



Women's Recovery Services in Minnesota: Year Four Findings

Evaluation Results of a Minnesota Initiative Serving Chemically Dependent Women and Their Children

J A N U A R Y 2 0 1 6

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Acknowledgments

This report reflects the contributions of staff from ten grantee agencies including: 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), 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), and Hope House of Itasca County (Project Clean Start). In addition, Elisabeth Atherly and Ruthie Dallas from the Minnesota Department of Human Services collaborated with Wilder Research on the evaluation design and implementation.

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

Executive summary

Project overview

In 2011, the Minnesota Department of Human Services 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 through the Women's Recovery Services initiative 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.

Evaluation overview

Wilder Research was contracted to evaluate the five-year 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.

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.

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:

- More than half (59%) had used alcohol and/or drugs in the past 30 days.
- Almost all clients (93%) had incomes at or below the federal poverty line.
- Nearly half (46%) were involved with child protection, while 43 percent were involved with the criminal justice system.
- Just 1 in 7 clients (14%) were employed either full time or part time.
- One in 10 clients (11%) was homeless, while 74 percent had experienced homelessness at some point in their lives.
- More than one-third of clients (37%) indicated that they had a severe or chronic physical health problem.
- Three-quarters of clients (77%) had at least one mental health diagnosis; 41 percent had a diagnosis of PTSD.

Findings from the process evaluation

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 (74% to 91% of clients) included substance use support, mental health/counseling services, parenting education, housing information/support, transportation, treatment, physical health/medical care, and healthy relationship support. By closing, staff reported that most clients (80% to 93%) had these needs met. Clients were least likely to have their needs met when it came to dental care, smoking cessation, and housing. The most prevalent needs among children (23% to 31% of children) seen by program staff included physical health issues, immunizations, childcare, developmental needs, and FASD. The vast majority 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 (89%) also received at least one urinalysis test (UA) while in the program; of those who had been 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) abstinent from alcohol/drugs for at least 30 days prior to program exit; c) fully completed an evidence-based parenting program; and d) has a care plan in place at exit. These criteria represent the expected service level for clients served through this grant.

Findings from the outcome evaluation

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

Substance use and recovery support

- Clients were significantly less likely to be using substances at closing as compared to intake. Seventy-one percent were not using alcohol or drugs at all when they exited the program, while 91 percent were either not using or using less at closing.
- Clients were significantly more likely to be connected to Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) when they left the program than when they entered.

Basic needs and overall health and well-being

- Clients were significantly more likely to be housed (not homeless), to have permanent housing, and to be in housing considered “stable” and “supportive to recovery” at closing, as compared to intake.
- At closing, clients were significantly more likely to be employed compared to intake, although the overall employment rate at closing was still relatively low at 22 percent.
- Overall family stability, as assessed by the Strengths and Stressors (S&S) tool, significantly increased for clients by exit; scores moved slightly into the positive range, suggesting family stability was a mild “strength” for clients at closing.

- Clients showed significant improvements in other areas assessed by the S&S: overall basic needs, parenting, family interactions, child well-being, child and family safety, and social support. However, scores also indicated that clients were still experiencing some stress around basic needs, family interactions, parenting, and social support at program exit.
- At exit, 70 percent of clients were either receiving mental health services or connected to a clinic or therapist.

Infant/child health and well-being

- Of the 153 infants born during the reporting period, the vast majority was born full-term and had a normal birth weight, although 1 in 5 spent time in intensive care (NICU) after their birth.
- Of those infants tested at birth, 82 percent had negative toxicology results. Infants who tested positive for substances were most often positive for marijuana or methamphetamines.
- 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, and fewer women were involved in child protection at closing compared to intake.
- Overall contact between clients and their children increased by closing for 41 percent of clients.

Maintenance of outcomes over time

In addition to examining outcomes at closing, 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 are 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.
- Other outcomes improved from intake to closing but did not sustain those gains at follow-up (particularly the 12-month follow-up), including substance use, physical health, and employment.

Findings 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, more than half felt things were at least a little better at follow-up when it came to their relationships with family and friends, their relationships with their children, their financial situation, their living situation, their physical health, and their mental health. Fewer felt their employment situation and their access to reliable transportation were better at the follow-up periods. At least half perceived their relationships with friends and family and their living situation to be strengths for them at follow-up; however, at least half felt that their income and employment situation was a source of stress at follow-up, and at least one-quarter felt that their access to reliable transportation, their physical health, and their mental health were areas of stress at follow-up.

In terms of their sobriety, about half of all respondents (46% 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, one-third were employed, and one-quarter were involved with child protection. Almost all women were in housing at follow-up. Just over half said they had mental health concerns since they left the program. Clients cited their children as their biggest motivating factor for maintaining their sobriety, while stress and feeling overwhelmed was the biggest barrier to sobriety.

Factors contributing to outcomes

Preliminary analyses of the effects of dosage on client outcomes revealed that 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.

Several other factors were also found to have a significant impact on client outcomes. For example, clients who met all four of the core DHS program criteria were more likely to be using less substances or to be abstinent at closing and all follow-up periods. In addition, at exit, they were more likely to be uninvolved with child protection, to have been reunified with a child in out-of-home placement, and to have increased family stability. 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. 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, 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.

Overall conclusions and next steps

Overall, clients and their children showed several improvements by the time they left the programs. 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 appear to be able to maintain improvements in areas such 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. The evaluation will continue to examine client outcomes and trends in the upcoming final report, as well as explore the cost-benefit of the initiative.

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, 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 will continue through June 2016. Currently funded grantees¹ 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), 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), and Hope House of Itasca County (Project Clean Start) (Figure 1).

¹ The grant originally funded 11 grantees but includes only 10 grantees in year four. Two of the original grantees, RS Eden (Eden House) and Rum River Health Services (Women's Recovery and Support Program), are no longer receiving funding and are not represented in this report except in the case of follow-up interview data. An additional grantee, RESOURCE Princeton, was added in year four.

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)	St. 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	St. Paul
Recovery Resource Center	Mothers Achieving Recovery for Family Unity (MARFU)	Minneapolis
Resource Princeton ^a	Women's Recovery and Support Program	Princeton
St. Stephens Human Services	Kateri Residence	Minneapolis
Hope House of Itasca County	Project Clean Start	Grand Rapids

^a Resource Princeton was a new grantee in year four.

The 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 covers program activities from June 2014 through May 2015.

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 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 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/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/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. For the current evaluation year, all forms were available in paper format as well as in a web-based database, into which all data were ultimately entered. No modifications were made to any of the data collection instruments in year four. 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 once per 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 are conducted with clients six months and twelve months after they leave the program. Interviews are conducted by Wilder Research by telephone and ask 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 will continue through the duration of the grant (through February 2015). Participants receive \$25 gift cards for completing interviews.

This report summarizes results from the six- and twelve-month follow-up interviews at the aggregate level, conducted from April 2013 through May 2015. This includes a trend analysis that examines select outcomes for clients and their children over time – from intake to closing to six and twelve months post-exit from the program. Program-level results are available for programs in which a minimum of 30 interviews were completed with program participants; to date, that includes Journey Home, MARFU, Mothers First, and Rise Up in Recovery. Those findings are presented in their program-specific reports.

Analysis

For this report, Wilder Research conducted analysis of the data described above, entered by grantee staff into the Women’s Recovery Services database, for activities that occurred from June 2014 through May 2015 (year four of the grant). Wilder used the database to conduct basic analysis such as frequencies (number of clients) and percentages. Additional 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 were closed during year four and had matching intake information available (intakes may have occurred in year four or any prior grant year). Follow-up interview data are based on all available data through May 2014 (for six-month interviews) or June 2014 (for 12-month interviews). Clients who were served less than 15 days in the program were excluded from all outcome analysis (n=40), as it is not expected that clients with such limited program exposure will benefit from the program to the same degree as longer-term clients.

Limitations

The following summarizes limitations that should be considered when interpreting evaluation data for year four.

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 ten 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 also operates within a unique framework. Some are treatment programs, while others are not; some are residential, whereas others do not provide housing. Programs are also varied in size and located in diverse geographic regions across the state, 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. Programs also have the flexibility to place more or less emphasis on different services and to utilize 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, aggregated results should be interpreted cautiously given program differences.

Interpreting data when there are small numbers of clients involved

It is important to use caution interpreting data when 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. Therefore, it is recommended that tables be examined carefully, and the number of cases be kept in mind when interpreting results as results may not be representative.

Interpreting data when there are large numbers of clients involved

In some 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 also be interpreted with caution and not overemphasized simply because they are statistically significant.

Overview

Summary of clients and children served

The following report summarizes data from the ten grantees funded by the Women's Recovery Services grant through the Department of Human Services, Alcohol and Drug Abuse Division. Women's Recovery Services (WRS) grantees served a total of 951 clients² and 1,931 children³ during the 2014-15 reporting period (June 2014 – May 2015), or year four of the grant (Figures 2-3). Of these, 676 clients and their 1,316 children entered the ten programs during this reporting period; the remaining 275 clients and 615 children first enrolled during the previous reporting period. A total of 631 women and their 1,307 children exited the program during year four.

2. Opened, served, and closed clients in year four

	N
Number of new clients opened this year	676
Number of clients served this year	951
Number of clients closed this year	631

3. Clients' children who were opened, served, and closed in year four

	N
Number of children of clients opened this year	1,316
Number of children of clients served this year	1,931
Number of children of clients closed this year	1,307

Figure 4 summarizes the number of clients served by each program during year four, which ranged from 17 to 330 clients per program.

² 59 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 951 clients served includes some duplication. A total of 892 *unduplicated* clients were served during the 2014-15 reporting period.

³ 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.

4. Clients served by program in year four (N=951)

Women's Recovery Services grantee	Number of clients served	Proportion of total Women's Recovery clients
St. Cloud Hospital Recovery Plus	330	35%
Ramsey County Community Human Services	198	21%
Wayside House	143	15%
Recovery Resource Center	109	11%
Hope House of Itasca County	48	5%
St. Stephens Human Services	31	3%
Fond du Lac Reservation	31	3%
American Indian Family Center	22	2%
Meeker-McLeod-Sibley Community Health Services	22	2%
Resource Princeton	17	2%

Overview of report

The sections that follow provide information about the women and children served by the ten grantee programs during the 2014-15 reporting period. 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 months and twelve months post-closing; an examination of the role of dosage and other factors on outcomes; program-level differences; follow-up interview results; conclusions and issues to consider; and next steps. 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 twelve 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 ten Women's Recovery Services grantees during the 2014-15 reporting 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 (2%). A small proportion (7%) also identified as being of Hispanic origin. The largest group of clients (54%) was between the ages of 25 and 34. The vast majority identified as female (99%) and heterosexual/straight (92%). Nearly one-third of clients (30%) 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=951)

	N	%
Race		
White	506	53%
American Indian/Alaskan Native	216	23%
African American/Black	128	14%
Biracial/Multiracial	76	8%
Asian American	11	1%
Other	14	2%
Ethnicity		
Non-Hispanic origin	880	93%
Hispanic origin	70	7%
Unknown	1	<1%

Note: "Other" racial categories include: Hispanic/Latina (n=9), Mexican/Mexican American (n=5), Somali (n=2), Guyanese (n=1), and Peruvian (n=1).

6. Clients' age at intake (N=951)

	N	%
Clients under 18	4	<1%
Clients 18 – 24	230	24%
Clients 25 – 34	509	54%
Clients 35 – 48	200	21%
Clients 49+	8	1%

7. Clients' gender and sexual orientation at intake (N=951)

	N	%
Gender		
Female	939	99%
Transgender or bigender	2	<1%
Unknown/missing	10	1%
Sexual orientation		
Heterosexual or straight	871	92%
Bisexual	49	5%
Homosexual or lesbian/gay	11	1%
Unsure about sexual orientation	7	1%
Unknown/missing	13	1%

8. Pregnancy status at intake (N=951)

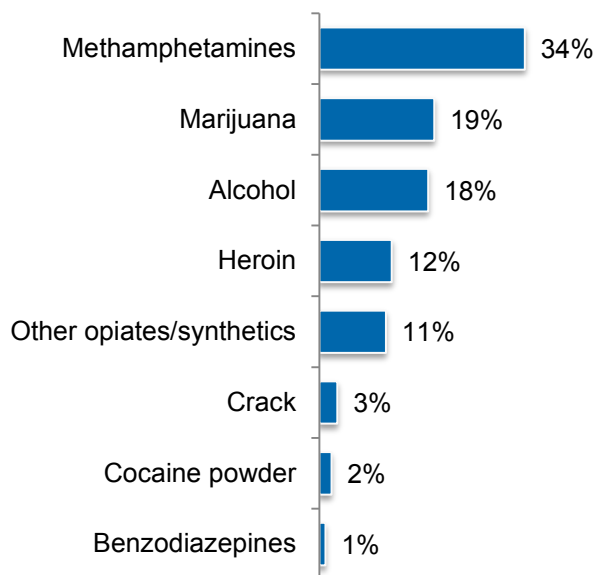
	N	%
Pregnant at intake	282	30%
Not pregnant at intake	665	70%
Unknown	4	<1%
Of those who were pregnant (n=282)		
First pregnancy	60	21%
Not first pregnancy	222	79%

Chemical use at intake

More than half of the clients (59%) served in year four of the grant reported having used alcohol and/or other drugs in the 30 days prior to program enrollment. Among the 558 clients using alcohol and/or other drugs, the most common substances included marijuana (46%), alcohol (44%), methamphetamines (44%), opiates (other than heroin) (19%), and heroin (14%). Most clients (84%) 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 (34% - up from 29% last year), followed by alcohol (18%), marijuana (19%), heroin (12%), and other opiates (11%). Among those with a secondary drug of choice, the most common secondary drugs were marijuana (19%), alcohol (17%), or methamphetamines (15%); 27 percent of clients did not report a secondary drug of choice (Figures A32a-A32b, Appendix A).

9. Primary drug of choice (N=951)



For the 367 clients reporting no alcohol or drug use within 30 days of intake,⁴ their length of sobriety at intake ranged from 30 days to 3.3 years, with an average of 133 days, or just over four months (Figure A31c, Appendix A).

⁴ 415 clients reported no recent alcohol or drug use; however, only 392 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 392 clients.

Treatment participation at intake

About three-quarters of clients (73%) were in treatment when they entered the grant-funded programs. Most often, this was either inpatient treatment (40%) or outpatient treatment with housing provided by the program (44%).⁵ About three-quarters of clients (76%) also had a prior treatment episode – most often, one to two episodes (49%), although 28 percent had three or four previous treatment experiences, and 23 percent had been in treatment five or more times in the past. Eighteen percent of women had their children living with them in treatment (down slightly from 22% last year), either in inpatient treatment (6% of all women in treatment) or outpatient treatment with housing (12% of all women in treatment). A total of 67 children were living with their mothers in inpatient treatment, while 124 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 (45%) were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) at intake (down slightly from 51% last year). Many clients also reported receiving recovery support from family and friends (75%), support groups offered through the program (50%), support groups in the community (47%), and faith-based groups (26%) (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):

- 70% of clients had at least a high school diploma or GED at intake, and 41 percent attended at least some college.
- 7 percent of clients were in a school or career training program.

