15. Change in alcohol and drug use from entry to closing (N=2,218)**

	<b>N</b>	<b>%</b>
<b>Not using substances at exit</b>		
Decreased use: not using drugs/alcohol at all	1,121	51%
No change: not using drugs/alcohol at intake or case closing	501	23%
<b>Using substances less at exit</b>		
Decreased use: still using drugs/alcohol but using less	384	17%
<b>Using substances more or at the same level at exit</b>		
Increased use: using drugs/alcohol more	115	5%
No change: using drugs/alcohol at the same level	97	4%

**Note:** Change in substance use from entry to closing was unknown or missing for 396 clients (15% of all clients who closed); these clients are excluded from these calculations.

Figure 16 illustrates the number and proportion of clients by program who were either no longer using substances, or using substances less, at closing. This proportion ranged from 50 percent to 98 percent, or 90 percent overall across all programs.

**16. Clients not using alcohol and drugs, or using alcohol and drugs less, at closing, by program**

Grantee	Total N	N	%
Eden House	57	56	98%
Wayside House	373	362	97%
American Indian Family Center	32	30	94%
St. Cloud Hospital Recovery Plus	936	878	94%
Hope House of Itasca County	105	92	88%
Ramsey County Community Human Services	300	262	87%
Recovery Resource Center	218	178	82%
Meeker-McLeod-Sibley Community Health Services	25	20	80%
Women's Recovery and Support Program	57	44	77%
Fond du Lac Reservation	34	24	71%
St. Stephens Human Services	79	54	68%
Resource Princeton	12	6	50%
<b>Overall (across all programs)</b>	<b>2,218</b>	<b>2,006</b>	<b>90%</b>

**Note:** Results are based upon the number of clients for whom change in substance use from intake to closing was known. Data on substance use from entry to closing was unknown or missing for 396 clients who are therefore excluded from these calculations. Percentages reported here for those programs may differ from those reported in program-specific reports, as some of those reports may include clients with unknown usage in the percentage calculations.

The percentage of clients not using substances, or using substances less, by closing is one of the key dashboard measures for this initiative as identified by the Minnesota Department of Human Services, Alcohol and Drug Abuse Division.

A matched analysis of clients from intake to closing (that is, clients for whom usage data were available at both intake and closing) found a statistically significant decrease in the number of women who had used substances in the past 30 days (Figure 17). While 61 percent of clients had used in the month prior to intake, just 26 percent reported using in the month prior to closing. This difference is not only highly statistically significant, but the fact that there is a 35 percentage point difference from intake to closing also suggests this is a meaningful improvement.

**17. Use of alcohol and/or drugs in past 30 days at intake and closing  
(N=2,079)**

	Intake		Closing	
	N	%	N	%
Used substances within the 30 days prior to...	1,261	61%	537	26%***

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

Across individual programs, the proportion of clients who had not used alcohol and/or drugs in the 30 days prior to closing (also based on a matched analysis) ranged from 45 percent to 89 percent, or 74 percent overall (Figure 18).

**18. Clients who had NOT used alcohol and/or drugs in the 30 days prior to closing, by program**

Grantee	Total N	N	%
Women's Recovery and Support Program	47	42	89%
St. Cloud Hospital Recovery Plus	927	746	80%
Eden House	49	39	80%
Wayside House	342	271	79%
American Indian Family Center	36	27	75%
Meeker-McLeod-Sibley Community Health Services	24	17	71%
Ramsey County Community Human Services	262	174	66%
Hope House of Itasca County	104	64	62%
Fond du Lac Reservation	25	15	60%
St. Stephens Human Services	73	43	59%
Recovery Resource Center	179	99	55%
Resource Princeton	11	5	45%
<b>Overall (across all programs)</b>	<b>2,079</b>	<b>1,542</b>	<b>74%</b>

**Note:** Results are based upon the number of clients for whom matched (intake to closing) information was available and who were enrolled in the program for a minimum of 15 days. Clients enrolled in the program for less than 15 days and those for whom their last date of service in the program was unknown or missing are excluded from the calculations.

**Length of sobriety**

Among the 1,491 clients who had not used substances in the 30 days prior to closing (and for whom sobriety data was reported), length of sobriety ranged from 30 days to 4.7 years, or an average of 6.6 months at closing (Figure A70b, Appendix A). Figure 19 illustrates the average length of sobriety for clients at closing for each program, which ranged from five and a half months to just over one year.

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## 19. Length of sobriety at closing, by program

Grantee	Total N <sup>a</sup>	Range (months)	Mean (months)
American Indian Family Center	25	2 – 57	12.8
Fond du Lac Reservation	12	1 – 20	12.1
Hope House of Itasca County	64	1 – 28	11.4
St. Stephens Human Services	38	1 – 30	10.7
Resource Princeton	5	2 – 18	10.2
Recovery Resource Center	95	1 – 38	9.2
Ramsey County Community Human Services	153	1 – 20	7.3
Eden House	43	1 – 15	6.8
Meeker-McLeod-Sibley Community Health Services	16	1 – 16	6.1
Wayside House	275	1 – 19	6.0
St. Cloud Hospital Recovery Plus	729	1 – 40	5.7
Women's Recovery and Support Program	34	1 – 20	5.5
<b>All programs</b>	<b>1,491<sup>b</sup></b>	<b>1 – 56</b>	<b>6.6</b>

<sup>a</sup> Total N is based upon the total number of clients who had not used substances in the 30 days prior to closing and for whom length of sobriety was reported. Total Ns here differ from Figure 17 because Figure 19 is based on all clients who have length of sobriety data available while Figure 17 excludes clients who were in the program for less than 15 days and those for whom their last date of service in the program was unknown.

<sup>b</sup> The aggregate total number of cases of 1,491 is slightly higher than the total of site-specific cases reported here (1,489) because of differences in the timing of when the site-specific and aggregate data were pulled.

### Tobacco use

A majority of clients (73%) continued to use tobacco at the same level at exit as before they entered the program. Ten percent had decreased their usage, 12 percent had not been using tobacco at either program entry or exit, and 4 percent reported not using tobacco at entry or exit (Figure A73, Appendix A). A matched analysis of clients from intake to closing found that 84 percent used tobacco at intake, compared to 85 percent at closing, which was not a statistically significant difference (Figure C1, Appendix C).

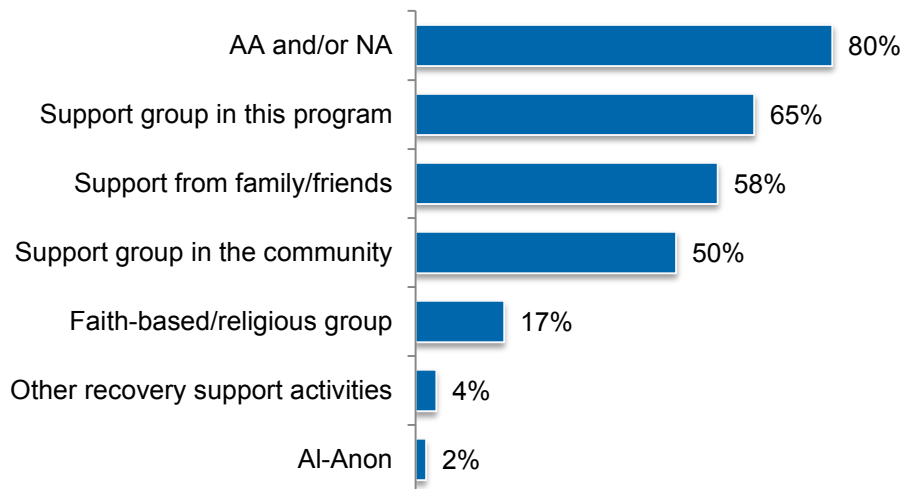
### Recovery support

Ensuring clients are connected to recovery support services is a key element of the grant-funded programs. Among all clients who closed in years 2-5, 80 percent were involved with Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) at closing. Program participants also sought support from a variety of other sources, primarily support groups



offered through the grant-funded programs (65%), family and friends (58%), and support groups offered in the community (50%) (Figure 20).

## 20. Participation in recovery support activities at closing (N=2,315 - 2,614)



Based upon a matched analysis of clients from intake to closing, significantly more clients were connected to AA and/or NA at closing (81%), as compared to intake (48%) (Figure 21).

## 21. Change in participation in Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) from intake to closing (N=2,174)

	Intake		Closing	
	N	%	N	%
Clients involved in AA and/or NA at...	1,041	48%	1,752	81%***

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

## Treatment

As noted earlier, nearly three-quarters of clients (78%) were in treatment when they entered one of the grant-funded programs. Of those, 59 percent remained in treatment throughout the program. The remainder left or completed treatment during their time in the program and did not reenter (33%), or left and re-entered treatment while enrolled in the program (5%) (treatment status at closing was unknown for 3 percent of clients).

Of those *not* in treatment at intake (22% of all clients), 32 percent went on to enter treatment at some point while in the program (Figure A74b, Appendix A).

Thirteen percent of clients received medication-assisted chemical-health treatment while in the program, primarily methadone and suboxone (Figures A78a-A78b, Appendix A). Just 2 percent of clients were reported to be in detox while in the program (Figure A79, Appendix A).

### ***Healthy, drug-free babies***

A total of 550 infants were born to mothers in the 12 grant-funded programs during the four-year period. Almost all of these mothers (98%) received prenatal care during the pregnancy. Babies were generally healthy at birth (Figures A39a-A39e, A40a-A40b, Appendix A):

- The majority of infants were born full-term (92%) and had a normal birth weight (89%).
- A total of 119 infants (22%) spent time in intensive care (NICU) for an average of 10 days, although stays ranged from 1 to 60 days.
- Among infants tested at birth (86% of all infants born), 84% had a negative toxicology result. The 16% of infants with a positive toxicology result were primarily positive for marijuana (55% of infants with a positive toxicology result) or methamphetamines (23% of infants with a positive toxicology result). Fourteen percent of infants born during this period were either not tested or toxicology results were unknown/missing.
- Half of all infants (50%) were born to clients in one program that particularly targets pregnant women (Ramsey County Human Services) (Figure 22).

## 22. Infants with negative toxicology results, by program

Grantee	Total N <sup>a</sup>	Number of infants with negative toxicology results	Percent of infants with negative toxicology results
Hope House of Itasca County	17	17	100%
Eden House	4	4	4/4
Women's Recovery and Support Program	2	2	2/2
Recovery Resource Center	35	33	94%
St. Cloud Hospital Recovery Plus	123	110	89%
Wayside House	39	32	82%
St. Stephens Human Services	17	14	82%
Fond du Lac Reservation	11	9	82%
Ramsey County Community Human Services	224	163	73%
Meeker-McLeod-Sibley Community Health Services	3	2	2/3
Resource Princeton	3	2	2/3
American Indian Family Center	-	-	-
<b>Overall (across all programs)</b>	<b>475</b>	<b>401</b>	<b>84%</b>

**Note:** The above counts of toxicology results for individual programs total more than the aggregate total of 475 because some clients were participating in more than one program at the time the infant was born, resulting in each program recording the pregnancy outcome and toxicology information; these instances were unduplicated in the total count. Additionally, infants with positive toxicology results due to medications taken as directed are considered positive toxicology results for the individual programs but were recoded as negative results in the overall total.

Percentages are not presented in cases with fewer than 10 total respondents because such calculations would be misleading.

The percentage of infants with negative toxicology results is one of the key dashboard measures for this initiative as identified by the Minnesota Department of Human Services, Alcohol and Drug Abuse Division.

<sup>a</sup> Total N is based upon the total number of infants for whom toxicology results were available.

### ***Family stability***

Overall family stability significantly increased for clients by the time they exited the grant-funded programs.<sup>9</sup> Family stability was assessed using the total score derived from the Strengths and Stressors assessment, a comprehensive measure of factors related to family stability, including environmental factors or basic needs, social supports, family interactions, parental capabilities, and indicators of child and family safety. The total possible score ranges from -84 to +56, with negative scores indicating less stability or

<sup>9</sup> The family stability measure is one of the key dashboard measures for this initiative as identified by the Minnesota Department of Human Services, Alcohol and Drug Abuse Division.

more stress in the areas described above and positive scores indicating more stability, such that the above factors are areas of strength for clients.

Average total scores were found to have significantly improved from intake (-17.6) to closing (-0.1) for the 1,328 participants for whom matched assessments were available (Figure 23). At closing, the total average score was still just slightly in the negative range, suggesting that while family stability significantly improved for families by closing, it remained somewhat of a “stressor” at program exit.

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### 23. Strengths and Stressors mean scores at intake and closing: Family stability (total score) (N=1,328)

	Possible range of scores	Mean score at intake	Mean score at closing
Family stability score (total score)	-84 to +56	-17.6	-0.1***

**Note:** “Family stability” is the sum of scores on the following Strengths and Stressors domains: environmental factors, social supports, family interactions, parental capabilities, and child safety concern. Differences between intake and closing were tested using a paired samples t-test. Differences are significant at: \*\*\* $p < .001$ .

### Other notable outcomes

In addition to the key outcome indicators described above, the programs aim to improve the lives of women and children in a number of different areas, including: basic needs, involvement with child protection, involvement with the criminal justice system, parenting and family relationships, physical and mental health, and social support.

### Overall status at closing

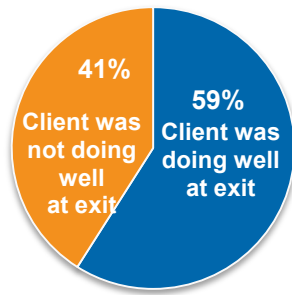
Using their professional judgment and based upon their experience with the client during her time in the program, program staff assess the extent to which clients are “doing well” or “not doing well” when they leave the program.<sup>10</sup> Overall, staff reported that 58 percent of clients who left the program during this four-year period were “doing well” at exit (Figure 24).

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<sup>10</sup> Each program defined “doing well” based on internal program expectations for client success. Although there was variation across programs, some of the common elements of this definition include a period of sobriety at discharge; housing stability; commitment to recovery and a connection to recovery resources in the community; and fulfillment of goals on client’s case plan. See the program-specific reports for detailed definitions by program.

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## 24. Staff perception of client status at program exit (N=2,583)



For the 42 percent of clients who staff perceived were “not doing well” at exit, this was most often the case because the client was not engaged in carrying out her case plan (72%) or the client was not compliant with program requirements (70%). About one-third of those “not doing well” were actively using substances when they left (36%) or could not be reached or found (34%), while 20 percent were experiencing a crisis or traumatic life event which impacted their ability to be successful in the program (Figure A45b, Appendix A).

Across programs, the proportion of clients who were “doing well” at exit ranged from 35 percent to 80 percent (Figure 25). The variability across programs is likely attributable to differences in each program’s definition of what it means to be “doing well” or “not doing well”; thus, comparison between programs is cautioned.

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## 25. Clients who were “doing well” at closing, by program

Grantee	Total N	N	%
American Indian Family Center	44	32	80%
Women’s Recovery and Support Program	50	37	74%
Ramsey County Community Human Services	418	287	69%
St. Cloud Hospital Recovery Plus	993	589	59%
Hope House of Itasca County	117	68	58%
Wayside House	390	224	57%
Meeker-McLeod-Sibley Community Health Services	37	20	54%
Fond du Lac Reservation	72	37	51%
St. Stephens Human Services	95	48	51%
Recovery Resource Center	293	140	48%
Resource Princeton	17	8	47%
Eden House	57	20	35%
<b>All programs</b>	<b>2,583</b>	<b>1,510</b>	<b>58%</b>

**Note:** Results are based upon the number of clients for whom “doing well” status at closing was known. This status was unknown for 31 clients who are therefore excluded from these calculations.

## Basic needs

### Housing

Many women come to the program without secure or stable housing for their family, so helping participants obtain adequate housing is often a critical (albeit challenging) goal.

Overall, clients significantly improved their housing circumstances by closing (Figure 26). Significantly more clients were in some sort of housing situation (not homeless) at closing compared to intake (89% vs. 78%). They were also more likely to be in a permanent housing situation, such as their own home or permanent supportive housing (54% vs. 45%), in housing deemed supportive to recovery (77% vs. 63%), and in stable housing (68% vs. 55%) at closing compared to intake.

#### 26. Changes in housing

Housing situation	Total N	Intake		Closing	
		N	%	N	%
In any housing/not homeless <sup>a</sup>	2,049	1,606	78%	1,824	89%***
In own home or permanent supportive housing <sup>b</sup>	1,449	649	45%	786	54%***
“Stable” housing <sup>c</sup>	2,234	1,224	55%	1,526	68%***
Housing “supportive to recovery” <sup>d</sup>	2,136	1,351	63%	1,633	77%***

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

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

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

<sup>c</sup> Client’s living arrangements are stable, as perceived by staff. Factors considered in this determination are client’s permanency of arrangements, affordability, safety, and adequacy of space and amenities.

<sup>d</sup> Client’s living arrangements are supportive to recovery, as perceived by staff. Factors considered in this determination are client’s safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs.

Overall, about two-thirds of clients (64%) reported having lived in their current location for less than six months at the time of program exit. Fifteen percent had been living in their current location for six months to less than one year, and 13 percent had lived there for a year or more. On average, clients who had lived in their current location for less than six months had been living there for 32 days (Figures A52g-A52h, Appendix A).

Across programs, the percentage of clients who were ***housed (not homeless)*** at closing ranged from 69 percent to 95 percent, or 89 percent overall. About half of all clients were ***in their own homes or permanent supportive housing*** at closing (54%), although this ranged from 39 percent to 77 percent across programs (Figure 27).

**27. Clients who were housed (not homeless) and in own home/permanent supportive housing at closing, by program**

Grantee	Housed (not homeless) <sup>a</sup>			In own home or permanent supportive housing (not other, less stable housing) <sup>b</sup>		
	Total N	N	%	Total N	N	%
Women's Recovery and Support Program	41	39	95%	33	16	49%
Wayside House	300	281	94%	188	73	39%
Ramsey County Community Human Services	364	327	90%	289	171	59%
Fond du Lac Reservation	57	51	90%	48	28	58%
Hope House of Itasca County	106	94	89%	75	55	73%
St. Cloud Hospital Recovery Plus	875	778	89%	623	328	53%
Recovery Resource Center	128	112	88%	83	42	51%
Meeker-McLeod-Sibley Community Health Services	30	26	87%	24	12	50%
St. Stephens Human Services	54	45	83%	31	24	77%
American Indian Family Center	39	32	82%	28	19	68%
Resource Princeton	13	10	77%	8	5	5/8 <sup>c</sup>
Eden House	42	29	69%	19	13	68%
<b>All programs</b>	<b>2,049</b>	<b>1,824</b>	<b>89%</b>	<b>1,449</b>	<b>786</b>	<b>54%</b>

**Note:** Results are based upon the number of clients for whom matched (intake to closing) information was available and who were enrolled in the program for a minimum of 15 days. Because of the different categories of housing being compared and movement of clients across housing categories from intake to closing, the total number of clients used in the calculation of “housed (not homeless)” and “in own home/permanent supportive housing” are different.

<sup>a</sup> Clients were considered “housed (not homeless)” if they were living in their own house or apartment, in a relative or friend’s home, in transitional housing and/or group residential housing, in permanent supportive housing, or a sober house/halfway house at closing, rather than a shelter or motel (using a voucher), in a correctional facility, or have no home at present and are not in a shelter.

<sup>b</sup> Clients were considered to be “in their own home/permanent supportive housing” if they were living in their own house or apartment or in permanent supportive housing at closing, rather than in a relative or friend’s home, transitional housing and/or group residential housing, or a sober house/halfway house.

<sup>c</sup> Because the total N is less than 10, this proportion is represented as a fraction rather than a percentage. A percentage based upon such a small denominator would be misleading.

The proportion of clients who were in **stable housing** at closing, as assessed by staff, ranged from 53 percent to 91 percent, or 68 percent overall. A somewhat higher proportion of clients overall (77%) were in **housing deemed to be “supportive to recovery”** at closing by staff. Across programs, the proportion in living arrangements that were supportive to recovery at closing ranged from 49 percent to 88 percent (Figure 28).

## 28. Clients in housing that was stable and supportive to recovery at closing, by program

	“Stable” housing <sup>a</sup>			“Supportive to recovery” housing <sup>b</sup>		
	Total N	N	%	Total N	N	%
Women’s Recovery and Support Program	46	42	91%	46	40	87%
Wayside House	324	260	82%	319	260	82%
Hope House of Itasca County	108	84	78%	105	87	83%
Fond du Lac Reservation	47	36	77%	40	32	80%
Meeker-McLeod-Sibley Community Health Services	32	24	75%	31	22	71%
Ramsey County Community Human Services	368	261	71%	340	286	84%
St. Cloud Hospital Recovery Plus	932	612	61%	932	680	73%
American Indian Family Center	40	23	58%	40	35	88%
St. Stephens Human Services	67	39	58%	61	39	64%
Eden House	49	27	55%	49	24	49%
Resource Princeton	13	7	54%	14	8	57%
Recovery Resource Center	208	110	53%	159	118	74%
<b>All programs</b>	<b>2,234</b>	<b>1,526</b>	<b>68%</b>	<b>2,136</b>	<b>1,633</b>	<b>77%</b>

**Note:** Results are based upon the number of clients for whom matched (intake to closing) information was available and who were enrolled in the program for a minimum of 15 days.

<sup>a</sup> Client’s living arrangements are stable, as perceived by staff. Factors considered in this determination are client’s permanency of arrangements, affordability, safety, and adequacy of space and amenities.

<sup>b</sup> Client’s living arrangements are supportive to recovery, as perceived by staff. Factors considered in this determination are client’s safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs.

### Employment and schooling

Obtaining employment and/or additional school or job training is often a goal for clients, and results suggest a slight increase in the proportion of clients employed at closing (Figure 29).

- Clients were more likely to be employed either full time or part time at closing (21%) as compared to intake (14%). Note that the employment rate overall was still relatively low at closing and the increase – although statistically significant – is less than 10 percentage points.
- A slightly higher proportion of clients was in school or a career training program at closing (8%) than at intake (6%); again, while statistically significant due to the large number of clients, the difference is only 2 percentage points.



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## 29. Change in employment and schooling/job training from intake to closing

	Total N	Intake		Closing	
		N	%	N	%
Employed full time or part time	2,084	281	14%	431	21%***
In school or a career-training program	2,372	140	6%	182	8%**

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

Overall, employment rates were low across programs. However, the programs located in northern Minnesota had some of the highest rates of employment at closing. Figure 30 illustrates the proportion of clients in each program who were employed either full time or part time at closing, which ranged from 0 to 53 percent.

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## 30. Clients who were employed at closing, by program

	Total N	N	%
Hope House of Itasca County	87	46	53%
Resource Princeton	12	6	50%
Fond du Lac Reservation	51	21	41%
American Indian Family Center	24	8	33%
Meeker-McLeod-Sibley Community Health Services	28	7	25%
St. Cloud Hospital Recovery Plus	853	193	22%
Ramsey County Community Human Services	303	68	22%
Eden House	28	6	21%
Women's Recovery and Support Program	43	8	19%
Recovery Resource Center	245	34	14%
Wayside House	354	34	10%
St. Stephens Human Services	56	0	0%
<b>All programs</b>	<b>2,084</b>	<b>431</b>	<b>21%</b>

**Note:** Results are based upon the number of clients for whom matched (intake to closing) information was available and who were enrolled in the program for a minimum of 15 days.

## Other basic needs

Another measure of basic needs is derived from the Strengths and Stressors tool. The tool includes an assessment of Environmental Factors at intake and exit, a cumulative measure of basic needs such as clients' housing stability, safety in the community, habitability of housing, income/employment, financial management, food and nutrition, personal hygiene, transportation, and their children's learning environment. Possible scores for this factor range from -27 to +18, with more negative scores indicating that basic needs are a source

of stress for clients, while more positive scores indicate that basic needs are an area of strength for clients.

Average scores on this factor significantly improved from intake (-8.1) to closing (-1.2) for the 1,716 participants for whom matched assessments were available (Figure 31). The statistically significant increase over time indicates that clients' overall basic needs did improve by closing; however, the fact that the overall average score is still in the negative range at closing suggests that clients are still experiencing some stress related to these needs at program exit.

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### 31. Strengths and Stressors mean scores at intake and closing: Environmental Factors (N=1,716)

Strengths and Stressors factor	Possible range of scores	Intake Mean score	Closing Mean score
Environmental Factors	-27 to +18	-8.1	-1.2***

**Note:** Negative scores indicate that basic needs are a source of stress for clients, while positive scores indicate that basic needs are an area of strength for clients. Differences between intake and closing were tested using the McNemar's test. Differences are significant at: \*\*\* $p < .001$ .

### *Involvement with child protection*

Many women enter the program with an open child protection case, and are often seeking to reunify with their children who are living in foster care.

- Fewer clients were involved with child protection at closing (39%) compared to intake (43%); while this is a statistically significant decline, it is only a 4 percentage point decrease (Figure 32).
- A total of 359 children were reunified with their mothers (after a formal placement) by closing. This is at least 12% of all children who were identified as *potentially* involved with child protection; however, because it is not possible to identify the precise number of children involved in a formal child protection placement and because custody status is unknown for a large percentage of children (21%), this percentage likely underestimates the proportion of children reunified with their mothers (Figure A61, Appendix A).
- 13% of babies born to mothers served during the program in years 2-5 were placed out of the home by child protection following their birth (Figure A41, Appendix A).

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### 32. Change in involvement in child protection from intake to closing (N=2,355)

	Intake		Closing	
	N	%	N	%
Involved with child protection at...	1,020	43%	922	39%***

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

#### *Involvement with the criminal justice system*

In addition to child protection, many women are also involved with the criminal justice system when they enroll in the program (Figure 33).

- There was no statistically significant change in the proportion of clients involved with the criminal justice system from intake (48%) to closing (48%).
- Significantly fewer women, however, had been arrested in the 30 days prior to closing (6%) compared to the 30 days prior to intake (14%).

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### 33. Change in criminal justice involvement from intake to closing

	Total N	Intake		Closing	
		N	%	N	%
Involved with the criminal justice system	2,343	1,123	48%	1,135	48%
Arrested in the prior 30 days	2,244	307	14%	129	6%***

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

#### *Parenting and family relationships*

Clients are expected to complete an evidence-based parenting program while enrolled in the program. Grantees were allowed to select one or more evidence-based parenting programs to offer to clients, including: Celebrating Families, Nurturing Parenting, Parenting Wisely, and Growing Great Kids. At least two programs serving American Indian clients are using the Positive Indian Parenting curriculum, a curriculum that has not been rigorously evaluated by an independent researcher but has been endorsed by the National Indian Children's Welfare Association (NICWA) and is widely used by tribal communities.

