

The Women's Recovery Services initiative: Year 4 findings

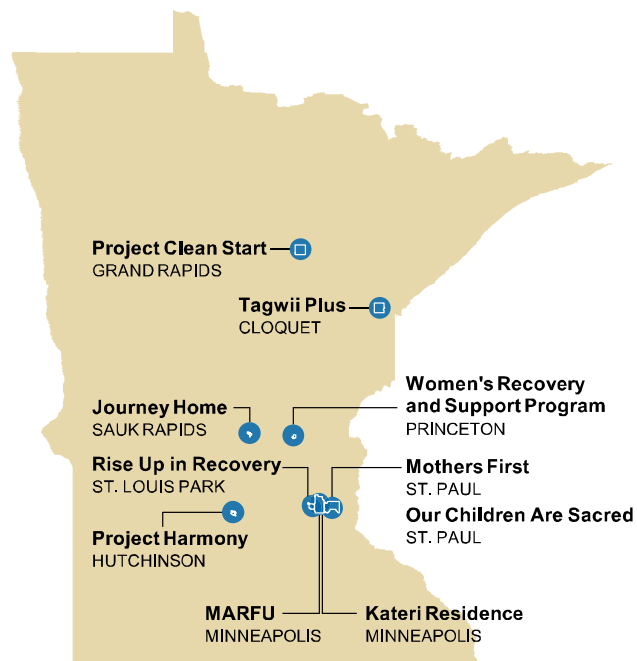
Evaluation results from an initiative serving chemically dependent women and their children

Project overview

In 2011, the Minnesota Department of Human Services (DHS), Alcohol and Drug Abuse Division (ADAD) contracted with eleven grantees across Minnesota (ten grantees in 2014-15) 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 Women's Recovery Services initiative began in July 2011 and will continue through June 2016.

Services offered to program participants vary somewhat across sites, but generally include services and supports related to treatment and recovery, basic needs and daily living, mental and physical health, and parenting.

DHS WOMEN'S RECOVERY SERVICES GRANTEES



Key findings

- Clients and their children showed several significant improvements at program exit. Findings suggest this may be particularly true of clients who receive a higher “dose” of services.
- Despite significant improvements overall, many clients were still facing some challenges at closing related to substance use, employment, basic needs, parenting, and other areas.
- Results at follow-up were mixed; clients maintained improvements in areas such as participation in AA/NA, housing, access to transportation, social support, and mental health, but other key outcomes, such as sobriety, physical health, and employment, were more challenging for clients to sustain.

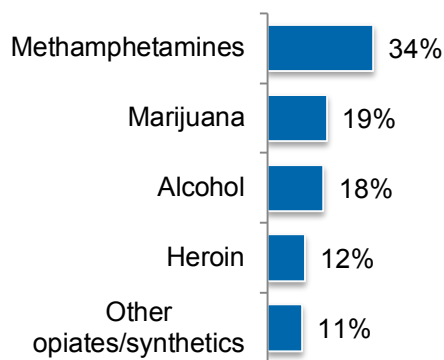
Description of families served

The ten programs served a total of 951 clients with 1,931 children in year four. Clients served were from diverse racial backgrounds, including white (53%), American Indian (23%), or African American/black (14%); children's backgrounds were equally diverse. Nearly one-third of clients (30%) were pregnant when they entered the program. In general, the programs served a very high-risk population. At program intake:

- 93% had incomes at or below the federal poverty line
- 46% were involved with child protection
- 43% were involved with the criminal justice system
- 14% were employed either full time or part time
- 11% of clients were homeless
- 74% had experienced homelessness at some point in their lives
- 37% indicated that they had a severe or chronic physical health problem
- 77% had at least one mental health diagnosis
- 41% had a diagnosis of PTSD

Chemical use at intake. More than half of the women (59%) had used alcohol or drugs in the 30 days prior to entering one of the 10 programs. Clients said that their primary drug of choice was most often methamphetamines.

CLIENTS' PRIMARY DRUG OF CHOICE



Client needs and program services offered

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 or referrals. The most prevalent needs among clients (74% to 91% of clients) included substance use support, mental health and counseling services, parenting education, housing information and support, transportation, treatment, physical health and medical care, and healthy relationship support. By closing, staff reported that most clients (80% to 93%) had these needs met.