⁵ 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).

- The majority of clients (85%) were unemployed at intake, with 18 percent unemployed and looking for work; 14 percent were employed either full time or part time.
- Most clients were either living in the home of a friend or relative (37%) or in their own home (28%) at enrollment. Eleven percent were homeless at intake.
- Living arrangements were considered “supportive to recovery” for nearly two-thirds of clients (64%) and “stable” for slightly fewer clients (54%).⁶
- 74% of participants (up from 68% last year) had experienced homelessness at some point in their lives, usually one to three times (62% of those who had been homeless), although 6 percent 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):

- More than one-third of clients (37%, up slightly from 33% last year) indicated that they had a severe or chronic physical health problem.
- 45% percent of clients had visited the emergency room in the past six months, an average of two visits during that period.
- 22%of clients had been hospitalized in the six months prior to intake, an average of six days.
- 77% of clients had at least one mental health diagnosis (similar to 75% last year); of those with a diagnosis, anxiety disorders (79%) and depressive disorders (76%) were most common. A fair number of participants also reported bipolar disorder (26%), attention-deficit and disruptive behavior disorders (23%), and personality disorders (16%).
- A small proportion of clients had been diagnosed with FASD (2%) or a Traumatic Brain Injury (TBI) (5%) at intake, while 41 percent had a diagnosis of PTSD.

⁶ 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.

- The majority of clients had either public (87%) or private medical insurance (3%); most had a primary care physician, clinic, or both (78%).
- 10% percent of clients reported they were currently in a relationship with a partner who was physically or emotionally violent (up slightly from 7% last year).

Resources at intake

Almost all clients served in year four (93%) had incomes at or below the federal poverty line at intake (same proportion as last year). Clients were connected to a variety of public benefits and community resources at intake, with the most common being food support or SNAP (49%), MFIP cash assistance (26%), WIC (24%), and General Assistance (17%) (Figures A19-A20, Appendix A).

Systems involvement at intake

Forty-six percent of clients were involved with child protection (up from 41% last year), while 43 percent were involved with the criminal justice system (down slightly from 46% last year) at program enrollment. Fourteen 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 ten grant-funded programs had a total of 1,745 children (excluding new infants).⁷ Children were from varied racial backgrounds: 40 percent were white, 23 percent were American Indian, 20 percent were multiracial, and 13 percent were African American/black. Twelve percent of children were of Hispanic origin. Children's ages varied widely, although most (64%) were between age 2 and 11. An equal number of boys and girls were served (Figures 10-12). In addition, 153 infants were born to mothers served by the programs during year four. Babies were primarily white (40%), African American/black (27%), or American Indian (11%); ten percent were of Hispanic origin (Figures A24a-A26, A38a-38b, Appendix A).

⁷ 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.

10. Race and ethnicity of children at intake (N=1,745)

	N	%
Race		
White	694	40%
American Indian/Alaskan Native	401	23%
Biracial/Multiracial	351	20%
African American/Black	218	13%
Asian American	31	2%
Other	20	1%
Unknown/missing	30	2%
Ethnicity		
Hispanic origin	207	12%
Non-Hispanic origin	1489	85%
Unknown/missing	14	1%

Note: "Other" racial categories were not collected.

11. Age of children at intake (N=1,745)

	N	%
Children under age 2	336	19%
Children age 2 – 4	415	24%
Children 5 – 11	702	40%
Children 12 – 18	265	15%
Adult children (19 or older)	13	1%
Unknown/missing	14	1%

12. Gender of children at intake (N=1,745)

	N	%
Male	865	50%
Female	863	50%
Unknown/missing	17	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) (30%), or their mother (27%). About one in five was living with their father (18%) or in a non-kinship setting such as foster care (19%). 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 (93%) were up-to-date on their immunizations.
- Only 15 children (1%) had been diagnosed with FASD.
- 19% of children were receiving mental health services, representing 216 clients.
- The majority of children (94%) 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 ten 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 729 women who were referred to the ten grant-funded programs during year four. Most of these referrals were from treatment (41%). Other primary referral sources include clinics and hospitals (14%), self-referrals (13%), child protection (10%), and corrections (4%). Some of the women referred to the program received various pre-engagement services, including brief intervention services (44%), referrals to other programs (32%), a screening for chemical dependency (12%), a chemical dependency assessment (7%), and referrals for specific services (5%) (Figures A2-A6, Appendix A).

Figure 13 summarizes the status of these initial referrals at the end of the reporting period, although it should be noted that the number of those who entered the program from the initial referral (N=240) is a substantial undercount, as 676 women are known to have entered one of the grant-funded programs this past year, based on intakes completed. This 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. As a result, the number and proportion of women with other enrollment statuses should be interpreted cautiously (Figure A7, Appendix A).

13. Enrollment status of women referred to the program (N=729)

	N	%
Entered program	240	33%
Never reached	130	18%
Refused services	108	15%
Status pending	103	14%
Ineligible for services	83	11%
Unknown/missing	65	9%

Note: Because it is known that 676 women entered the 10 grant-funded programs this reporting year (in contrast to the 240 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 951 women served in year four, the most common referral sources include: treatment (27%), self-referral (21%), child protection (19%), and corrections (7%) (Figure A5, Appendix A).

Length and amount of participation

For the 631 clients who left the programs in the 2014-15 reporting period, their length of participation ranged from one day to 21.5 months, although, on average, clients were enrolled for 4.9 months (Figure A43a, Appendix A).

On average, clients had 77 contacts with program staff while in the program (up from 64 average contacts last year). Contact with staff was primarily in group settings (about 36 group contacts on average). Clients also had an average of 30 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 631 clients who exited one of the grant programs during year four, 583 (92%) had at least one in-person contact with staff per month, while 80 percent had at least two in-person contacts with staff per month. Overall, program staff spent a total of between 15 minutes and 987 hours with clients during the reporting period, or about 87 hours on average (up from 77 hours on average last year) (Figures B9-B11, Appendix B).

About 6 in 10 clients (61%) were at least somewhat engaged in carrying out their program goals and case plan, as reported by program staff. Seventy-two percent had a continuing care plan in place when they exited the program (Figures A83-A84, Appendix A).

Meeting program criteria

DHS 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

A total of 120 clients (19%) met all of these program criteria (up slightly from 16% last year). As expected, these clients were enrolled in the program longer, ranging from 6 to 22 months, or an average of 9.6 months. Clients who did not meet all of the program criteria (82%) were enrolled for an average of 3.7 months (Figures A44b-A44c, Appendix A). Clients were most likely to meet the criteria related to developing a care plan with staff (72%) and being abstinent at exit (58%). Fewer clients had completed an evidence-based parenting curriculum (47%) or had been enrolled for a minimum of six months (33%). Eighteen percent of clients met all program criteria **and** were also considered to be “doing well” by program staff, while 12 percent of clients did not meet any of the four criteria at closing (Figure A46, Appendix A).

Figure 14 illustrates the number and proportion of clients in each of the ten grant-funded programs who met all of the program criteria at exit, which ranged from 0 to 46 percent.

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

	Total N	Number who met criteria	Percent who met criteria
Hope House of Itasca County	35	16	46%
St. Stephens Human Services	21	8	38%
Wayside House	104	33	32%
American Indian Family Center	11	2	18%
St. Cloud Hospital Recovery Plus	247	38	15%
Ramsey County Community Human Services	119	13	11%
Meeker-McLeod-Sibley Community Health Services	10	1	10%
Recovery Resource Center	63	4	6%
Fond du Lac Reservation	16	0	0%
Resource Princeton	5	0	0%
All programs	631	120	19%

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 (91%)
- Mental health/counseling (91%)
- Parenting education (91%)
- Housing information/support (88%)
- Recovery coach (87%)
- Transportation (86%)
- Treatment (84%)
- Healthy relationships (78%)
- Physical health/medical care (74%)

By closing, staff reported that most clients (80% to 93%) had these needs met. Although these needs were relatively less prevalent, at least 90 percent of clients also had their needs met when it came to prenatal care (97%), breastfeeding (97%), FASD support (95%), nutrition (93%), credit repair (92%), public benefits (92%), individual/family recreational activities (91%), domestic/family violence issues (91%), wellness/fitness (90%), and WIC (90%).

The services that clients most often used onsite at programs included: credit repair (100%), FASD (99%), recovery coaching (98%), parenting education (98%), housing information/support (98%), wellness/fitness (98%), individual/family recreational activities (98%), healthy relationships (97%), financial management/ budgeting (97%), nutrition (96%), and transportation (95%). Needs related to WIC (96%), dental care (96%), postnatal care (95%), prenatal care (95%), MFIP (95%), public benefits (92%),

and physical health/medical care (91%) were most often met through referrals to offsite providers.

Clients were least likely to have their needs met when it came to dental care (26%), smoking cessation (23%), and housing (17%) (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 (31%), physical health/medical care (30%), childcare (29%), developmental needs (23%), and FASD (23%) (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 (94%)
- Immunizations (92%)
- Safe sleep (92%)
- Developmental needs (95%)
- Physical health/medical care (94%), and
- Culturally-specific needs (92%).

The program generally met children's needs related to FASD (95%), developmental needs (93%), and safe sleep (92%) through direct services provided onsite at the program. Needs related to parenting education (100%), physical health/medical care (99%), dental care (98%), early childhood educational services (98%), school-age educational services (98%), immunizations (95%), and mental health/ counseling (90%) were most often met through referrals to offsite providers (Figure B3, Appendix B).

Very few children had needs that were not met. A small proportion did not have their needs met in the areas of early childhood educational services (10%), dental care (9%), mental health/counseling (9%), and child/youth support groups (7%) (Figure B4, Appendix B).

These findings should be considered in light of other data that indicates only 518 of the 1,307 children whose parent closed in the program this past year (40% of all children whose parents left the program) received some sort of services directly from staff at one of the programs (Figure A67b, Appendix A).

Fathers' needs

A total of 24 fathers were served from June 2014 through May 2015. Between two and four fathers received help in any of the service areas available through the programs, including basic needs, health-related needs, life skills, parenting-related skills, relationships, treatment/treatment support, or other miscellaneous services. Most of these needs were met with services provided onsite at one of the programs, although a few, such as health-related needs, were met through referrals to other service providers (Figures B5-B6, Appendix B).

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 from June 2014 through May 2015. The most common screenings/assessments that clients received were a mental health screening (81%), a Rule 25 chemical health assessment (78%), a physical health assessment (72%), and a mental health assessment (68%). More than half of clients (60%) also received a FASD screening, but none received a FASD assessment. About one-quarter of clients (23%) received a prenatal assessment. Thirty percent of children received a FASD screening, but none received a FASD assessment. About one-quarter of clients' children also received a developmental assessment (27%) or a screening for prenatal alcohol or drug exposure (26%) (Figures B7-B8, Appendix B).

Most of the 631 clients who closed in year four (89%) received at least one urinalysis test (UA) while in the program; on average, clients received seven UAs while in the program. Of those clients who received one or more UA, 55 percent had at least one positive UA (up slightly from 50% last year). Clients were most likely to be positive for methamphetamines (34% of those with a positive UA - up from 25% last year), marijuana (30%), benzodiazepines (26%), opiates/synthetics other than heroin (22% - up slightly from 18% last year), and medications taken as directed (18%) (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. During year four, clients were most likely to receive financial support for housing and transportation during the first half of the grant year (June – November 2014), but for childcare during the second half of the year. The average amount clients received during the year was:

- Housing (\$1,259 – first half of the year; \$906 – second half of the year)
- Child care (\$414 – first half of the year; \$1,623 – second half of the year)
- Transportation (\$1,101 – first half of the year; \$872 – second half of the year)
- Emergency needs (\$811 – first half of the year; \$675 – second half of the year)
- Other support, typically recreational activities and other incentives (\$335 – first half of the year; \$709 – second half of the year) (Figure A42a, Appendix A).

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

Outcome results

The following section summarizes outcome data collected about clients and their children during year four of the grant (2014-15 reporting period), 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, as well as other factors contributing to client and child outcomes, including program-level differences.

For each key outcome, differences from intake to closing 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 from intake to closing for clients 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 ten or more percentage points suggests a more meaningful difference.

Key outcomes: Intake to closing

Several key indicators of success for this grant were identified, in partnership with the 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 in year four for whom change in substance use was known, 72 percent were not using alcohol or other drugs when they exited the program (similar to the 70% last year). Of these, 54 percent had stopped using by exit, while 18 percent had not been using at either intake or exit. An additional 19 percent of clients showed reduced use by exit. A small proportion of clients were either still using at program exit (3%) or using substances more (6%) (Figure 15).

15. Change in alcohol and drug use from entry to closing (N=531)

	N	%
Not using substances at exit		
Decreased use: not using drugs/alcohol at all	286	54%
No change: not using drugs/alcohol at intake or case closing	93	18%
Using substances less at exit		
Decreased use: still using drugs/alcohol but using less	103	19%
Using substances more or at the same level at exit		
Increased use: using drugs/alcohol more	32	6%
No change: using drugs/alcohol at the same level	17	3%

Note: Change in substance use from entry to closing was unknown or missing for 100 clients, who 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 70 percent to 100 percent, or 91 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	%
American Indian Family Center	6	6	6/6
Wayside House	100	99	99%
St. Cloud Hospital Recovery Plus	217	207	95%
Ramsey County Community Human Services	88	78	89%
Hope House of Itasca County	32	28	88%
Meeker-McLeod-Sibley Community Health Services	5	4	4/5
St. Stephens Human Services	17	13	76%
Resource Princeton	4	3	3/4
Recovery Resource Center	52	37	71%
Fond du Lac Reservation	10	7	70%
Overall (across all programs)	531	482	91%

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 100 clients who are therefore excluded from these calculations. Percentages reported here for those programs differ from those reported in program-specific reports, which may have included 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 in year four (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=484)

	Intake		Closing	
	N	%	N	%
Used substances within the 30 days prior to...	295	61%	124	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 39 percent to 84 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	%
St. Cloud Hospital Recovery Plus	213	179	84%
Wayside House	101	82	81%
American Indian Family Center	8	6	6/8
Hope House of Itasca County	34	21	62%
Ramsey County Community Human Services	77	46	60%
Resource Princeton	5	3	3/5
Meeker-McLeod-Sibley Community Health Services	7	4	4/7
St. Stephens Human Services	15	8	53%
Recovery Resource Center	23	9	39%
Fond du Lac Reservation	4	2	2/4
Overall (across all programs)	484	360	74%

Note: Results for most programs 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 there were too few matched cases to analyze for American Indian Family Center, Meeker-McLeod-Sibley Community Health Services, and Resource Princeton, the results presented here for these grantees reflect available closing data only, if there is a sufficient number of cases, or the data are excluded.

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. Because grantee-specific data were pulled and analyzed at a slightly time different than aggregate data, the overall totals may not add up exactly to the program-specific totals. In total 631 women had cases closed during this period, matched data that met these criteria was available for 484.