- Almost half of the women (48%) fully completed one of the above curricula, while 32% participated in a parenting program but did not complete it. Almost 1 in 5 women (18%) did not participate in an evidence-based parenting program (Figure A82a, Appendix A).

- Many clients (64%) did participate in other parenting education while enrolled in the program (Figure A82b, Appendix A).

Grantees are also expected to provide evidence-based children's programming to the children of clients in their programs. Children's programming being used by programs include: Children's Program Kit; Supportive Education for Children of Addicted Parents; Celebrating Families; Real-Time Parenting; Growing Great Kids; Systematic Training for Effective Parenting (STEP); and Incredible Years.

- Few children participated in these programs: 13% fully completed one of the above children's programs while 6% partially completed a program. More than half (58%) did not participate in a program, while participation was unknown for 23% of children (Figure A67a, Appendix A).

Changes in parenting as a result of clients' participation in parenting education and other program activities were assessed using the Strengths and Stressors assessment. The Parental Capabilities score is a cumulative measure of clients' ability to supervise their children, provide consistent and positive discipline, and provide children with developmentally appropriate enrichment activities, as well as the extent to which mental and physical health challenges and substance use interferes with their ability to parent. Possible scores range from -18 to +12, with more negative scores indicating that parenting is a source of stress and more positive scores indicating parenting is an area of strength for the client.

Average scores for Parental Capabilities significantly improved from intake (-5.2) to closing (-1.2) for the over 1,400 participants for whom matched assessments were available (Figure 34). Similar to basic needs, the Parental Capabilities average score remained in the negative, or "stressful," range at closing. Results suggest that clients' capacity to parent did improve by closing, although parenting remained a stressor for clients overall.

The Strengths and Stressors tool also assesses Family Interactions, which is a cumulative measure of clients' level of bonding with their children, clients' expectations of children, the level of mutual support expressed within the family, and clients' relationships with partners, if applicable. Possible scores range from -12 to +8. The Family Interactions score also improved significantly from intake (-2.7) to closing (-0.7), although this domain also remained mildly stressful for families at closing.

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#### 34. Strengths and Stressors average scores at intake and closing: Parental Capabilities and Family Interactions

Strengths and Stressors factor	Possible range of scores	Total N	Intake Average score	Closing Average score
Parental Capabilities	-18 to +12	1,412	-5.2	-1.2***
Family Interactions	-12 to +8	1,481	-2.7	-0.7***

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

Staff also assessed the extent to which clients' overall level of contact with their children changed from intake to closing. Staff reported that contact between clients and their children had increased by closing for 35 percent of clients. Contact remained the same for 45 percent and had decreased for 10 percent of clients. This information was not available for 10 percent of clients (Figure A68, Appendix A).

#### Child Well-being

The Strengths and Stressor tool also assesses child well-being in a number of domains, as well as the extent to which child abuse, neglect, or other family violence is a concern. Child Well-being is a cumulative measure of each child's mental health, behavior, school performance, relationship with caregivers, relationship with siblings, and relationship with peers, as well as the general interest and motivation among family members in being a family and doing activities together. Possible scores range from -21 to +14.

Average Child Well-being scores improved from intake (-0.2) to closing (1.0) for the 751 children for whom matched assessments were available, indicating that overall child well-being did improve by closing (Figure 35). Although this increase was statistically significant, the improvement is small and the score just into the positive range at closing, suggesting Child Well-being did improve between intake and exit but was not a major strength at exit.

Child and Family Safety is also assessed by the Strengths and Stressors tool and measures the extent to which physical abuse, sexual abuse, emotional abuse, and neglect are issues for children in the family, as well as the presence of domestic violence within the family. Possible scores range from -15 to +10. Averages scores on this factor also significantly improved from intake (2.0) to closing (3.1) for the 1,537 clients for whom matched assessments were available, suggesting that overall safety for children and within the family improved by closing and was not a concern.

### 35. Strengths and Stressors average scores at intake and closing: Child Well-being and Child and Family Safety

Strengths and Stressors factor	Possible range of scores	Total N	Intake Average score	Closing Average score
Child Well-being (child-level)	-21 to +14	751	-0.2	1.0***
Child and Family Safety (parent-level)	-15 to +10	1,537	2.0	3.1***

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

### Physical and mental health

#### Physical health

Another goal of the case management program is to connect clients to resources to address health issues for themselves and their children, as health issues are prevalent among this client population (35% of women reported severe or chronic health problems at intake). During years 2-5 (Figure 36):

- Clients were significantly more likely to have medical insurance at closing (99%) as compared to intake (91%); almost all children (98-100%) had insurance at both times.
- Participants were also significantly more likely to have a primary care physician and/or clinic at closing (92%) as compared to intake (77%).
- The vast majority of clients' children were current on their immunizations at both intake (98%) and closing (99%).
- A small proportion of clients reported involvement in a domestic violence relationship at both intake (7%) and closing (8%); this proportion was not statistically different from intake to closing.

### 36. Change in physical health issues from intake to closing

	Total N	Intake		Closing	
		N	%	N	%
Client has medical insurance	2,355	2,139	91%	2,327	99%***
Child has medical insurance	3,386	3,316	98%	3,369	100%***
Client has a primary care physician and/or clinic	2,292	1,773	77%	2,108	92%***
Child is current on immunizations	3,377	3,303	98%	3,357	99%***
Client is involved in a domestic violence relationship	2,074	150	7%	161	8%

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

## **Mental health**

Many women (76% at intake) and their children seeking recovery services also face mental health challenges, and the program aims to address these issues as well. During years 2-5:

- At either intake or closing, about two-thirds of all clients had been diagnosed with depressive disorders (68%) and anxiety disorders (65%). A number of clients also had the following diagnoses: bipolar disorder (21%), ADHD (18%), and a personality disorder (18%) (Figure A54c, Appendix A).
- More than one-quarter of women (29%) were diagnosed with a new mental health condition by closing. The most common diagnoses at closing (among all women who closed) were depressive disorders (56%) and anxiety disorders (55%) (Figure A53, Figure A54b, Appendix A).
- About half of all clients (52%) were receiving mental health services at closing, and another 20% were connected to a clinic or therapist if the need for services arose. About 1 in 6 clients (15%) were in need of mental health services at closing but were not connected to a clinic or therapist (Figure A54d, Appendix A).
- More than one-quarter of clients (28%) entered the program with a diagnosis of PTSD, and an additional 6% were diagnosed while in the program (Figure A55d, Appendix A).

## **Fetal alcohol spectrum disorders (FASD) and traumatic brain injury (TBI)**

- Few participants (29 total) were diagnosed with FASD either before (1%) or while enrolled in the program (<1%), although 98 additional clients (4%) were presumed to have FASD at closing (Figures A55a-A55b, Appendix A).
- 4% of clients entered the program with a diagnosis of traumatic brain injury (TBI); a few additional clients (<1%) received this diagnosis while in the program (Figure A55c, Appendix A).

## **Social support**

Research suggests an important link between social support and a person's health and substance use. Social Supports, as assessed by the Strengths and Stressors tool, includes a measure of clients' social relationships, access to community-based services, access to crisis supports, and willingness to accept formal and informal support. Possible scores on this factor range from -12 to +8.

Analysis found that average scores significantly improved from intake (-3.1) to closing (-0.6) for the 1,743 participants for whom matched assessments were available (Figure 37). These findings suggest that while clients' level of and access to social support increased while enrolled in the program, it remained in the mildly "stressful" range at program exit.

### 37. Strengths and Stressors average scores at intake and closing: Social Supports (N=1,743)

Strengths and Stressors factor	Possible range of scores	Average score	
		Intake	Closing
Social Supports	-12 to +8	-3.1	-0.6***

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

### Key outcomes: Intake to closing to follow-up

A subset of these outcomes was analyzed over time – from intake to closing, to six months, and to 12 months after program exit – to examine the extent to which changes are maintained after clients leave the program.<sup>11</sup> Because this analysis requires that client data is available at all four points in time, there are substantially fewer cases to include in these analyses than in the comparisons between intake and closing only; therefore, the results should be interpreted with some caution.

### Substance use and sobriety support

Helping women achieve and maintain sobriety is one of the major goals of the initiative. Results indicate that maintaining sobriety long term is challenging, however. As depicted in Figure 38, while there is a significant decline in recent substance use from intake (62%) to closing (14%), these gains are largely lost in the year following clients' time in the grant-funded programs. At the 6-month follow-up, 43 percent of women reported using substances in the prior 30 days, while 50 percent said they had recently used at the 12-month follow-up.

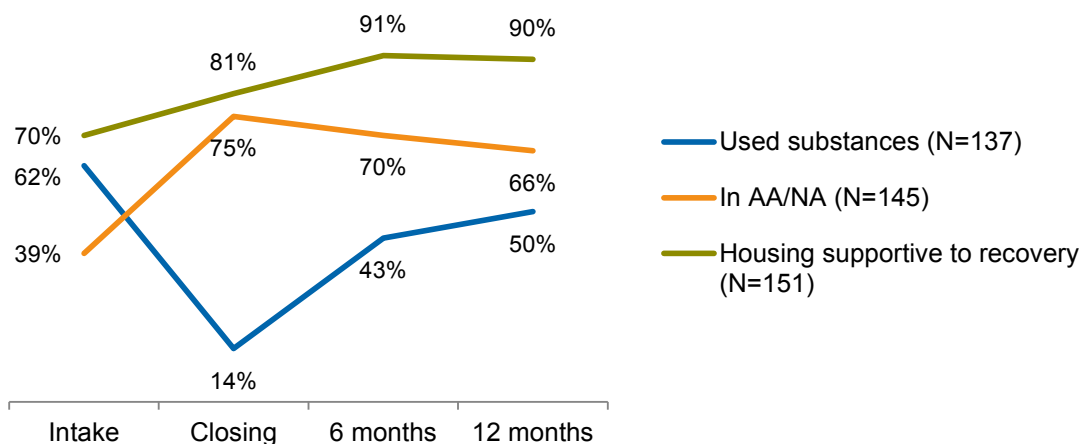
To support sobriety, the program identifies and connects women to a range of supports, including groups like AA and NA, and strives to help women find housing that is supportive to their recovery. Despite the increase in recent substance use post-program exit (or perhaps because of it), women continue to utilize these supports after they leave the program. While less than half of women (39%) were involved in AA/NA at intake, three-quarters (75%) were involved at closing. Similarly, while 70 percent of women were in

<sup>11</sup> Generally, information collected at intake and closing was based on staff report, while information at the 6-month and 12-month follow-up was client self-report.



housing supportive to their recovery at intake, this increased to 81 percent of women at closing, and remained high at the follow up periods (Figure 38).

### 38. Trend analysis of substance use and sobriety support



**Note:** Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. The following differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , and \* $p < .05$ : "used substances in the past 30 days" – intake to closing\*\*\*; intake to 6-mo follow-up\*\*; closing to 6-mo follow-up\*\*\*; closing to 12-mo follow-up\*\*\*; "in AA/NA" – intake to closing\*\*\*; intake to 6-mo follow-up\*\*\*; intake to 12-mo follow-up\*\*; "housing supportive to recovery" – intake to closing\*; intake to 6-mo follow-up\*\*\*; and intake to 12-mo follow-up\*\*\*.

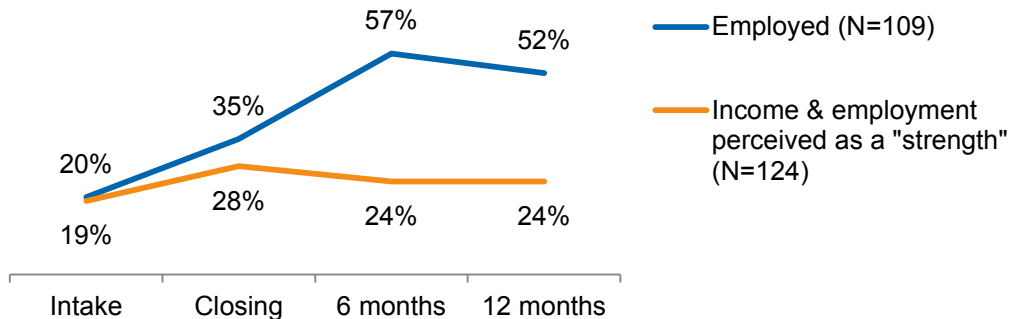
### Employment and income

The proportion of women who were employed grew from intake (20%) to closing (35%), and continued to rise by the 6-month follow-up (57%) (Figure 39). However, there was a slight decline in employment at the 12-month follow-up (52%). This drop may occur for a variety of reasons (e.g., health issues, children, returning to school, etc.), including the fact that half of all women (in the matched analysis) report having used substances in the year after leaving the program and many (25% of the clients interviewed at 12 months) said they had entered treatment at some point in the past year, which may impact their ability to work.

In addition to information about employment rates, women and program staff report on the extent to which women's income and employment (combined) are perceived strengths or stressors (or neither) for the client, as assessed via the Strengths and Stressors Assessment. The proportion of women for whom income and employment was a *strength* at intake was just 19 percent. This grew to 28 percent at closing, and then declined slightly at the 6-month (24%) and 12-month (24%) follow-up periods (Figure 39). The discrepancy between the higher rate of employment and the smaller proportion of women who perceive their income and employment to be "strengths" after leaving the program may be the result of having a

low-paying job and/or a job that does not sufficiently support women who are now trying to live on their own with their children after the program.

### 39. Trend analysis of employment and income



**Note:** The proportions above represent clients for whom each of these areas was reported as a strength for the client at each point in time, according to staff report (at intake and closing) or client report (at the 6-month and 12-month follow-up). Each factor could be identified as a strength, a stressor, or neither.

Differences between each point in time were tested using Cochran's Q Test or the Friedman Test, and follow-up pairwise comparisons and/or nonparametric tests. The following differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , and \* $p < .05$ : "employed –closing to 6-mo follow-up\*\*"; intake to 6-mo follow-up\*\*\*; closing to 12-mo follow-up\*; intake to 12-mo follow-up\*\*\*; "income & employment perceived as a strength": intake to closing\*; and intake to 12-mo follow-up\*.

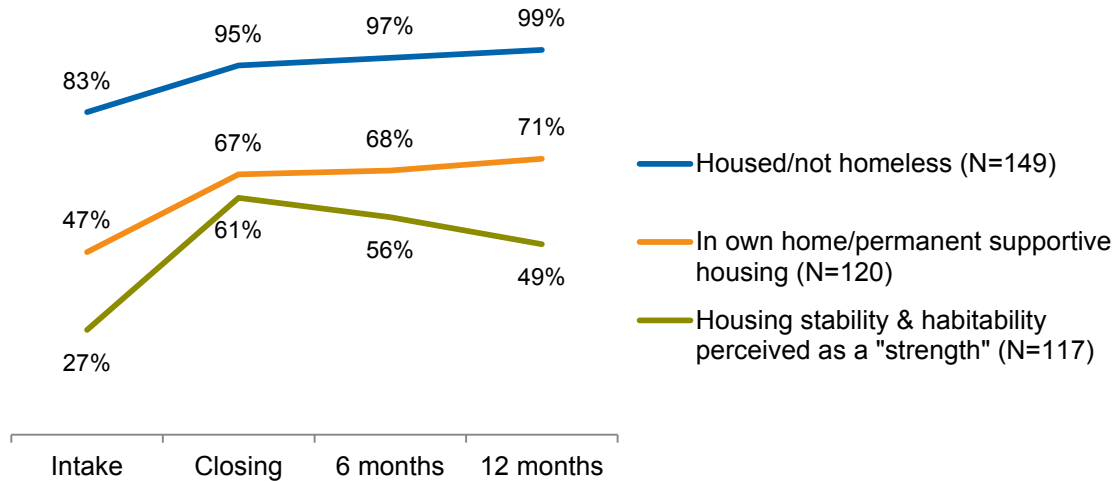
### *Housing stability*

Overall, the proportion of women with housing increased while women were in the program and after they left. At program intake, 83 percent of women were in some sort of housing. This increased to 95 percent of women at closing, 97 percent at the 6-month follow-up, and 99 percent by the 12-month follow-up. The extent to which women were in more permanent types of housing, such as their own home or permanent supportive housing, also increased over time. Less than half (47%) were in a permanent housing situation at intake. This increased to 67 percent of women at closing, and remained relatively steady at the follow-up periods (Figure 40).

Perceptions of housing stability and habitability also increased since program intake. While housing stability and habitability were perceived to be a strength for about one-quarter of women (27%) at intake, this increased to 61 percent of women at closing. There was some decline at the 6- and 12-month follow-up periods (56% and 49%, respectively) but the proportions were still much higher at follow-up than at intake (Figure 40).

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#### 40. Trend analysis of housing stability



**Note:** The proportions above represent clients for whom each of these areas was reported as a “strength” for the client at each point in time, according to staff report (at intake and closing) or client report (at the 6-month and 12-month follow-up). Each factor could be identified as a strength, a stressor, or neither.

Differences between each point in time were tested using Cochran’s Q Test and follow-up pairwise comparisons. The following differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , and \* $p < .05$ : “housed/not homeless”-intake to closing\*\*\*; intake to 6-mo follow-up\*\*\*; intake to 12-mo follow-up\*\*\*; “in own home/permanent supportive housing”-intake to closing\*\*\*; intake to 6-mo follow-up\*\*\*; intake to 12-month follow-up\*\*\*; “housing stability & habitability”-intake to closing\*\*\*; intake to 6-mo follow-up\*\*\*; and intake to 12-mo follow-up\*\*.

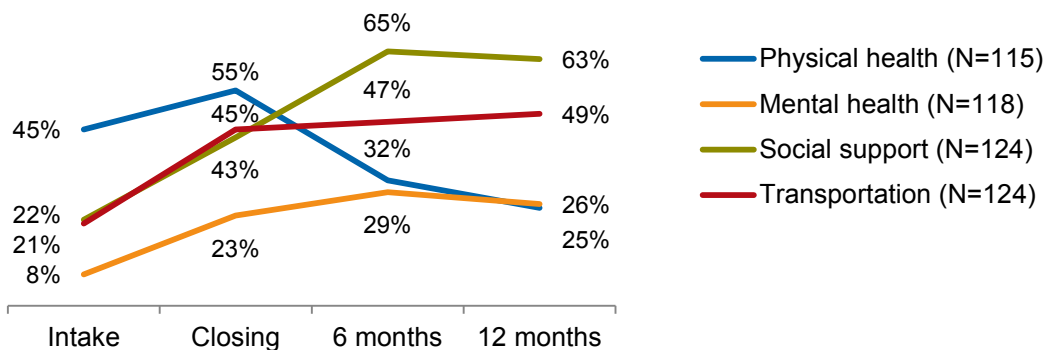
#### ***Health and well-being***

Client well-being on several additional indicators was also collected using the Strengths and Stressors Assessment. Results indicate that for some of these indicators, client well-being is maintained or even continues to improve after clients leave the program. For example, while less than one-quarter of clients (22%) felt their social relationships and social support was a strength for them at intake, this increased to 43 percent of women at closing, and to 65 percent by the 6-month follow-up (Figure 41). The proportion of women who felt access to reliable transportation was a strength also steadily increased over time, from 21 percent at intake to a high of 49 percent at the 12-month follow-up. There was also a slight increase over time in the proportion of women for whom mental health was perceived to be a strength, increasing from just 8 percent at intake to 23 percent at closing to 29 percent six months post-program exit. At the 12-month follow-up, the proportion dropped slightly to 26 percent. While this modest increase is encouraging, fewer than one-third of women at any given time felt like their mental health was a strength, which may not be surprising given the high rate of mental health issues in this population.

In contrast to the general upward trend of these other indicators, the proportion of women for whom physical health was a strength dropped substantially after program exit. After a slight increase from intake (45%) to closing (55%), only one-third of women at the 6-month (32%) and one-quarter at the 12-month follow-up (25%) felt their physical health was a strength for them. There may be multiple reasons for this decline, including sharp contrasts in how staff and women rated this area, or the absence of adequate medical care once women are disconnected from the programs (e.g., 56% of women interviewed at 12 months report having been to the emergency room in the past year).

#### 41. Trend analysis of health and well-being

Proportion of clients for whom each factor was identified as a “strength”



**Note:** The proportions above represent clients for whom each of these areas was reported as a strength for the client at each point in time, according to staff report (at intake and closing) or client report (at the 6-month and 12-month follow-up). Each factor could be identified as a strength, a stressor, or neither.

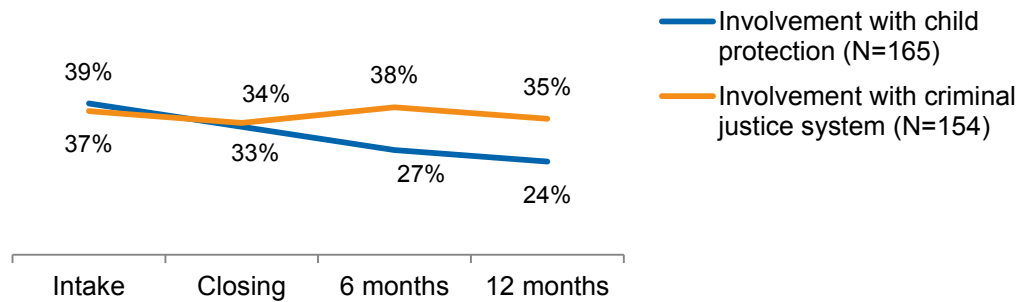
Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. The following differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , and \* $p < .05$ : “physical health” - closing to 12-mo follow-up\*\*, “mental health” - intake to closing\*, intake to 6-mo follow-up\*\*\*, closing to 6-mo follow-up\*\*, intake to 12-mo follow-up\*\*\*, closing to 12-mo follow-up\*, “social support” - intake to closing\*\*, intake to 6-mo follow-up\*\*\*, closing to 6-mo follow-up\*\*, intake to 12-mo follow-up\*\*\*, and closing to 12-mo follow-up\*\*.

#### System involvement

More than one-third of clients were involved with either the child protection (39%) or criminal justice systems (37%) when they enter the grant-funded programs. While the proportion of those involved with the criminal justice system remained relatively flat over time, there was a decline in the proportion of women involved with child protection. This dropped to 33 percent of women at closing, and to 27 percent of women at the 6-month follow-up. About one-quarter (24%) were involved 12 months after leaving the program. System involvement can often be long-term, so these declines are encouraging (Figure 42).

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## 42. Trend analysis of system involvement



**Note:** Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. The following differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , and \* $p < .05$ : "involvement with child protection-intake to 6-mo follow-up\*\*"; intake to 12-mo follow-up\*\*\*. None of the involvement with criminal justice system data points were significantly different from one another.

## The role of service amount and participation levels – “dosage” – on client outcomes

Clients' length of participation in the programs and the amount of service clients receive while there varies widely. As noted earlier, across the 12 grant-funded programs, clients' length of participation ranged from one day to 34 months, while the amount of contact staff had with clients ranged from 15 minutes to 2,257 hours. Given this very wide variation in service intensity or “dosage” among clients, it is possible that there are differential outcomes for clients based upon the amount of service they received while in the programs.

In order to test this hypothesis, analyses were conducted that compared clients who received a high level of service to those who received a lower level of service on select outcomes. Figure 43 illustrates how “high dosage” and “low dosage” clients were defined, which was based upon: their length of enrollment in the program; the total number of hours of contact time with program staff; and the number of hours of one-on-one, in-person contact with program staff. Determining the threshold between “high” and “low” was based upon the range of data available for all clients and is an attempt to assess the impact of dosage on client outcomes.

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## 43. Criteria used to define high and low dosage groups

Criteria	High dosage	Low dosage
Length of program participation	90 days or more	Less than 90 days
Total contact hours (group, phone, and one-on-one)	40 hours or more	Less than 40 hours
Total one-on-one (in-person) contact hours	12 hours or more	Less than 12 hours

Using these criteria, two groups were created across the 12 programs: a high dosage group comprised of 885 clients, and a low dosage group comprised of 708 clients. The number of clients by program represented within each group is illustrated in Figure 44. Only clients who had matched (intake to closing) information available and had data available for every criterion (i.e., no missing data) are included in these counts and in the subsequent analysis.

#### 44. Number of high and low dosage clients by program

<b>Women's Recovery Services grantee</b>	<b>Number of high dosage clients</b>	<b>Number of low dosage clients</b>
St. Cloud Hospital Recovery Plus	266	469
Wayside House	181	17
Ramsey County Community Human Services	121	74
Recovery Resource Center	119	51
Hope House of Itasca County	57	18
St. Stephens Human Services	50	16
Eden House	29	8
Fond du Lac Reservation	24	17
Rum River Health Services	16	20
American Indian Family Center	11	9
Meeker-McLeod-Sibley Community Health Services	9	7
Resource Princeton	2	2
<b>Total</b>	<b>885</b>	<b>708</b>

Results indicate that dosage had a statistically significant influence on multiple outcomes. On all outcomes examined in this analysis with the exception of participation in AA/NA, clients who received a higher dosage of service were doing significantly better than their counterparts who had received relatively lower doses. For example, high dosage clients were more likely to be abstinent at closing as well as 6 months and 12 months after leaving the program. They were also more likely to have successfully completed treatment by closing. Both clients who gave birth while in the program, as well as their infants, were more likely to have negative toxicology results if they had received higher doses of service. Higher doses of service were also associated with less system involvement (child protection and criminal justice), higher levels of employment, having housing, including more permanent forms of housing, and increased family stability at exit (Figure 45).

Overall, the findings suggest that clients who receive more intensive case management services do better in several key outcome areas such as abstinence, treatment completion, substance-free births, employment, housing, system involvement, and family stability. Given

the fact that some women fail to maintain the gains made while *in* the program after they *leave* the program, these results suggest that higher doses of service may help counteract post-program slide.