Most clients received a mental health screening and a Rule 25 chemical health assessment while in the program. The majority of clients (89%) also received at least one urinalysis test (UA) while in the program; of those who were tested, 55 percent had at least one positive UA, most often for methamphetamines. On average, clients were enrolled in the program for just under five months and had 77 contacts (for about 87 hours of total contact) with staff while in the program.

One in five clients (19%) met all four of the DHS program criteria for this grant: a) enrolled in the program for at least six months; b) abstained from

alcohol and drugs for at least 30 days prior to program exit; c) fully completed an evidence-based parenting program; and d) had a care plan in place at exit. These criteria represent the expected service level for clients served through this grant.

Outcomes at program exit

Clients and their children showed improvements in a number of areas at program exit.

Client sobriety, health, and well-being

Compared to program entry, when clients left the program, they were:

- Less likely to be using substances (26% vs. 61%)
- More likely to be in AA/NA (77% vs. 44%)
- More likely to have any type of housing (89% vs. 77%)
- More likely to have permanent housing (54% vs. 40%)
- More likely to have housing that was supportive to their recovery (74% vs. 63%) and stable (65% vs. 52%)
- More likely to be employed (22% vs. 15%)
- Less likely to be involved in child protection (38% vs. 45%)
- More likely to have medical insurance (98% vs. 90%) and a primary care physician or clinic (90% vs. 78%)

Family health and well-being

Children and families also showed improvements:

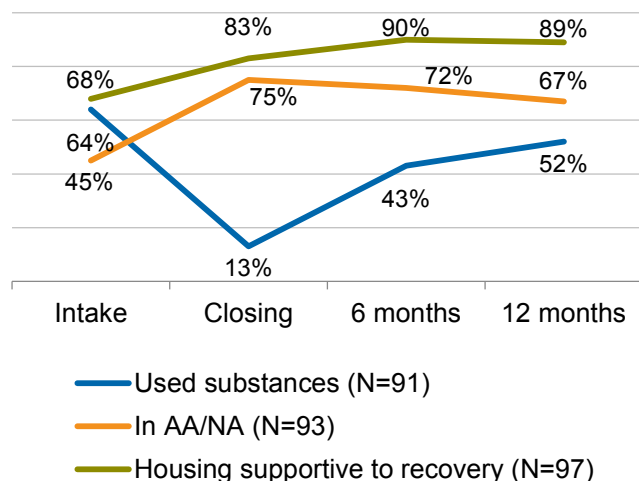
- 82% of infants born during the year who were tested at birth had a negative toxicology result.
- The majority of infants born during the year were full-term (93%) and had a normal birth weight (89%).
- Overall family stability (assessed via the Strengths and Stressors assessment) increased from intake to closing.
- A total of 112 children who had been in foster care or other out-of-home placement had reunified with their mothers by program exit.
- Overall contact between clients and their children increased by closing for 41% of clients.

Outcomes over time

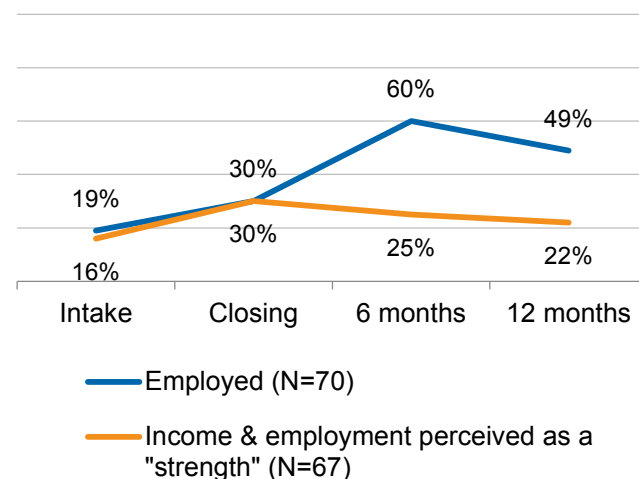
A subset of outcomes was analyzed over time – from intake to closing to 6 and 12 months after program exit – to examine if outcomes were sustained over time.