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

Length of sobriety

Among the 340 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 3.3 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 across programs (6.6 months), which ranged from one month to a little over three years.

19. Length of sobriety at closing, by program

Grantee	Total N*	Range (months)	Mean (months)
St. Stephens Human Services	9	2 – 26	11.8
American Indian Family Center	6	6 – 24	11.0
Fond du Lac Reservation	9	1 – 16	11.0
Wayside House	79	1 – 20	6.4
St. Cloud Hospital Recovery Plus	174	1 – 40	5.8
Hope House of Itasca County	12	1 – 10	5.4
Recovery Resource Center	72	1 – 25	4.9
Ramsey County Community Human Services	66	1 – 25	3.9
Meeker-McLeod-Sibley Community Health Services	5	1 – 5	3.3
Resource Princeton	3	1 – 5	3.2
All programs	340	1 – 40	6.6

* 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 (it was missing for 113 clients). Total Ns here differ from Figure 16 because the above figure is based on clients who have length of sobriety data available. Furthermore, the calculations used in Figure 16 exclude 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.

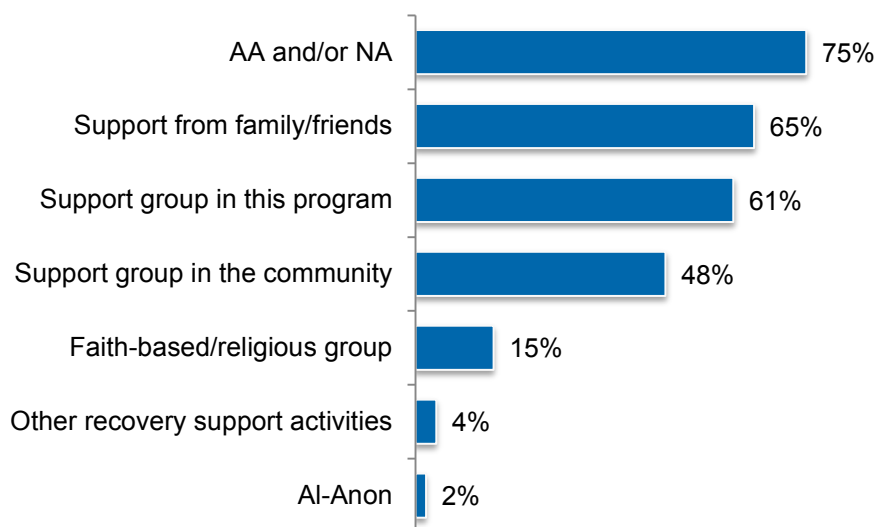
Tobacco use

A majority of clients (73%) continued to use tobacco at the same level at exit as before they entered the program. Four percent had decreased their usage, 10 percent had not been using tobacco at either program entry or exit, and 13 percent reported using tobacco less at exit (Figure A73, Appendix A). A matched analysis of clients from intake to closing found that 86 percent used tobacco at intake, compared to 87 percent at closing, which was not a statistically significant difference (Figure C2, 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 year four, 75 percent were involved with AA and/or NA at closing. Program participants also sought support from a variety of other sources, primarily family and friends (65%), support groups offered through the grant-funded programs (61%), and support groups offered in the community (48%) (Figure 20).

20. Participation in recovery support activities at closing (N=631)



Based upon a matched analysis of clients from intake to closing, significantly more clients were connected to Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) at closing (77%), as compared to intake (44%) (Figure 21).

21. Change in participation in Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) from intake to closing (N=524)

	Intake		Closing	
	N	%	N	%
Clients involved in AA and/or NA at...	230	44%	403	77%***

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

Treatment

As noted earlier, nearly three-quarters of clients (73%) were in treatment when they entered one of the grant-funded programs. Of those, 71 percent remained in treatment throughout the program. The remainder left or completed treatment during their time in the program and did not reenter (24%), or left and re-entered treatment while enrolled in the program (3%).

Of those *not* in treatment at intake (27% of all clients), 28 percent (46 clients) went on to enter treatment at some point while in the program (Figure 74a, Appendix A).

Thirteen percent of clients received medication-assisted chemical-health treatment while in the program, primarily methadone and suboxone (Figures 78a-78b, Appendix A). Just 16 clients (3%) were reported to be in detox while in the program (Figure A79, Appendix A).

Healthy, drug-free babies

A total of 153 infants were born to mothers in the ten grant-funded programs during the past year. All of these mothers (with the exception of one, for whom data was not available) received prenatal care during the pregnancy. Babies were generally healthy at birth, although 1 in 5 were positive for substances (Figures A39a-A39e, A40a-A40b, Appendix A):⁸

- The majority of infants were born full-term (93%) and had a normal birth weight (89%).
- A total of 32 infants (21%) spent time in intensive care (NICU) for an average of 6 days, although stays ranged from 1 to 25 days.
- Among infants tested at birth (82% of all infants born), 82 percent had a negative toxicology result, while 20 percent had a positive toxicology result (up slightly from 16% last year), primarily for marijuana (44% of infants with a positive toxicology result) or methamphetamines (20% of infants with a positive toxicology result). Nineteen percent of infants born this reporting period were either not tested or toxicology results were unknown/missing.
- 54% of infants were born to clients in one program that particularly targets pregnant women (Ramsey County Human Services) (Figure 22).

⁸ No clients gave birth during the reporting period in one program: American Indian Family Center.

22. Infants with negative toxicology results, by program

Grantee	Total N*	Number of infants with negative toxicology results	Percent of infants with negative toxicology results
Recovery Resource Center	6	6	6/6
Hope House of Itasca County	6	6	6/6
St. Stephens Human Services	3	3	3/3
St. Cloud Hospital Recovery Plus	32	30	94%
Wayside House	9	7	7/9
Ramsey County Community Human Services	65	46	71%
Fond du Lac Reservation	3	2	2/3
Resource Princeton	2	1	1/2
Meeker-McLeod-Sibley Community Health Services	3	-	-
American Indian Family Center	3	-	-
Overall (across all programs)	124	101	82%

Note: Percentages are not presented in cases with fewer than 10 total respondents because such calculations would be misleading. Toxicology information was not available for the 3 infants born to mothers in the Meeker-McLeod-Sibley Community Health Services program or for the 3 infants born to mothers in American Indian Family Center's program.

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.

* 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.⁹ 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 more stress in the areas described above, while positive scores indicate more stability, such that the above factors are areas of strength for clients.

Average total scores were found to have significantly improved ($p < .001$) from intake (-16.8) to closing (2.5) for the 420 participants for whom matched assessments were

⁹ 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.

available (Figure 23).¹⁰ At closing, the total average score moved into the positive range, but just barely, suggesting that while family stability improved for families by closing, it was only a mild “strength” at program exit.

23. Strengths and Stressors mean scores at intake and closing: Family stability (total score) (N=420)

	Possible range of scores	Mean score at intake	Mean score at closing
Family stability score (total score)	-84 to +56	-16.8	2.5***

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: *** $p < .001$, ** $p < .01$, and * $p < .05$.

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.

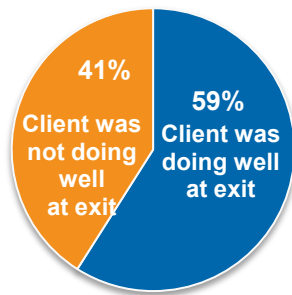
Overall status at closing

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.¹¹ Overall, staff reported that 59 percent of clients who left the program this past year were “doing well” at exit (up slightly from 56% last year) (Figure 24).

¹⁰ Matched Strengths and Stressors assessments were available for 540 clients across the 10 programs.

¹¹ Each program defined “doing well” based on internal program expectations for client success. Although there was individual 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.

24. Staff perception of client status at program exit (N=631)



For the 41 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 (75%) or the client was not compliant with program requirements (69%). About one-third of those “not doing well” were actively using substances when they left (36%) or could not be reached or found (35%), while 23 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 38 percent to 71 percent (Figure 25). The variability across programs is likely attributable to how “strict” individual programs are in their classification of clients as “doing well” or “not doing well;” thus, comparison between programs is cautioned.

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

Grantee	Total N	N	%
Ramsey County Community Human Services	119	85	71%
Fond du Lac Reservation	16	11	69%
Wayside House	104	68	65%
American Indian Family Center	11	7	64%
Hope House of Itasca County	35	22	63%
Resource Princeton	5	3	3/5
St. Cloud Hospital Recovery Plus	247	140	57%
Meeker-McLeod-Sibley Community Health Services	10	5	50%
St. Stephens Human Services	21	8	38%
Recovery Resource Center	63	24	38%
All programs	627	373	59%

Note: Cases in which this “doing well” status was missing (n=4) were excluded from the totals and 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. 77%). They were also more likely to be in a permanent housing situation, such as their own home or permanent supportive housing (54% vs. 40%), in housing deemed supportive to recovery (75% vs. 63%), and in stable housing (65% vs. 52%) at closing compared to intake. More information is available in Appendix C, Figures C3-C6.

26. Changes in housing

Housing situation	Total N	Intake		Closing	
		N	%	N	%
In any housing/not homeless ^a	513	393	77%	455	89%***
In own home or permanent supportive housing ^b	355	143	40%	191	54%***
“Stable” housing ^c	556	290	52%	362	65%***
Housing “supportive to recovery” ^d	526	332	63%	396	75%***

^a 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).

^b Client lives in her own home or permanent supportive housing, rather than a friend's/relative's home, transitional housing, or sober house.

^c 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.

^d 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.

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

Overall, two-thirds of clients (66%) reported having lived in their current location for less than six months at the time of program exit. Sixteen percent had been living in their current location for six months to less than one year, and 12 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 36 days (Figures A52g-A52h, Appendix A).

Across programs, the percentage of clients who were ***housed (not homeless)*** at closing ranged from 80 percent to 100 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 38 percent to 75 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) ^a			In own home or permanent supportive housing (not other, less stable housing) ^b		
	Total N	N	%	Total N	N	%
Fond du Lac Reservation	13	13	100%	11	6	55%
Wayside House	98	92	94%	53	20	38%
St. Cloud Hospital Recovery Plus	210	191	91%	153	76	50%
Hope House of Itasca County	33	29	88%	22	16	73%
Ramsey County Community Human Services	109	91	84%	86	51	59%
Recovery Resource Center	17	14	82%	13	8	62%
American Indian Family Center	11	9	82%	11	7	64%
Meeker-McLeod-Sibley Community Health Services	10	8	80%	10	7	70%
St. Stephens Human Services	9	7	7/9	4	3	3/4
Resource Princeton	5	3	3/5	5	1	1/5
All programs	513	455	89%	355	191	54%

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. Because grantee-specific data were pulled and analyzed at a slightly time different than aggregate data, the overall totals may not add up exactly to the program-specific totals.

^a 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 GRH, 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.

^b 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 GRH, or a sober house/halfway house.

The proportion of clients who were in **stable housing** at closing, as assessed by staff, ranged from 31 percent to 74 percent, or 65 percent overall. A somewhat higher proportion of clients overall (75%) 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 50 percent to 90 percent (Figure 28).

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

	“Stable” housing ^a			“Supportive to recovery” housing ^b		
	Total N	N	%	Total N	N	%
Wayside House	97	72	74%	95	72	76%
Hope House of Itasca County	35	26	74%	33	28	85%
Fond du Lac Reservation	11	8	73%	10	9	90%
Ramsey County Community Human Services	114	78	68%	106	86	81%
St. Cloud Hospital Recovery Plus	219	138	63%	218	159	73%
Meeker-McLeod-Sibley Community Health Services	10	6	60%	10	7	70%
St. Stephens Human Services	15	7	47%	14	7	50%
Recovery Resource Center	42	19	45%	27	17	63%
American Indian Family Center	11	10	31%	11	7	64%
Resource Princeton	5	1	1/5	5	2	2/5
All programs	556	362	65%	526	396	75%

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.

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

^a Stable housing = 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.

^b Supportive to recovery housing = 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). More information is available in Appendix C, Figure C7.

- Clients were more likely to be employed either full time or part time at closing (22%) as compared to intake (15%), although it should be noted that the employment rate overall was still relatively low at closing and the increase – although statistically significant – is less than 10 percentage points.
- The same proportion of clients was in school or a career training program at closing (7%) and intake (7%).

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

	Total N	Intake		Closing	
		N	%	N	%
Employed full time or part time	531	79	15%	118	22%***
In school or a career-training program	581	42	7%	40	7%

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

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 64 percent.

30. Clients who were employed at closing, by program

	Total N	N	%
Fond du Lac Reservation	11	7	64%
Hope House of Itasca County	26	14	54%
Ramsey County Community Human Services	100	30	30%
St. Cloud Hospital Recovery Plus	208	46	22%
Meeker-McLeod-Sibley Community Health Services	10	2	20%
American Indian Family Center	11	2	18%
Recovery Resource Center	50	8	16%
Wayside House	102	9	9%
Resource Princeton	5	1	1/5
St. Stephens Human Services	15	0	0%
All programs	531	118	22%

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 ($p < .001$) from intake (-8.5) to closing (-0.2) for the 532 participants for whom matched assessments were available (Figure 31). The statistically significant increase over time indicates that clients' overall well-being in the areas described above 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 basic needs at program exit.

31. Strengths and Stressors mean scores at intake and closing: Environmental Factors (N=532)

Strengths and Stressors factor	Possible range of scores	Intake Mean score	Closing Mean score
Environmental Factors	-27 to +18	-8.5	-0.2***

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 (38%) compared to intake (45%) – the first year in which there was a decrease in this area (Figure 32).
- A total of 112 children (up from 90 last year) were reunified with their mothers (after a formal placement) by closing. This is about 18 percent 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 10 percent of children, this percentage likely underestimates the proportion of children reunified with their mothers (Figure A61, Appendix A).

- Twenty-four of the 153 babies (16%) born to mothers served during the program in year four were placed out of the home by child protection following their birth (up from 10% last year) (Figure A41, Appendix A).

32. Change in involvement in child protection from intake to closing (N=575)

	Intake		Closing	
	N	%	N	%
Involved with child protection at...	257	45%	221	38%***

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 (44%) to closing (45%).
- Significantly fewer women, however, had been arrested in the 30 days prior to closing (5%) compared to the 30 days prior to intake (16%).

33. Change in criminal justice involvement from intake to closing

	Total N	Intake		Closing	
		N	%	N	%
Involved with the criminal justice system	561	249	44%	251	45%
Arrested in the prior 30 days	534	84	16%	28	5%***

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

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 (5 programs), Nurturing Parenting (3 programs), Parenting Wisely (2 programs), and Growing Great Kids (1 program). 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 many tribal communities.

- Almost half of the women (47%) fully completed one of the above curricula, while 31 percent participated in a parenting program but did not complete it. About 1 in 5 women (21%) did not participate in an evidence-based parenting program (Figure A82a, Appendix A).
- Many clients (65%) 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 percent fully completed one of the above children's programs while five percent partially completed a program. Almost three-quarters (72%) did not participate in a program. Participation was unknown for 10 percent 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, while more positive scores indicate parenting is an area of strength for the client.