#### 45. Outcomes for the high and low dosage groups

Outcome	Total N	Proportion of high dosage clients	Proportion of low dosage clients
Client was “doing well” at exit	1,573	70%	45%***
Client was abstinent at exit	1,396	80%	62%***
Client was abstinent at 6-month follow-up	269	58%	42%*
Client was abstinent at 12-month follow-up	171	53%	36%*
Client was not using substances, or using less, at exit	1,369	93%	88%**
Client successfully completed Rule 31 treatment at exit	483	67%	32%***
Client had negative toxicology results upon giving birth	277	88%	72%*
Babies born to clients had negative toxicology results at birth	271	86%	70%*
Client was involved in AA/NA at exit	1,446	82%	81%
Client was <i>not</i> involved with child protection at exit	1,533	65%	51%***
Client was <i>not</i> involved with the criminal justice system at exit	1,523	57%	41%***
Client was employed at exit	1,428	27%	8%***
Client was in housing (not homeless) at exit	1,426	90%	84%***
Client was in her own home or permanent supportive housing at exit	1,248	59%	46%***
Family stability improved (Strengths and Stressors total score) from intake to closing	940	82%	59%***

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

### Life after the program: Results from the follow-up interviews

Telephone interviews with clients are attempted approximately six and 12 months after clients exit one of the 12 grant-funded programs. Interviews assessed client well-being in the areas of social support, education and employment, housing, transportation, physical and mental health, substance use, involvement with the criminal justice and child protection systems, self-efficacy, parenting and their relationship with their child(ren), their children’s health and well-being, and their satisfaction with the program. Select findings from those sets of follow-up interviews are presented here, with more detailed information available in Appendices D and E.

The results represent a total of 420 six-month interviews, completed from April 2013 through March 2016, and 272 12-month interviews, completed from December 2013 through March 2016. Response rates were 30 percent for the six-month interviews and 23 percent for the 12-month interviews, expectedly low given the high-risk and highly mobile population involved.

### ***Differences between interview respondents and non-respondents***

Given these response rates, analysis was conducted to compare those who had completed interviews with those who had not. This was done in order to examine whether, as one might hypothesize, those who were reached by Wilder Research and participated in an interview were lower-risk and/or more successful at program exit than those who did not participate in an interview. Overall, the two groups were comparable on a range of characteristics or behaviors at intake, such as age, race, pregnancy status, employment status, chronic health issues, primary drug of choice, and substance use, as well as some outcomes or other characteristics at closing, such as mental health diagnosis, treatment status, and toxicology results for mothers and infants.

However, the groups differed across some other key variables that suggest that those who participated in the interview were relatively more stable and doing better in some areas at closing compared to those who did not participate in an interview. In particular, clients were more likely to complete an interview if they: were not using substances at closing; had a high school diploma or higher; were employed at closing; in housing, including housing that was stable and supportive to recovery; not involved in child protection or the criminal justice system; not in AA/NA at closing; and if they had participated in a program for a longer period of time. While these differences were statistically significant, many of the percentage differences were relatively small (less than 10% - for example, 93% of those in housing at closing completed an interview, compared to 88% of those not in housing at closing). These differences should be kept in mind when reviewing the follow-up interview findings. For more information, see Appendix C.

Note that the individuals represented in the 6- and 12-month results are not the exact same set of people (i.e., not “matched”) so caution should be exercised in drawing any direct comparisons between the 6- and 12-month findings here. (For those comparisons, see the section entitled “Key outcomes: Intake to closing to follow-up”).



Figure 46 summarizes the number of interviews completed through March 2016 by program.

**46. Number and proportion of six- and twelve-month follow-up interviews completed through March 2016, by program**

<b>Grantee</b>	<b>Number of 6-month interviews completed</b>	<b>Proportion of total 6-month interviews</b>	<b>Number of 12-month interviews completed</b>	<b>Proportion of total 12-month interviews</b>
Ramsey County Community Human Services	100	24%	66	24%
St. Cloud Hospital Recovery Plus	89	21%	52	19%
Wayside House	88	21%	52	19%
Recovery Resource Center	47	11%	27	10%
Hope House of Itasca County	32	8%	21	8%
Fond du Lac Reservation	13	3%	12	4%
RS Eden	12	3%	11	4%
Rum River Health Services	11	3%	12	4%
American Indian Family Center	10	2%	10	4%
Meeker-McLeod-Sibley Community Health Services	8	2%	4	1%
St. Stephens Human Services	7	2%	4	1%
Resource Princeton	3	1%	1	<1%
<b>Total</b>	<b>420</b>	<b>100%</b>	<b>272</b>	<b>100%</b>

***Key outcomes***

Respondents were asked to report how things were going in a number of different areas of their life *now* (at each of the follow-up periods) compared to *before* they enrolled in the recovery program. Clients were most likely to report that things were at least a little better at follow-up when it came to their living situation, their relationship with friends and family, their relationship with their child(ren), and their mental/emotional health. Clients' perceptions of other areas were more mixed. For example, while at least half felt like their financial situation had improved by the follow-up periods, about 1 in 5 said their financial situation had gotten worse. Similarly, just over half of respondents said their physical health was better 6 and 12 months after having left the program, yet 20 percent said their physical health was worse 12 months out. Other areas, like employment, had improved for nearly half of women by follow-up and yet stayed the same for at least 40 percent of women (Figure 47).

#### 47. Client circumstances at follow-up relative to before enrolling in the program

Area	6 months (N=411-417)			12 months (N=270-272)		
	Better now	The same	Worse now	Better now	The same	Worse now
Relationship with friends and family	70%	22%	7%	66%	28%	5%
Relationship with child(ren)	68%	28%	4%	76%	23%	2%
Financial situation	57%	24%	19%	57%	25%	17%
Employment situation	45%	42%	13%	46%	44%	10%
Living situation	71%	19%	9%	72%	18%	9%
Access to reliable transportation	44%	41%	15%	47%	40%	13%
Physical health	58%	28%	15%	54%	25%	20%
Mental/emotional health	68%	18%	14%	64%	20%	17%

**Note:** Scale for the “relationships” item was: a lot more supportive now than before you started (program); a little more supportive now; about as supportive now as it was before you started (program); a little less supportive now; and a lot less supportive now. Scale for the remaining items was: a lot better now than it was before you started (program); a little better now; about the same now as it was before you started (program); a little worse now; and a lot worse now.

As a follow-up to the items assessed by staff at intake and closing on the Strengths and Stressors assessment, respondents were asked if they felt different areas of their life were a strength, a stressor, or neither at follow-up. Respondents were most likely to perceive their relationships with friends and family as a strength at follow-up (63% at 6 months, 66% at 12 months), followed by their living situation (53% at 6 months, 58% at 12 months). About half (49% at 6 months, 47% at 12 months) felt that their income and employment situation was a source of stress at the follow-up periods, while at least one-quarter of clients also felt that their access to reliable transportation, their physical health, and their mental health were areas of stress at follow-up (Figure 48).

#### 48. Perception of life circumstances as strength vs. stressor at follow-up

Area	6 months (N=413-417)			12 months (N=270-272)		
	Perceived strength	Perceived stress	Neither	Perceived strength	Perceived stress	Neither
Relationship with friends and family	63%	18%	19%	66%	13%	21%
Income and employment situation	25%	49%	26%	26%	47%	27%
Living situation	53%	27%	20%	58%	24%	19%
Access to reliable transportation	43%	34%	23%	50%	28%	22%
Physical health	32%	29%	39%	31%	31%	38%
Mental/emotional health	29%	35%	36%	31%	32%	37%

Figure 49 summarizes the status of clients at follow-up on a range of outcomes:

- **Substance use:** About half of all respondents (48% at six months, 54% at 12 months) reported having used substances since leaving the program, most often alcohol (85% of those using a substance at six months, 84% of those at 12 months) and marijuana (42% at six months, 43% at 12 months). Of these, over half (53-67%) said they had used alcohol or marijuana in the past month (see Appendix D3 and E3). However, if they were using at follow-up, the majority (78-79%) said they were using less than before they started the program.
- **Treatment and recovery support:** About one-quarter (24-26%) had entered treatment since program exit, and two-thirds (66-68%) were involved with Alcoholics Anonymous or Narcotics Anonymous.
- **Employment and schooling:** Just over one-third of all respondents (36-38%) were employed at either follow-up period, while about one-third (34-36%) had attended school or received job training in that time.
- **Housing:** Almost all women (97-99%) were in housing at follow-up, although fewer (54-63%) were in their own home or permanent supportive housing.
- **Child protection:** Just over one-quarter of women (28-30%) had been involved with child protection since leaving the program. About 1 in 10 women had a child removed from her care (9-10%) or were reunified with a child (12-13%) during this time.

- **Criminal justice system:** Just over one-third of women (36-38%) said they had involvement with the criminal justice system since program exit. Fewer had been arrested (15-23%) or incarcerated (6-9%) since that time.
- **Health:** About half of respondents (42-52%) had been to an emergency room in the 6 to 12 months since leaving the program. Fewer (19-24%) reported a hospitalization during that same period. Over half of women (55-60%) said they had mental health concerns at the follow-up periods.

Clients were also asked whether various stressful events occurred during the 6 to 12 months following program exit. Many women (and/or other adults in their household) did experience a variety of stressors during that time, including starting a new job (37% at 6 months, 31% at 12 months), losing a job (16% at 6 months, 13% at 12 months), getting into trouble with the law (20% at 6 months, 16% at 12 months), and losing housing (20% at 6 months, 9% at 12 months). More than half (64% at 6 months, 53% at 12 months) also said they had gone more than three days without any money at all. These findings indicate that the women served through these programs continue to experience a number of challenges in the months following their departure from the grant-funded programs, which may impact their ability to maintain their sobriety and general well-being.

#### 49. Select outcomes at follow-up

Since leaving the program, proportion of clients who have...	6 months (N=412-418)	12 months (N=267-272)
Used substances <sup>a</sup>	48%	54%
(If used...) Using more than before	9%	10%
Using about the same amount	13%	11%
Using less than before	78%	79%
Been in detox	5%	6%
Entered treatment	24%	26%
Involved with AA/NA	68%	66%
Employed (FT/PT)	36%	38%
Received additional schooling/job training	34%	36%
In housing/not homeless	97%	99%
In own home or permanent supportive housing	54%	63%
Involved in child protection	30%	28%
Had a child removed from care	10%	9%
Been reunified with a child	13%	12%
Involved in criminal justice system	38%	36%
Been arrested	15%	23%
Been incarcerated	6%	9%
Been to emergency room	42%	52%
Been hospitalized	19%	24%
Has mental health concerns	60%	55%
<b>In the previous 6 months, proportion of clients (or other adults in the household) who have experienced the following life stressors:</b>	<b>(N=344-345)</b>	<b>(N=265-266)</b>
Started a new job	37%	31%
Lost a job unexpectedly	16%	13%
Got into trouble with the law	20%	16%
Lost housing	20%	9%
Gone more than 3 days with no money at all	64%	53%

**Note:** Data is based on all clients for whom data were available at the 6-month and 12-month interviews. This is in contrast to the trend data reported earlier (changes from intake to closing to follow-up), in which only those clients for whom data was available at all four time points was included.

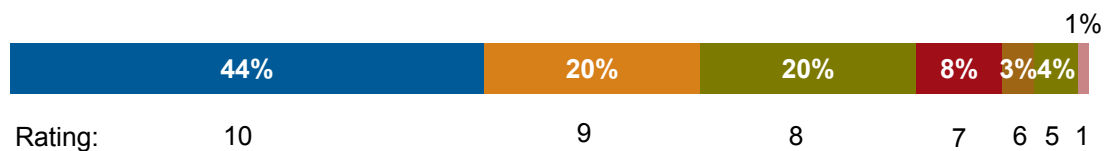
<sup>a</sup> Of those using substances, the substances reported having been used since leaving the program include: alcohol (85% at 6 months, 84% at 12 months); marijuana (42% at 6 months, 43% at 12 months); methamphetamines (29% at 6 months, 32% at 12 months), prescription drugs-misuse (18% at 6 months, 16% at 12 months), crack/cocaine (10% at 6 months, 7% at 12 months), heroin (8% at 6 months, 8% at 12 months), and non-prescription methadone (2% at 6 months, 3% at 12 months).

At the 12-month follow-up, respondents were asked about their overall sense of confidence since leaving the program, as well as their confidence in being able to maintain their sobriety long-term, on a scale from 1 (not at all confident) to 10 (extremely confident). About two-thirds said they were “more confident” overall since leaving the program (Figure 50). Confidence in maintaining their sobriety was varied, although the majority (84%) rated their confidence level an 8 or higher (Figure 51).

## 50. Overall confidence since leaving the program

How would you describe your level of confidence since leaving the program?	6 months (N=413)	12 months (N=268)
More confident	64%	66%
About the same	27%	28%
Less confident	9%	7%

## 51. Confidence in maintaining sobriety at 12 months (N=123)



**Note:** The question and scale posed to respondents was as follows: “On a scale from 1 to 10, where 1 means you are not confident at all and 10 means you are extremely confident, how confident are you that you will stay sober?”

Clients who had maintained their sobriety since program exit were asked to identify the one thing that most motivates them to remain sober. The most common response was their children, followed by issues related to their children such as their values around parenting and regaining/retaining custody of their children. Quality of life was also a common response (Figure 52). Similarly, those who had used substances since leaving the program were asked about barriers to their sobriety. Stress was the most common barrier, at least at the 6-month follow-up. Other prevalent barriers included the influence of peers, housing issues and homelessness, lack of money or employment, the loss of relationships, and losing custody of their children (Figure 53).

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## 52. Motivation to stay sober

	6 months Number of responses (N=429)	12 months Number of responses (N=253)
Motivating factors		
Children (taking care of them)	127	73
Values around parenting	69	17
Custody-related (to regain custody/not lost custody)	55	35
To have quality of life	48	44
Being there for family (rebuild/improve relationships)	27	8
Being a sober parent	26	15
To keep/improve my own health/mental health	16	9
Avoid returning to using drugs or alcohol (i.e., a harmful lifestyle)	12	10
Receiving family support	11	13
Religion/faith	10	4
Avoid incarceration	9	6
Alcoholics Anonymous/Narcotics Anonymous	3	4
My work	3	2
Personal well-being	2	2
Having friends/activities with friends	2	2
Avoid consequences	2	0
Other	7	6

**Note:** Open-ended responses were coded into the above themes. Some responses were coded into more than one theme.

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### 53. Barriers to staying sober

Barriers	6 months Number of responses (N=197)	12 months Number of responses (N=104)
Stress (worry, feel overwhelmed)	35	10
Influence of friends/family/people using alcohol or drugs	21	13
Housing issues (stress about housing, not stable/supportive)	15	4
Lost custody (can't see kids)	14	5
Lack of money/employment	11	11
Loss of relationship	11	4
Want an escape (to feel normal, want altered state)	10	4
Depression	9	2
Boredom	6	2
Mental health disorder other than depression or anxiety	5	3
Family problems	5	3
Not having support	5	6
Loneliness	4	0
Anxiety	4	0
Physical pain	3	0
Homelessness (losing housing, living in a shelter)	3	3
Lack of transportation	3	2
Relationship issues	3	0
Child Protective Services	3	0
Not going to meetings	3	0
Health conditions/illness	2	2
Mental health (general)	2	2
Domestic abuse	2	0
Not using support system	2	0
Children's issues	0	4
Take care of children	0	3
Basic needs	0	2
Other	11	17
No reason specified	5	2

**Note:** Open-ended responses were coded into the above themes. Some responses were coded into more than one theme.

Respondents were asked to provide feedback about the program in which they participated, including areas in which they felt they received support and areas in which they did not. The highest proportion of clients reported receiving help related to emotional support



(87%) and sobriety (82%), followed by parenting (77%) and finding a support network (71%). About half said they received support obtaining basic needs like housing and transportation (55%) and getting benefits (49%). However, just over one-quarter (28%) reported needing help with things like housing, transportation, or paying bills but did not receive it. Of the types of support obtained through the programs, the most helpful was emotional support (38%), followed by support related to staying sober (27%) (Figure 54).

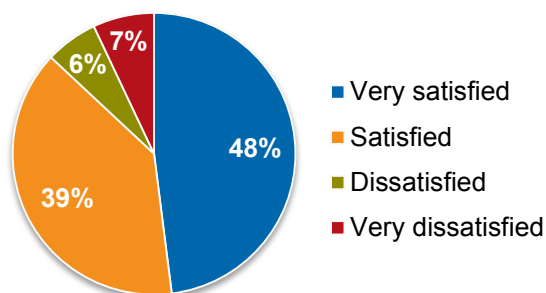
#### 54. Types of support obtained through the program (N=493-497)

Did the program help the client...	Yes, program helped with this	No, but client <u>needed</u> this type of help	No, and client <u>did not need</u> this type of help	Percentage who felt this was <u>most helpful</u> to them or children
By just being there to provide emotional support or encouragement	87%	10%	3%	38%
Get or stay sober	82%	10%	7%	27%
With parenting	77%	8%	14%	15%
Find a support network of people who could help them stay sober	71%	15%	14%	8%
With things like housing, transportation, or paying bills	55%	28%	17%	9%
With getting benefits like MFIP or WIC	49%	10%	41%	3%

**Note:** Data were primarily gathered at the 6-month follow-up. Only respondents who could not be reached at the 6-month follow-up were asked this question at the 12-month follow-up.

Overall, the majority of respondents were either “very satisfied” (48%) or “satisfied” (39%) with their experience in the program. Thirteen percent were not satisfied with the program experience (Figure 55).

#### 55. Overall satisfaction with program (N=498)



**Note:** Data were primarily gathered at the 6-month follow-up. If respondents could not be reached at the 6-month follow-up, this question was then asked at the 12-month follow-up.

# Contributors to positive outcomes

Although research has examined the treatment and recovery process for women in more recent decades, the factors that contribute to successful outcomes are still not well understood. Using the data collected through this project, we examined some of the potential factors exerting influence on select positive outcomes for women and their children in recovery.

## Predictors of sobriety and stability

We examined which individual factors and characteristics<sup>12</sup> predict two key outcomes for clients: sobriety (defined as no substance use within the past 30 days at closing, or since leaving the program at follow-up), and overall family stability (as assessed by the client's total score on the Strengths and Stressors Assessment). Sobriety was assessed both in the short-term (at closing) and long-term (6- and 12-month follow-up), while family stability was assessed at closing, as compared to intake.

### *Sobriety at closing*

Using regression analysis, five factors were found to be significant predictors of sobriety at the time clients left a grant-funded program (Figure 56). In particular, clients were more than 3 times as likely to be sober when they left the program if they had been engaged in their case planning or were in a housing situation at closing deemed to be supportive to recovery. Clients who were involved with Alcoholics Anonymous or Narcotics Anonymous (AA or NA) at closing were also more than 2 times as likely to be sober at closing compared to clients who were not participating in AA/NA at closing. Pregnant clients were nearly 2 times more likely than non-pregnant clients to be sober at closing. And finally, clients who were either receiving mental health services at closing or were connected to a mental health clinic or therapist (should the need for services arise) were 1.5 times more likely to be sober at closing than clients not connected to a therapist or clinic.

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<sup>12</sup> The following variables were analyzed in the regression analyses: race, age at intake, education level, number of children, presence of chronic physical health issues at intake, primary drug of choice at intake, length of enrollment, dosage of services, mental health diagnosis at closing, use of or connection to mental health services, involvement with child protection at closing, involvement with criminal justice at closing, pregnancy status, having stable living arrangements, having living arrangements supportive to recovery, employment status, involvement with treatment while in the program, participation in AA/NA, and engagement with case planning.

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## 56. Predictors of sobriety at closing

Predictor variable	Increased likelihood of sobriety at closing
Client was engaged in her case planning***	3.4 times more likely to be sober
Client was living in housing supportive to recovery at closing***	3.2 times more likely to be sober
Client was participating in AA/NA at closing***	2.3 times more likely to be sober
Client was pregnant at intake**	1.9 times more likely to be sober
Client was receiving mental health services at closing, or connected to a clinic/therapist if issues arose	1.5 times more likely to be sober

**Note:** Variables were analyzed using regression analysis (direct enter method). Variables were statistically significant predictors of sobriety at closing (i.e., no use within 30 days of closing) at: \*\*\* $p < .001$ , \*\* $p < .01$ , and \*\*\* $p < .05$ .

### *Long-term sobriety*

In addition to looking at sobriety at closing, we examined which factors and characteristics are predictive of *long-term* sobriety – that is, not using substances at the 6-month and 12-month follow-up periods.

As illustrated in Figure 57, several factors were associated with sobriety at both follow-up points: those who received a higher dosage of service; those living in housing supportive to recovery; those participating in AA/NA at closing; and those who were engaged in their own case planning. Other factors were predictive of sobriety only at one of the follow-up periods, as noted in Figure 57. See Appendix C for more information.

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## 57. Factors and characteristics associated with long-term sobriety

Factor/characteristic	Associated with long-term sobriety at these follow-up point(s):
Client received a “high dosage” of service <sup>a</sup>	6 months*, 12 months†
Client was living in housing supportive to recovery at closing	6 months*, 12 months†
Client was participating in AA/NA at closing	6 months†, 12 months†
Client was engaged in her case planning	6 months**, 12 months*
Client was in housing/not homeless at closing	6 months*
Client was in own home or permanent supportive housing at closing	6 months*

<sup>a</sup> A “high dosage” of service is defined as being enrolled in the grant-funded program for at least 90 days, having at least 40 hours of contact time with program staff, and having at least 12 hours of one-on-one, in-person contact with program staff.

**Note:** Differences were tested using chi-square tests. Differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , \*\*\* $p < .05$ , and † $p < .10$  (trending toward statistical significance).

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## 57. Factors and characteristics associated with long-term sobriety (continued)

<b>Client was in stable housing at closing</b>	<b>6 months*</b>
Client was receiving mental health services at closing, or connected to a clinic/therapist if issues arose	6 months***
Client was enrolled in program for 90+ days	6 months**
Client was employed at closing	12 months*
Client was involved with treatment while in the program	12 months*
Client's primary drug of intake at intake (substances other than alcohol or marijuana)	12 months***

<sup>a</sup> A "high dosage" of service is defined as being enrolled in the grant-funded program for at least 90 days, having at least 40 hours of contact time with program staff, and having at least 12 hours of one-on-one, in-person contact with program staff.

**Note:** Differences were tested using chi-square tests. Differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , \*\*\* $p < .05$ , and † $p < .10$  (trending toward statistical significance).

### *Family stability at closing*

As described earlier in the report, family stability was assessed using the total score derived from the Strengths and Stressors assessment, a comprehensive measure of factors related to family stability, including environmental factors or basic needs, social supports, family interactions, parental capabilities, and indicators of child and family safety. This assessment is completed at intake and closing. Scores can range from -84 to +56, with higher scores indicating higher levels of stability, and positive scores indicating that the above factors are areas of strength for clients.

Using regression analysis, Wilder Research found 10 factors that contribute to significant increases in family stability from program intake to closing (Figure 58). Clients who were engaged in their case planning saw the highest increases in family stability, followed by clients in living arrangements that were stable and supportive to their recovery. Interestingly, while having a mental health diagnosis was associated with decreased family stability, clients who were receiving mental health services or connected to a mental health clinic or therapist saw increases in their family stability by closing. These findings suggest that using or being connected to mental health supports may counteract some of the negative impact a mental health diagnosis has on family stability.

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## 58. Predictors of increased family stability at closing

Predictor variable	Increase in family stability at closing (in points on the Strengths and Stressors assessment)
Client was engaged in her case planning	13.5 point increase***
Client was living in stable living arrangements at closing	10 point increase***
Client was living in housing supportive to recovery at closing	9 point increase***
Client received a “high dosage” of service <sup>a</sup>	8 point increase**
Client was participating in AA/NA at closing	8 point increase***
Client was <u>not</u> involved with treatment while in the program (i.e., most likely completed treatment before entering program)	7 point increase**
Client was employed (full-time or part-time) at closing	6.5 point increase***
Client did <u>not</u> have a mental health diagnosis at closing	4.5 point increase*
Client was <u>not</u> involved with child protection at closing	4 point increase**
Client was receiving mental health services at closing, or connected to a clinic/therapist if issues arose	3.5 point increase†

**Note:** Variables were analyzed using regression analysis (direct enter method). Variables were statistically significant predictors of increased family stability at closing at: \*\*\* $p < .001$ , \*\* $p < .01$ , \*\*\* $p < .05$ , and † $p < .10$  (trending toward statistical significance).

<sup>a</sup> A “high dosage” of service is defined as being enrolled in the grant-funded program for at least 90 days, having at least 40 hours of contact time with program staff, and having at least 12 hours of one-on-one, in-person contact with program staff.

## Who is most likely to be “successful”?

In addition to identifying factors that predict individual outcomes like sobriety and family stability, we conducted additional regression analyses to identify the characteristics of clients who tended to be most successful in the programs. Certainly “success” is a multi-faceted concept that can be defined in many different ways and likely needs to take into consideration the unique circumstances of individual clients. For the purposes of this analysis, we defined a “successful” client as one who – at closing – met the following criteria:

- Not using substances within 30 days of closing
- In housing (not homeless)
- In housing (not homeless)
- In stable housing

- In housing that was supportive to their recovery
- Not involved with child protection
- Not involved with the criminal justice system
- Currently receiving mental health services OR connected to a mental health therapist/clinic

There are certainly other characteristics that are likely indicative of success, but given the type and amount of information available for this report and analysis, we limited our definition to include the above characteristics.

The results of the “success” analysis largely supported the previously mentioned findings from the predictors of sobriety and stability analysis.

“Successful” clients were more likely to:

- Have been engaged with case planning\*\*\* (25% vs. 7%)
- Have *not* been involved with treatment while in the program (i.e., likely completed treatment before entering the program)\*\*\* (35% vs. 19%)
- Have been enrolled in the program for 90 days or more\*\*\* (25% vs. 14%)
- Have received higher doses of service\*\*\* (25% vs. 15%)
- Have *not* had a mental health diagnosis at closing\*\* (28% vs. 20%)
- Have been pregnant at intake\*\* (26% vs. 19%)
- Have been employed at closing\*\* (25% vs. 19%)
- Have had a high school diploma or higher\* (22% vs. 17%)
- Have *not* had severe or chronic physical health problems at intake\* (22% vs. 18%)

**Note:** Differences between those clients identified as “successful” and those not identified as successful were statistically significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , \*\*\* $p < .05$ .