- Indicators related to participation in AA/NA, housing, access to transportation, social support, and mental health improved from intake to closing, and those improvements were maintained at the follow-up periods.
- Although an increasing proportion of women identified mental health as a strength over time, more than half of women (58-59%) still reported mental health concerns at the follow-up periods.
- There was also a decline in the proportion of women involved in child protection over time (37% at intake, 24% at 12-months). At follow-up, 1 in 10 mothers were reunified with a child, while another 1 in 10 had a child removed from care.
- Other outcomes improved from intake to closing but those gains were not sustained at follow-up (particularly the 12-month follow-up), including substance use, physical health, and employment.
- The decline in perceived physical health aligns with the relatively high proportion of women who, in the year after leaving the program, used emergency room care (56%) and had been hospitalized (26%).

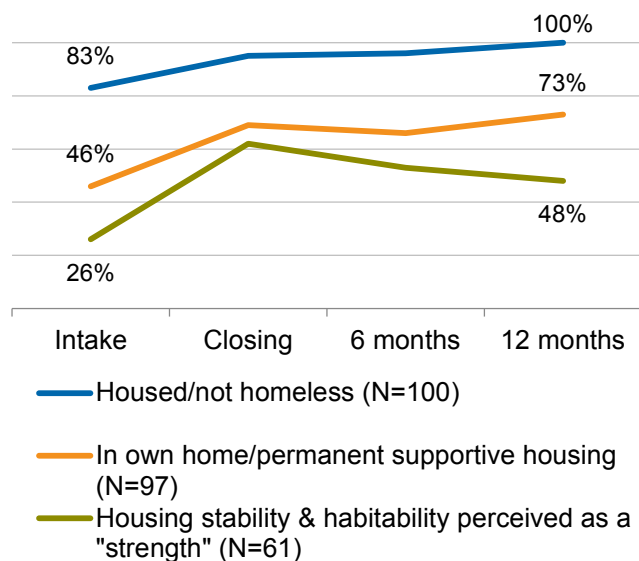
SUBSTANCE USE AND SOBRIETY SUPPORT



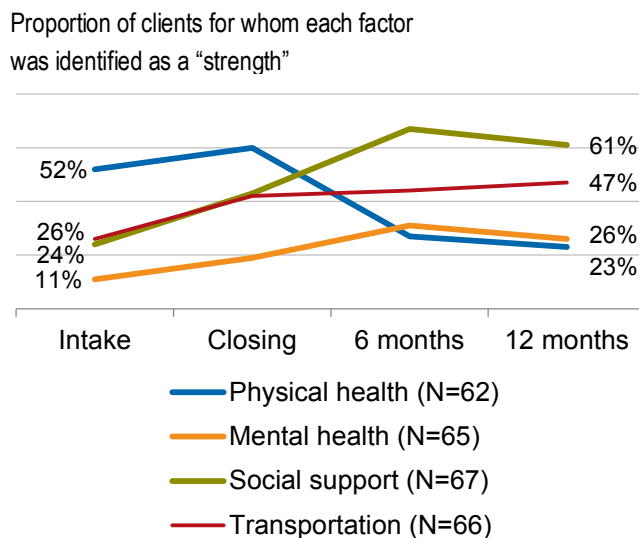
EMPLOYMENT AND INCOME



HOUSING STABILITY



PERCEIVED HEALTH AND WELL-BEING



Factors contributing to outcomes

Several factors were found to have a significant impact on client outcomes.

Dosage. Clients who receive more intensive case management services (i.e., enrolled at least 90 days, have at least 40 hours of contact with program staff, and have at least 12 hours of one-on-one time with program staff) do better in several key outcome areas such as abstinence, employment, housing, system involvement, and family stability. For example, while 59 percent of clients receiving lower doses of services were abstinent at exit, 82 percent of clients receiving high doses of service were abstinent at exit. Given the fact that some women fail to maintain the gains made while *in* the program after they *leave* the program, the results suggest that higher doses of service may help counteract post-program slide.