Average scores for Parental Capabilities significantly improved from intake (-5.0) to closing (-0.4) for the 442 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 (-3.0) to closing (-0.4), although this domain also remained mildly stressful for families at closing (Figure 34).

34. Strengths and Stressors average scores at intake and closing: Parental Capabilities and Family Interactions (N=442-452)

Strengths and Stressors factor	Possible range of scores	Intake Average score	Closing Average score
Parental Capabilities	-18 to +12	-5.0	-0.04***
Family Interactions	-12 to +8	-3.0	-0.4***

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

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 41 percent of clients. Contact remained the same for 39 percent and had decreased for 11 percent of clients. This information was not available for 10 percent of clients (Figure A65, 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 (-0.7) to closing (1.7) for the 193 children for whom matched assessments were available, indicating that overall child well-being did improve by closing (Figure 32). The average score moved just into the positive range at closing, suggesting Child Well-being was unlikely to be an area of concern at program exit, although it should be noted that the overall score was still relatively low.

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 (1.7) to closing (3.0) for the 478 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 (Figure 35).

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	193	-0.7	1.7*
Child and Family Safety (parent-level)	-15 to +10	478	1.7	3.0***

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

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 (37% of women reported severe or chronic health problems at intake). During year four (Figure 36):

- Clients were significantly more likely to have medical insurance at closing (98%) as compared to intake (90%); 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 (90%) as compared to intake (78%).
- The vast majority of clients' children were current on their immunizations at both intake (97%) and closing (99%).
- A small proportion of clients reported involvement in a domestic violence relationship at both intake (9%) and closing (7%); 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	565	509	90%	555	98%***
Child has medical insurance	979	956	98%	978	100%***
Client has a primary care physician and/or clinic	550	431	78%	495	90%***
Child is current on immunizations	976	949	97%	968	99%***
Client is involved in a domestic violence relationship	501	46	9%	36	7%

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

Mental health

Many women (77% at intake) and their children seeking recovery services also face mental health challenges, and the program aims to address these issues as well. During year four:

- At either intake or closing, about two-thirds of all clients had been diagnosed with depressive disorders (67%) and anxiety disorders (65%). A number of clients also had the following diagnoses: bipolar disorder (23%), ADHD (21%), and a personality disorder (19%) (Figure A54c, Appendix A).
- One-quarter of women (26%) were diagnosed with a new mental health condition by closing. The most common diagnoses at closing (among all women who closed) were depressive disorders (55%) and anxiety disorders (54%) (Figure A53, Figure A54b, Appendix A).
- About half of all clients (49%) were receiving mental health services at closing, and another 21 percent were connected to a clinic or therapist if the need for services arose. About 1 in 6 clients (16%) were in need of mental health services at closing but were not connected to a clinic or therapist (Figure A54d, Appendix A).
- Nearly one-third of clients (31%) entered the program with a diagnosis of PTSD, and an additional six percent were diagnosed while in the program (Figure A55d, Appendix A).

Fetal Alcohol Spectrum Disorder and Traumatic Brain Injury

- Few participants ($n=6$) were diagnosed with FASD either before (1%) or while enrolled in the program ($<1\%$), although 21 additional clients (3%) were presumed to have FASD at closing (Figures A55a-A55b, Appendix A).

- Three percent of clients entered the program with a diagnosis of Traumatic Brain Injury (TBI); no clients 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 ($p < .001$) from intake (-3.4) to closing (-0.4) for the 495 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=539)

Strengths and Stressors factor	Possible range of scores	Average score	
		Intake	Closing
Social Supports	-12 to +8	-3.4	-0.4***

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 to 12 months after program exit – to examine the extent to which changes are maintained after clients leave the program.¹² 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

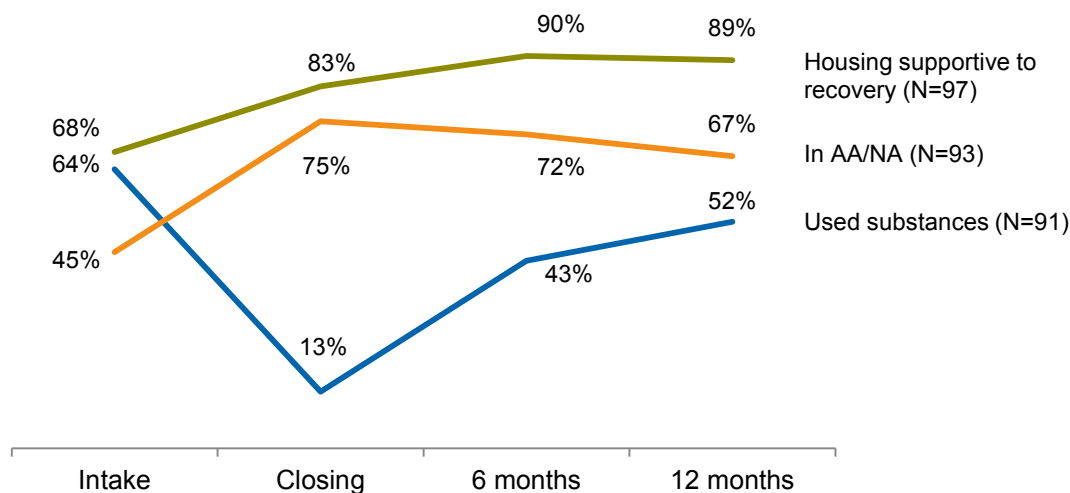
Helping women achieve and maintain sobriety is one of the major goals of the initiative. Results indicate that maintaining sobriety long-term is challenging, however. As depicted

¹² 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.

in Figure 38, while there is a significant decline in recent substance use from intake (64%) to closing (13%), 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 52 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, women continue to utilize these supports after they leave the program. While less than half of women (45%) were involved in AA/NA at intake, three-quarters (75%) were involved at closing, and this level of involvement stayed relatively steady at the 6-month (72%) and 12-month (67%) follow-up periods. Similarly, while 68 percent of women were in housing supportive to their recovery at intake, this increased to 83 percent of women at closing, and remained high six months (90%) and 12 months (89%) later (Figure 38).

38. Trend analysis of substance use and sobriety support



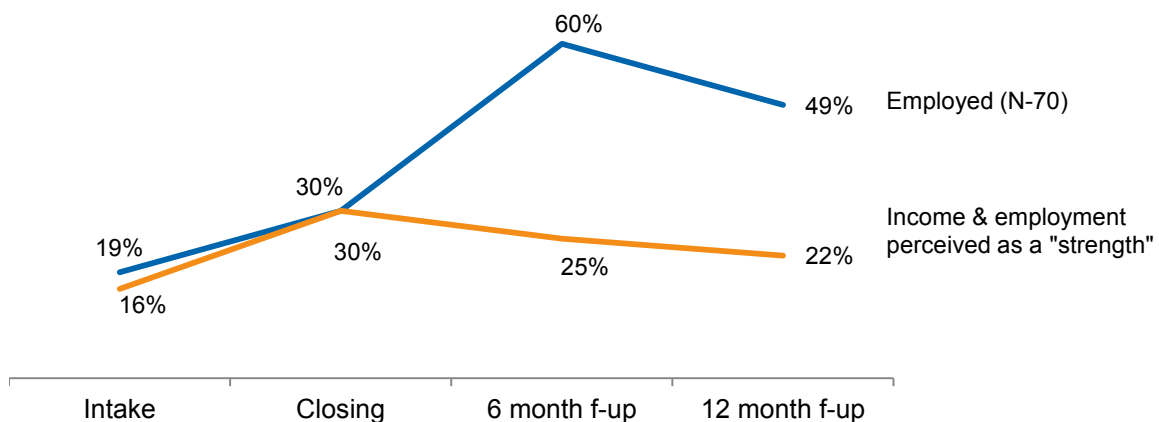
Note: Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. The following differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$: "used substances in the past 30 days" – intake to closing***, "used substances in the past 30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

Employment and income

The proportion of women who were employed grew from intake (19%) to closing (30%), and continued to rise by the 6-month follow-up to 60 percent. There was a slight decline at the 12-month follow-up, however, with 49 percent of women reporting employment one year after leaving the program (Figure 39). This drop may occur for a variety of reasons (e.g., health issues, children, returning to school, etc.), including the fact that about half of all women (in the matched analysis) report having used substances in the year after leaving the program and many (45 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 16 percent. This grew to 30 percent at closing, and then declined slightly at the 6-month (25%) and 12-month (22%) 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 either a strength, a stressor, or neither.

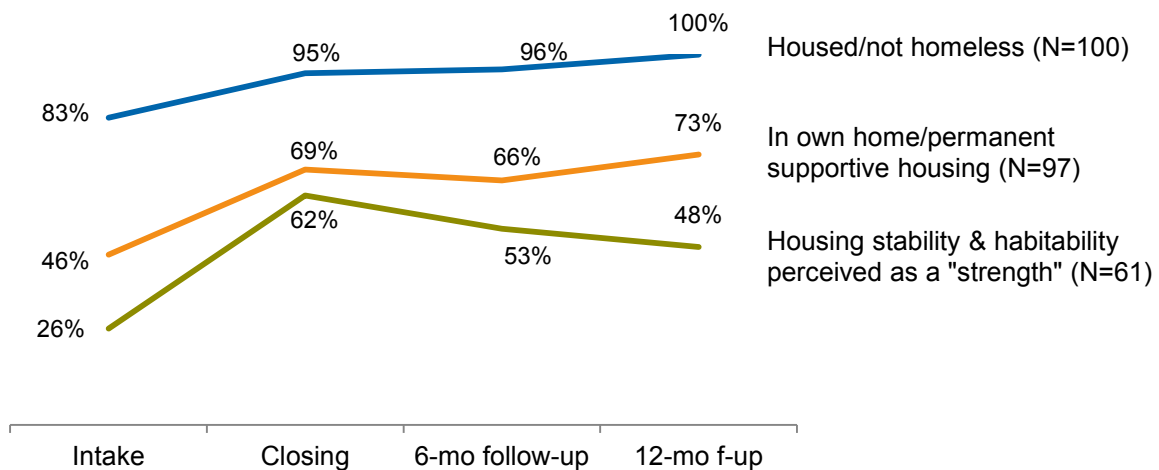
Differences between each point in time were tested using Cochran's Q Test or the Friedman Test, and follow-up pairwise comparisons and/or nonparametric tests. The following differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$: "employed –closing to 6-mo follow-up***", "employed-intake to 6-mo follow-up***", "employed-closing to 12-mo follow-up*", "employed-intake to 12-mo follow-up***". None of the income & employment perception data points were significantly different from one another, although intake to closing approached significance ($p = .08$).

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, 96 percent at the 6-month follow-up, and by the 12-month follow-up, all women (in the matched analysis) had housing. 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 (46%) were in a permanent housing situation at intake. This increased to 69 percent of women at closing, remained steady at the 6-month follow-up (66%), and increased slightly at the one-year mark (73%) (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 just one quarter of women (26%) at intake, this increased to 62 percent of women at closing. There was some decline at the 6- and 12-month follow-up periods (53% and 48%, respectively) but the proportions were still much higher at follow-up than at intake (Figure 40).

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 either 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**, “housed/not homeless”-intake to 6-mo follow-up**, “housed/not homeless”-intake to 12-mo follow-up***, “in own home/permanent supportive housing”-intake to closing**, “in own home/permanent supportive housing”-intake to 6-mo follow-up*, “in own home/permanent supportive housing”-intake to 12-month follow-up***, “housing stability & habitability”-intake to closing**, and “housing stability & habitability”-intake to 6-mo follow-up*.

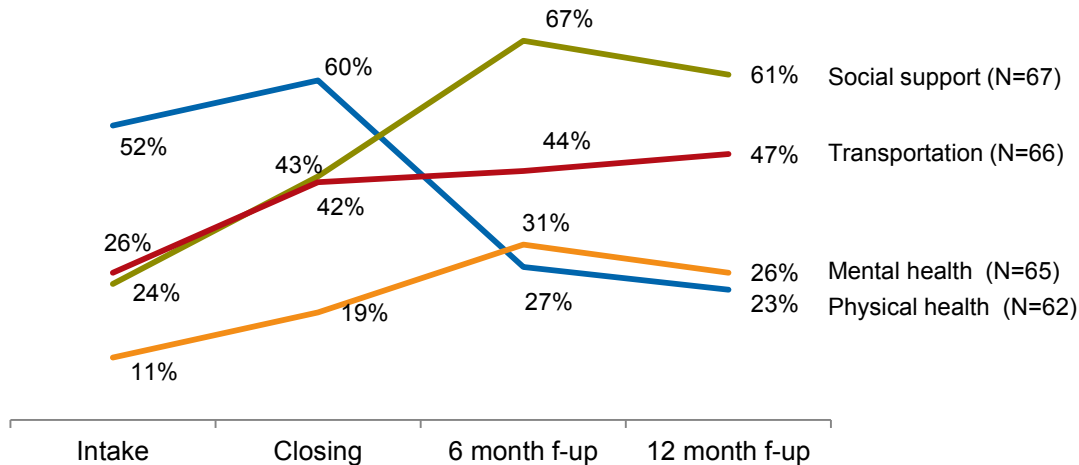
Health and well-being

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 just one-quarter of clients (24%) felt their social relationships and social support was a strength for them at intake, this increased to 43 percent of women at closing; by the 6-month follow-up, this was the case for 67 percent of women, and by the 12-month follow-up, 61 percent of women. The proportion of women who felt transportation was a strength also steadily increased over time, from 26 percent at intake to a high of 47 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 11 percent at intake to 19 percent at closing to 31 percent six months post-program exit. At the 12-month follow-up, the proportion dropped slightly to 26 percent (Figure 41). While this modest increase is encouraging, it should be noted that 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 over time – from a little over half of all women at intake (52%) and closing (60%), to just one-quarter of women at the 6-month and 12-month follow-up periods (27% and 23%, respectively). 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) (Figure 41).

41. Trend analysis of health and well-being

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



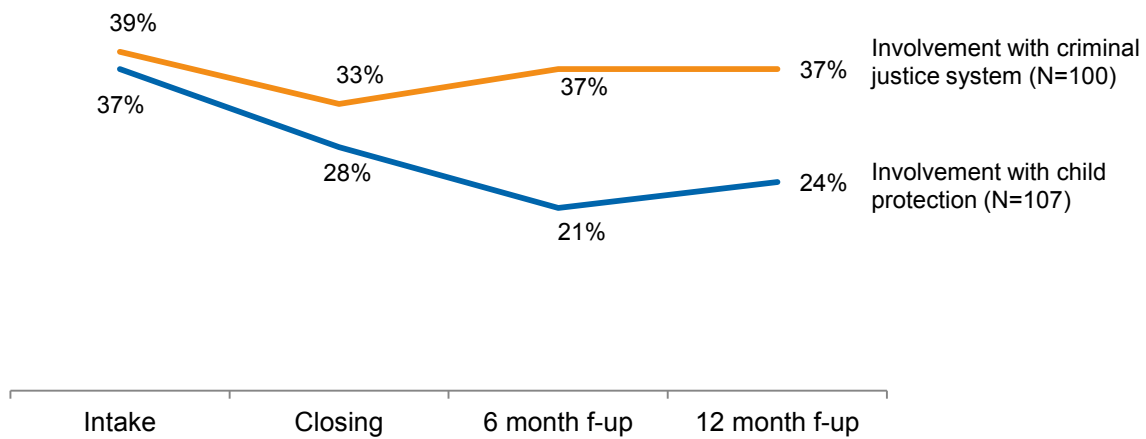
Note: The proportions above represent clients for whom each of these areas was reported as a strength for the client at each point in time, according to staff report (at intake and closing) or client report (at the 6-month and 12-month follow-up). Each factor could be identified as either a strength, 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” - intake to 12-mo follow-up*; “physical health” - closing to 12-mo follow-up*; “mental health” - intake to 6-mo follow-up***; “mental health” - closing to 6-mo follow-up***; “mental health” - intake to 12-mo follow-up***; “mental health” - closing to 12-mo follow-up***; “social support” - intake to 6-mo follow-up***; “social support” - closing to 6-mo follow-up*; “social support” - intake to 12-mo follow-up***; and, “social support” - closing to 12-mo follow-up*.