# Summary and conclusions

Over the course of the almost four years represented in this report (July 2012 – February 2016), the 12 Women’s Recovery Services grantees served a total of 2,955 clients (with 6,051 children). Most clients were white (53%), American Indian (23%), or African American/black (14%), and between the ages of 18 and 34 (79%). Just over one-quarter (27%) were pregnant when they enrolled in one of the grant-funded programs.

## Participant strengths and challenges

While participants entered the program with several challenges, they also possessed some strengths. For example, at intake, two-thirds of clients had at least a high school diploma or GED, with 38 percent having attended at least some college; more than half had living arrangements that were considered stable and supportive to recovery; more than three-quarters had medical insurance and a primary care physician and/or clinic; and, the vast majority of clients’ children (at least 9 in 10 children) had health coverage and were up-to-date on their immunizations.

However, the majority of clients also faced significant challenges when they entered the program, including: using alcohol and/or drugs; unemployment; living at or below the federal poverty line; having at least one mental health diagnosis; having a history of homelessness; and not currently living with their child(ren). Nearly half were also involved in the child protection or criminal justice systems.

## Client needs and services received

Throughout clients’ participation in the program, staff identify the various needs of clients and family members and the extent to which those needs are met by the time of case closing through direct services and/or referrals. The most prevalent needs among clients (54-63% of clients) included substance use support, mental health services or counseling, parenting education, housing information or support, a recovery coach, transportation, treatment, healthy relationships, and physical health/medical care. By closing, staff reported that most clients (80% to 91%) had these needs met. Clients were least likely to have their needs met when it came to dental care, smoking cessation, and finding housing.

The most prevalent needs among children (14-19% of children) seen by program staff included immunizations, physical health issues, child care, developmental needs, and the presence of FASD. At least 90 percent of children who had identified needs had these

needs met either through services at the program or through referrals; very few had needs that were not met.

Most clients received a mental health screening and a Rule 25 chemical health assessment while in the program. The majority of clients (86%) also received at least one urinalysis test (UA) while in the program; of those who had been tested, 50 percent had at least one positive UA, most often for marijuana, methamphetamines, benzodiazepines, and opiates other than heroin.

On average, clients were enrolled in the program for five months and had 67 contacts (for 80 hours of total contact) with staff while in the program. Most (83%) were either “somewhat” or “very” engaged in their own case planning. One in six clients (17%) met all four of the DHS program criteria (enrolled for at least 6 months; abstinent at exit; completed an evidence-based parenting program; and had a care plan at exit).

### Short-term outcomes (at closing)

**Substance use and recovery support.** Clients were significantly less likely to be using substances at closing (26%) as compared to intake (61%). Seventy-three percent of clients were not using alcohol or drugs at all when they exited the program, while 90 percent were either not using or using less at closing. Clients were also significantly more likely to be connected to Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) when they left the program (81%) than when they entered (48%).

**Health of infants.** A total of 550 infants were born during years 2-5 of the grant period. The vast majority was born full-term and had a normal birth weight, although 22 percent spent time in intensive care (NICU) after their birth. Of those infants tested at birth, 84 percent had negative toxicology results. Infants who tested positive for substances were most often positive for marijuana or methamphetamines.

**Family stability.** Overall family stability, as assessed by the Strengths and Stressors tool, significantly increased for clients by closing. Despite this increase, average scores at closing remained slightly negative, indicating that while family stability improved for families by closing, it remained somewhat of a stressor at program exit.

**Other outcomes.** Overall, staff reported that 58 percent of clients who left the program this past year were “doing well” at exit. Participants experienced several other improvements by the time they left the program as well:

- Clients were significantly more likely to be housed (not homeless), to be living in their own home or have permanent supportive housing, and to have living arrangements considered both stable and supportive to recovery at closing compared to intake.



- Significantly more women were employed at closing than at intake (although the overall employment rate at closing was still relatively low at 21%).
- Clients were more likely to have medical insurance and a primary care physician/clinic at closing compared to intake.
- Fewer clients were involved with child protection at closing (39%) compared to intake (43%).
- There was no change in the proportion of women who were involved with the criminal justice system from intake to closing, although significantly fewer had been arrested in the days leading up to closing than prior to intake.
- Seventy-two percent of clients were either receiving mental health services at closing or connected to a clinic or therapist, which is just slightly under the proportion of women (76%) who were reported to have a mental health diagnosis at intake.

Clients also showed significant improvements in all *areas assessed by the Strengths and Stressors* tool, including overall basic needs, parenting, family interactions, child well-being, child and family safety, and social support. However, despite improvements in these areas, scores indicated that clients were still experiencing some stress around basic needs, family interactions, parenting, and social support at program exit.

With regard to *children's well-being*, fewer clients were involved with child protection at closing (39%) compared to intake (43%). In addition, a total of 359 children were reunified with their mothers by program exit. Overall contact between clients and their children had increased by closing for 41 percent of clients. Both child well-being and safety, as assessed by the Strengths and Stressors tool, were found to have improved by closing such that, on average, neither was a concern at program exit. Almost all children were up-to-date on immunizations and had medical coverage.

## Long-term outcomes (at follow-up)

**Maintenance of outcomes over time.** A subset of outcomes was analyzed over time – from intake to closing to 6 and 12 months after program exit – to examine if and how outcomes were sustained over time. Some indicators that improved from intake to closing generally maintained those improvements at the follow-up periods, including participation in AA/NA, housing, involvement in child protection, access to transportation, social support, and mental health. Others showed improvement from intake to closing but did not sustain those gains at the follow-up (particularly the 12-month follow-up), including substance use, physical health, and employment.

**Outcomes at follow-up.** Findings from the six- and 12-month interviews suggest clients feel they are doing well in a number of areas at follow-up, while other areas remain a challenge. For example, two-thirds or more felt that things were at least a little “better” at follow-up when it came to their living situation, their relationship with friends and family, their relationship with their child(ren), and their mental/emotional health. Fewer clients felt their employment situation, their access to transportation, and their physical health were better at the follow-up periods. In terms of their sobriety, about half of all respondents (48% at six months, 54% at 12 months) reported having used substances since leaving the program, although the vast majority of these said they were using less than before they enrolled in the program. Since program exit, one-quarter had entered treatment. About two-thirds were involved with AA/NA at follow-up, just over one-third were employed, and nearly one-third were involved with child protection. Almost all women were in housing at follow-up. In terms of their health, since leaving the program, a little over half said they had mental health concerns and about half had visited an emergency room. Clients cited their children as their biggest motivating factor for maintaining their sobriety, while stress and feeling overwhelmed was the biggest barrier to sobriety.

### Contributors to positive outcomes

**Dosage.** Analyses of the effects of “dosage” on client outcomes revealed that clients who received more intensive case management services did better in several key outcome areas such as abstinence (at closing *and* follow-up), treatment completion, substance-free births, employment, housing, system involvement, and family stability. For example, while 62 percent of clients receiving lower doses of services were abstinent at exit, 80 percent of clients receiving high doses of service were abstinent at exit.

**Predictors of sobriety and stability.** Clients were more likely to be sober at closing if they had been engaged in their case planning, were living in housing supportive to recovery at closing, were participating in AA/NA at closing, were pregnant at intake, and were receiving mental health services or connected to a clinic/therapist at closing. With the exception of pregnancy status, all of these factors also predicted sobriety at one or both of the follow-up periods. Additional factors were found to be predictive at follow-up, including receiving higher doses of service, having permanent and stable housing, being enrolled in the program for at least 90 days, being employed, being involved with treatment while in the program, and primary drug of choice. Several of these same factors were found to predict family stability (as assessed via the Strengths and Stressors Assessment), as well as participation in AA/NA at closing, *not* being involved in child protection at closing, *not* having a mental health diagnosis at closing, and receiving mental health services – or being connected to a mental health clinic or therapist – at closing.

## Considerations for the future

Overall, the grant-funded programs made a significant impact on the lives of the clients they served and their families. The most profound effects were observed for clients who received more intense services from the programs (i.e., a higher dosage) and had access to key supports such as housing that was stable and supportive to recovery, as well as mental health services and sobriety support (e.g., Alcoholics Anonymous or Narcotics Anonymous). Relationships also played an important role in clients' well-being; women identified the emotional support they received from program staff and their relationships with their children as critical to supporting their sobriety and general well-being. Although clients continued to do better in many outcome areas after they left the program, many struggled to maintain their sobriety in the year after they left the program, even those who received higher doses of services. These findings suggest the need for continued support related to sobriety after case closing (e.g., aftercare services), and to address some of the other ongoing and related challenges that persist, such as issues around affordable housing, physical health, and employment and income.

# Appendix

A. Evaluation tables

B. Semi-annual DHS tables

C. Wilder data tables

D. Six-month follow-up interview data tables

E. Twelve-month follow-up interview data tables

F. DHS Women's Recovery Services Program Logic Model

## A. Evaluation tables (from database)

### A1. Open, served, and closed clients and children

	Number of clients	Number of children	Number of new babies
Clients still open from previous period	331	672	59
New opened this period	2,624	5,379	490
Total served this period	2,955	6,051	549
Closed this period	2,614	5,323	-

### A2. Women referred to the program this year

	Number
# of pre-intakes from period	3,781
# of pre-intakes (referrals) entering program during period	1,445

### A3. Referral source for women referred to the program this year (N=3,781)

Referral source	Number	Percent
Treatment	1,830	48%
Clinic/hospital	482	13%
Self-referral	436	12%
Child Protection	314	8%
Corrections	178	5%
Community program	159	4%
Mental health center/professional	54	1%
Family/friends	83	2%
Another WRS-grant-funded program	15	0%
Unknown	25	1%
Other	205	6%

**Note:** Other referral sources include: Advocate including for housing (2); Alternatives to traditional detention – Project Remand (2); Alumnia 2008 (1); Anonymous person (2); ARMHS worker (2); CD Assessments/Rule 25 (4); Case Manager – children’s (10); Community connector (2); Community member – referred (1); Counselors – drug and alcohol (2); County jail (9); County/county worker including chemical dependency unit (19); Court commit (1); Schools – elementary, public (3); Employment services for MFIP (15); Family services including TIES (1); Former participant (1); Guardian Ad Litem (1); Handbook of the streets (1); Healing Generations therapy curriculum (7); Homeless (6); Housing program (2); Intake – Dakota County (1); Listing (1); Online (2); Parenting provider – in-home (1); Pear Lake (1); Pregnancy testing (2); Public defender (1); Public Health (6); Public health nurse (8); Recovery coach (2); Recruitment (2); Social worker (3); Therapists/therapy including mental health (1).

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**A4. Referral source for women who were referred to and entered the program this year (N=1,445)**

Referral source	Number	Percent
Treatment	661	46%
Self-referral	211	15%
Child Protection	146	10%
Clinic/hospital	138	10%
Corrections	87	6%
Community program	58	4%
Mental health center/professional	19	1%
Family/friends	20	1%
Another WRS-grant-funded program	5	<1%
Other	92	7%
Unknown	9	1%

**Note:** Other referral sources include: Advocates including for housing (2); Alternatives to traditional detention – Project Remand (1); ARMHS worker (1); Case managers (2); CD Assessments/Rule 25 (27); Community member (1); County/county worker, intake (6); Counselors – drug and alcohol (3); Employment services (14); Former participant (1); Guardian ad litem (1); Healing Generations/Soogizin therapy curriculum (6); Housing program (1); Parenting provider – in-home (1); Pear Lake (1); Public health (3); Public Health nurse (5); Recovery coach (2); Recruitment (3); Shelter (1); Social services (3); Social worker (5); Therapists (3); Tribe (1); WIC (4).

A total of 2,624 women are known to have entered one of the grant-funded programs between June 2012 and February 2016, based on completed intakes, so the information presented here (based on information from the pre-intake form) about 1,445 clients is an undercount.

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**A5. Referral source for all clients served during the year (N=2,955)**

Referral source	Number	Percent
Treatment	835	28%
Self-referral	501	17%
Child Protection	450	15%
Corrections	262	9%
Clinic/hospital	179	6%
Community program	122	4%
Family/friends	76	3%
Mental health center	38	1%
Another WRS-grant-funded program	9	<1%
Other	196	7%
Unknown	8	<1%

**Note:** Other referral sources include: Adult drug court (2); Agency (1); ARMHS (2); Bootcamp (1); Chemical health services (1); Child and Family Services (1); CD Assessments/Rule 25 Assessments (15); Civil commitment (3); Civil petition (1); Commitment (3); Community connect (1); Community member (1); Corrections facility (1); County (1); County jail (1); Court (5); Co-worker (1); Detox (3); Employment services (1); Former employee (1); Guardian ad litem (2); Healing Generations therapy curriculum (1); Health insurance provider (1); Highway patrol (1); Housing list/program (2); MFIP (1); Nurse – including home visiting (1); Parenting provider – in-home (1); Pear Lake (1); Self (1); Social Worker (7); Transitional housing (1); Therapists including mental health (2); Tribe – Ojibwe (1).

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**A6. Pre-intake services provided to women referred to the program (N=3,781)**

Service name	Number	Percent
Brief intervention	1,216	32%
Program referral	699	18%
CD screening	636	17%
CD assessment	307	8%
Referral for specific services	231	6%
No services	957	25%
Other services	88	2%

**Note:** Other pre-intake services include: Alumnia 2008 (1); Assistance for clothes, laundry needs (2); Budgeting help (1); Child care assistance information (1); Child protection (1); Client closed (1); Collaboration/collaborators (2); Coordination of care (1); Coordination of services for housing fees (1); Counselor – alcohol and drug (2); Cultural guidance (1); Domestic violence (1); Eligibility assessment (1); Emergency assistance – including clothing, food, rent money (6); Family screening (45); Felon program (1); Home visiting program (1); Housing (4); Insurance contact (1); In treatment (1); Legal services (2); Parenting (1); Pregnancy test (2); Recovery program intake (1); Screening (1); Services Closer to Home (2); Spiritual guidance (1); Support groups including women's, recovery (3); Transportation including gas vouchers, bus tokens (7); Urinalysis (4);

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**A7. Final status for referrals (N=3,781)**

Status at end of period	Number	Percent
Entered program (complete intake form)	1,445	38%
Refused services	413	11%
Ineligible for services	502	13%
Never reached	740	20%
Status pending (still trying to reach this person/on program waitlist)	347	9%
Unknown	334	9%

**Note:** A total of 2,624 women are known to have entered one of the grant-funded programs between June 2012 and February 2016, based on completed intakes, so the information presented here (based on information from the pre-intake form) about 1,445 clients is an undercount.



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**A8. Clients served, by county (N=2,955)**

County name	Number	Percent
Aitkin	3	<1%
Anoka	65	2%
Becker	24	1%
Beltrami	56	2%
Benton	52	2%
Big Stone	3	<1%
Blue Earth	9	<1%
Brown	4	<1%
Carlton	39	1%
Carver	8	<1%
Cass	40	1%
Chisago	9	<1%
Clay	5	<1%
Cook	3	<1%
Crow Wing	26	1%
Dakota	24	1%
Dodge	2	<1%
Douglas	18	<1%
Fillmore	1	<1%
Freeborn	3	<1%
Grant	4	<1%
Hennepin	530	18%
Houston	2	<1%
Hubbard	10	<1%
Isanti	36	1%
Itasca	102	4%
Kanabec	21	1%
Kandiyohi	9	<1%
Lake	2	<1%
Lyon	4	<1%
Mahnomen	19	1%
McLeod	40	1%
Meeker	31	1%
Mille Lacs	72	2%
Morrison	32	1%
Mower	3	<1%
Olmsted	3	<1%

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**A8. Clients served, by county (N=2,955) continued**

County name	Number	Percent
Otter Tail	3	<1%
Pennington	4	<1%
Pine	13	<1%
Polk	2	<1%
Ramsey	448	15%
Red Lake	1	<1%
Redwood	6	<1%
Renville	4	<1%
Rice	1	0%
Scott	13	<1%
Sherburne	31	1%
Sibley	6	<1%
St. Louis	54	2%
Stearns	152	5%
Steele	7	<1%
Swift	7	<1%
Todd	5	<1%
Wadena	7	<1%
Washington	12	<1%

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**A9a. Race of clients at intake (N=2,955)**

Race	Number	Percent
White	1,557	53%
American Indian/Alaskan Native	673	23%
African American/Black	412	14%
Biracial/Multiracial	243	8%
Asian American	33	1%
Other	36	1%
Unknown	1	<1%

**Note:** Other races include: African (1); Asian (1); East Indian (1); Guatemalan (1); Guyanese (1); Hispanic (14); Hispanic/Mexican (1); Human (1); Latino/Latina (4); Mexican (7); Mexican American (1); Peruvian (1); Somali (4); Unspecified (1).

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**A9b. Ethnicity of clients at intake (N=2,955)**

<b>Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic origin	171	6%
Non-Hispanic origin	2,774	94%
Hispanic ethnicity unknown	10	<1%

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**A9c. Gender of clients at intake (N=2,955)**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Female	1,899	64%
Transgender or Bigender	3	<1%
Unknown	1053	36%

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**A9d. Sexual orientation of clients at intake (N=2,955)**

<b>Sexual orientation</b>	<b>Number</b>	<b>Percent</b>
Heterosexual	1,772	60%
Bisexual	88	3%
Homosexual or lesbian/gay	20	1%
Unsure of sexual orientation	14	1%
Unknown	1,061	36%

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**A10. Age at intake (N=2,955)**

<b>Age</b>	<b>Number</b>	<b>Percent</b>
Under age 18	14	1%
Age 18 to under 25	764	26%
Age 25 to under 35	1,556	53%
Age 35 to under 49	595	20%
Age 49 and older	26	1%

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**A11. Highest level of education completed at intake (N=2,955)**

Education	Number	Percent
No school	3	<1%
Some school but no high school diploma or GED	939	32%
High school grad or GED	879	30%
Vocational certificate/associate's degree/some other college but no degree	1,028	35%
College degree or graduate/professional degree	98	3%
Unknown	8	<1%

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**A12. Participation in school/career training, full or part time, at intake (N=2,955)**

Client participation	Number	Percent
Yes	170	6%
No	2,761	93%
Unknown	22	1%

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**A13. Employment at intake (N=2,955)**

Client's employment status	Number	Percent
Employed full time or part time	372	13%
Unemployed – looking for work	559	19%
Unemployed – not looking for work	1,774	60%
Unable to work/disabled	207	7%
Other	31	1%
Unknown	12	<1%

**Note:** Other employment includes: Treatment (7); Incarcerated/in jail/workhouse (4); In school/taking classes (2); Leave of absence (2); Self-employed (2); Homemaker/stay at home mom (2); RSDI (2); Looking into possibility of work (1); National Guard member (1); Caregiver of sick parent (1); Temporary employment (1); Unpaid leave due to doctor's orders (1); Worked for abusive husband unpaid (1); Offered work but have not started yet (1); Maternity leave (1).

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**A14a. Living arrangements during the 30 days prior to intake (N=2,955)**

Living arrangement	Number	Percent
In relative or friend's home	1,093	37%
In own house or apartment	895	30%
No home at present and not in a shelter	278	9%
Correctional facility	221	8%
A shelter or motel (using a voucher)	116	4%
Transitional housing or group residential housing (GRH)	82	3%
Sober house/halfway house	40	1%
Permanent supportive housing	22	1%
Other	205	7%
Unknown	3	<1%

**Note:** Other living arrangements include: Adult foster care (4); Chemical dependency treatment facility (4); Couch hopping (1); Detox (1); Hospital (7); Hotels-motels (no voucher) (7); Inpatient treatment (13); Makeshift apartment (1); Mental health services – Keystone (1); Mobile home (1); Other treatment facility (5); Outpatient treatment (1); Recovery center (1); Residential care facility (1); Residential treatment including New Beginnings, Tapestry (38); Salvation army (1); Treatment including BRF (2).

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**A14b. Living arrangements “supportive to recovery” at intake (N=2,955)**

Living arrangements supportive to recovery?	Number	Percent
Yes	1,854	63%
No	1,063	36%
Unknown	38	1%

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**A14c. Living arrangements “stable” at intake (N=2,955)**

Living arrangements stable?	Number	Percent
Yes	1,598	54%
No	1,339	45%
Unknown	18	1%

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**A14d. Client experience with homelessness prior to intake (N=2,955)**

Ever without a regular or permanent place to live – i.e., homeless?	Number	Percent
Yes	2,008	68%
No	913	31%
Unknown	34	1%

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**A14e. Number of homeless experiences prior to intake (N=2,008)**

Among those who have been homeless, number of times without a permanent home	Number	Percent
1	561	28%
2	399	20%
3	258	13%
4	202	10%
5	175	9%
6	66	3%
7	37	2%
8	32	2%
9	8	<1%
10	93	5%
11	3	<1%
12	14	<1%
13	4	<1%
15	19	1%
16	1	<1%
17	1	<1%
19	1	<1%
20	14	1%
25	2	<1%
27	1	<1%
30	4	<1%
48	1	<1%
50	1	<1%

---

**A15a. Emergency room visits in the six months prior to intake (N=2,955)**

Any emergency room visits in the six months prior to intake?	Number	Percent
Yes	792	27%
No	1,019	34%
Unknown	1,144	39%
Average number of emergency room visits	2.21	

**Note:** Number of emergency room visits ranged from 1 to 30.

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**A15b. Hospitalizations in the six months prior to intake (N=2,955)**

Any hospitalizations in the six months prior to intake?	Number	Percent
Yes	416	14%
No	1,401	47%
Unknown	1,138	39%
Average number of days hospitalized in six months prior to intake	5.8	

**Note:** Number of days hospitalized ranged from 0 to 90.

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**A15c. Physical health problems at intake (N=2,955)**

Any severe or chronic physical health problems?	Number	Percent
Yes	1,033	35%
No	1,899	64%
Unknown	23	1%

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**A15d. Types of physical health problems reported at intake (N=1,033)**

Physical health problems	Number	Percent
Acid reflux (GERD, Barrett's Syndrome)	4	<1%
Allergies	3	<1%
Anemia	14	1%
Anxiety	1	<1%
Asthma	111	11%
Arthritis	26	3%
Autoimmune disease (lupus, antiphospholipid syndrome)	1	<1%
Back, shoulder, and neck problems/pain	12	1%
Blindness	1	<1%
Blood pressure/hypertension	2	<1%
Blood disorder (sickle cell/trait)	1	<1%
Bone dysfunction/breaks/growths (broken bones, spurs)	2	<1%
Bulimia	1	<1%
Carpal tunnel	2	<1%
Chronic pain/illnesses (infections/respiratory/migraines)	4	<1%
Cysts	1	<1%
Depression	1	<1%
Dermatitis/psoriasis	1	<1%

**A15d. Types of physical health problems reported at intake (N=1,033)**  
continued

Physical health problems	Number	Percent
Disc or spine problems/degenerative disease	1	<1%
Edema	1	<1%
Endocrine glands (thyroid)	2	<1%
Epilepsy/seizures	1	<1%
Fibromyalgia	1	<1%
Heart problems	2	<1%
Hepatitis	2	<1%
Hernia	1	<1%
Organ problems (bladder, cystitis, kidney, pancreas, gall bladder, cirrhosis)	1	<1%
Knee problems/pain (dysplasia)	3	<1%
Lung disease (including acute respiratory distress syndrome, COPD, sarcoidosis, tuberculosis)	2	<1%
Nerve problems/pain (sciatica)	2	<1%
Sleep apnea/disorders	2	
Spine disorders (scoliosis)	1	<1%
Surgeries (gastric bypass, abdominal, leg – plates, screws, knee replacement)	3	<1%
Traumatic brain injury (TBI)	2	<1%
Ulcers	1	<1%

**Note:** The above responses were provided as part of an open-ended follow-up question to clients who indicated they had a physical health problem at intake. Respondents could indicate more than one health issue.

**A15e. Mental health diagnosis at intake (N=2,955)**

Currently have a mental health diagnosis?	Number	Percent
Yes	2,245	76%
No	658	22%
Unknown	52	2%



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**A15f. Types of mental health diagnoses at intake (N=2,245)**

Type of disorder (of clients with a diagnosis)	Number	Percent
Depressive disorder	1,685	75%
Anxiety disorder	1,647	73%
Bipolar disorder/manic depression	585	26%
Attention deficit and disruptive behavior disorder	452	20%
Personality disorder	379	17%
Schizophrenia/other psychotic disorder	53	2%
Other mental health diagnosis	176	8%
Unknown mental diagnosis	20	1%

**Note:** Other mental health diagnoses include: Adjustment disorder (4); adjustment disorder w/mixed anxiety & depression (3); Anger (3); Cognitive disorder including borderline intellectual functioning (2); Cognitive distortions including distorted thoughts (1); Complex grief/bereavement (2); Diagnosis deferred (1); Diagnosed (1); Eating disorder including Bulimia nervosa purging (7); Emotional disability - emotional behavior disorder (1); FASD (2); Fetal alcohol effects (2); Gender dysphoria (1); Head trauma (1); Insomnia (11); Learning and comprehension disorder (1); Learning disability (3); Memory loss (1); Mental disorder - excoriation disorder (1); Mood disorder including attachment disorder (8); PTSD (4).