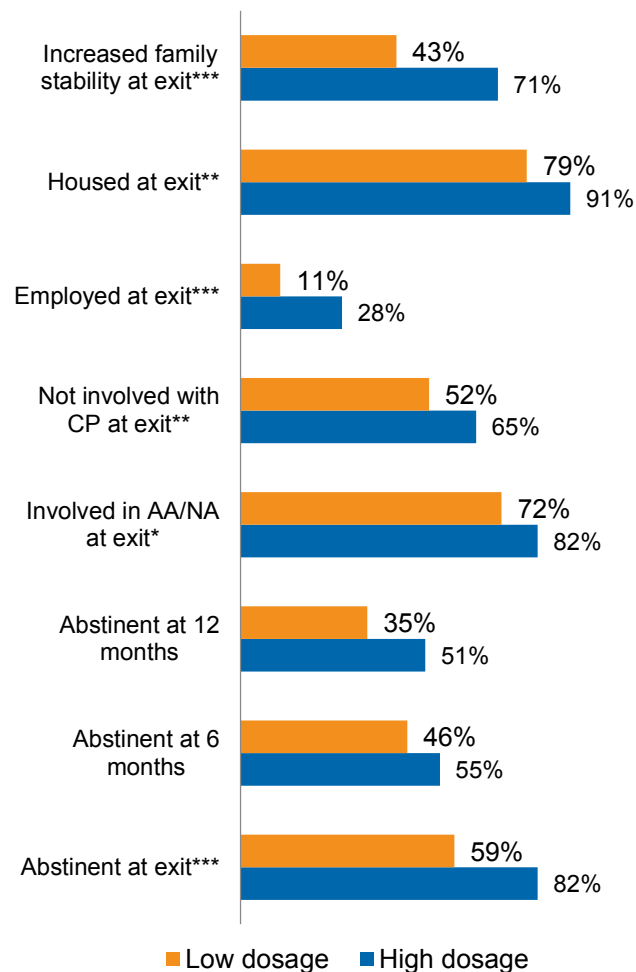
Program criteria. Clients who met all four of the core DHS program criteria (noted earlier) were more likely to be abstinent or at least using less, at closing and all follow-up periods. In addition, at exit, they were more likely to not be involved with child protection, to have been reunified with a child in out-of-home placement, and to have increased family stability.



Length of participation.

The results also suggest a relationship between length of participation in the program and long-term sobriety; that is, the longer clients were involved in the programs, the more likely they were to be abstinent at later follow-up periods.

OUTCOMES FOR HIGH AND LOW DOSAGE PARTICIPANTS



Differences are significant at: * $p < .05$, ** $p < .01$, and *** $p < .001$.

Housing. Housing was another key factor; clients who were in stable housing that was supportive to recovery were more likely to be abstinent at exit and the six-month follow-up, to be reunified with a child in out-of-home placement, and to have increased overall family stability by program exit.

Other factors. Other factors, such as primary drug of choice, parent education, and chronic physical health issues also made a difference on key outcomes such as abstinence, reunification with children, and family stability.

Next steps

The final report, following completion of the grant period in June 2016, will include additional examination of client outcomes and trends, as well as explore the cost-benefit of the initiative.

Funding for this evaluation and report was provided by the Minnesota Department of Human Services, Alcohol and Drug Abuse Division.



Evaluation overview

Wilder Research was contracted to evaluate the five-year Women's Recovery Services initiative, which includes 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 improves, as well as the extent to which pregnant clients and their newborn infants are healthy and drug-free at birth; and a cost-benefit analysis, which examines the overall cost-benefit of the initiative to Minnesota taxpayers.

Program staff collects and documents 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 is also collected by staff semi-annually. In addition, approximately six- and 12-months after leaving the program, Wilder Research conducts follow-up telephone interviews with clients to assess the family's well-being and progress over time.

This report summarizes program activities from June 2014 through May 2015, or year four of the initiative. 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.

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For more information

This summary presents highlights of the Women's Recovery Services in Minnesota: Year Four Findings report. For more information about this report, contact Monica Idzelis Rothe at Wilder Research, 651-280-2657.

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