System involvement

More than one-third of clients are involved with either the child protection (37%) or criminal justice systems (39%) 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 28 percent of women at closing, and to 21 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).

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**"; "involvement with child protection-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 10 grant-funded programs, clients' length of participation ranged from one day to 21.5 months, while the amount of contact staff had with clients ranged from 15 minutes to 987 hours. Given this 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.

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, a high dosage group comprised of 238 clients across nine programs, and a low dosage group comprised of 172 clients across nine programs. 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

Women's Recovery Services grantee	Number of high dosage clients	Number of low dosage clients
St. Cloud Hospital Recovery Plus	78	116
Wayside House	59	0
Ramsey County Community Human Services	34	25
Recovery Resource Center	27	17
Hope House of Itasca County	19	3
St. Stephens Human Services	11	2
Fond du Lac Reservation	6	2
Meeker-McLeod-Sibley Community Health Services	3	2
American Indian Family Center	1	3
Resource Princeton	0	2
Total	238	172

Results indicate that dosage had a statistically significant influence on multiple outcomes. In particular, clients who received a higher dosage of service were significantly more likely at closing to: be “doing well” (75% vs. 41%); be abstinent (82% vs. 59%); use substances less or not at all (94% vs. 87%); not be involved with child protection (65% vs. 52%) or the criminal justice system (61% vs. 40%); be employed (28% vs. 11%); be in housing/not homeless (91% vs. 79%); and have increased family stability (71% vs. 43%).

At the 12-month follow-up, high dosage clients were also more likely to be abstinent than low dosage clients (51% vs. 35%); this was also somewhat true at the 6-month follow-up (55% vs. 46%), although this difference did not reach statistical significance (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, 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	407	75%	41%***
Client was abstinent at exit	353	82%	59%***
Client was abstinent at 6-month follow-up	190	55%	46%
Client was abstinent at 12-month follow-up	108	51%	35%†
Client was not using substances, or using less, at exit	353	94%	87%*
Client was involved in AA/NA at exit	372	82%	72%*
Client was <i>not</i> involved with child protection at exit	399	65%	52%**
Client was <i>not</i> involved with the criminal justice system at exit	389	61%	40%***
Client was employed at exit	386	28%	11%***
Client was in housing (not homeless) at exit	370	91%	79%**
Client was in her own home or permanent supportive housing at exit	319	56%	46%†
Family stability improved (Strengths and Stressors total score) from intake to closing	324	71%	43%***

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 * $p < .05$; † = $p < 1.0$ and trending toward statistical significance.

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 ten grant-funded programs. Interviews assess 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 318 six-month interviews, completed from April 2013 through May 2015, and 179 12-month interviews, completed from December 2013 through May 2015. Response rates were 29 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.

Given these response rates, analysis was conducted in 2014 to compare those who had completed interviews at that time 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 descriptive characteristics such as age, race, pregnancy status, physical health status, treatment participation at intake, employment status at intake, and education at intake, and on multiple outcomes at closing including participation in AA/NA, reunification with a child, the presence of a mental health diagnosis, employment, housing, and toxicology results for mothers and infants. The groups had also received similar amounts of service (i.e., dosage). However, some differences were found. For example, compared to those who did not participate in an interview, those who did complete an interview were less likely to be using substances at closing, less likely to be involved in child protection and the criminal justice system at closing, more likely to have met all DHS ADAD program criteria, and had been involved in the program longer. These differences should be kept in mind when reviewing the follow-up interview findings.

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 May 2015 by program.¹³

¹³ Although other sections of this report include data that reflect the year four reporting period only—June 2014 through May 2015—the follow-up interviews reflect data collected from the start of the interview period through May 2015 in order to maximize the follow-up data that could be presented in this report.

46. Number and proportion of six- and twelve-month follow-up interviews completed through May 2015, by program

Grantee	Number of 6-month interviews completed	Proportion of total 6-month interviews	Number of 12-month interviews completed	Proportion of total 12-month interviews
St. Cloud Hospital Recovery Plus	72	23%	35	20%
Ramsey County Community Human Services	69	22%	39	22%
Wayside House	63	20%	28	16%
Recovery Resource Center	38	12%	21	12%
Hope House of Itasca County	22	7%	14	8%
RS Eden*	12	4%	11	6%
Rum River Health Services*	11	3%	12	7%
Fond du Lac Reservation	11	3%	7	4%
American Indian Family Center	9	3%	8	4%
St. Stephens Human Services	6	2%	2	1%
Meeker-McLeod-Sibley Community Health Services	5	2%	2	1%
Resource Princeton	0	0%	0	0%
Total	318	100%	179	100%

* RS Eden and Rum River Health Services were not funded in year four and are excluded from the results presented elsewhere in the report; however, they are included here because the follow-up data presented reflect all interviews completed since April 2013, at which time these two programs were funded grantees.

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 21 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=312-316)			12 months (N=177-179)		
	Better now	The same	Worse now	Better now	The same	Worse now
Relationship with friends and family	70%	24%	6%	64%	29%	7%
Relationship with child(ren)	67%	31%	3%	77%	20%	3%
Financial situation	56%	24%	21%	58%	25%	17%
Employment situation	45%	42%	14%	43%	47%	10%
Living situation	70%	20%	10%	73%	18%	9%
Access to reliable transportation	42%	41%	17%	46%	41%	13%
Physical health	59%	27%	14%	52%	27%	21%
Mental/emotional health	66%	19%	14%	64%	22%	14%

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, 68% at 12 months), followed by their living situation (52% at 6 months, 59% at 12 months). About half (50% at 6 months, 53% at 12 months) felt that their income and employment situation was a source of stress at the follow-up periods, while about one-third or more 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=313-316)			12 months (N=177-179)		
	Perceived strength	Perceived stress	Neither	Perceived strength	Perceived stress	Neither
Relationship with friends and family	63%	18%	19%	68%	11%	20%
Income and employment situation	24%	50%	26%	25%	53%	22%
Living situation	52%	27%	21%	59%	25%	16%
Access to reliable transportation	43%	33%	24%	48%	30%	23%
Physical health	32%	28%	40%	30%	33%	37%
Mental/emotional health	29%	34%	37%	31%	36%	33%

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

- **Substance use:** About half of all respondents (49% at six months, 54% at 12 months) reported having used substances since leaving the program, most often alcohol (88% of those using a substance at six months, 79% of those at 12 months) and marijuana (40% at six months, 39% at 12 months). Of these, just over half said they had used alcohol (58%) or marijuana (54%) in the past month. However, if they were using, the majority (79-83%) said they were using less than before they started the program.
- **Treatment and recovery support:** About one-quarter (25-26%) had entered treatment since program exit, and two-thirds (68-69%) were involved with Alcoholics Anonymous or Narcotics Anonymous.
- **Employment and schooling:** About one-third of all respondents (36%) were employed at either follow-up period, while one-third (33-37%) had attended school or received job training in that time.
- **Housing:** Almost all women (96-99%) were in housing at follow-up, although fewer (54-65%) were in their own home or permanent supportive housing.
- **Child protection:** Just over one-quarter of women (26-29%) had been involved with child protection since leaving the program. About 1 in 10 women had a child removed from her care (10-11%) or were reunified with a child (10-12%) during this time.
- **Criminal justice system:** Just over one-third of women (38-39%) said they had involvement with the criminal justice system since program exit. Fewer had been arrested (17-24%) or incarcerated (7-9%) since that time.

- **Health:** About half of respondents (44-56%) had been to an emergency room in the 6 to 12 months since leaving the program. Fewer (18-26%) reported a hospitalization during that same period. Over half of women (58-59%) 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 (35% at 6 months, 30% at 12 months), losing a job (16% at 6 months, 13% at 12 months), getting into trouble with the law (19% at 6 months, 14% at 12 months), and losing housing (21% at 6 months, 21% at 12 months). More than half (65% at 6 months, 55% 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=312-315)	12 months (N=176-179)
Used substances ^a	49%	54%
(If used...) Using more than before	6%	9%
Using about the same amount	15%	7%
Using less than before	79%	83%
Been in detox	6%	6%
Entered treatment	26%	25%
Involved with AA/NA	69%	68%
Employed (FT/PT)	36%	36%
Received additional schooling/job training	33%	37%
In housing/not homeless	96%	99%
In own home or permanent supportive housing	54%	65%
Involved in child protection	29%	26%
Had a child removed from care	11%	10%
Been reunified with a child	12%	10%
Involved in criminal justice system	39%	38%
Been arrested	17%	24%
Been incarcerated	7%	9%
Been to emergency room	44%	56%
Been hospitalized	18%	26%
Has mental health concerns	58%	59%
Since leaving the program, proportion of clients (or other adults in the household) who have experienced the following life stressors:		
Started a new job	35%	30%
Lost a job unexpectedly	16%	13%
Got into trouble with the law	19%	14%
Lost housing	21%	11%
Gone more than 3 days with no money at all	65%	55%

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.

^a Of those using substances, the substances reported having been used since leaving the program include: alcohol (88% at 6 months, 79% at 12 months); marijuana (40% at 6 months, 39% at 12 months); methamphetamines (27% at 6 months, 32% at 12 months), prescription drugs-misuse (18% at 6 months, 18% at 12 months), crack/cocaine (11% at 6 months, 6% at 12 months), heroin (8% at 6 months, 11% at 12 months), and non-prescription methadone (3% at 6 months, 4% 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 no one rated themselves lower than a “5” (6%). Almost half (46%) rated their confidence level a “10,” and another 20 percent rated their confidence at a “9” (Figure 51).

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. 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).

50. Overall confidence since leaving the program

How would you describe your level of confidence since leaving the program?	6 months (N=313)	12 months (N=59)
More confident	63%	66%
About the same	28%	28%
Less confident	9%	6%

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?”

52. Motivation to stay sober

Motivating factors	6 months Number of responses	12 months Number of responses
Children	77	66
Values around parenting	50	14
Regaining/not losing custody	36	28
Quality of life (to have a good life/success)	28	31
Being there for family (rebuilding relationships)	20	9
Receiving family support	11	12
Improve health/mental health	11	12
Avoid returning to a harmful lifestyle	7	5
Religion/faith	7	2
Avoid incarceration	6	4
AA/NA	3	4
Having friends	2	2
Avoid negative consequences (general)	2	1
Personal well-being (general)	2	2
Work	1	4
Being useful to others	1	2
Going to school	1	2
Family relationships (general)	0	1
Other	4	4

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

53. Barriers to staying sober

Barriers	6 months Number of responses	12 months Number of responses
Stress/feeling overwhelmed	34	12
Influence of friends/relatives/others who are using substances	18	6
Housing issues (stress about housing, housing not stable/ supportive)	15	7
Lack of money/employment (too many bills, no job)	9	9
Loss of relationship	9	3
Lost custody (cannot see children)	8	4
Not having support	7	4
Depression	6	2
Want escape (want to feel normal)	5	1
Boredom	4	1
Family problems	4	1
Physical pain	4	0
Relationship issues (general)	4	1
Child protection	4	0
Mental health issues (general)	3	3
Loneliness	3	3
Lack of transportation	3	2
Not going to (support) meetings	3	2
Health conditions/illness	2	3
Issues related to children	2	2
Emotional balance/status	2	2
Anxiety	2	0
Domestic abuse	2	0
Not having childcare	1	1
Anxiety	1	0
Instability (mental health)	1	0
Homelessness	0	4
Other	5	7
No reason specified	5	1

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 (86%) and sobriety (81%), followed by parenting (77%) and finding a support network (70%). About half said they received support obtaining basic needs like housing and transportation (54%) and getting benefits (48%). However, one quarter (27%) 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 (28%) (Figure 54).

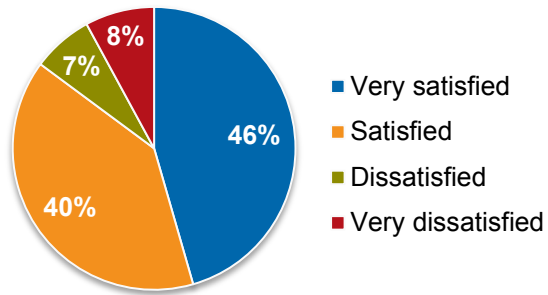
Overall, the majority of respondents were either “very satisfied” (46%) or “satisfied” (40%) with their experience in the program. Fifteen percent were not satisfied with the program experience (Figure 55).

54. Types of support obtained through the program (N=351-376)

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
Get or stay sober	81%	11%	8%	28%
Find a support network of people who could help them stay sober	70%	17%	13%	7%
With parenting	77%	9%	14%	14%
With things like housing, transportation, or paying bills	54%	27%	19%	10%
With getting benefits like MFIP or WIC	48%	12%	41%	2%
By just being there to provide emotional support or encouragement	86%	11%	4%	38%

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.

55. Overall satisfaction with program (N=369)



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

Individual characteristics and behaviors

One set of factors tested included individual characteristics:

- Meeting all of the DHS program criteria (i.e., enrolled in program for at least six months, abstinent at exit, completed evidence-based parenting education program, and care plan in place at closing)
- Participating in the program for: a) more than 6 months, b) more than 3 months, and c) more than 1 month
- Receiving a high dosage of service (i.e., participated in program for 90 days or more, had at least 40 hours of contact with program staff, and at least 12 hours of in-person contact with staff)
- Having at least one contact per month between program staff and contact
- Being pregnant at intake
- Successfully completing treatment before enrolling in the program
- Using alcohol, methamphetamines, or heroin/opiates as the primary drug of choice
- Fully or partially completing evidence-based parenting education
- Being in housing considered by staff to be stable and supportive to recovery at exit
- Having been in treatment three or more times previously
- Race
- History of homelessness
- Severe or chronic physical health conditions at intake
- Mental health diagnosis at intake

The analysis examined to what extent the above factors had a statistically significant impact on key outcomes, including: a) decreased substance use at exit (defined as not using substances at all at exit, or using substances less than before at exit), b) abstinence at exit (defined as no substance use in the 30 days prior to closing), c) abstinence at the 6-month follow-up, d) abstinence at the 12-month follow-up, e) reunification with one or more children at exit, f) no involvement with child protection at exit, g) infants not being removed from the home immediately following their birth (no out-of-home placement), h) negative toxicology results for new mothers, i) negative toxicology results for babies born to mothers who were pregnant while in the program, and j) improvement in overall family stability (as assessed by the Strengths and Stressors assessment total score).