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**A15g. FASD diagnosis at intake (N=2,955)**

Diagnosed with FASD	Number	Percent
Yes	43	2%
No	2,572	87%
Unknown	340	11%

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**A15h. TBI diagnosis at intake (N=2,955)**

Diagnosed with a TBI	Number	Percent
Yes	150	5%
No	2,433	82%
Unknown	372	13%

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**A15i. PTSD diagnosis at intake (N=2,955)**

Diagnosed with PTSD	Number	Percent
Yes	950	32%
No	1,648	56%
Unknown	357	12%

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**A16. Intimate partner violence at intake (N=2,955)**

<b>Currently involved in an abusive relationship</b>	<b>Number</b>	<b>Percent</b>
Yes	214	7%
No	2,689	91%
Unknown	52	2%

---

**A17. Medical insurance at intake (N=2,955)**

<b>Medical or insurance coverage</b>	<b>Number</b>	<b>Percent</b>
Yes, public insurance (MA, PMAP, MNCare, etc.)	2,555	87%
Yes, private insurance	110	4%
No	270	9%
Unknown	20	1%

---

**A18. Primary physician or clinic at intake (N=2,955)**

<b>Primary care physician or clinic</b>	<b>Number</b>	<b>Percent</b>
Yes, physician only	68	2%
Yes, clinic only	546	19%
Yes, both physician and clinic	1,648	56%
No, neither	670	23%
Unknown	23	1%

---

**A19. Poverty status at intake (N=2,955)**

<b>Income at or below Federal Poverty Guidelines</b>	<b>Number</b>	<b>Percent</b>
Yes	2,729	92%
No	195	7%
Unknown	31	1%

---

**A20. Connections to community resources at intake (N=2,955)**

<b>Program name</b>	<b>Number</b>	<b>Percent</b>
Food Support (SNAP)/food stamps	1,392	47%
MFIP cash assistance	774	26%
None of these benefits	714	24%
WIC	617	21%
General assistance	494	17%
SSI/SSDI	297	10%
Child support	233	8%
Subsidized housing	218	7%
Tribal per capita payments	118	4%
Child care assistance	55	2%
Social Security (regular retirement program)	23	1%
Unemployment benefits	27	1%
Veterans benefits	0	0%
Tribal lease payment	3	0%

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**A21. Child protection involvement at intake (N=2,955)**

<b>Currently involved with child protection</b>	<b>Number</b>	<b>Percent</b>
Yes	1,288	44%
No	1,659	56%
Unknown	8	<1%

---

**A22a. Criminal justice system involvement at intake (N=2,955)**

<b>Currently involved with the criminal justice system</b>	<b>Number</b>	<b>Percent</b>
Yes	1,395	47%
No	1,545	52%
Unknown	15	1%

---

**A22b. Criminal justice system arrests at intake (N=2,955)**

<b>Arrested in the past 30 days</b>	<b>Number</b>	<b>Percent</b>
Yes	375	13%
No	2,571	87%
Unknown	9	<1%

---

**A23a. Pregnancy status at intake (N=2,955)**

<b>Currently pregnant</b>	<b>Number</b>	<b>Percent</b>
Yes	804	27%
No	2,139	72%
Unknown	12	<1%

---

**A23b. First pregnancy for clients pregnant at intake (N=804)**

<b>First pregnancy</b>	<b>Number</b>	<b>Percent</b>
Yes	168	21%
No	634	79%
Unknown	2	<1%

---

**A23c. Trimester of pregnancy for clients pregnant at intake (N=804)**

<b>Pregnancy trimester</b>	<b>Number</b>	<b>Percent</b>
1-3 months	173	22%
4-6 months	307	38%
7-9 months	317	39%
Unknown	7	1%

---

**A24a. Race of children at intake (N=5,452)**

<b>Race</b>	<b>Number</b>	<b>Percent</b>
White	2,125	39%
American Indian/Alaskan Native	1,132	21%
Biracial/Multiracial	975	18%
African American/Black	674	12%
Asian American	67	1%
Unknown	423	8%
Other	56	1%

**Note:** "Other" racial categories were not collected.

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**A24b. Ethnicity of children at intake (N=5,452)**

<b>Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic origin	536	10%
Non-Hispanic origin	4,432	81%
Hispanic ethnicity unknown	484	9%

---

**A25. Age of children at intake (N=5,452)**

<b>Age Category</b>	<b>Number</b>	<b>Percent</b>
Under age 2	999	18%
Age 2 to under 5	1,317	24%
Age 5 to under 12	2,143	39%
Age 12 to 18	845	16%
Unknown	103	2%
Adult child, over age 18	45	1%

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**A26. Gender of children at intake (N=5,452)**

<b>Sex</b>	<b>Number</b>	<b>Percent</b>
Male	2,721	50%
Female	2,665	49%
Unknown	66	1%

---

**A27a. Children's living arrangements at intake (N=5,452)**

Where/with whom is child living at intake	Number	Percent
Mom	1,542	28%
Dad	881	16%
Both parents	130	2%
Other family/friend	1,591	29%
Non-kinship setting (foster care)	894	16%
Other	51	1%
Unknown	363	7%

---

**A27b. Children's connection to father at intake (N=5,452)**

Contact with father at intake	Number	Percent
Yes	3,435	63%
No	1,839	34%
Unknown	178	3%

---

**A28a. Children's FASD diagnosis at intake (N=5,452)**

Child has FASD diagnosis at intake	Number	Percent
Yes	48	1%
No	4,760	87%
Unknown	644	12%

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**A28b. Children's mental health services at intake (N=5,452)**

Child receiving mental health services at intake	Number	Percent
Yes	946	17%
No	3,869	71%
Unknown	637	12%

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**A28c. Children's immunization status at intake (N=5,452)**

Child is current on immunizations at intake	Number	Percent
Yes	4,712	86%
No	131	2%
Unknown	609	12%

---

**A28d. Children's medical insurance coverage at intake (N=5,452)**

Coverage	Number	Percent
Yes, public insurance (MA, MNCare)	4,357	80%
Yes, private insurance	338	6%
No	125	2%
Unknown	632	12%

---

**A29. Children's health information at intake, at the parent-level (N=726)**

Health status	Number	Percent
Mother with a child with FASD	35	5%
Mother with a child with past due immunizations	96	13%
Mother with a child receiving mental health services	595	82%

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**A30. Tobacco use at intake (N=2,955)**

	Number	Percent
Yes	2,461	83%
No	478	16%
Unknown	16	1%

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**A31a. Clients who have used alcohol or other drugs in the 30 days prior to intake, excluding forced sobriety (N=2,955)**

Recent alcohol or other drug use	Number	Percent
Yes	1,748	59%
No	1,194	40%
Unknown	13	<1%

---

**A31b. Substances used by clients in the 30 days prior to intake, excluding forced sobriety (N=1,748)**

Substance used (of clients who used 30 days prior to intake)	Number	Percent
Alcohol	786	45%
Marijuana/Hashish	787	45%
Methamphetamines	717	41%
Other opiates/synthetics	286	16%
Heroin	264	15%
Crack	93	5%
Cocaine powder	113	6%
Benzodiazepines	77	4%
Other amphetamines	46	3%
Non-prescription methadone	33	2%
Over-the-counter medications (misuse)	16	1%
Ecstasy/other club drugs	17	1%
Barbiturates	4	<1%
Other stimulants	3	<1%
Other sedatives/hypnotics	6	<1%
Inhalants	5	<1%
Other hallucinogens/psychedelics	5	<1%
Other tranquilizers	2	<1%
PCP	3	<1%
Ketamine	2	<1%
Other drugs	40	3%

**Note:** Other drugs include: (1); Gabapentin (1); Prescription drug – misuse (20); Suboxone (4); Synthetics including bath salts, synthetic marijuana or spice or K2, KZ (17); Vicodin (1)

Total is greater than the overall N, due to some 'Other' responses including more than one drug.

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**A31c. Duration of sobriety at intake, among clients who had not used substances in the 30 days prior to intake (N=969)**

Program name	Number
Total days sober (minimum)	30
Total days sober (maximum)	1,606
Total days sober (average)	128

**Note:** A total of 1,126 clients reported no recent alcohol or drug use; however, only 969 of those clients had been sober 30 days or more or had accurate data available (i.e., some clients were excluded because of erroneous data or because, in one case, length of sobriety was an extreme outlier [18 years]). As a result, length of sobriety is reported for 969 clients.



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**A32a. Primary drug of choice at intake (N=2,955)**

Primary drug of choice	Number	Percent
Methamphetamines	924	31%
Alcohol	622	21%
Marijuana/Hashish	532	18%
Heroin	349	12%
Other opiates/synthetics	285	9%
Crack	113	4%
Cocaine powder	45	2%
Benzodiazepines	13	<1%
Other amphetamines	12	<1%
Non-prescription methadone	9	<1%
Over the counter medications (misuse)	7	<1%
Ecstasy/other club drugs	2	<1%
Other sedatives/hypnotics	2	<1%
Other hallucinogens/psychedelics	2	<1%
Barbiturates	1	<1%
Other stimulants	1	0%
Inhalants	2	0%
Ketamine	1	0%
PCP	1	0%
Other	23	1%
Unknown	10	<1%

**Note:** Other primary drugs include: Gabapentin (1); Prescription drug misuse (15); Suboxone (1); Synthetic marijuana-K2-spice (6); Xanax (1)

Total is greater than the overall N, due to some 'Other' responses including more than one drug.

---

**A32b. Secondary drug of choice at intake (N=2,955)**

Secondary drug of choice	Number	Percent
None	782	27%
Marijuana/Hashish	589	20%
Alcohol	505	17%
Methamphetamines	365	12%
Other opiates/synthetics	214	7%
Crack	85	3%
Heroin	114	4%
Cocaine powder	74	2%
Benzodiazepines	45	2%
Other amphetamines	21	1%
Non-prescription methadone	12	<1%
Ecstasy/other club drugs	2	<1%
Inhalants	2	<1%
Ketamine	2	<1%
Other hallucinogens/psychedelics	2	<1%
Other sedatives/hypnotics	4	<1%
Barbiturates	1	0%
Over-the-counter medications (misuse)	6	<1%
Other stimulants	3	<1%
PCP	2	<1%
Other	42	2%
Unknown	83	3%

**Note:** Other secondary drugs include: Caffeine (1); Cigarettes/tobacco (7); Fioricet (1); Gabapentin (1); Prescription drug misuse (23); Synthetic marijuana-spice-K2 (6); Suboxone (2); Does not have secondary drug of choice (3)

Total is greater than the overall N, due to some 'Other' responses including more than one drug.

---

**A33a. Treatment status at intake (N=2,955)**

Currently in CD treatment	Number	Percent
Yes	2,300	78%
No	653	22%
Unknown	2	<1%

---

**A33b. Treatment status at intake (N=2,300)**

Type of treatment setting	Number	Percent
Inpatient/residential	931	41%
Outpatient	383	17%
Outpatient with housing	981	43%
Unknown	5	<1%

---

**A33c. Treatment status at intake (N=2,278)**

Number of times in CD treatment	Number	Percent
1-2 prior episodes	1,097	48%
3-4 prior episodes	624	27%
5 or more prior episodes	557	25%

---

**A34. Mothers living with children in treatment at intake**

Type of treatment setting	Number of mothers living with their children in treatment	Percentage of mothers living with their children in treatment <sup>a</sup> (n=2,295)	Number of children living with mothers at CD Treatment
Inpatient/residential	182	42%	257
Outpatient with housing	248	58%	372
Total	430	19%	629

<sup>a</sup> This includes women in any type of treatment setting, including inpatient/residential, outpatient with housing, and outpatient.

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**A35. Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) at intake (N=2,955)**

Participating in AA or NA	Number	Percent
Yes	1,396	47%
No	1,528	52%
Unknown	31	1%

---

**A36. Participation in other recovery support activities at intake (N=2,955)**

Recovery support activities	Number	Percent
Support from family and friends	1,802	61%
Support group in this program	1,434	49%
Support group in the community	1,207	41%
Faith-based/religious group	648	22%
Aftercare	90	3%
Al-Anon	75	3%
Other recovery support activity	179	6%
Unknown recovery support activity	30	1%

**Note:** Other recovery support activities include: Alcoholics Anonymous (5); AIFC recovery program (1); Access worker (1); ARHMS worker (3); Anger management (2); Bible study (1); Birthing class (1); Boyfriend (1); Case managers (1); Children (5) Church (8); Classes (Area Learning Center) (1); Counseling including grief (7); CMA support (2); Crafts (1); Culturally specific activities (1); Daily readings w/others in recovery (1); Drug court (4); Exercise (1); Family: calls parent, pow-wows w/family, in-laws (3); Family night (1); Friends (1); Higher power (1); Holistic practices (1); Housing program (3); Individually (1); Listen to music (1); Meditation (1); Meetings (1); Other groups outside of Alcoholics and Narcotics Anonymous, through outpatient treatment (2); Other-not specified (1); Referred by therapist to WKWP (1); Sponsor (1); Support groups for domestic abuse, self-esteem, family (6); Support after prostitution (1); Therapy/therapists including dialectical behavior and electro dermal therapy, massage (7); Transitional housing programs (1); Treatment centers (1).

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**A37a. Pregnancy outcomes during (N=551)**

	Number
# of live births, child living	550
# of live births, child died	1

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**A37b. Clients receiving prenatal care (N=551)**

Client received prenatal care	Number	Percent
Yes	537	98%
No	6	1%
Unknown	8	1%

---

**A38a. Race of babies born (N=550)**

<b>Race</b>	<b>Number</b>	<b>Percent</b>
White	219	40%
African American/Black	130	24%
American Indian/Alaskan Native	65	12%
Biracial/Multiracial	104	19%
Asian American	16	3%
Other	5	1%
Unknown	11	2%

---

**A38b. Ethnicity of babies born (N=550)**

<b>Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic origin	50	9%
Non-Hispanic origin	486	88%
Hispanic ethnicity unknown	14	3%

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**A39a. Birth weight of babies at delivery (N=550)**

<b>Birth weight</b>	<b>Number</b>	<b>Percent</b>
Low birth weight (<5lb-8 ounces)	41	8%
Normal birth weight	488	89%
Unknown	21	4%

---

**A39b. Babies born full-term (N=550)**

<b>Baby was born full-term</b>	<b>Number</b>	<b>Percent</b>
Yes	505	92%
No	38	7%
Unknown	7	1%

---

**A39c. Pregnancy duration of premature babies (N=38)**

<b>Length of pregnancy</b>	<b>Number</b>	<b>Percent</b>
25 or fewer weeks	1	3%
26-31 weeks	5	84%
32-36 weeks	32	13%

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**A39d. Babies who spent time in intensive care (N=550)**

Baby spent time in intensive care (NICU)	Number	Percent
Yes	119	22%
No	418	76%
Unknown	13	2%

---

**A39e. Length of time premature babies spent in intensive care (N=119)**

Number of days	Number
Minimum number of days in NICU to date	1
Maximum number of days in NICU to date	60
Average number of days in NICU to date	10

---

**A39f. Mother's toxicology results (N=562)**

	Number	Percent
Positive toxicology	87	16%
Negative toxicology	394	70%
Not tested	44	8%
Unknown	37	7%

**Note:** Excluding clients for whom toxicology results were not available (i.e., not tested, unknown), the proportion with negative toxicology results is 82 percent.

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**A39g. Mother's positive toxicology results (N=87)**

Name of drug	Number	Percent
Marijuana/hashish	43	49%
Methamphetamines	18	21%
Other opiates/synthetics	7	14%
Cocaine powder	5	6%
Crack	2	2%
Benzodiazepines	2	2%
Alcohol	2	2%
Barbiturates	1	1%
Other amphetamines	1	1%
Non-prescription methadone	1	1%

---

**A40a. Baby's toxicology results (N=558)**

	Number	Percent
Positive toxicology	74	13%
Negative toxicology	401	72%
Not tested	51	9%
Unknown	32	6%

**Note:** Excluding infants for whom toxicology results were not available (i.e., not tested, unknown), the proportion with negative toxicology results is 84 percent.

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**A40b. Baby's positive toxicology results (N=91)**

Name of drug	Number	Percent
Marijuana/hashish	41	45%
Methamphetamines	17	19%
Medication taken as directed	15	16%
Other	9	10%
Other opiates/synthetics	6	7%
Cocaine powder	6	7%
Other amphetamines	3	3%
Alcohol	2	2%
Crack	2	2%
Barbiturates	1	1%
PCP	1	1%

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**A41. Placement at birth for babies born to mothers served during year three (N=550)**

Baby placed outside of home following birth	Number	Percent
Yes	73	13%
No	470	86%
Unknown	7	1%

**A42a. Financial support provided to clients by programs, as reported by program staff**

		<b>November 2012</b>		<b>December 2012 - May 2013</b>		
<b>Type of support</b>	<b>Number</b>	<b>Total amount</b>	<b>Average amount per client receiving support</b>	<b>Number</b>	<b>Total amount</b>	<b>Average amount per client receiving support</b>
Housing	18	\$ 5,587	\$ 591.67	39	\$ 14,277	\$2 ,220.22
Child care	42	\$ 30,083	\$ 2,394.19	50	\$ 2,214	\$ 2,030.44
Transportation	404	\$ 28,092	\$ 464.69	400	\$ 25,872	\$ 1,227.34
Emergency needs	271	\$ 15,696	\$ 499.86	370	\$ 18,833	\$ 862.12
Other	155	\$ 8,342	\$ 205.34	164	\$ 6,933	\$ 146.00
<b>Total</b>	<b>890</b>	<b>\$87,799</b>	<b>\$4,155.74</b>	<b>1,023</b>	<b>\$98,129</b>	<b>\$6,486.12</b>
		<b>June 2013- November 2013</b>		<b>December 2013 - May 2014</b>		
<b>Type of support</b>	<b>Number</b>	<b>Total amount</b>	<b>Average amount per client receiving support</b>	<b>Number</b>	<b>Total amount</b>	<b>Average amount per client receiving support</b>
Housing	19	\$ 8,989	\$ 1,928.04	25	\$ 9,330	\$1,681.79
Child care	20	\$ 10,157	\$ 1,020.67	52	\$ 14,647	\$ 1,293.33
Transportation	356	\$ 33,666	\$ 650.79	512	\$ 51,056	\$ 792.39
Emergency needs	188	\$19,455	\$ 869.95	108	\$ 14,930	\$ 916.15
Other	161	\$3,160	\$ 139.22	150	\$ 11,034	\$ 567.46
<b>Total</b>	<b>744</b>	<b>\$75,427</b>	<b>\$4,608.66</b>	<b>847</b>	<b>\$100,996</b>	<b>\$5,251.11</b>
		<b>June 2014- November 2014</b>		<b>December 2014 - May 2015</b>		
<b>Type of support</b>	<b>Number</b>	<b>Total amount</b>	<b>Average amount per client receiving support</b>	<b>Number</b>	<b>Total amount</b>	<b>Average amount per client receiving support</b>
Housing	30	\$ 9,624	\$ 1,258.79	26	\$ 6,058	\$905.77
Child care	90	\$ 3,590	\$ 413.76	258	\$37,038	\$ 1,623.44
Transportation	334	\$ 50,798	\$ 1,101.32	489	\$ 39,361	\$ 871.63
Emergency needs	278	\$18,072	\$ 810.73	413	\$15,592	\$ 674.70
Other	78	\$ 6,163	\$ 335.38	120	\$8,431	\$ 709.49
<b>Total</b>	<b>810</b>	<b>\$88,247</b>	<b>\$3,919.98</b>	<b>1,306</b>	<b>\$106,480</b>	<b>\$4,785.03</b>



**A42a. Financial support provided to clients by programs, as reported by program staff (continued)**

Type of support	Number	June 2015- November 2015		Number	December 2015 - February 2016	
		Total amount	Average amount per client receiving support		Total amount	Average amount per client receiving support
Housing	15	\$ 7,973	\$ 1,779.75	10	\$ 7,027	\$702.70
Child care	50	\$ 54,932	\$ 2,809.43	18	\$22,199	\$1,456.57
Transportation	404	\$ 45,362	\$ 741.47	81	\$ 6,333	\$ 270.56
Emergency needs	305	\$14,504	\$ 610.17	63	\$7,793	\$ 265.81
Other	141	\$9,819	\$ 1,080.04	58	\$4,483	\$ 382.86
<b>Total</b>	<b>915</b>	<b>\$132,591</b>	<b>\$7,020.87</b>	<b>230</b>	<b>\$47,835</b>	<b>\$3,078.50</b>

**Note:** The number of clients and amount of financial support received cannot be tallied across the total year as figures may be duplicated.

**A42b. Descriptions of financial support use by type****Housing**

Rent and deposits

**Child care**

Child care assistance

Child care costs

**Transportation**

Gas vouchers

Bus tokens/passes

Taxi service

**Emergency needs**

Personal needs (clothing, medical co-payments, laundry, healthcare, automobile needs, moving costs)

Children/baby needs

Food/groceries

Work supplies (clothing and shoes)

Utility bills

Target and Cub gift certificates

**Other**

Incentives (e.g., incentives for Dollar Tree, Subway, YMCA for recreation)

Gift cards (Cub Foods)

Transitional trailer cost

Personal needs (mattresses and furniture)

Petty cash

**Note:** Some items appear in more than one category, as program staff classified the same items differently.

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**A43a. Length of program participation among clients who closed in year four (N=2,614)**

Length of program participation	Number
Minimum number of months enrolled	0
Maximum number of months enrolled	34
Average number of months enrolled	5

**Note:** Length of program participation is based upon the difference between the client's intake date and last date of service. Clients without a "last date of service" recorded are excluded from this table.

---

**A43b. Length of program participation among women who met DHS program criteria (N=432)**

Length of program participation	Number
Minimum number of months enrolled	6
Maximum number of months enrolled	34
Average number of months enrolled	10.1

**Note:** DHS program criteria include: a) enrollment in the program for at least 6 months; b) completion of an evidence-based parenting program; c) being abstinent at exit (i.e., abstinent at least 30 days); and d) having a care plan and treatment plan at closing.

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**A43c. Length of program participation among women who did not meet DHS program criteria (N=2,182)**

Length of program participation	Number
Minimum number of months enrolled	0
Maximum number of months enrolled	30.4
Average number of months enrolled	4

**Note:** DHS program criteria include: a) enrollment in the program for at least 6 months; b) completion of an evidence-based parenting program by exit; c) being abstinent at exit (i.e., abstinent at least 30 days); and d) having a care plan and treatment plan at exit.

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**A44a. Staff assessment of client's overall status at closing (N=2,614)**

Client "doing well" at program exit	Number	Percent
Yes, client was doing well	1,510	58%
No, client was not doing well	1,073	41%
Unknown	31	1%

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**A44b. Reason clients were not doing well at closing (N=1,073)**

Reason client was “not doing well”	Number	Percent
Client was not engaged in carrying out case plan goals	775	72%
Client not compliant with program requirements	746	70%
Client was actively using substances	383	36%
Client disappeared/could not be reached	368	34%
Client in crisis/experiencing traumatic life event (homelessness, domestic violence)	211	20%
Other	0	0%

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**A45. DHS program criteria met at closing (N=2,614)**

Criteria for closing	Number	Percent
Developed care and treatment plans with staff	1,849	71%
Abstinent from drugs and alcohol at exit	1,585	61%
Completed evidence-based parenting curriculum	1,255	48%
Enrolled for a minimum of six months	845	32%
Met all above program criteria	432	17%
Met all above program criteria AND doing well	408	16%
Client met none of the above criteria at exit	341	13%

**Note:** DHS program criteria include: a) enrollment in the program for at least 6 months; b) completion of an evidence-based parenting program by exit; c) being abstinent at exit (i.e., abstinent at least 30 days); and d) having a care plan and treatment plan at exit.