Overall, many of the factors analyzed had a statistically significant impact on various key outcomes, as illustrated in Figure 56. Some of the highlights are described below.

Meeting program criteria. Clients who met all four of the DHS program criteria were more likely to be using substances less and to be abstinent 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, and to have increased family stability.

Length of participation in program. The results suggest a potential relationship between length of participation and the extent to which clients are able to maintain sobriety long-term. While enrollment in the program for at least one month is associated with increased abstinence at exit, clients are more likely to be abstinent at the *6-month follow-up* if they had been enrolled in programs *at least three months* – and more likely to be abstinent at the *12-month follow-up* if enrolled *at least six months*. Length of enrollment was also associated with certain family-related matters, such that clients enrolled for at least one month were less likely to be involved in child protection, more likely to have been reunified with a child, and had higher family stability scores by exit.

Amount of service. Clients who received a high dosage of service (defined earlier in the report) were more likely to be abstinent at exit (but not at follow-up), to have been reunified with a child, to not be involved with child protection, to have negative toxicology results after giving birth, and improved family stability scores at exit. Those who had at least one in-person contact per month with program staff were also more likely to be abstinent at exit *and* the 12-month follow-up, and to have improved family stability scores.

Primary drug of choice. Although alcohol as a primary drug was not related to the outcomes assessed here, meth and heroin were related. Clients for whom meth was a primary drug of choice relative to other drugs were more likely to be abstinent at exit (but not follow-up), and more likely to have negative toxicology results for themselves and their infants after giving birth. Clients for whom heroin or opiates were the primary drug of

choice were more likely to show decreased substance use at exit and more likely to be reunified with a child at exit.

Parent education. At closing, program staff identify whether clients fully completed an evidence-based parenting program, partially completed such a program, or did not participate in a program at all. Compared to those who only partially completed or did not participate in a parenting program, clients who had fully completed a parent education program while enrolled in the grant-funded recovery program were more likely to be abstinent at exit (but not follow-up), to be reunified with a child at exit, and to have negative toxicology results after giving birth.

Housing that is stable and supportive to recovery. Clients in housing deemed to be stable and supportive to recovery at program exit were more likely to be abstinent at exit and the 6-month follow-up, to be using substances less (if still using), to have been reunified with one or more children, and to show improvements in family stability.

Chronic or severe physical health issues. Clients with significant physical health issues were more likely at exit to be using substances less, to have been reunified with one or more children, and to have increased family stability scores. Toxicology results for new mothers and infants were more likely to be negative for those with significant health issues.

Non-contributing factors. Several factors included in this analysis had a significant impact on few, if any, of the outcomes examined here, including pregnancy status at intake, when treatment was completed (before or during the program), the number of times previously in treatment, race, history of homelessness, and mental health diagnosis.

For more detailed information about the extent to which these factors influenced the outcomes examined here, refer to Figure C8 in Appendix C.

Programmatic characteristics

In addition to these individual characteristics, we examined the extent to which participation in certain *types* of programs has an influence on outcomes. In other words, do outcomes for women and children vary according to differences across programs?

To examine this, we tested the impact of these different types of programs:

- Treatment vs. non-treatment programs
- Residential vs. non-residential programs
- Large programs (60 or more clients served in year 3) vs. small programs (less than 60 clients served in year 3)

- American Indian culturally-specific programs vs. non-culturally-specific programs¹⁴
- Programs in the Twin Cities metro area vs. programs in Greater Minnesota

It should be kept in mind that, although programs are grouped for this analysis based on a common characteristic (e.g., being a treatment program), the programs *within* these groupings may differ from one another on a range of *other* characteristics, which are not controlled for in this analysis and may be accounting for any differences detected (or not detected). Therefore, these findings should be interpreted with caution.

The analysis examined to what extent participation in one of the comparative groups had a statistically significant impact on key outcomes, including: a) decreased substance use among clients at exit (defined as not using substances at all at exit, or using substances less than before, at exit), b) being abstinent at exit, at the 6-month follow-up, and the 12-month follow-up, c) child protection-related outcomes such as no system involvement, reunification with children, and infants not being removed immediately after birth (no out-of-home placement, d) negative toxicology results for new mothers and their babies, and e) an improved S&S Family Stability score (total overall score).

Overall, the program-level factors analyzed did have a statistically significant impact on several key outcomes, as illustrated in Figure 57. Some of the highlights are described below.

Compared to clients in non-treatment programs, clients who were participating in a ***treatment program*** were:

- More likely to have decreased or no substance use at exit
- More likely to be abstinent at exit and the 6-month follow-up
- More likely to be involved in child protection at exit
- More likely to have an infant placed in out-of-home care following birth
- More likely to have negative toxicology results for themselves and their infants after giving birth

¹⁴ This analysis only included clients who identified as American Indian. Programs exclusively dedicated to serving American Indian clients were designated as an “American Indian culturally-specific program” but it should be noted that some “non-culturally-specific programs” may also offer culturally-specific activities. As a result, these findings should be interpreted cautiously.

Compared to clients in non-residential programs, clients who were participating in a ***residential program*** were:

- More likely to be abstinent at exit
- More likely to be involved in child protection at exit
- More likely to have an infant placed in out-of-home care following birth
- More likely to have negative toxicology results for themselves and their infants after giving birth

Compared to larger programs that served 60 or more clients in year 3, clients in ***smaller programs*** that served fewer than 60 clients in year 3 were:

- Less likely to have decreased or no substance use at exit
- Less likely to be abstinent at exit
- Less likely to be involved in child protection at exit

Compared to non-culturally-specific programs, clients in ***culturally-specific American Indian programs*** were:

- Less likely to have decreased or no substance use at exit
- Less likely to be abstinent at exit
- Less likely to be involved with child protection at exit

Compared to programs in Greater Minnesota, clients in ***programs in the Twin Cities metro area*** were:

- Less likely to be abstinent at exit
- Less likely to have negative toxicology results after giving birth

For more detailed information about the extent to which these factors influenced the outcomes examined here, refer to Figure C9 in Appendix C.

56. Individual characteristics/behaviors contributing to successful outcomes for women and children

Outcomes	Met all criteria	Enrolled at least 1 month	Enrolled at least 3 months	Enrolled at least 6 months	High dosage	At least 1 contact per month	Pregnant at intake	Completed TX before entering program	Alcohol – primary drug of choice	Meth – primary drug of choice	Heroin/ opiates – primary drug of choice
Decreased substance use at exit	✓	✓				✓		✓			✓
Abstinent at exit	✓	✓		✓	✓	✓		✓		✓	
Abstinent at 6-mo follow-up	✓		✓	✓							
Abstinent at 12-mo follow-up	✓			✓		✓					
Reunification with one or more children at exit	✓	✓	✓	✓	✓		✓				✓
Not involved with child protection at exit	✓	✓	✓	✓	✓						
Infants not placed outside the home following birth											
Negative toxicology results for mothers					✓					✓	
Negative toxicology results for infants										✓	
Family stability improved	✓	✓	✓		✓	✓					

Note: Factors designated with a checkmark were found to have a statistically significant influence on the corresponding outcome ($p < .05$).

† Analyses were conducted to identify whether there were significant differences in the achievement of positive outcomes among clients of particular racial groups – specifically African American, white, and American Indian/Alaska Native clients – when compared with all other races. Any racial group found to be significantly different from other racial groups is identified in the chart above using the following abbreviations: AA for African American, W for white, and AI for American Indian.

56. Individual characteristics/behaviors contributing to successful outcomes for women and children (continued)

Outcomes	Completed parenting	Stable, supportive to recovery housing	In Tx 3 or more times	Race†	History of homelessness	Chronic physical health issues	Mental health diagnosis
Decreased substance use at exit		✓				✓	
Abstinent at exit	✓	✓		AA			
Abstinent at 6-mo follow-up		✓					
Abstinent at 12-mo follow-up							
Reunification with one or more children at exit	✓	✓				✓	
Not involved with child protection at exit							
Infants not placed outside the home following birth							
Negative toxicology results for mothers	✓		✓			✓	✓
Negative toxicology results for infants			✓			✓	
Family stability improved		✓			✓	✓	

Note: Factors designated with a checkmark were found to have a statistically significant influence on the corresponding outcome ($p < .05$).

† Analyses were conducted to identify whether there were significant differences in the achievement of positive outcomes among clients of particular racial groups – specifically African American, white, and American Indian/Alaska Native clients – when compared with all other races. Any racial group found to be significantly different from other racial groups is identified in the chart above using the following abbreviations: AA for African American, W for white, and AI for American Indian.

57. Program-level characteristics contributing to successful outcomes for women and children

Outcomes	In a treatment program	In a residential program	In a small program (<60 total clients served in year 4)	Culturally-specific (to American Indian populations)	Located in the Twin Cities metro area
Decreased substance use at exit	✓ Less likely		✓ Less likely	✓ More likely	
Abstinent at exit	✓ More likely	✓ More likely	✓ Less likely	✓ Less likely	✓ Less likely
Abstinent at 6-month follow-up	✓ More likely				
Abstinent at 12-month follow-up					
Reunification with one or more children at exit					
Not involved with child protection at exit	✓ Less likely	✓ Less likely	✓ More likely	✓ More likely	
Infants not placed outside the home following birth	✓ Less likely	✓ Less likely			
Negative toxicology results for mothers	✓ More likely	✓ More likely			✓ Less likely
Negative toxicology results for infants	✓ More likely	✓ More likely			
Improved family stability (based on S&S total score)					

Note: Factors designated with a checkmark were found to have a statistically significant influence on the corresponding outcome ($p < .05$).

Summary and conclusions

The ten Women's Recovery Services grantees served a total of 951 clients (with 1,931 children) during the 2014-15 reporting period. Most clients were white (53%), American Indian (23%), or African American/black (14%), and between the ages of 18 and 34 (78%). Nearly one-third (30%) were pregnant when they enrolled in one of the grant-funded programs. Overall, this initiative appears to be serving large numbers of a high-risk population of women and children.

Participant strengths and challenges

While participants entered the program with several challenges, they also possessed some strengths. For example, at intake, 7 in 10 clients had at least a high school diploma or GED, with 41 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 and/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 (74-91% of clients) included substance use support, mental health/counseling, parenting education, housing information/support, transportation, treatment, healthy relationships, and physical health/medical care. By closing, staff reported that most clients (80% to 93%) had these needs met. Clients were least likely to have their needs met when it came to dental care, smoking cessation, and housing.

The most prevalent needs among children (23-31% of children) seen by program staff included immunizations, physical health issues, childcare, developmental needs, and FASD. The vast majority 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 (89%) also received at least one urinalysis test (UA) while in the program; of those who had been tested, 55 percent had at least one positive UA, most often for methamphetamines and marijuana.

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.

Outcomes

Substance use and recovery support. Clients were significantly less likely to be using substances at closing as compared to intake. Seventy-two percent were not using alcohol or drugs at all when they exited the program, while 91 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 than when they entered.

Health of infants. A total of 153 infants were born during the reporting period. The vast majority was born full-term and had a normal birth weight, although 1 in 5 spent time in intensive care (NICU) after their birth. Of those infants tested at birth, 82 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. Average scores at closing moved slightly into the positive range, indicating that while family stability improved for families by closing, it was just a mild “strength” at program exit.

Other outcomes. Overall, staff reported that 59 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) and to have permanent housing that was considered 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 22 percent).
- 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 compared to intake.
- 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 percent of clients were either receiving mental health services at closing or connected to a clinic or therapist, which is just under the proportion of women 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 (38%) compared to intake (45%). In addition, a total of 112 children were reunified with their mothers by program exit. Overall contact between clients and their children had increased by closing for just 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.

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 are sustained over time. Some indicators that improved from intake to closing maintained those improvements at the follow-up periods, including participation in AA/NA, housing, 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 felt their employment situation and physical health were better at the follow-up periods. In terms of their sobriety, about half of all respondents (49% 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, one-third were employed, and one-quarter were involved with child protection. Almost all women were in housing at follow-up. Just over half said they had mental health concerns since they left the program. Clients cited their children as their biggest motivating factor for maintaining their sobriety, while stress and feeling overwhelmed was the biggest barrier to sobriety.

Factors contributing to outcomes. Preliminary analyses of the effects of “dosage” on client outcomes revealed that clients who receive more intensive case management services 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. Furthermore, several factors were found to have a significant impact on client outcomes. For example, clients who met all of the core DHS program criteria (see page 26) were likely to be using less substances or to be abstinent at closing and all follow-up periods. In addition, at exit, they were more likely to be uninvolved with child protection, to have been reunified with a child, and to have increased family stability. 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. Other factors, such as primary drug of choice, parent education, housing that is stable and supportive to recovery, and chronic physical health issues also made a difference on key outcomes such as abstinence, reunification with children, and family stability.

Implications for the programs

Wilder Research will review the findings from year four in more depth with each program individually, as programs possess distinct characteristics and operate in unique contexts. This review will include discussing the implications of the findings for the program and their evaluation going forward, including identifying opportunities to enhance outcomes for clients and children and ways in which the information can play a role in program sustainability after the grant period ends in the following year.

Next steps

The evaluation will include the following activities in year five of the evaluation:

- **Conclude data collection.** Program staff will continue to collect information about clients and services and conduct the follow-up interviews through the third quarter of year five (February 2016), at which point analysis and reporting for the entire grant period will occur, prior to the end of the grant period in June 2016.
- **Update the cost-benefit analysis.** Led by the Wilder Research staff economist, Wilder will update the framework for the Return-on-Investment (ROI) study that began in Year Three. The goal of the cost-benefit analysis, or ROI, is to understand the degree to which the state's investment in the 12 programs results in an overall cost-savings to the state. This component of the study will focus on three distinct questions: 1) is the program cost beneficial from the perspective of society, 2) what have been the total benefits of the program, and how do they compare to total program costs, and 3) what is the impact of the program on government budgets?
- **Prepare final reports.** Wilder Research will prepare a series of reports in the final year, including a cumulative aggregate report summarizing findings across the grant period, as well as cumulative program-specific reports summarizing findings for each grantee across the grant period.
- **Disseminate information to multiple audiences.** In addition to the final evaluation reports, Wilder will share key findings and lessons learned over the course of the grant with the broader field through research briefs on specific topics of interest and presentations at local and national conferences in the field.