---

**A46. Transferred clients for additional case management services at closing (N=2,614)**

	Number	Percent
Yes, to another agency funded by Women’s Recovery Services	102	4%
Yes, to another program that provides recovery-related case management services not funded by the grant	1,025	39%
No, not receiving recovery related case management services after closing	1,281	49%
Unknown	206	8%

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**A47a. School or career training at intake (N=2,614)**

	Number	Percent
Yes	149	6%
No	2,442	93%
Unknown	23	1%

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**A47b. School or career training at closing (N=2,614)**

	Number	Percent
Yes	186	7%
No	2,332	89%
Unknown	96	4%

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**A47c. Education status at closing (N=2,614)**

Status	Number	Percent
Completed GED or received high school diploma	33	1%
Completed additional education after high school	55	2%
Completed vocational/job training	52	2%
Obtained or reactivated a vocational license or certificate	15	1%
No education achievements	2,332	90%
Unknown schooling	111	4%

---

**A48a. Employment status at intake (N=2,614)**

	Number	Percent
Employed full time or part time	312	12%
Unable to work/disabled	175	7%
Unemployed – looking for work	501	19%
Unemployed – not looking for work	1,581	61%
Other	33	1%
Unknown	12	1%

---

**A48b. Employment status at closing (N=2,614)**

	Number	Percent
Employed full time or part time	439	17%
Unable to work/disabled	163	6%
Unemployed – looking for work	560	21%
Unemployed – not looking for work	1,325	51%
Other	15	1%
Unknown	112	4%

**Note:** Other employment at closing includes: Attending college (2); Employed – on leave (1); Full-time mom (2); Incarcerated (2); Maternity leave (2); Part-time work (1); Season layoff (1); Self-employed (1); Temp agency program (1); Training program (1); Unemployed – needs child care assistance (1); Waiting to start work – just offered (1)

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**A49a. Living arrangements at closing (N=2,614)**

	Number	Percent
In own house or apartment	913	35%
In relative or friend's home	757	29%
No home at present and not in a shelter	133	5%
Permanent supportive housing	108	4%
Transitional housing	107	4%
Sober house/halfway house	101	4%
Correctional facility	90	3%
Treatment	70	3%
A shelter or motel (using a voucher)	50	2%
Transitional housing and/or group residential housing	6	<1%
Unknown	252	10%
Other	27	1%

**Note:** Other living arrangements at intake include: Adult/family foster care (6); Battered women's shelter (1); Boyfriend's house (1); Chemical dependency treatment (1); Client deceased (2); Client transferred to university hospital for medical (1); Detox (1); GRH (1); Homeless (1); Homeless shelter (1); Hospital (3); Hotel (1); Jail (1); Residential treatment (1); Permanent supportive housing (4); Renting house (1); Transitional housing (1); Treatment (2); Unknown (1)

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**A49b. Living arrangements at intake for those who closed (N=2,614)**

	Number	Percent
In relative or friend's home	971	37%
In own house or apartment	788	30%
No home at present and not in a shelter	239	9%
Correctional facility	200	8%
A shelter or motel (using a voucher)	97	4%
Transitional housing or group residential housing	59	2%
Sober house/halfway house	33	1%
Transitional housing and/or group residential housing	9	<1%
Permanent supportive housing	17	1%
Transitional housing	1	0%
Other	197	8%
Unknown	3	<1%

**Note:** Other living arrangements at closing include: Abandoned – vacant building (2); Adoptive parents (1); Adult foster care (3); Another treatment facility (5); Battered women's shelter (2); Boyfriend's (2); Camping around (1); Car-van (3); Chemical dependency inpatient treatment (19); Condemned house (1); Couch hopping (1); Detox (1); Emergency shelter hotel (1); Everywhere (1).Family (1); Family living program (1); Homeless (2); Hospital (7); Hotels (5); Mobile home (1); Motels – with or without voucher (2); Outpatient treatment (9); Residential treatment including IRT, inpatient (28); Residential CARE facility (1); Shelter (4); Transitional housing –long-term (1); Recovery center (1); Renting house (1); Salvation Army (1); Treatment (90)

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**A49c. Living arrangements supportive to recovery at intake (N=2,614)**

	Number	Percent
Yes	1,622	62%
No	962	37%
Unknown	30	1%

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**A49d. Living arrangements supportive to recovery at closing (N=2,614)**

	Number	Percent
Yes	1,671	64%
No	576	22%
Unknown	367	14%

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**A49e. Living arrangements stable at intake (N=2,614)**

	Number	Percent
Yes	1,402	54%
No	1,197	46%
Unknown	15	1%

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**A49f. Living arrangements stable at closing (N=2,614)**

	Number	Percent
Yes	1,557	60%
No	783	30%
Unknown	274	10%

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**A49g. Length of time living at location at closing (N=2,614)**

	Number	Percent
Less than 6 months	1,678	64%
6 months to less than one year	402	15%
1 year or more	329	13%
Unknown	205	8%

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**A49h. Number of days lived at current location, if less than six months (N=1,678)**

	Number
Minimum number of days in current location	0
Maximum number of days in current location	306
Average number of days in current location	32

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**A50. Clients with mental health diagnoses at closing (N=2,614)**

	Number	Percent
# of clients with new mental health diagnoses	771	29%
# of clients with no new mental health diagnoses	1,843	71%

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**A51a. Mental health diagnoses at intake (N=2,614)**

Type of diagnosis	Number	Percent
Depressive disorder	1,480	57%
Anxiety disorder	1,424	54%
Bipolar disorder/manic depression	509	19%
Attention deficit and disruptive behavior disorder	385	15%
Personality disorder	328	13%
Other	207	8%
Schizophrenia/other psychotic disorder	46	2%
Unknown	15	1%

**Note:** Other mental health diagnoses include: Adjustment disorder (4); Agoraphobia (5); Anger disorder (3); Anxiety including generalized and social anxiety (3); Anti-social personality disorder including borderline, avoidance, paranoia, psychosis, narcissism (14); Attachment disorder including reactive attachment (5); Attention deficit hyperactivity disorder (ADHD) (2); Bi-polar (1); Borderline intellectual functioning (1); Cluster B traits (2); Cognitive disorder (1); Complex grieving (1); Deferred diagnosis (1); Depression – depressed mood including dysthymia, post-partum, SAD (22); Dissociative identity disorder (1); Distorted thoughts (1); Early infant diagnosis (EID) (1); Emotional disorders including eating disorders as Anorexia Nervosa, Bulimia Nervosa (5); Excoriation disorder (1); Explosive disorder (4); Fetal alcohol syndrome (2); Gender dysphoria (1); Hostility disorder including passive aggressiveness (2); Impulse disorders including trichotillomania (5); Learning and comprehensive disorder (3); Memory loss (1); Mixed mood disorders including cyclothymia (1); Not otherwise specified (3); Oppositional defiant disorder (5); Panic attacks (6); Personality disorders including obsessive compulsive disorder (25); Post traumatic stress disorder (73); TBI or head trauma (2); Schizophrenic affective disorder (3); Sleep disorder including Insomnia (12); Substance induced mood, paranoia disorder (1)



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**A51b. Mental health diagnoses at closing (N=2,614)**

Type of diagnosis	Number	Percent
Depressive disorder	1,509	56%
Anxiety disorder	1,440	55%
Attention deficit and disruptive behavior disorder	370	14%
Bipolar disorder/manic depression	413	16%
Personality disorder	413	16%
Other	275	11%
Schizophrenia/other psychotic disorder	57	2%
Unknown	99	4%

**Note:** Other mental health diagnoses include: Adjustment disorder (96); Agoraphobia (4); Alcohol dependence (1); Anti-social personality disorder including paranoid, avoidance and anti-social, psycho-social narcissistic (18); Anxiety (25); Attachment disorder (2); Attention deficit hyperactivity disorder (ADHD) (3); Axis II deferred (1); Bereavement including complex grieving (4); Cognitive (1); Conduct disturbance (4); Depression-depressed mood including dysthymic disorder, SAD (31); Developmentally delayed (1); Diagnosis – client cannot take medications due to pregnancy (1); Emotional disorders including eating disorders as Anorexia Nervosa, Bulimia Nervosa (33); Explosive disorder (4); Fetal alcohol effects (1); Traumatic brain injury - Head trauma (3); Incomplete diagnostic assessment (2); Learning disabilities (1); Mental disorders including psychosis (2); Mixed mood (7); Not otherwise specified (16); Obsessive compulsive disorder (12); Oppositional defiant disorder (2); Panic attacks (2); Pathological gambling (1); Post traumatic stress disorder (64); Refused to sign release of information (1); Rule out PTSD (1); Sleep disorder (1); Social phobia (4); Substance abuse – substance induced mood, psychotic disorder (5); Trauma and stress related disorder (5); Trying to get tested for TBI (1); Client wants assessment for panic attack (1); Trichotillomania (4); Unknown (1); Unspecified trauma and stress related disorder (3).

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**A51c. Mental health diagnoses at either intake or closing (N=2,614)**

Type of diagnosis	Number	Percent
Depressive disorder	1,779	68%
Anxiety disorder	1,695	65%
Bipolar disorder/manic depression	561	21%
Personality disorder	479	18%
Attention deficit and disruptive behavior disorder	461	18%
Other mental health diagnosis	405	15%
Schizophrenia	69	3%
Unknown mental health diagnosis	108	4%

**Note:** Other mental health disorders at either intake or closing are not available.

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**A51d. Connection to mental health services at closing (N=2,614)**

<b>Client connection to mental health services</b>	<b>Number</b>	<b>Percent</b>
Yes, client is currently receiving mental health services	1,347	52%
No, but client is connected to a specific clinic/therapist she can contact if services are needed	516	20%
No, client needs mental health services but is not connected to specific clinic/therapist	405	15%
Not applicable, client does not need mental health services	114	4%
Unknown	232	9%

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**A52a. Confirmed Fetal Alcohol Syndrome Disorder (FASD) diagnosis at closing (N=2,614)**

<b>FASD confirmed</b>	<b>Number</b>	<b>Percent</b>
Yes, client was diagnosed before entering the program	23	1%
Yes, the client was diagnosed while enrolled in the program	6	<1%
No, client does not have a FASD diagnosis	2,416	92%
Unknown	169	6%

---

**A52b. Presumed Fetal Alcohol Syndrome Disorder (FASD) diagnosis at closing (N=2,585)**

<b>FASD presumed</b>	<b>Number</b>	<b>Percent</b>
Yes	98	4%
No	2,147	83%
Unknown	340	13%

---

**A52c. Traumatic brain injury (TBI) diagnosis at closing (N=2,614)**

<b>Diagnosed with TBI</b>	<b>Number</b>	<b>Percent</b>
Yes, the client was diagnosed before entering the program	95	4%
Yes, the client was diagnosed while enrolled in the program	5	<1%
No, client has never received a TBI diagnosis	2,290	88%
Unknown	224	8%

---

**A52d. Post-traumatic stress disorder (PTSD) diagnosis at closing (N=2,614)**

<b>Diagnosed with PTSD</b>	<b>Number</b>	<b>Percent</b>
Yes, the client was diagnosed before entering the program	718	28%
Yes, the client was diagnosed while enrolled in the program	145	6%
No, client has never received a PTSD diagnosis	1,556	60%
Unknown	195	7%

---

**A53a. Abusive relationship involvement at intake (N=2,614)**

	<b>Number</b>	<b>Percent</b>
Yes	189	7%
No	2,380	91%
Unknown	45	2%

---

**A53b. Abusive relationship involvement at closing (N=2,614)**

	<b>Number</b>	<b>Percent</b>
Yes	179	7%
No	2,022	77%
Unknown	413	16%

---

**A54a. Medical or insurance coverage at intake (N=2,614)**

	<b>Number</b>	<b>Percent</b>
Yes, public insurance (MA, PMAP, MNCare, etc.)	2,249	86%
Yes, private insurance	99	4%
No	250	10%
Unknown	16	1%

**Note:** Information is based upon the number of clients who had a closing form in year four.

---

**A54b. Medical or insurance coverage at closing (N=2,614)**

	Number	Percent
Yes, public insurance (MA, PMAP, MNCare, etc.)	2,415	92%
Yes, private insurance	42	2%
No	29	1%
Unknown	128	5%

---

**A55a. Primary care physician or clinic at intake (N=2,614)**

	Number	Percent
Yes, physician only	66	2%
Yes, clinic only	477	18%
Yes, both physician and clinic	1,461	56%
No, neither	591	23%
Unknown	19	1%

---

**A55b. Primary care physician or clinic at closing (N=2,614)**

	Number	Percent
Yes, physician only	47	2%
Yes, clinic only	235	9%
Yes, both physician and clinic	1,934	74%
No, neither	205	8%
Unknown	194	7%

---

**A55c. Emergency room visits in the six months prior to intake (N=2,614)**

Any emergency room visits in the six months prior to intake?	Number	Percent
Yes	671	26%
No	847	32%
Unknown	1,096	42%
Average number of emergency room visits	2.26	

**Note:** Number of emergency room visits ranged from 1 to 30.

---

**A55d. Emergency room visits during services at closing (N=2,614)**

Any emergency room visits in the six months prior to intake?	Number	Percent
Yes	366	14%
No	1,304	50%
Unknown	944	36%
Average number of emergency room visits	2.02	

**Note:** Number of emergency room visits ranged from 1 to 10.

---

**A55e. Hospitalizations in the six months prior to intake (N=2,614)**

Any hospitalizations in the six months prior to intake?	Number	Percent
Yes	346	13%
No	1,178	45%
Unknown	1,090	42%
Average number of days hospitalized in six months prior to intake	6.24	

**Note:** Number of days hospitalized ranged from 1 to 90.

---

**A55f. Hospitalizations during services at closing (N=2,614)**

Any hospitalizations in the six months prior to intake?	Number	Percent
Yes	376	14%
No	1,378	53%
Unknown	860	33%
Average number of days hospitalized	3.34	

**Note:** Number of days hospitalized ranged from 1 to 35.

---

**A56a. Child protection involvement at intake (N=2,614)**

	Number	Percent
Yes	1,125	43%
No	1,482	57%
Unknown	7	0%

---

**A56b. Child protection involvement at closing (N=2,614)**

	Number	Percent
Yes	993	38%
No	1,491	57%
Unknown	130	5%

---

**A57a. Criminal justice system involvement at intake (N=2,614)**

	Number	Percent
Yes	1,230	47%
No	1,370	52%
Unknown	14	1%

---

**A57b. Criminal justice system involvement at closing (N=2,614)**

	Number	Percent
Yes	1,214	46%
No	1,261	48%
Unknown	139	5%

---

**A57c. Arrested in the 30 days prior to intake (N=2,614)**

	Number	Percent
Yes	341	13%
No	2,265	87%
Unknown	8	0%

---

**A57d. Arrested in the 30 days prior to closing (N=2,614)**

	Number	Percent
Yes	147	6%
No	2,220	85%
Unknown	247	9%

---

**A58. Custody status of child at closing (N=4,780)**

	Number	Percent
No Child Protection involvement while in program	1,773	37%
Involved with Child Protection but no change in custody	1,006	21%
Unknown	993	21%
Child reunified with mom (after a formal placement) (N=3,007)	359	12% <sup>a</sup>
Child in formal out of home placement – still in placement at closing	309	7%
None of these	150	3%
Transfer of legal custody	125	3%
Termination of parent rights (TPR)	65	1%

<sup>a</sup> This percentage is based upon the number of children who may have been involved with child protection and potentially had the opportunity for reunification. However, because it is not possible to identify the precise number of children involved in a formal child protection placement and because custody status is unknown for 21 percent of children, the percentage of children reunified is likely an underestimation.

---

**A59a. Living arrangements of child at intake (N=4,780)**

Child lives with	Number	Percent
Mom	1,360	29%
Dad	796	17%
Both parents	95	2%
Other family/friend	1,377	29%
Non-kinship setting (foster care)	757	16%
Other	44	1%
Unknown	351	7%

**Note:** “Other” living status categories were not collected.

---

**A59b. Living arrangements of child at closing (N=4,780)**

Child lives with	Number	Percent
Mom	1,430	30%
Dad	571	12%
Both parents	183	4%
Other family/friend	1,071	22%
Non-kinship setting (foster care)	539	11%
Other	42	1%
Unknown	944	20%

**Note:** “Other” living status categories were not collected.

---

**A60a. Children immunized at intake (N=4,780)**

Child current on immunizations	Number	Percent
Yes	4,100	86%
No	103	2
Unknown	577	12%

---

**A60b. Children immunized at closing (N=4,780)**

Child current on immunizations	Number	Percent
Yes	3,654	76%
No	21	<1%
Unknown	1,105	23%

---

**A61a. Children receiving mental health services at intake (N=4,780)**

Child receiving mental health services	Number	Percent
Yes	790	17%
No	3,404	71%
Unknown	586	12%

---

**A61b. Children receiving mental health services at closing (N=4,780)**

Child receiving mental health services	Number	Percent
Yes	712	15%
No	2,881	60%
Unknown	1,187	25%

---

**A62a. Children's medical insurance at intake (N=4,780)**

Child's medical insurance status	Number	Percent
Yes, public insurance (MA, MNCare)	3,791	79%
Yes, private insurance	307	6%
No	101	2%
Unknown	581	12%



---

**A62b. Children's medical insurance at closing (N=4,780)**

Child's medical insurance status	Number	Percent
Yes, public insurance (MA, MNCare)	3,559	75%
Yes, private insurance	144	3%
No	17	<1%
Unknown	1,060	22%

---

**A63. Children diagnosed with FASD at closing (N=5,323)**

FASD diagnosis	Number	Percent
Yes, before entering the program	20	<1%
Yes, while in the program	14	<1%
No	4,026	76%
Unknown	1,263	24%

---

**A64a. Children's participation in evidence-based children's program at closing (N=4,780)**

Children's program participation	Number	Percent
Yes, full completion	637	13%
Yes, partial completion	271	6%
No, client did not participate	2,759	58%
Unknown	1,113	23%

---

**A64b. Child received services from staff (N=5,323)**

Children's program participation	Number	Percent
Yes	1,320	25%
No	1,675	32%
Unknown	2,328	44%

---

**A65. Change in mother's contact with her children at closing (N=2,614)**

Change in level of contact	Number	Percent
Contact has increased	916	35%
No change in contact	1,169	45%
Contract has decreased	263	10%
Change in level of contact unknown	266	10%

---

**A66a. Recent alcohol or other drug use at intake (N=2,614)**

<b>Substance use in 30 days prior to intake</b>	<b>Number</b>	<b>Percent</b>
Yes	1,576	60%
No	1,028	39%
Unknown	10	<1%

---

**A66b. Recent alcohol or other drug use at closing (N=2,614)**

<b>Substance use in 30 days prior to closing</b>	<b>Number</b>	<b>Percent</b>
Yes	622	24%
No	1,585	61%
Unknown	407	15%

---

**A66c. Substances used at closing (N=622)**

Type of substance	Number	Percent
Alcohol	203	33%
Methamphetamines	177	28%
Marijuana/hashish	173	28%
Other opiates/synthetics	115	18%
Heroin	42	7%
Benzodiazepines	63	10%
Other amphetamines	25	4%
Over-the-counter medications (misuse)	18	3%
Cocaine powder	38	6%
Crack	33	5%
Other drugs	22	4%
Unknown drugs	22	4%
Barbiturates	2	<1%
Non-prescription methadone	5	1%
Other sedatives/hypnotics	1	<1%
Other stimulants	2	0%
PCP	0	0%
Other hallucinogens/psychedelics	2	<1%
Other tranquilizers	1	<1%
Ketamine	0	0%
Ecstasy/other club drugs	0	0%
Inhalants	2	<1%

**Note:** Other substances used include: Amphetamine - adderall (2); Anti-depressant – wellbutrin (1); Bath salts (1); Gabapentin (4); Misuse of medications (1); Non-prescribed suboxone (1); Opioids – codeine, percocet (2); Prescription drugs (1); Refused hair sample analysis (2); Sleep help – ambien (1); Synthetics such as K2 (7)

---

**A67a. Length of sobriety at intake (N=969)**

	Number
Minimum number of days sober	30
Maximum number of days sober	1,606
Average number of days sober	128

**Note:** A total of 1,126 clients reported no recent alcohol or drug use; however, only 969 of those clients had been sober 30 days or more or had accurate data available (i.e., some clients were excluded because of erroneous data or because, in one case, length of sobriety was an extreme outlier [18 years]). As a result, length of sobriety is reported for 969 clients.

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**A67b. Length of sobriety at closing (N=1,491)**

	Number
Minimum number of days sober	30
Maximum number of days sober	1,720
Average number of days sober	202

---

**A68. Change in alcohol and drug use from entry to closing (staff report)  
(N=2,614)**

	Number	Percent
Increased use: using drugs/alcohol more	115	4%
No change in use: using drugs/alcohol at the same level	97	4%
No change in use: not using drugs/alcohol at either entry or closing	501	19%
Decreased use: still using drugs/alcohol but using less	384	15%
Decreased use: not using drugs/alcohol at all	1,121	43%
Drug/alcohol use Unknown	396	15%

---

**A69a. Tobacco use at intake (N=2,614)**

Using tobacco at intake	Number	Percent
Yes	2,179	83%
No	425	16%
Unknown	10	<1%

---

**A69b. Tobacco use at closing (N=2,614)**

Using tobacco at closing	Number	Percent
Yes	2,006	77%
No	360	14%
Unknown	248	9%

---

**A70. Change in tobacco use at closing compared to intake (staff report)  
(N=2,614)**

	Number	Percent
Increased use: using tobacco more	23	1%
No change in use: using tobacco at the same level	1,678	64%
No change in use: not using tobacco at either entry or closing	282	11%
Decreased use: still using tobacco but using less	227	9%
Decreased use: not using tobacco at all	94	4%
Tobacco use unknown	310	12%

---

**A71a. Treatment participation at closing (N=2,030)**

Treatment status while in program	Number	Percent
Left/completed this episode of treatment and did not re-enter treatment while in program	671	33%
Left/completed this episode of treatment and did re-enter treatment while in the program	105	5%
Remained in treatment throughout the program (same treatment episode)	1198	59%
Unknown	56	3%

**Note:** Calculations are based upon the number of clients who closed in year three and were in treatment at intake.

---

**A71b. Clients entering treatment while in the program (N=584)**

Client entered treatment while in the program	Number	Percent
Yes	187	32%
No	371	64%
Unknown	26	4%

**Note:** Calculations are based upon the number of clients who closed in year three and were not in treatment at intake.

---

**A71c. Prior treatment episodes (N=2,614)**

	Number
Minimum number of prior treatment episodes	1
Maximum number of prior treatment episodes	10
Average number of treatment episodes	1.0

---

**A72a. Medication-assisted chemical health treatment (MAT) while in program (N=2,614)**

Received medication assisted treatment (MAT)	Number	Percent
Yes	340	13%
No	2,210	85%
Unknown	64	3%

---

**A72b. Type of medication-assisted chemical health treatment received (N=337)**

Type of medication assisted treatment	Number	Percent
Methadone	189	56%
Suboxone	132	39%
Naltrexone	2	1%
Subutex	10	3%
Vivitrol	3	1%
Clonidine	2	1%
Antabuse	1	<1
Buprenorphine	1	<1
Klonopin taper	1	<1
Opioid dependence	1	<1

**Note:** Five clients were receiving more than one type of medication.

---

**A73. Detox while in the program (N=2,614)**

Client was in detox	Number	Percent
Yes	52	2%
No	2,476	95%
Unknown	86	3%

---

**A74. Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) participation at closing (N=2,614)**

Participated in AA or NA	Number	Percent
Yes	1,847	71%
No	468	18%
Unknown	299	11%

---

**A75. Participation in other recovery support activities at closing (N=2,614)**

Type of activity	Number	Percent
Support group in this program	1,694	65%
Support group in the community	1,308	50%
Faith-based/religious group	452	17%
Support from family and friends	1,522	58%
Al-anon	58	2%
Other recovery support activity	98	4%
Unknown recovery support activity	247	9%

**Note:** Other recovery support activities include: Adult mental health unit (1); Alcoholics Anonymous (6); Adult partial hospitalization (1); Aftercare (3); Anger management (1); ARHMS (3); Attended own cultural activities in community including Sweats, Talking circles, spiritual activities, Wellbriety (16); Avoid friends (1); Baby skills (2); Church (1); Clinic (1); Counselor including in-home (2); Curriculum – Celebrating Families (10); Drug court (5); Family advocate (1); Human services (1); Jail diversion program – substance abuse treatment - Wellness Court (1); Job training – Twin Cities Rise (1); Life coach (2); Mental health counseling (1); Mental health support groups (1); MH worker including case manager (2); Narcotics anonymous (3); Not applicable – one client new to state (2); Outpatient services (2); Parenting including African American, Native American (12); Pow wow (1); Prison (1); Probation officer (1); Prostitution recovery (1); Public health nurse (2); Self-help groups (2); Support group – Circles of Support (1); Support from peers (1); Support from staff (1); School (2); Shelter activities (1); Sponsor (5); School (3); Work (2); Supportive housing (1); Talking circle (1); Therapy including dialectical behavior therapy (6); Transitional housing staff (1); Treatment (4); Volunteering (3)

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**A76a. Participation in evidence-based parenting education while in program (N=2,614)**

Client participation	Number	Percent
Yes, and she completed the full program	1,255	48%
Yes, but she did not complete the program	843	32%
No	470	18%
Unknown	46	2%

---

**A76b. Participation in other parenting education while in program (N=2,614)**

Client participation	Number	Percent
Yes	1,660	64%
No	814	31%
Unknown	140	5%

---

**A77. Client engagement in carrying out goals and case plan (N=2,614)**

<b>Level of engagement</b>	<b>Number</b>	<b>Percent</b>
Very engaged	660	25%
Somewhat engaged	1,023	39%
Somewhat disengaged	487	19%
Very disengaged	401	15%
Unknown	43	2%

---

**A78. Continuing care plan at closing (N=2,614)**

<b>Client had continuing care plan</b>	<b>Number</b>	<b>Percent</b>
Yes	1,849	71%
No	700	27%
Unknown	65	2%



## B. Semi-annual DHS tables (from database)

### B1. Clients' areas of need: Needs met (N=2,614)

Category	Service area	Clients with a need in this area		Clients whose needs were met		Clients whose needs were met with onsite services		Clients whose needs were met offsite/by referral	
		#	%	#	%	#	%	#	%
<u>Health-related</u>	Dental care	570	22%	361	63%	9	2%	349	97%
	FASD	690	26%	653	95%	642	98%	23	4%
	Mental health/CD crisis intervention	253	10%	182	72%	123	68%	101	55%
	Mental health/counseling	1,642	63%	1315	80%	928	71%	817	62%
	Nutrition	1,202	46%	1,068	89%	1,024	96%	105	10%
	Physical health/medical care	1,425	54%	1,300	91%	553	43%	1,055	81%
	Postnatal care	344	13%	273	79%	80	29%	265	97%
	Prenatal care	477	18%	435	91%	170	39%	419	96%
	Wellness/fitness	1,038	40%	926	89%	902	97%	465	50%
<u>Treatment/ Treatment support</u>	Recovery Coach	1,557	59%	1,310	84%	1,295	99%	102	8%
	Smoking cessation	558	21%	419	75%	381	91%	111	26%
	Substance use support group (onsite, NA, AA, etc.)	1,649	63%	1,331	81%	1,233	93%	953	72%
	Treatment	1,518	58%	1,303	86%	1,067	82%	267	20%
<u>Basic needs</u>	Emergency household needs	1,179	45%	1,012	86%	959	95%	796	79%
	Housing (client received housing)	1,231	47%	978	79%	791	81%	506	52%
	Housing information/support	1,546	59%	1,364	88%	1,323	97%	815	60%
	MFIP	645	25%	553	86%	157	28%	524	95%
	Other public benefits	714	27%	658	92%	203	31%	608	92%
	Transportation	1,528	58%	1,374	90%	1,330	97%	829	60%
	WIC	512	20%	448	88%	130	29%	428	96%

## B1. Clients' areas of need: Needs met (N=2,614) (continued)

Category	Service area	Clients with a need in this area		Clients whose needs were met		Clients whose needs were met with onsite services		Clients whose needs were met offsite/by referral	
		#	%	#	%	#	%	#	%
<u>Life skills</u>	Credit repair	919	35%	859	93%	855	100%	303	35%
	Education/job training program	1,176	45%	992	84%	931	94%	376	38%
	Financial management/budgeting	1,153	44%	1,008	87%	987	98%	332	33%
	Job searching/applications/resume prep	1,186	45%	1,019	86%	957	94%	377	37%
<u>Parenting-related</u>	Breastfeeding	268	10%	237	88%	210	89%	59	25%
	Family planning	940	36%	817	87%	772	94%	288	35%
	Parenting education	1,644	63%	1,335	81%	1,310	98%	97	7%
<u>Relationships</u>	Domestic/family violence	1,033	39%	927	90%	871	94%	165	18%
	Healthy relationships	1,426	54%	1,238	87%	1,205	97%	133	11%
<u>Miscellaneous services</u>	Culturally specific needs	443	17%	400	90%	362	91%	173	43%
	Individual/Family recreational activities	1,241	47%	1,122	90%	1,096	98%	657	59%
	Legal issues	784	30%	699	89%	554	79%	538	77%
	LGBTQ-specific needs	17	1%	15	88%	7	47%	10	67%

## B2. Clients' areas of need: Needs NOT met (N=2,614)

Category	Service area	Clients with a need in this area		Clients whose needs were NOT met	
		#	%	#	%
<u>Health-related</u>	Dental care	570	22%	109	19%
	FASD	690	26%	15	2%
	Mental health/CD crisis intervention	253	10%	33	13%
	Mental health/counseling	1,642	63%	191	12%
	Nutrition	1,202	46%	51	4%
	Physical health/medical care	1,425	54%	23	2%
	Postnatal care	344	13%	14	4%
	Prenatal care	477	18%	7	1%
	Wellness/fitness	1,038	40%	51	5%
<u>Treatment/ Treatment support</u>	Recovery Coach	1,557	59%	136	9%
	Smoking cessation	558	21%	113	20%
	Substance use support group (onsite, NA, AA, etc.)	1,649	63%	187	11%
	Treatment	1,518	58%	94	6%
<u>Basic needs</u>	Emergency household needs	1,179	45%	91	8%
	Housing (client received housing)	1,231	47%	168	14%
	Housing information/support	1,546	59%	56	4%
	MFIP	645	25%	31	5%
	Other public benefits	714	27%	19	3%
	Transportation	1,528	58%	57	4%
	WIC	512	20%	20	4%
<u>Life skills</u>	Credit repair	919	35%	32	3%
	Education/job training program	1,176	45%	114	10%
	Financial management/budgeting	1,153	44%	92	8%
	Job searching/applications/ resume prep	1,186	45%	100	8%