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	275	615	39
New opened this period	676	1,316	89
Total served this period	951	1,931	128
Closed this period	631	1,307	-

A2. Women referred to the program this year

	Number
# of pre-intakes from period	729
# of pre-intakes (referrals) entering program during period	240

A3. Referral source for women referred to the program this year (N=729)

Referral source	Number	Percent
Treatment	302	41%
Clinic/hospital	104	14%
Self-referral	97	13%
Child Protection	69	10%
Corrections	38	5%
Community program	46	6%
Mental health center/professional	18	2%
Family/friends	19	3%
Another WRS-grant-funded program	2	0%
Other	14	2%

Note: Other referral sources include: Rule 25 Assessments/CD Assessments (9); Healing Generations (1); WIC (5); Social Worker (1); Community member (1); FHV PHN (1); Guardian Ad Litem; (1); Pear Lake (1); Public Health (1); RC Chemical Dependency Unit (1); Shelter (1); Social Worker (1); U of M- Detox (1); WKWP- Mother's Circle, Case Manager (1)

A4. Referral source for women who were referred to and entered the program this year (N=240)

Referral source	Number	Percent
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Treatment	55	23%
Self-referral	52	22%
Clinic/hospital	30	13%
Child Protection	35	15%
Corrections	12	5%
Community program	20	8%
Mental health center/professional	12	5%
Family/friends	6	3%
Another WRS-grant-funded program	1	<1%
Other	12	8%

Other referral sources include: Rule 25 Assessments/CD Assessments (3); Healing Generations (1); WIC (3); Social Worker (1); Community member (1); FHV PHN (1); Guardian Ad Litem; (1); Pear Lake (1); Public Health (1); Social Worker (1); WKWP- Mother's Circle, Case Manager (1)

A total of 676 women are known to have entered one of the grant-funded programs this year, based on completed intakes, so the information presented here (based on information from the pre-intake form) about 240 clients is an undercount.

A5. Referral source for all clients served during the year (N=951)

Referral source	Number	Percent
Treatment	261	27%
Self-referral	198	21%
Child Protection	178	19%
Corrections	75	8%
Clinic/hospital	73	8%
Community program	38	4%
Family/friends	23	2%
Mental health center	19	2%
Another WRS-grant-funded program	2	<1%
Other	60	6%
Unknown	24	3%

Other referral sources include: Rule 25 Assessments/CD Assessments (18); WIC (4); Social Worker (1); Community member (1); FHV PHN (1); Guardian Ad Litem; (2); Pear Lake (1); Social Worker (1); WKWP- Mother's Circle, Case Manager (1); Child Family Services (1); Civil Commitment (2); Civil Petition (1); Co-worker (1); Commitment (2); First Care (1); Hart House (2); Healthcare for Homeless (1); Housing Program (1); Job Counselor (1); MFIP Employment Services (1); North Point Renaissance (1); Operation Community Connect- Mille Lacs County (1); Pregnancy Test at Public Health (1); Public Health Nurse (1); Red Lake Family (1); Red Lake Women and Families (1); Brochure in Library (1); Social Services (1); STS Methadone (1); Valhalla Place (2); White Earth Circle Back Center (1); Workforce Solutions (1).

A6. Pre-intake services provided to women referred to the program (N=729)

Service name	Number	Percent
Brief intervention	322	44%
Program referral	235	32%
CD screening	87	12%
CD assessment	49	7%
Referral for specific services	43	6%
No services	81	11%
Other services	5	1%

Note: *Other pre-intake services include: Currently in Treatment (1); Transportation (2); Services Closer to Home (2); Offered Groups (2);*

A7. Final status for referrals (N=729)

Status at end of period	Number	Percent
Entered program (complete intake form)	240	33%
Refused services	108	15%
Ineligible for services	83	11%
Never reached	130	18%
Status pending (still trying to reach this person/on program waitlist)	103	14%
Unknown	65	9%

Note: A total of 676 women are known to have entered one of the grant-funded programs this year, based on completed intakes, so the information presented here (based on information from the pre-intake form) about 240 clients is an undercount.

A8. Clients served, by county (N=951)

County name	Number	Percent
Aitkin	1	<1%
Anoka	27	3%
Becker	9	1%
Beltrami	23	2%
Benton	21	2%
Big Stone	1	<1%
Blue Earth	4	<1%
Brown	1	<1%
Carlton	18	2%
Carver	4	<1%
Cass	17	2%
Chisago	3	<1%
Clay	2	<1%
Cook	3	<1%
Crow Wing	13	1%
Dakota	9	1%
Dodge	2	<1%
Douglas	2	<1%
Fillmore	1	<1%
Freeborn	2	<1%
Grant	2	<1%
Hennepin	219	23%
Houston	1	<1%
Hubbard	4	<1%
Isanti	7	1%
Itasca	47	5%
Kanabec	8	1%
Kandiyohi	4	<1%
Lake	2	<1%
Lyon	3	<1%
Mahnomen	5	1%
McLeod	15	2%
Meeker	12	1%
Mille Lacs	23	2%
Morrison	13	1%
Mower	2	<1%
Olmsted	2	<1%

A8. Clients served, by county (N=951) continued

County name	Number	Percent
Otter Tail	1	<1%
Pennington	2	<1%
Pine	6	1%
Polk	1	<1%
Ramsey	236	25%
Red Lake	1	<1%
Redwood	4	<1%
Renville	2	<1%
Scott	7	1%
Sherburne	7	1%
Sibley	2	<1%
St. Louis	25	3%
Stearns	82	9%
Steele	3	<1%
Swift	3	<1%
Wadena	1	<1%
Washington	4	<1%
Winona	3	<1%
Wright	12	1%
Yellow Medicine	3	<1%
Unknown	14	2%

A9a. Race of clients at intake (N=951)

Race	Number	Percent
White	506	53%
American Indian/Alaskan Native	216	23%
African American/Black	128	14%
Biracial/Multiracial	76	8%
Asian American	11	1%
Other	14	2%

Note: Other races include: Hispanic/Latina (8); Mexican (6); Somalian (2); Guyanese (1); Peruvian (1); Latina (1); Hmong (1). Some respondents indicated more than one race.

A9b. Ethnicity of clients at intake (N=951)

Ethnicity	Number	Percent
Hispanic origin	70	7%
Non-Hispanic origin	880	93%
Hispanic ethnicity unknown	1	<1%

A9c. Gender of clients at intake (N=951)

Gender	Number	Percent
Female	939	99%
Transgender or Bigender	2	<1%
Unknown	10	1%

A9d. Sexual orientation of clients at intake (N=951)

Sexual orientation	Number	Percent
Heterosexual	871	92%
Bisexual	49	5%
Homosexual or lesbian/gay	11	1%
Unsure of sexual orientation	7	1%
Unknown	13	1%

A10. Age at intake (N=951)

Age	Number	Percent
Under age 18	4	<1%
Age 18 to under 25	230	24%
Age 25 to under 35	509	54%
Age 35 to under 49	200	21%
Age 49 and older	8	1%

A11. Highest level of education completed at intake (N=951)

Education	Number	Percent
No school	2	<1%
Some school but no high school diploma or GED	281	30%
High school grad or GED	270	28%
Vocational certificate/associate's degree/some other college but no degree	360	38%
College degree or graduate/professional degree	34	4%
Unknown	4	<1%

A12. Participation in school/career training, full or part time, at intake (N=951)

Client participation	Number	Percent
Yes	62	7%
No	886	93%
Unknown	3	<1%

A13. Employment at intake (N=951)

Client's employment status	Number	Percent
Employed full time or part time	131	14%
Unemployed – looking for work	171	18%
Unemployed – not looking for work	588	62%
Unable to work/disabled	51	5%
Other	9	1%
Unknown	1	<1%

Note: Other employment includes: considering working (1); worked for abusive husband (1); unpaid leave (1); National guard member (1); RSDI (1); stay at home mom (1); temporary employment (1); unpaid leave due to doctors' orders (1); in jail (1).

A14a. Living arrangements during the 30 days prior to intake (N=951)

Living arrangement	Number	Percent
In relative or friend's home	355	37%
In own house or apartment	268	28%
No home at present and not in a shelter	106	11%
Correctional facility	61	6%
Transitional housing and/or group residential housing	31	3%
A shelter or motel (using a voucher)	33	4%
Sober house/halfway house	12	1%
Permanent supportive housing	6	1%
Treatment	66	7%
Other	78	8%

Note: Other living arrangements include: homeless (4); hospital (4); adult foster care (1); Anna Marie's (1); care facility (1); everywhere (1); detox (1).

A14b. Living arrangements “supportive to recovery” at intake (N=951)

Living arrangements supportive to recovery?	Number	Percent
Yes	608	64%
No	330	35%
Unknown	13	1%

A14c. Living arrangements “stable” at intake (N=951)

Living arrangements stable?	Number	Percent
Yes	516	54%
No	433	46%
Unknown	2	<1%

A14d. Client experience with homelessness prior to intake (N=951)

Ever without a regular or permanent place to live – i.e., homeless?	Number	Percent
Yes	698	73%
No	245	26%
Unknown	8	1%

A14e. Number of homeless experiences prior to intake (N=698)

Among those who have been homeless, number of times without a permanent home	Number	Percent
1	199	29%
2	141	20%
3	90	13%
4	76	11%
5	59	9%
6	34	5%
7	12	2%
8	15	2%
9	3	<1%
10	29	4%
11	1	<1%
12	3	<1%
13	1	<1%
15	1	<1%
19	1	<1%
20	5	1%
25	1	<1%
30	2	<1%
48	1	<1%
Unknown	24	3%

A15a. Emergency room visits in the six months prior to intake (N=951)

Any emergency room visits in the six months prior to intake?	Number	Percent
Yes	431	45%
No	479	50%
Unknown	41	4%
Average number of emergency room visits	2.2	

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

A15b. Hospitalizations in the six months prior to intake (N=951)

Any hospitalizations in the six months prior to intake?	Number	Percent
Yes	210	22%
No	703	74%
Unknown	38	4%
Average number of days hospitalized in six months prior to intake	5.91	

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

A15c. Physical health problems at intake (N=951)

Any severe or chronic physical health problems?	Number	Percent
Yes	347	37%
No	596	63%
Unknown	8	1%

A15d. Types of physical health problems reported at intake (N=316)

Physical health problems	Number	Percent
Allergies	1	<1%
Anemia	9	3%
Asthma	50	16%
Arthritis	14	4%
Autoimmune disease (lupus)	4	1%
Back, shoulder, and neck problems/pain	52	16%
Blindness	1	<1%
Blood pressure/hypertension	16	5%
Bone dysfunction/breaks/growths (broken bones, spurs)	1	<1%
Brain disorders	1	<1%
Bronchitis	1	<1%
Cancer	5	2%
Carpal tunnel	8	3%
Cerebral nerve palsy	1	<1%
Chronic pain/illnesses (infections/respiratory/migraines)	23	7%
Connective tissue disorder (Ehlers Danlos)	3	1%

A15d. Types of physical health problems reported at intake (N=316) continued

Physical health problems	Number	Percent
Deafness/hearing loss	3	1%
Depression	3	1%
Dermatitis/psoriasis	2	1%
Diabetes	24	8%
Disc or spine problems/degenerative disease	11	3%
Embolism (clots in bloodstream)	1	<1%
Endocrine glands (thyroid)	11	3%
Endometriosis	2	1%
Epilepsy/seizures	5	2%
Fibromyalgia	21	7%
Foot problems	2	1%
Gastrointestinal problems (Irritable Bowel Syndrome)	3	1%
Heart problems	19	6%
Hepatitis	16	5%
HIV	2	1%
Organ problems (kidney, pancreas, gall bladder, cirrhosis)	9	3%
Knee problems/pain (dysplasia)	9	3%
Lung disease (including sarcoidosis, tuberculosis)	7	1%
Lyme disease	2	1%
Muscle problems (muscular dystrophy)	2	1%
Nerve problems/pain (sciatica)	14	4%
Neuropathy (carpal tunnel)	3	1%
Speech impediment	1	<1%
Spine disorders	5	2%
Stomach problems	3	1%
Stroke	1	<1%
Oral health problems (gum disease, teeth)	3	1%
Traumatic brain injury (TBI)	10	3%
Ulcers	3	1%
Uterine prolapse	1	<1%

A15e. Mental health diagnosis at intake (N=951)

Currently have a mental health diagnosis?	Number	Percent
Yes	732	77%
No	198	21%
Unknown	21	2%

A15f. Types of mental health diagnoses at intake (N=732)

Type of disorder (of clients with a diagnosis)	Number	Percent
Depressive disorder	554	76%
Anxiety disorder	577	79%
Bipolar disorder/manic depression	194	27%
Attention deficit and disruptive behavior disorder	167	23%
Personality disorder	116	16%
Schizophrenia/other psychotic disorder	16	2%
Other mental health diagnosis	30	4%
Unknown mental diagnosis	6	<1%

Note: Other mental health diagnoses include: Learning and comprehension disorder (1); ADHD (1); Adjustment disorder (2); Impulse disorder (1); Anger (1); Anti-social behaviors (1); Attachment disorder (1); Eating disorder (3); Complex grieving (1); Diagnosis deferred (1); Explosive disorder (2); anti-social traits (1); FASD (2); Gender dysphoria (1); Insomnia (3); Learning disability (2); Mood disorder (1); Panic attacks (1); Passive aggressive (1); Psychosis (2); RAD (1); SAD (1); Situational depression/adjustment disorder (1); Substance induced paranoia anxiety disorder (1); Tricotillomania (1).

Percentage total exceeds 100 percent as participants were allowed to provide more than one response.

A15g. FASD diagnosis at intake (N=951)

Diagnosed with FASD	Number	Percent
Yes	15	2%
No	917	96%
Unknown	19	2%

A15h. TBI diagnosis at intake (N=951)

Diagnosed with a TBI	Number	Percent
Yes	50	5%
No	872	92%
Unknown	29	3%

A15i. PTSD diagnosis at intake (N=951)

Diagnosed with PTSD	Number	Percent
Yes	388	41%
No	544	57%
Unknown	19	2%

A16. Intimate partner violence at intake (N=951)

Currently involved in an abusive relationship	Number	Percent
Yes	90	10%
No	848	89%
Unknown	13	1%

A17. Medical insurance at intake (N=951)

Medical or insurance coverage	Number	Percent
Yes, public insurance (MA, PMAP, MNCare, etc.)	831	87%
Yes, private insurance	31	3%
No	85	9%
Unknown	4	<1%

A18. Primary physician or clinic at intake (N=951)

Primary care physician or clinic	Number	Percent
Yes, physician only	7	1%
Yes, clinic only	165	17%
Yes, both physician and clinic	572	60%
No, neither	203	21%
Unknown	2	<1%

A19. Poverty status at intake (N=951)

Income at or below Federal Poverty Guidelines	Number	Percent
Yes	880	93%
No	64	7%
Unknown	5	1%

A20. Connections to community resources at intake (N=951)

Program name	Number	Percent
Food Support (SNAP)/food stamps	468	49%
MFIP cash assistance	244	26%
WIC	224	24%
None of these benefits	221	23%
General assistance	163	17%
SSI/SSDI	90	9%
Subsidized housing	79	8%
Child support	70	7%
Tribal per capita payments	37	4%
Child care assistance	18	2%
Social Security (regular retirement program)	8	1%
Unemployment benefits	8	1%
Veterans benefits	0	0%
Tribal lease payment	0	0%

Note: Percentage total exceeds 100 percent as participants were allowed to provide more than one response.