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**B2. Clients' areas of need: Needs NOT met continued**

Category	Service area	Clients with a need in this area		Clients whose needs were NOT met	
		#	%	#	%
<u>Parenting-related</u>	Breastfeeding	268	106%	12	4%
	Family planning	940	36%	67	7%
	Parenting education	1,644	63%	173	11%
<u>Relationships</u>	Domestic/family violence	1,033	39%	44	4%
	Healthy relationships	1,426	54%	72	5%
<u>Miscellaneous services</u>	Culturally specific needs	443	17%	12	3%
	Individual/Family recreational activities	1,241	47%	29	2%
	Legal issues	784	30%	26	3%
	LGBTQ-specific needs	17	1%	1	6%

### B3. Children's areas of need: Needs met (N=5,323)

Category	Service area	Children with a need in this area		Children whose needs were met		Children whose needs were met with onsite services		Children whose needs were met offsite/by referral	
		#	%	#	%	#	%	#	%
<u>Health-related</u>	Dental care	181	3%	143	79%	0	0%	142	99%
	Developmental needs	844	16%	773	92%	705	91%	302	39%
	FASD	720	14%	682	95%	658	96%	16	2%
	Immunizations	989	19%	911	92%	432	47%	873	96%
	Mental health/counseling	278	5%	226	81%	49	22%	210	93%
	Physical health/medical care	983	18%	912	93%	132	14%	900	99%
	Safe sleep	477	9%	431	90%	401	93%	38	9%
<u>Basic needs</u>	Child care	922	17%	824	89%	674	82%	179	22%
<u>Miscellaneous services</u>	Child/youth support groups (Alateen, etc.)	71	1%	53	75%	40	75%	18	34%
	Culturally-specific needs	276	5%	244	88%	219	89%	43	18%
	Early childhood education services (including special education)	293	6%	257	88%	179	70%	245	95%
	School-age education services (including special education, IEP, mentoring, etc.)	265	5%	234	88%	161	69%	227	97%

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**B4. Children's areas of need: Needs NOT met (N=5,323)**

Category	Service area	Children with a need in this area		Children whose needs were NOT met	
		#	%	#	%
<u>Health-related</u>	Dental care	181	3%	15	8%
	Developmental needs	844	16%	14	2%
	FASD	720	14%	6	1%
	Immunizations	989	19%	4	0%
	Mental health/counseling	278	5%	15	5%
	Physical health/medical care	983	18%	7	1%
	Safe sleep	477	9%	6	1%
<u>Basic needs</u>	Child care	922	17%	14	2%
<u>Miscellaneous services</u>	Child/youth support groups (Alateen, etc.)	71	1%	5	7%
	Culturally specific needs	276	5%	9	3%
	Early childhood education services (including special education)	293	6%	16	5%
	School-age education services (including special education, IEP, mentoring, etc.)	265	5%	234	88%

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**B5. Fathers' areas of need: Needs met (N=2,614)**

Service area	Fathers with a need in this area		Fathers whose needs were met		Fathers whose needs were met with onsite services		Fathers whose needs were met offsite/ by referral	
	#	%	#	%	#	%	#	%
Basic needs	15	1%	14	93%	14	100%	9	64%
Health-related	11	0%	9	82%	6	67%	8	89%
Life skills	12	0%	11	92%	11	100%	6	55%
Miscellaneous services	9	0%	8	89%	7	88%	3	38%
Parenting-related	19	1%	15	79%	15	100%	1	7%
Relationships	14	1%	12	86%	12	100%	3	25%
Treatment/Treatment support	12	0%	11	92%	9	82%	3	27%

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**B6. Fathers' areas of need: Needs NOT met**

Service area	Fathers with a need in this area		Fathers whose needs were NOT met	
	#	%	#	%
Basic needs	15	1%	0	0%
Health-related	11	0%	0	0%
Life skills	12	0%	0	0%
Miscellaneous services	9	0%	0	0%
Parenting-related	19	1%	2	11%
Relationships	14	1%	1	7%
Treatment/Treatment support	12	0%	0	0%

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**B7. Screenings and assessments: Clients (N=2,614)**

Screening or assessment administered to client	Number	Percent
Mental health screening	2,014	77%
Rule 25 chemical health assessment	1,878	72%
Physical health assessment	1,763	67%
Mental health assessment	1,665	64%
FASD screening (i.e., informal screening questions)	1,396	53%
Nutritional assessment	584	22%
Prenatal assessment	442	17%
FASD assessment (i.e., formal diagnostic assessment)	27	1%
Other	499	19%
<b>Total</b>	<b>10,268</b>	

**Note:** Other service areas include: AAPI (29); Basic skills (4); 16PF (133); CAGE (174); CD screening (13); Child well-being tool (1); Comp Assess for LADC (46); Crisis intervention w/child protections services (1); Diagnostic assessment (2); Eating disorder (5); GAIN-SS (123); Hark – C (1); Health survey (2); Neuropsychological testing (2); Nutrition survey (1); Parenting assessment (2); Parenting stress test (1); Post-natal assessment (1); Pregnancy test (1); Risk assessment (1); SCOFF (24); Traumatic brain injury (2); Vulnerable adult assessment (34)

Respondents could provide more than one screening or assessment.

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**B8. Screenings and assessments: Children (N=5,323)**

Screening or assessment administered to child	Number	Percent
FASD screening (i.e., informal screening questions)	1,000	19%
Developmental assessment	975.5	18%
Screening for prenatal alcohol or drug exposure	673	13%
FASD assessment (i.e., formal diagnostic assessment)	13	0%
Other	112	2%
<b>Total</b>	<b>2773.5</b>	<b>52%</b>

**Note:** Other service areas include: ADHD (1); ASQ (6); Autism (1); Children's health survey (6); Children's mental health (2); D.A w/Rose Joiner (2); Dental (1); Diagnostic assessment (1); Early childhood screening (1); FASD testing outside of RCMH (1); Health assessment (3); Health survey (7); Mental health assessment (4); Newborn (1); Nutrition assessment (4); Offsite (9); Physical health assessment (14); Rule 25 (2); School IEP screening (1); Special education (1); UA (3); Youth lead services (1).

Respondents could provide more than one screening or assessment.



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**B9. Client contacts with program staff**

	<b>Average # Contacts</b>	<b>Average Contact Time (hours)</b>
In-person contacts	26.2	0.9
Phone contacts	9.8	0.3
Group contacts	31.2	1.6
All contacts	67.2	-

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**B10. Clients with monthly contact with program staff (N=2,614)**

<b>Of women served this year:</b>	<b>Number</b>	<b>Percent</b>
# Clients with at least 1 in-person contact per month	2,272	87%
# Clients with at least 2 in-person contacts per month	1,911	73%

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**B11. Total contact time with program staff**

<b>Minimum, maximum, and average contact time of clients with some contact</b>			
<b>Number of intakes</b>	<b>Minimum total contact time during reporting period</b>	<b>Maximum total contact time during reporting period</b>	<b>Average total contact time during reporting period</b>
2,517	0 hours	2,257 hours	80 hours

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**B12. Urinalysis results (UAs)**

	Number	Percent
Women served this period	2,614	100%
# of clients who received UAs this period	2,258	86%
Average UAs per client	8.4	
# of clients with at least 1 positive UA this period	1,128	50%
Total # of UAs	24,683	100%
Total # of positive UAs	3,270	13%
Total # of negative UAs	21,413	87%
<b>Positive UAs by substance (by client) (N=1,128)</b>		
Marijuana/THC	351	31%
Methamphetamines	292	26%
Benzodiazepines	284	25%
Other opiates/synthetics	248	22%
Medication as directed	196	17%
Alcohol	132	12%
Cocaine (powder and crack)	84	7%
Other amphetamines	50	4%
Other drugs	38	3%
Heroin	27	2%
Non-prescription methadone	18	2%
Over the counter medication (misuse)	9	1%
Unknown drugs	8	1%
Other stimulants	2	0%

**Note:** Other drugs include: Diluted UA (2); Gabapentin (11); Non-prescription medications including sub Oxone (2); Opioids – buprenorphine, codeine, methadone, oxycodone (16); Synthetic drugs including marijuana (cannabis, THC), K2/Spice (15).

One person provided more than one response.

## C. Wilder data tables

### C1. Change in use of tobacco in past 30 days from intake to closing (N=2, 239)

	Intake		Closing	
	Number	Percent	Number	Percent
Used tobacco within the 30 days prior to...	1,878	84%	1,892	85%

**Note:** Differences between intake and closing were tested using the McNemar's test. Differences were not statistically significant.

### C2. Differences between interview completers and non-completers

Variable	Percentage of completers	Percentage of non-completers
Mental health diagnosis at intake	80%	76%*
Used substances within 30 days of closing	19%	29%***
Has a high school diploma or higher	73%	68%*
Employed at closing	24%	18%**
In housing (not homeless) at closing	93%	88%**
In own home or permanent supportive housing at closing	58%	52%*
In stable housing at closing	75%	67%**
In housing supportive to recovery at closing	82%	76%**
Involved in child protection at closing	33%	40%**
Involved in criminal justice system at closing	40%	51%***
In AA/NA at closing	77%	82%**
	<b>Mean (days)</b>	<b>Mean (days)</b>
Involved in program for a longer period of time	180	153*

**Note:** Interview completers did not statistically differ from interview non-completers on the following variables: age, race, pregnancy status at intake, employment status at intake, chronic health issues at intake, substance use at intake, primary drug of choice at intake, mental health diagnosis at closing, treatment status at closing, number of treatment episodes, and mothers' and infants' toxicology results at the birth of the child.

### C3. Factors and characteristics associated with long-term sobriety

Factor/characteristic	Percentage who were sober at 6-months		Percentage who were sober at 12-months	
	Total N	%	Total N	%
Client received a “high dosage” of service <sup>a</sup>	253	58% (vs. 42%)*	161	53% (vs. 39%)†
Client was living in housing supportive to recovery at closing	369	56% (vs. 42%)*	233	48% (vs. 36%)†
Client was participating in AA/NA at closing	369	55% (vs. 44%)†	229	49% (vs. 38%)†
Client was engaged in her case planning	409	57% (vs. 37%)*	263	50% (vs. 35%)*
Client was in housing/not homeless at closing	378	55% (vs. 28%)*	241	48% (vs. 33%)
Client was in own home or permanent supportive housing at closing	353	60% (vs. 48%)*	226	50% (vs. 45%)
Client was in stable housing at closing	377	56% (vs. 42%)*	239	49% (vs. 40%)
Client was receiving mental health services at closing, or connected to a clinic/therapist if issues arose	383	57% (vs. 30%)*	242	47% (vs. 41%)
Client was enrolled in program for 90+ days	413	58% (vs. 41%)*	270	49% (vs. 40%)
Client was employed at closing	365	58% (vs. 49%)	233	60% (vs. 42%)*
Client was involved with treatment while in the program	410	54% (vs. 45%)	267	50% (vs. 31%)*

<sup>a</sup> A “high dosage” of service is defined as being enrolled in the grant-funded program for at least 90 days, having at least 40 hours of contact time with program staff, and having at least 12 hours of one-on-one, in-person contact with program staff.

**Note:** Differences were tested using chi-square tests. Differences are significant at: \*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$ , and † $p < .10$  (trending toward statistical significance).

## D. Six-month follow-up interview data tables

### *Substance use*

#### D1. Use of tobacco at follow-up (N=414)

Client smokes cigarettes or uses tobacco products at follow-up	N	%
Yes	322	78%
No	92	22%

#### D2. Use of alcohol and other drugs since leaving the program (N=414)

	N	%
Client has used alcohol, marijuana, or other drugs since leaving the program	199	48%
<b>Change in substance use among those who have used (N=199):</b>		
Using more at follow-up	18	9%
Using about the same amount at follow-up	26	13%
Using less at follow-up	155	78%

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

#### D3. Types of substances used since leaving the program (N=198)

Substances used:	N	%	Of those who have used, clients who used this substance in the past 30 days	
			N	%
Alcohol	169	85%	99	59%
Marijuana/pot/weed/hashish	83	42%	47	57%
Methamphetamines (meth)	57	29%	23	40%
Misused prescription drugs	36	18%	11	31%
Crack/cocaine	19	10%	10	53%
Heroin	15	8%	5	33%
Non-prescription methadone	4	2%	2	2/4
Other substances (bath salts)	8	4%	2	2/8

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

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**D4. Length of sobriety at follow-up (N=260)**

<b>How long have you been abstinent/clean/sober?</b>	<b>N</b>	<b>%</b>
Less than 6 months	43	17%
6-11 months	74	28%
12-18 months	88	34%
More than 18 months	55	21%

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

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**D5. Entered other drug or alcohol treatment programs (N=414)**

<b>Since you left the program, have you entered any other drug or alcohol treatment programs?</b>	<b>N</b>	<b>%</b>
Yes	100	24%
No	314	76%

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**D6. Number of times entered drug or alcohol treatment program (N=100)**

<b>How many times have you entered a drug or alcohol treatment program since you left the program?</b>	<b>N</b>	<b>%</b>
1 time	80	80%
2 times	18	18%
3 times	2	2%
<b>Mean</b>	1.2	

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**D7. Completed other drug or alcohol treatment programs (N=100)**

<b>Since you left the program, did you graduate or complete any drug or alcohol treatment programs?</b>	<b>N</b>	<b>%</b>
Yes	45	45%
No	55	55%

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**D8. Participation in other activities since leaving program (N=412-414)**

Client participation in the following activities as part of recovery support since leaving the program:	Yes	
	N	%
Support from family or friends	368	89%
AA, NA, or another 12-step program	283	68%
A support group or aftercare <b>in the community</b>	175	42%
A faith-based or religious group	157	38%
A support group or aftercare <b>through THE PROGRAM</b>	125	30%
Other things to support recovery	221	54%

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**D9. Sponsor (N=414)**

Do you have a sponsor?	N	%
Yes	140	34%
No	274	66%

## *Self-efficacy*

### **D10. Client perception of self-efficacy (N=412-414)**

How much do you agree or disagree with the following statements?	Strongly agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
You can usually solve difficult problems if you try hard enough	211	51%	182	44%	16	4%	5	1%
You can usually handle whatever comes your way	117	28%	233	57%	52	13%	10	2%
You stay calm when facing difficulties	79	19%	209	51%	91	22%	33	8%
You often feel overwhelmed by all of the challenges in your life	91	22%	160	39%	137	33%	25	6%
When you set goals for yourself, you have a hard time following through	37	9%	149	36%	165	40%	62	15%

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



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**D11. Level of confidence (N=413)**

Overall, how would you describe your level of confidence since leaving the program?	N	%
Client feels more confident	264	64%
Client feels about the same	111	27%
Client feels less confident	38	9%

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

***Education and employment***

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**D12. Participation in schooling or job training since leaving the program (N=419)**

	N	%
Number of clients that have participated in any additional schooling or job training since leaving the program	142	34%
If yes, what additional schooling or job training have you participated in? (N=142)		
GED/High school	21	15%
Credential, license, or certificate	13	9%
Associate's or vocational college	27	19%
College degree/four year college	10	7%
Graduate/professional school	0	0%
Other job training	76	54%

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

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**D13. Employment situation at follow-up (N=418)**

Current employment situation at follow-up	N	%
Employed full time or part time	152	36%
Unable to work due to a disability	87	21%
Unemployed, and looking for work	103	25%
Unemployed, and not currently looking for work	75	18%
Something else	1	0%

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

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**D14. Description of employment for those employed at follow-up (N=148-149)**

	<b>Range</b>	<b>Mean</b>
Length of time in current position (months)	<1 – 132	10.4
Number of hours worked per week in last month	0 – 90	29.9

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**D15. Clients' income and employment situation at follow-up (N=417)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
In general, how would you describe your income and employment situation right now?	25%	49%	26%

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

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**D16. Clients' perception of financial and employment situation at follow-up compared to before starting the program (N=413-414)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>financial</b> situation is...	29%	28%	24%	9%	10%
Overall, would you say your <b>employment</b> situation is...	29%	16%	42%	7%%	6%

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

## Housing

### D17. Housing stability at follow-up (N=261)

	Range	Mean
Number of times clients moved since leaving the program (six months ago)	1 – 10	2.1

**Note:** These numbers exclude 156 families who did not move during the follow-up period.

### D18. Living arrangements at follow-up (N=417)

How would you describe your current housing or living arrangement?	N	%
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	185	44%
Permanent housing program with services to help you keep your housing, either on-site services or services that come to you	40	10%
Staying with a relative or friend on a temporary basis	90	22%
Transitional housing program	29	7%
Staying with a relative or friend on a long-term basis	42	10%
Residential drug or alcohol treatment facility	7	2%
Emergency shelter	9	2%
Halfway house for people in recovery	6	1%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	5	1%
Some other place	4	1%

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

### D19. Length of time in current residence at follow-up (N=417)

How long have you lived in your current residence?	N	%
Less than 1 month	61	15%
1-3 months	95	23%
4-6 months	63	15%
More than 6 months	198	47%

### D20. Supportiveness of living situation to recovery at follow-up (N=417)

	Very supportive	Somewhat supportive	Not very supportive	Not at all supportive
In general, when you think about your current living situation, how supportive to recovery is it?	63%	25%	7%	5%

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**D21. Strength or stressor: Living situation (N=416)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
Overall, how would you describe your living situation right now?	53%	27%	20%

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**D22. Clients' perception of living situation at follow-up compared to before starting the program (N=416)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>living</b> situation is...	51%	20%	19%	5%	4%

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

***Access to transportation***

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**D23. Strength or stressor: Access to transportation (N=417)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
In general, how would you describe your current access to reliable transportation	43%	34%	23%

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

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**D24. Clients' perception of access to reliable transportation at follow-up compared to before starting the program (N=417)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>access to reliable transportation</b> is...	30%	14%	41%	9%	6%

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

## Client health and well-being

### D25. Strength or stressor: Physical health (N=413)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your physical health right now	32%	29%	39%

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

### D26. Clients' perception of physical health at follow-up compared to before starting the program (N=416)

	A lot better at follow-up	A little better at follow-up	About the same as before	A little worse at follow-up	A lot worse at follow-up
Overall, would you say your <b>physical health</b> is...	35%	23%	28%	10%	5%

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

### D27. Client use of emergency room and hospitalization since leaving the program (N=417)

Since the time you left THE PROGRAM, have you...	N	%
Been to the emergency room for any reason related to your own health	176	42%
	<b>Range</b>	<b>Mean</b>
<b>Of those who visited the emergency room, number of visits (N=175):</b>	1 – 20	2.5
	<b>N</b>	<b>%</b>
Been hospitalized for any reason	78	19%
	<b>Range</b>	<b>Mean</b>
<b>Of those who were hospitalized, number of days in hospital (N=78):</b>	1 – 30	4.5

### D28. Clients' mental health concerns since leaving the program (N=416)

Since the time you left THE PROGRAM, have you...	N	%
Had concerns related to anxiety, depression, or other mental health concerns since leaving the program	248	60%
<b>Of those with concerns (N=248):</b>		
Received help with those concerns at a clinic, or from a therapist, psychiatrist, or other mental health provider	200	81%

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

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**D29. Clients' mental or emotional health at follow-up (N=413)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
In general, how would you describe your mental or emotional health right now	29%	35%	36%

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**D30. Clients' perception of mental or emotional health at follow-up compared to before starting the program (N=411)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>mental or emotional health</b> is...	43%	25%	18%	8%	6%

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***Criminal justice system involvement***

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**D31. Clients' probation or parole status at follow-up (N=413)**

	<b>N</b>	<b>%</b>
Client is on probation or parole at follow-up	158	38%
<b>Of those on probation/parole (N=157):</b>		
Client has violated probation or parole since leaving the program	46	29%

---

**D32. Clients arrested since leaving the program (N=414)**

	<b>N</b>	<b>%</b>
Client has been arrested for any reason since leaving the program	63	15%
<b>Of those arrested (N=63):</b>		
Number of times arrested	Range	Mean
	1 – 4	1.3

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**D33. Clients charged with crimes since leaving the program (N=63)**

	<b>N</b>	<b>%</b>
<b>Of those arrested (N=63):</b>		
Client has been charged with any crimes or violations of a law since leaving the program	35	56%
<b>Of those charged (N=35):</b>		
Number of times charged	Range	Mean
	1 – 4	1.7

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**D34. Clients incarcerated since leaving the program (N=35)**

	<b>N</b>	<b>%</b>
<b>Of those charged (N=35):</b>		
Client has been incarcerated for any reason since leaving the program	26	74%
<b>Of those incarcerated (N=26):</b>		
	<b>Range</b>	<b>Mean</b>
Time spent incarcerated (days)	1 – 76	24.5

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**D35. Clients in detox since leaving the program (N=415)**

	<b>N</b>	<b>%</b>
Client has been in detox since leaving the program	20	5%
<b>Of those in detox (N=20):</b>		
	<b>Range</b>	<b>Mean</b>
Number of times in detox	1 – 2	1.2

*Social support, religious beliefs, and other life events*

**D36. Clients' access to social support before starting the grant-funded program and six months after program exit (N=390-420)**

Did you have someone...	Always		Sometimes		Rarely		Never	
	Before starting program	At follow-up	Before starting program	At follow-up	Before starting program	At follow-up	Before starting program	At follow-up
You could count on to encourage you when you were down?	37%	76%	42%	19%	14%	3%	7%	2%
You could count on to take care of your child(ren) for a few hours in an emergency?	56%	76%	23%	18%	11%	4%	9%	2%
Positive in your life who you could have fun with?	33%	69%	41%	24%	16%	6%	10%	2%

**D37. Attendance at recovery support activities at follow-up (N=419-420)**

How often do you attend...	One or more times per week	Once or twice a month	A few times a year	Never
Support meetings such as AA or NA	43%	22%	11%	24%
Religious services or social events with members of a faith community	23%	29%	20%	28%



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**D38. Importance of religious or spiritual beliefs to recovery (N=418)**

	Very Important	Somewhat Important	Not at all important
How important are religious or spiritual beliefs to your recovery?	60%	31%	9%

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**D39. Clients' relationships with friends and family at follow-up (N=416)**

	A source of strength right now	A source of stress right now	Neither a strength nor a stress right now
In general, how would you describe your relationships with friends and family	63%	18%	19%

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**D40. Perceived supportiveness of clients' relationships with friends and family at follow-up compared to before starting the program (N=419)**

	A lot more supportive at follow-up	A little more supportive at follow-up	About the same as before	A little less supportive at follow-up	A lot less supportive at follow-up
Overall, would you say that your relationships with friends and family are...	47%	23%	22%	4%	3%

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**D41. Life stressors (N=344-345)**

In the last 6 months, has...	Yes		No	
	N	%	N	%
An adult in your household started a new job?	128	37%	216	63%
An adult in your household lost a job unexpectedly?	54	16%	291	84%
Someone in your household became seriously ill or injured?	51	15%	294	85%
Someone in your household died?	23	7%	322	93%
Someone in your household gotten married?	9	3%	336	97%
Someone in your household became pregnant?	47	14%	298	86%
Someone in your household become separated or divorced?	35	10%	310	90%
Someone in your household gotten into trouble with the law?	70	20%	275	80%
In the last 6 months, have you lost your housing?	68	20%	277	80%
In the last 6 months, have you ever gone more than three days with no money at all?	221	64%	124	36%

## Parenting

### D42. Custody status at follow-up (N=412)

Do you currently have legal custody of any of your children, whether or not they live with you?	N	%
Yes	351	85%
No	61	15%

### D43. Number of children living with you (N=351)

(Of those with legal custody): How many of your children age 18 or younger live with you?	N	%
No children	53	15%
1 child	144	41%
2 children	90	26%
3 children	44	13%
4 children	14	4%
5 children	4	1%
6 children	1	0%
7 children	1	0%
<b>Average (mean) number of children:</b>	1.8	
<b>Median number of children:</b>	2.0	

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

### D44. Involvement with child protection at follow-up (N=412)

Since you left the program, have you had any involvement with child protection?	N	%
Yes	122	30%
No	290	70%

### D45. Removal and reunification of clients' children by follow-up (N=122-123)

Since you left THE PROGRAM...	Yes		No	
	N	%	N	%
Have any of your children been removed from your care?	42	34%	81	66%
Have any of your children been reunited with you?	52	43%	70	57%

**D46. Parenting before starting the program (N=319-320)**

Before you started the program, how often would you say the following statements were true with regard to your children?	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
You were able to control your anger and frustration with your children	211	66%	73	23%	30	9%	6	2%
You thought it was important to both show your children love and set limits and consequences	257	80%	47	15%	13	4%	3	1%
You blow up at your children when you punished them	20	6%	83	26%	85	27%	131	41%
When your children were upset or stressed out, you tried to understand what was going on with them	235	74%	57	18%	23	7%	4	1%
When your children did something well, you let them know that you were proud of them	276	87%	36	11%	7	2%	0	0%
You could name several good qualities your children have	274	86%	36	11%	9	3%	0	0%

**D47. Parenting after starting the program (N=346-350)**

Now I am going to ask you how often these same statements are true for you right now...	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
You are able to control your anger and frustration with your children	318	91%	29	8%	3	1%	0	0%
You think it is important to both show your children love and set limits and consequences	338	98%	7	2%	1	0%	0	0%
You blow up at your children when you punished them	7	2%	35	10%	113	32%	193	55%
When your children were upset or stressed out, you try to understand what was going on with them	331	95%	14	4%	1	0%	2	1%
When your children do something well, you let them know that you are proud of them	343	98%	6	2%	0	0%	0	0%
You can name several good qualities your children have	339	97%	10	3%	1	0%	0	0%

## Child health and well-being

### D48. Clients' children's health and wellbeing (N=179-260)

In general, how would you describe your child's...	Not concerned about this right now		Somewhat concerned about this right now		Definitely concerned about this right now	
	N	%	N	%	N	%
Emotional and mental health (N=260)	154	59%	72	28%	34	13%
Behavior (N=258)	161	62%	73	28%	24	9%
Things at school (N=179)	125	70%	37	21%	17	9%
Relationship with you (N=260)	212	82%	38	15%	10	4%
Relationships with his/her siblings (N=210)	162	77%	38	18%	10	5%
Relationships with other children, besides siblings (N=259)	212	82%	37	14%	10	4%

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

### D49. Child's relationships (N=188-248)

Overall would you say...	A lot better now than before you started THE PROGRAM		A little better now		About the same as it was before you started at THE PROGRAM		A little worse now		A lot worse now	
	N	%	N	%	N	%	N	%	N	%
Your child's relationship with you (N=248)	121	49%	47	19%	70	28%	6	2%	4	2%
Your child's relationships with his/her siblings (N=188)	45	24%	30	16%	100	53%	9	5%	4	2%
Your child's relationships with other children, besides siblings (N=245)	59	24%	44	18%	129	53%	11	4%	2	1%

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

---

**D50. Participant satisfaction with program (N=475-498)**

	Total N	Percentage who agree or strongly agree	Percentage who disagree or strongly disagree
The program staff understood your problems or concerns.	498	88%	12%
The staff were available when you needed their support.	498	88%	12%
You feel you got the right level of support from the program.	497	82%	18%
The staff knew a lot about services and programs in the community that could help you and your family.	496	85%	15%
The staff were sensitive to cultural issues.	482	90%	10%
You and the staff worked together to develop your goals for you and your family.	495	88%	12%
The services you received through the program met your expectations.	495	82%	18%
You would recommend this program to women like yourself.	497	88%	12%
The parenting program you participated in at the program helped you learn new parenting techniques or strategies to deal with your child's behavior.	475	82%	18%
The parenting program you participated in at the program helped you learn more about child development and what to expect of children at different ages.	476	84%	16%

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**D51. Overall satisfaction with programs (N=498)**

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Overall, how satisfied were you with the services you received through the program?	48%	39%	6%	7%

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**D52. Client report of program completion (N=490)**

Client graduated or completed the program	N	%
Yes	338	69%
No	131	27%
Transferred to a different treatment or recovery program	21	4%

---

**D53. Types of support obtained through the program (N=493-497)**

Did the program help the client...	Yes, program helped with this	No, and client <u>needed</u> this type of help	No, but client <u>did not need</u> this type of help	Percentage who felt this was <u>most</u> <u>helpful</u> to them or children (N=466)
By just being there to provide emotional support or encouragement	87%	10%	3%	38%
Get or stay sober	82%	10%	7%	27%
With parenting	77%	8%	14%	15%
With things like housing, transportation, or paying bills	55%	28%	17%	9%
Find a support network of people who could help them stay sober	71%	15%	14%	8%
With getting benefits like MFIP or WIC	49%	10%	41%	3%

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

---

**D54. Motivation to stay sober (N=429)**

What would you say is the one thing that most motivates you to stay sober? (6-month follow-up)	N
Children (taking care of them)	127
Values around parenting	69
Custody-related (to regain custody/not lost custody)	55
To have quality of life	48
Being there for family (rebuild/improve relationships)	27
Being a sober parent	26
To keep/improve my own health/mental health	16
Avoid returning to using drugs or alcohol (i.e., a harmful lifestyle)	12
Receiving family support	11
Religion/faith	10
Avoid incarceration	9
Alcoholics Anonymous/Narcotics Anonymous	3
My work	3
Personal well-being	2
Having friends/activities with friends	2
Avoid consequences	2
Other	7

**Note:** All responses were coded into the above themes. "Other" responses include: going to school (1); being useful to others (1); nothing (1); and not specified (4).

---

**D55. Barriers to staying sober (N=197)**

<b>What would you say is the one thing that has made it most difficult to stay sober? (6-month follow-up)</b>	<b>N</b>
Stress (worry, feel overwhelmed)	35
Influence of friends/family/people using alcohol or drugs	21
Housing issues (stress about housing, not stable/supportive)	15
Lost custody (can't see kids)	14
Lack of money/employment	11
Loss of relationship	11
Want an escape (to feel normal, want altered state)	10
Depression	9
Boredom	6
Mental health disorder other than depression or anxiety	5
Family problems	5
Not having support	5
Loneliness	4
Anxiety	4
Physical pain	3
Homelessness (losing housing, living in a shelter)	3
Lack of transportation	3
Relationship issues	3
Child Protective Services	3
Not going to meetings	3
Health conditions/illness	2
Mental health (general)	2
Domestic abuse	2
Not using support system	2
Other	11
No reason specified	5

**Note:** All responses were coded into the above themes. "Other" responses include: instability (1); children's issues (1); not having child care (1); and not specified (8).

## E. Twelve-month follow-up interview data tables

### Substance use

#### E1. Use of tobacco at follow-up (N=271)

Client smokes cigarettes or uses tobacco products at follow-up	N	%
Yes	207	76%
No	64	24%

#### E2. Use of alcohol and other drugs since leaving the program (N=270)

	N	%
Client has used alcohol, marijuana, or other drugs since leaving the program	146	54%
<b>Change in substance use among those who have used (N=145):</b>		
Using more at follow-up	14	10%
Using about the same amount at follow-up	16	11%
Using less at follow-up	115	79%

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

#### E3. Types of substances used since leaving the program (N=146)

Substances used:	N	%	Of those who have used, clients who used this substance in the past 30 days	
			N	%
Alcohol	123	84%	64 <sup>a</sup>	53%
Marijuana/pot/weed/hashish	63	43%	42	67%
Methamphetamines (meth)	47	32%	19	40%
Misused prescription drugs	24	16%	9	39%
Heroin	12	8%	5	42%
Crack/cocaine	10	7%	4	40%
Non-prescription methadone	5	3%	3	3/5
Other substances (bath salts)	1	1%	0	0/1

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

<sup>a</sup> The total N for this item was 121 (rather than 123).



---

**E4. Length of sobriety at follow-up (N=175)**

<b>How long have you been abstinent/clean/sober?</b>	<b>N</b>	<b>%</b>
Less than 6 months	24	14%
6-11 months	24	14%
12-18 months	63	36%
More than 18 months	64	37%

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

---

**E5. Confidence in staying sober (N=181)**

On a scale from 1 to 10, where 1 means you are not confident at all and 10 means you are extremely confident, how confident are you that you will stay sober?

	<b>N</b>	<b>%</b>
1	1	1%
2	0	0%
3	0	0%
4	0	0%
5	8	4%
6	5	3%
7	15	8%
8	37	20%
9	36	20%
10	79	44%
	<b>Mean</b>	8.8
	<b>Median</b>	9.0

---

**E6. Entered other drug or alcohol treatment programs (N=270)**

Since you left the program, have you entered any other drug or alcohol treatment programs?

	<b>N</b>	<b>%</b>
Yes	69	26%
No	201	74%

---

**E7. Number of times entered drug or alcohol treatment program (N=69)**

<b>How many times have you entered a drug or alcohol treatment program since you left the program?</b>	<b>N</b>	<b>%</b>
1 time	57	83%
2 times	10	14%
3 times	2	3%
<b>Mean</b>	1.2	

---

**E8. Completed other drug or alcohol treatment programs (N=69)**

<b>Since you left the program, did you graduate or complete any drug or alcohol treatment programs?</b>	<b>N</b>	<b>%</b>
Yes	38	55%
No	31	45%

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**E9. Participation in other activities since leaving program (N=267-269)**

	<b>Yes</b>	
<b>Client participation in the following activities as part of recovery support since leaving the program:</b>	<b>N</b>	<b>%</b>
Support from family or friends	243	91%
AA, NA, or another 12-step program	177	66%
A support group or aftercare <b>in the community</b>	111	41%
A faith-based or religious group	116	43%
Other things to support recovery	154	57%
A support group or aftercare <b>through the program</b>	70	26%

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**E10. Sponsor (N=267)**

<b>Do you have a sponsor?</b>	<b>N</b>	<b>%</b>
Yes	82	31%
No	185	69%

## *Self-efficacy*

### **E11. Client perception of self-efficacy (N=267-268)**

How much do you agree or disagree with the following statements?	Strongly agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
You can usually solve difficult problems if you try hard enough	148	55%	111	41%	8	3%	1	0%
You can usually handle whatever comes your way	78	29%	161	60%	23	9%	6	2%
You stay calm when facing difficulties	52	19%	136	51%	63	24%	16	6%
You often feel overwhelmed by all of the challenges in your life	48	18%	109	41%	94	35%	16	6%
When you set goals for yourself, you have a hard time following through	26	10%	96	36%	90	34%	55	21%

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

---

**E12. Level of confidence (N=268)**

<b>Overall, how would you describe your level of confidence since leaving the program?</b>	<b>N</b>	<b>%</b>
Client feels more confident	176	66%
Client feels about the same	74	28%
Client feels less confident	18	7%

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

***Education and employment***

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**E13. Participation in schooling or job training since leaving the program (N=272)**

	<b>N</b>	<b>%</b>
Number of clients that have participated in any additional schooling or job training since leaving the program	98	36%
<b>Of those who have, the type of additional schooling or job training the client participated in (N=98):</b>		
GED/High school	17	17%
Credential, license, or certificate	21	21%
Associate's or vocational college	26	27%
College degree/four year college	3	3%
Graduate/professional school	0	0%
Other job training	37	38%

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

---

**E14. Employment situation at follow-up (N=271)**

<b>Current employment situation at follow-up</b>	<b>N</b>	<b>%</b>
Employed full-time or part time	102	38%
Unable to work due to a disability	47	17%
Unemployed, and looking for work	57	21%
Unemployed, and not currently looking for work	63	23%
Something else	2	1%

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

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**E15. Description of employment for those employed at follow-up (N=97-99)**

	<b>Range</b>	<b>Mean</b>
Length of time in current position (months)	<1 – 132	12.1
Number of hours worked per week in last month	0 – 85	30.3

---

**E16. Clients' income and employment situation at follow-up (N=272)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
In general, how would you describe your income and employment situation right now?	26%	47%	27%

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

---

**E17. Clients' perception of financial and employment situation at follow-up compared to before starting the program (N=270-272)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>financial</b> situation is...	33%	24%	25%	10%	7%
Overall, would you say your <b>employment</b> situation is...	30%	16%	44%	5%	5%

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

## Housing

### E18. Housing stability at follow-up (N=184)

	Range	Mean
Number of times clients moved since leaving the program (six months ago)	1 – 10	2.1

**Note:** These numbers exclude 86 families who did not move during the follow-up period.

### E19. Living arrangements at follow-up (N=272)

How would you describe your current housing or living arrangement?	N	%
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	143	53%
Permanent housing program with services to help you keep your housing, either onsite services or services that come to you	27	10%
Staying with a relative or friend on a temporary basis	52	19%
Transitional housing program	17	6%
Staying with a relative or friend on a long-term basis	23	8%
Residential drug or alcohol treatment facility	1	0%
Emergency shelter	1	0%
Halfway house for people in recovery	3	1%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	2	1%
Some other place	3	1%

**Note:** Cumulative percentages may vary from 100 percent due to rounding. At the time of follow-up, no clients were homeless or living in a halfway house for people in recovery.

### E20. Length of time in current residence at follow-up (N=272)

How long have you lived in your current residence?	N	%
Less than 1 month	19	7%
1-3 months	34	13%
4-6 months	46	17%
More than 6 months	173	64%

### E21. Supportiveness of living situation to recovery at follow-up (N=272)

	Very supportive	Somewhat supportive	Not very supportive	Not at all supportive
In general, when you think about your current living situation, how supportive to recovery is it?	66%	23%	7%	4%

---

**E22. Strength or stressor: Living situation (N=272)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
Overall, how would you describe your living situation right now?	58%	24%	19%

---

**E23. Clients' perception of living situation at follow-up compared to before starting the program (N=271)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>living</b> situation is...	54%	18%	18%	4%	5%

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

***Access to transportation***

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**E24. Strength or stressor: Access to transportation (N=272)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
In general, how would you describe your current access to reliable transportation	50%	28%	22%

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

---

**E25. Clients' perception of access to reliable transportation at follow-up compared to before starting the program (N=272)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>access to reliable transportation</b> is...	36%	11%	40%	7%	6%

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

## Client health and well-being

### E26. Strength or stressor: Physical health (N=271)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your physical health right now	31%	31%	38%

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

### E27. Clients' perception of physical health at follow-up compared to before starting the program (N=271)

	A lot better at follow-up	A little better at follow-up	About the same as before	A little worse at follow-up	A lot worse at follow-up
Overall, would you say your <b>physical health</b> is...	30%	24%	25%	14%	6%

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

### E28. Client use of emergency room and hospitalization since leaving the program (N=271)

Since the time you left THE PROGRAM, have you...	N	%
Been to the emergency room for any reason related to your own health	140	52%
	<b>Range</b>	<b>Mean</b>
<b>Of those who visited the emergency room, number of visits (N=140):</b>	1 – 50	3.4
	<b>N</b>	<b>%</b>
Been hospitalized for any reason	64	24%
	<b>Range</b>	<b>Mean</b>
<b>Of those who were hospitalized, number of days in hospital (N=64):</b>	1 – 40	5.2

### E29. Mental health concerns since leaving THE PROGRAM (N=271)

Since the time you left THE PROGRAM, have you...	N	%
Client has concerns related to anxiety, depression, or other mental health concerns since leaving the program	148	55%
<b>Of those with concerns (N=148):</b>		
Client has received help with those concerns at a clinic, or from a therapist, psychiatrist, or other mental health provider	121	82%

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



---

**E30. Clients' mental or emotional health at follow-up (N=271)**

	<b>A source of strength</b>	<b>A source of stress</b>	<b>Neither a strength nor a stress</b>
In general, how would you describe your mental or emotional health right now	31%	32%	37%

---

**E31. Clients' perception of mental or emotional health at follow-up compared to before starting the program (N=271)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your <b>mental or emotional health</b> is...	38%	26%	20%	11%	6%

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***Criminal justice system involvement***

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**E32. Clients' probation or parole status at follow-up (N=271)**

	<b>N</b>	<b>%</b>
Client is on probation or parole at follow-up	97	36%
<b>Of those on probation/parole (N=97):</b>		
Client has violated probation or parole since leaving the program	27	28%

---

**E33. Clients arrested since leaving the program (N=271)**

	<b>N</b>	<b>%</b>
Client has been arrested for any reason since leaving the program	61	23%
<b>Of those arrested (N=61):</b>		
Number of times arrested	Range	Mean
	1-5	1.4

---

**E34. Clients charged with crimes since leaving the program (N=61)**

	<b>N</b>	<b>%</b>
<b>Of those arrested (N=61):</b>		
Client has been charged with any crimes or violations of a law since leaving the program	37	61%
<b>Of those charged (N=37):</b>		
Number of times charged	Range	Mean
	1 – 8	1.6

---

**E35. Clients incarcerated since leaving the program (N=37)**

	N	%
<b>Of those charged (N=37):</b>		
Client has been incarcerated for any reason since leaving the program	25	68%
<b>Of those incarcerated (N=25):</b>		
Time spent incarcerated (days)	Range	Mean
	1 – 190	41.7

---

**E36. Clients in detox since leaving the program (N=271)**

	N	%
Client has been in detox since leaving the program	15	6%
<b>Of those in detox (N=15):</b>		
Number of times in detox	Range	Mean
	1 – 14	2.1

*Social support and other life events*

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**E37. Clients' relationships with friends and family at follow-up (N=270)**

	A source of strength right now	A source of stress right now	Neither a strength nor a stress right now
In general, how would you describe your relationships with friends and family	66%	13%	21%

---

**E38. Perceived supportiveness of clients' relationships with friends and family at follow-up compared to before starting the program (N=271)**

	A lot more supportive at follow-up	A little more supportive at follow-up	About the same as before	A little less supportive at follow-up	A lot less supportive at follow-up
Overall, would you say that your relationships with friends and family are...	48%	18%	28%	4%	1%

---

**E39. Life stressors (N=265-266)**

In the last 6 months, has...	Yes		No	
	N	%	N	%
An adult in your household started a new job?	83	31%	183	69%
An adult in your household lost a job unexpectedly?	34	13%	231	87%
Someone in your household become seriously ill or injured?	30	11%	236	89%
Someone in your household died?	7	3%	259	97%
Someone in your household gotten married?	5	2%	261	98%
Someone in your household become pregnant?	30	11%	235	89%
Someone in your household become separated or divorced?	19	7%	247	93%
Someone in your household gotten into trouble with the law?	42	16%	224	84%
In the last 6 months, have you lost your housing?	24	9%	242	91%
In the last 6 months, have you ever gone more than three days with no money at all?	142	53%	124	47%

***Parenting***

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**E40. Custody status at follow-up (N=268)**

Do you currently have legal custody of any of your children, whether or not they live with you?	N	%
Yes	227	85%
No	41	15%

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**E41. Number of children living with you (N=227)**

**(Of those with legal custody): How many of your children age 18 or younger live with you?**

	<b>N</b>	<b>%</b>
No children	28	12%
1 child	94	41%
2 children	58	26%
3 children	36	16%
4 children	10	4%
5 children	0	0%
6 children	0	0%
7 children	1	0%
<b>Average (mean) number of children:</b>	1.6	
<b>Median number of children:</b>	1.0	

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

---

**E42. Involvement with child protection at follow-up (N=268)**

**Since you left the program, have you had any involvement with child protection?**

	<b>N</b>	<b>%</b>
Yes	74	28%
No	194	72%

---

**E43. Removal and reunification of clients' children by follow-up (N=71-72)**

<b>Since you left THE PROGRAM...</b>	<b>Yes</b>		<b>No</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Have any of your children been removed from your care?	25	35%	47	65%
Have any of your children been reunited with you?	33	46%	38	54%

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**E44. Parenting before starting the program (N=208-210)**

Before you started the program, how often would you say the following statements were true with regard to your children?	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
You were able to control your anger and frustration with your children	141	67%	49	23%	18	9%	2	1%
You thought it was important to both show your children love and set limits and consequences	167	80%	29	14%	9	4%	3	1%
You blew up at your children when you punished them	15	7%	49	24%	68	33%	76	37%
When your children were upset or stressed out, you tried to understand what was going on with them	151	73%	38	18%	16	8%	3	1%
When your children did something well, you let them know that you were proud of them	181	87%	21	10%	6	3%	0	0%
You could name several good qualities your children have	178	86%	18	9%	12	6%	0	0%

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**E45. Parenting after starting the program (N=221)**

Now I am going to ask you how often these same statements are true for you right now...	Most of the time		Some of the time		Rarely		Never	
	N	%	N	%	N	%	N	%
You are able to control your anger and frustration with your children	191	86%	28	13%	2	1%	0	0%
You think it is important to both show your children love and set limits and consequences	215	97%	6	3%	0	0%	0	0%
You blow up at your children when you punished them	3	1%	23	10%	90	41%	105	48%
When your children were upset or stressed out, you try to understand what was going on with them	214	97%	5	2%	1	0%	1	0%
When your children do something well, you let them know that you are proud of them	219	99%	2	1%	0	0%	0	0%
You can name several good qualities your children have	218	99%	3	1%	0	0%	0	0%

## Child health and well-being

### E46. Clients' children's health and well-being

In general, how would you describe your child's...	Not concerned about this right now		Somewhat concerned about this right now		Definitely concerned about this right now	
	N	%	N	%	N	%
Emotional and mental health (N=188)	132	70%	44	23%	12	6%
Behavior (N=188)	136	72%	44	23%	8	4%
Things at school (N=121)	83	69%	24	20%	14	12%
Relationship with you (N=186)	159	85%	22	12%	5	3%
Relationships with his/her siblings (N=151)	118	78%	27	18%	6	4%
Relationships with other children, besides siblings (N=188)	163	87%	22	12%	3	2%

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

### E47. Child's relationships

Overall would you say...	A lot better now than before you started THE PROGRAM		A little better now		About the same as it was before you started at THE PROGRAM		A little worse now		A lot worse now	
	N	%	N	%	N	%	N	%	N	%
Your child's relationship with you is... (N=165)	100	61%	24	15%	38	23%	2	1%	1	1%
Your child's relationships with his/her siblings are...(N=130)	36	28%	22	17%	63	48%	5	4%	4	3%
Your child's relationships with other children, besides siblings...(N=160)	48	30%	21	13%	89	56%	2	1%	0	0%

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

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**E48. Motivation to stay sober (N=253)**

<b>What would you say is the one thing that most motivates you to stay sober? (12-month follow-up)</b>	<b>N</b>
Children (taking care of them)	73
To have quality of life	44
Custody-related (to regain custody/not lost custody)	35
Values around parenting	17
Being a sober parent	15
Receiving family support	13
Avoid returning to using drugs or alcohol (i.e., a harmful lifestyle)	10
To keep/improve my own health/mental health	9
Being there for family (rebuild/improve relationships)	8
Avoid incarceration	6
Religion/faith	4
Alcoholics Anonymous/Narcotics Anonymous	4
Personal well-being	2
My work	2
Going to school	2
Having friends/activities with friends	2
Other	6
No response	1

**Note:** All responses were coded into the above themes. "Other" responses include: being useful to others (n=1) and not specified (n=5).

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**E49. Barriers to staying sober (N=104)**

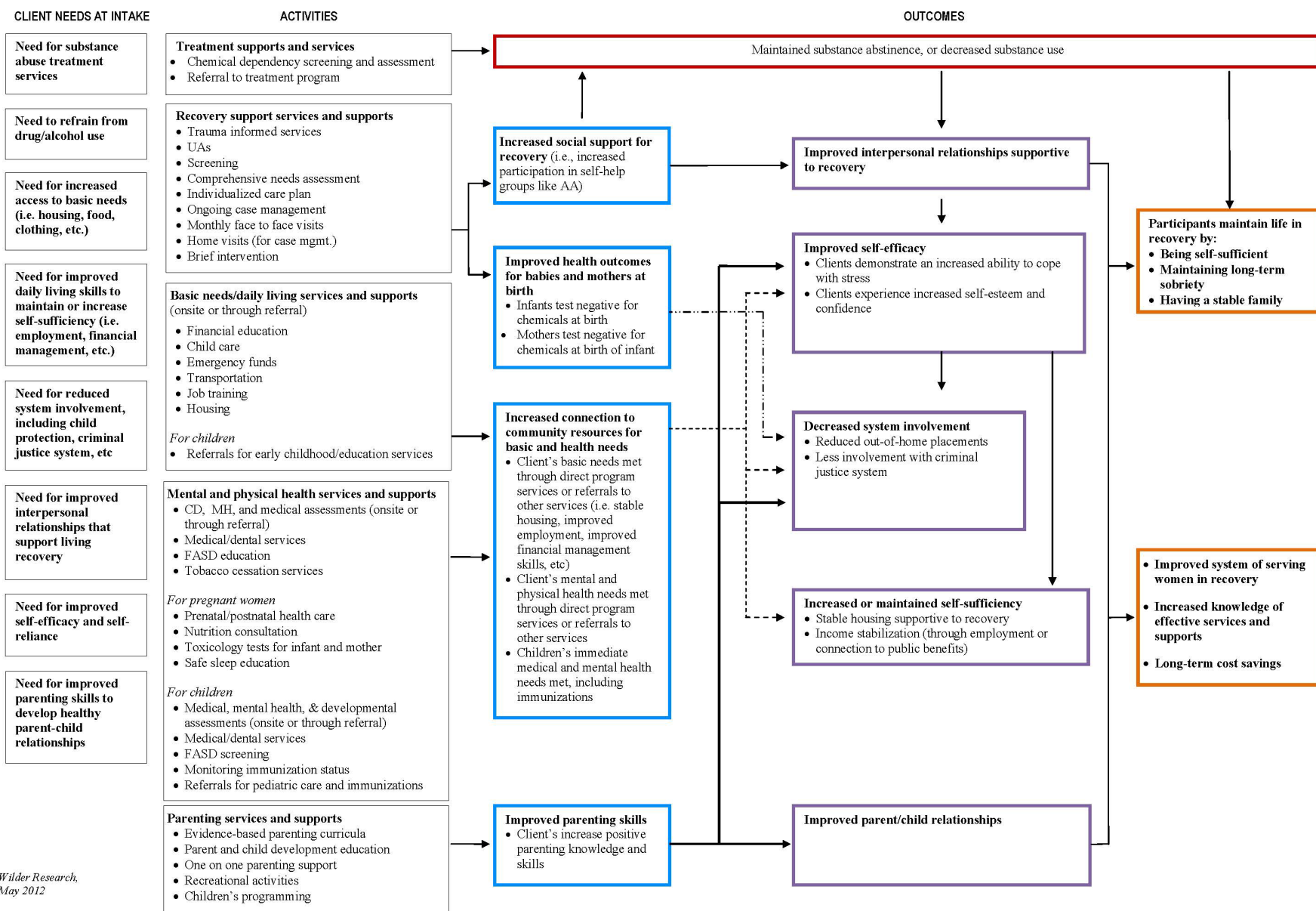
<b>What would you say is the one thing that has made it most difficult to stay sober? (12-month follow-up)</b>	<b>N</b>
Stress (worry, feel overwhelmed)	10
Influence of friends/family/people using alcohol or drugs	13
Lack of money/employment	11
Not having support	6
Lost custody (can't see kids)	5
Want an escape (to feel normal, want altered state)	4
Housing issues (stress about housing, not stable/supportive)	4
Loss of relationship	4
Children's issues	4
Mental health disorder (other than depression or anxiety)	3

<b>What would you say is the one thing that has made it most difficult to stay sober? (12-month follow-up)</b>	<b>N</b>
Homelessness (losing housing, living in a shelter)	3
Family problems	3
Take care of children	3
Boredom	2
Health conditions/illness	2
Mental health (general)	2
Basic needs	2
Depression	2
Lack of transportation	2
Other	17
No reason specified	2

**Note:** All responses were coded into the above themes. “Other” responses include: emotional balance/status (1); loneliness (1); physical pain (1); relationship issues (1); not going to meetings (1); not having child care (1); and not specified (11).



## F. DHS Women's Recovery Services program logic model – REVISED



Wilder Research,  
May 2012