A21. Child protection involvement at intake (N=951)

Currently involved with child protection	Number	Percent
Yes	436	46%
No	514	54%
Unknown	1	<1%

A22a. Criminal justice system involvement at intake (N=951)

Currently involved with the criminal justice system	Number	Percent
Yes	413	43%
No	535	56%
Unknown	3	<1%

A22b. Criminal justice system arrests at intake (N=951)

Arrested in the past 30 days	Number	Percent
Yes	134	14%
No	816	86%
Unknown	1	<1%

A23a. Pregnancy status at intake (N=951)

Currently pregnant	Number	Percent
Yes	282	30%
No	665	70%
Unknown	4	<1%

A23b. First pregnancy for clients pregnant at intake (N=282)

First pregnancy	Number	Percent
Yes	60	21%
No	222	79%

A23c. Trimester of pregnancy for clients pregnant at intake (N=282)

Pregnancy trimester	Number	Percent
1-3 months	61	22%
4-6 months	104	37%
7-9 months	117	42%

A24a. Race and ethnicity of children at intake (N=1,745)

Race	Number	Percent
White	694	40%
American Indian/Alaskan Native	401	23%
Biracial/Multiracial	351	20%
African American/Black	218	13%
Asian American	31	2%
Unknown	30	2%
Other	20	1%

Note: "Other" racial categories were not collected.

A24b. Race and ethnicity of children at intake (N=1,745)

Ethnicity	Number	Percent
Hispanic origin	207	12%
Non-Hispanic origin	1,489	85%
Hispanic ethnicity unknown	49	3%

25. Age of children at intake (N=1,745)

Age Category	Number	Percent
Under age 2	336	19%
Age 2 to under 5	415	24%
Age 5 to under 12	702	40%
Age 12 to under 18	265	15%
Unknown	14	1%
~Adult	13	1%

A26. Gender of children at intake (N=1,745)

Sex	Number	Percent
Male	865	50%
Female	863	50%
Unknown	17	1%

A27a. Children's living arrangements at intake (N=1,745)

Where/with whom is child living at intake	Number	Percent
Mom	476	27%
Dad	313	18%
Both parents	70	4%
Other family/friend	515	30%
Non-kinship setting (foster care)	334	19%
Other	19	1%
Unknown	18	1%

A27b. Children's connection to father at intake (N=1,745)

Contact with father at intake	Number	Percent
Yes	1,103	63%
No	584	34%
Unknown	58	3%

A28a. Children's FASD diagnosis at intake (N=1,745)

Child has FASD diagnosis at intake	Number	Percent
Yes	15	1%
No	1,671	96%
Unknown	59	3%

A28b. Children's mental health services at intake (N=1,745)

Child receiving mental health services at intake	Number	Percent
Yes	331	19%
No	1,348	77%
Unknown	66	4%

A28c. Children's immunization status at intake (N=1,745)

Child is current on immunizations at intake	Number	Percent
Yes	1,628	93%
No	57	3%
Unknown	60	3%

A28d. Children's medical insurance coverage at intake (N=1,745)

Coverage	Number	Percent
Yes, public insurance (MA, MNCare)	1,518	87%
Yes, private insurance	127	7%
No	41	2%
Unknown	59	3%

A29. Children's health information by mother at intake (N=271)

Health status	Number	Percent
Mother with a child with FASD	11	4%
Mother with a child with past due immunizations	44	16%
Mother with a child receiving mental health services	216	80%

A30. Tobacco use at intake (N=951)

	Number	Percent
Yes	798	84%
No	146	15%
Unknown	5	1%

A31a. Clients who have used alcohol or other drugs in the 30 days prior to intake, excluding forced sobriety (N=951)

Recent alcohol or other drug use	Number	Percent
Yes	558	59%
No	388	41%
Unknown	5	1%

A31b. Substances used by clients in the 30 days prior to intake, excluding forced sobriety (N=558)

Substance used (of clients who used 30 days prior to intake)	Number	Percent
Alcohol	246	44%
Marijuana/Hashish	255	46%
Methamphetamines	248	44%
Other opiates/synthetics	111	20%
Heroin	76	14%
Crack	30	5%
Cocaine powder	29	5%
Benzodiazepines	25	4%
Other amphetamines	12	2%
Non-prescription methadone	13	2%
Over-the-counter medications (misuse)	5	<1%
Ecstasy/other club drugs	5	<1%
Barbiturates	0	0%
Other stimulants	1	<1%
Other sedatives/hypnotics	1	<1%
Inhalants	2	<1%
Other hallucinogens/psychedelics	0	<1%
Other tranquilizers	0	<1%
PCP	1	<1%
Ketamine	0	0%
Other drugs	9	2%

Note: Other drugs include: Suboxone (2); Gabapetin (1); GHB (1); Spice (1).

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

A31c. Duration of sobriety at intake, among clients who had not used substances in the 30 days prior to intake (N=367)

Program name	Number
Total days sober (minimum)	30
Total days sober (maximum)	1215
Total days sober (average)	133

A32a. Primary drug of choice at intake (N=951)

Primary drug of choice	Number	Percent
Methamphetamines	320	34%
Alcohol	169	18%
Marijuana/Hashish	177	19%
Heroin	115	12%
Other opiates/synthetics	109	11%
Crack	25	3%
Cocaine powder	15	2%
Non-prescription methadone	1	<1%
Benzodiazepines	6	1%
Other amphetamines	4	<1%
Other stimulants	1	<1%
Other	7	1%
Unknown	3	<1%

Note: Other primary drugs include: Synthetic marijuana (2); Suboxone (1); Spice (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=951)

Secondary drug of choice	Number	Percent
None	260	27%
Marijuana/Hashish	183	19%
Alcohol	157	17%
Methamphetamines	144	15%
Other opiates/synthetics	77	8%
Crack	24	3%
Heroin	34	4%
Cocaine powder	23	2%
Benzodiazepines	11	1%
Other amphetamines	5	1%
Non-prescription methadone	5	1%
Ecstasy/other club drugs	1	<1%
Other hallucinogens/psychedelics	1	<1%
Other sedatives/hypnotics	2	<1%
Barbiturates	1	<1%
Over-the-counter medications (misuse)	2	0%
Other	9	1%
Unknown	8	1%

Note: Other secondary drugs include: Tobacco/cigarettes (4); Gabapentin (1); Spice (1); Suboxone (1); Caffeine (1).

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

A33a. Treatment status at intake (N=951)

Currently in CD treatment	Number	Percent
Yes	693	73%
No	257	27%
Unknown	1	<1%

A33b. Treatment status at intake (N=693)

Type of treatment setting	Number	Percent
Inpatient/residential	280	40%
Outpatient	105	15%
Outpatient with housing	308	44%

A33c. Treatment status at intake (N=721)

Number of times in CD treatment	Number	Percent
1-2 prior episodes	350	49%
3-4 prior episodes	203	28%
5 or more prior episodes	168	23%

A34. Mothers living with children in treatment at intake

Type of treatment setting	Number of Intakes	Percentage of Intakes (n=693)	Number of children living with mothers at CD Treatment	Percentage of children living with you at CD Treatment facility (n=721)
Inpatient/residential	44	18%	67	9%
Outpatient with housing	82	6%	124	17%
Total	126	18%	191	26%

A35. Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) at intake (N=951)

Participating in AA or NA	Number	Percent
Yes	424	45%
No	517	54%
Unknown	10	1%

A36. Participation in other recovery support activities at intake (N=951)

Recovery support activities	Number	Percent
Support from family and friends	714	75%
Support group in this program	472	50%
Support group in the community	446	47%
Faith-based/religious group	248	26%
Aftercare	37	4%
Al-Anon	31	3%
Other recovery support activity	44	5%
Unknown recovery support activity	2	<1%

Note: Other recovery support activities include: Therapy/therapists (4); Treatment, including outpatient treatment (7); NA/AA (5); Counseling (2); Cultural support (1); Sponsors (5); ARHMS (2); Spiritual (2); Leisure- crafts (3); Public Health Nurse (1); Tagwii Recovery Center (1); Case managers (1); Celebrate recovery (1); DBT (2); Grief counselor (1); Housing manager (1); Probation (1); Project Harmony (1); School (1); Naltrexone (1); Work (1); Working out (1).

Percentage total exceeds 100 percent as participants were allowed to provide more than one response.

A37a. Pregnancy outcomes during year three (N=153)

	Number
# of live births, child living	153
# of live births, child died	0

A37b. Clients receiving prenatal care during year three (N=153)

Client received prenatal care	Number	Percent
Yes	152	99%
Unknown	1	1%

A38a. Race of babies born during year three (N=153)

Race	Number	Percent
White	61	40%
African American/Black	41	27%
American Indian/Alaskan Native	16	11%
Biracial/Multiracial	24	16%
Asian American	6	4%
Other	1	1%
Unknown	4	3%

A38b. Ethnicity of babies born during year three (N=153)

Ethnicity	Number	Percent
Hispanic origin	15	10%
Non-Hispanic origin	137	90%
Hispanic ethnicity unknown	1	1%

A39a. Birth weight of babies at delivery in year three (N=153)

Birth weight	Number	Percent
Low birth weight (<5lb-8 ounces)	13	9%
Normal birth weight	136	89%
Unknown	4	3%

A39b. Babies born full-term during year three (N=153)

Baby was born full-term	Number	Percent
Yes	142	93%
No	8	5%
Unknown	3	2%

A39c. Pregnancy duration of premature babies (N=8)

Length of pregnancy	Number	Percent
26-31 weeks	2	25%
32-36 weeks	6	75%

A39d. Babies who spent time in intensive care (N=153)

Baby spent time in intensive care (NICU)	Number	Percent
Yes	32	21%
No	120	78%
Unknown	1	1%

A39e. Length of time premature babies spent in intensive care (N=32)

Number of days	Number
Minimum number of days in NICU to date	1
Maximum number of days in NICU to date	25
Average number of days in NICU to date	6

A39f. Mother's toxicology results (N=155)

	Number	Percent
Positive toxicology	25	16%
Negative toxicology	104	67%
Not tested	17	11%
Unknown	9	6%

Note: Excluding clients for whom toxicology results were not available (i.e., not tested, unknown), the proportion with negative toxicology results is 81 percent.

A39g. Mother's positive toxicology results (N=25)

Name of drug	Number	Percent
Marijuana/hashish	13	52%
Methamphetamines	6	24%
Medication taken as directed	3	12%
Other opiates/synthetics	3	12%
Cocaine powder	3	12%
Benzodiazepines	1	4%
Ecstasy/other club drugs	1	4%
Alcohol	1	4%

A40a. Baby's toxicology results (N=155)

	Number	Percent
Positive toxicology	23	15%
Negative toxicology	101	65%
Not tested	19	12%
Unknown	10	7%

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

A40b. Baby's positive toxicology results (N=25)

Name of drug	Number	Percent
Marijuana/hashish	11	44%
Methamphetamines	5	20%
Medication taken as directed	3	12%
Other opiates/synthetics	3	12%
Cocaine powder	2	8%
Other amphetamines	1	4%
Other	1	4%
Alcohol	1	4%
Barbiturates	0	0%
Crack	0	0%
PCP	0	0%

A41. Placement at birth for babies born to mothers served during year three (N=153)

Baby placed outside of home following birth	Number	Percent
Yes	24	16%
No	128	84%
Unknown	1	1%

A42a. Financial support

Type of support	Number	June - November 2014		Number	December 2014 - May 2015	
		Total amount	Average amount per client receiving support		Total amount	Average amount per client receiving support
Housing	30	\$9,624	\$1,258.79	26	\$6,058	\$905.77
Child care	90	\$3,590	\$413.76	258	\$37,038	\$1623.44
Transportation	334	\$50,798	\$1101.32	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
Total	810	\$88,247	\$3,919.98	1306	\$106,480	\$4,785.03

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

Application fee

Utilities

General housing**Child care**

Child care

Free onsite daycare is offered to all clients

Provide off site childcare**Transportation**

Gas vouchers

Bus tokens/passes

Taxi service

Transportation unspecified (for appointments and general needs)

Van

Trailblazer tokens

Staff transport**Emergency needs**

Personal needs (clothing, hygiene needs, medications, laundry, healthcare, automobile needs, moving costs)

Children/baby needs (clothing, diapers)

Food/groceries

Work supplies

Utility bills

Household supplies (furniture, apartment needs, mattresses)

Bridging

Target Cubs

Petty Cash**Other**

Recreation

Hygiene needs

Incentives (e.g. enrollment)

Personal welfare

Food

Supplies and resources for education

Healthcare needs

Legal assistance

Educational assistance

Personal needs

A42b. Descriptions of financial support use by type (continued)**Emergency needs**

Gift cards (Cub Foods, Target)

Phones/phone minutes

Petty cash

Car needs (repairs, insurance)

Moving costs

Medical co-pays

Dental co-pays**Other supports**

Gift cards/coupons/incentives

Recreation passes/fees (including YMCA, golf, bowling, retreats, water parks)

Food

Supplies for treatment/group activities (arts, crafts, books, food)

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

A43a. Length of program participation among clients who closed in year four (N=631)

Length of program participation	Number
Minimum number of months enrolled	0
Maximum number of months enrolled	21.5
Average number of months enrolled	4.9

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.

A44b. Length of program participation among women who met DHS program criteria (N=120)

Length of program participation	Number
Minimum number of months enrolled	6
Maximum number of months enrolled	21.5
Average number of months enrolled	9.6

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.

A44c. Length of program participation among women who did not meet DHS program criteria (N=511)

Length of program participation	Number
Minimum number of months enrolled	0
Maximum number of months enrolled	19.6
Average number of months enrolled	3.7

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.

A45a. Staff assessment of client's overall status at closing (N=631)

Client "doing well" at program exit	Number	Percent
Yes, client was doing well	373	59%
No, client was not doing well	254	40%
Unknown	4	1%

A45b. Reason clients were not doing well at closing (N=254)

Reason client was "not doing well"	Number	Percent
Client was not engaged in carrying out case plan goals	190	74%
Client not compliant with program requirements	176	69%
Client was actively using substances	91	36%
Client disappeared/could not be reached	89	35%
Client in crisis/experiencing traumatic life event (homelessness, domestic violence)	59	23%
Other	0	0%

A46. DHS program criteria met at closing (N=631)

Criteria for closing	Number	Percent
Developed care and treatment plans with staff	454	72%
Abstinent from drugs and alcohol at exit	369	58%
Completed evidence-based parenting curriculum	299	47%
Enrolled for a minimum of six months	210	33%
Met all above program criteria	120	19%
Met all above program criteria AND doing well	115	18%
Client met none of the above criteria at exit	78	12%

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.

A47. Transferred clients for additional case management services at closing (N=631)

	Number	Percent
Yes, to another agency funded by Women's Recovery Services	28	4%
Yes, to another program that provides recovery-related case management services not funded by the grant	240	38%
No, not receiving recovery related case management services after closing	328	52%
Unknown	35	6%

A50a. School or career training at intake (N=631)

	Number	Percent
Yes	44	7%
No	587	93%

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

A50b. School or career training at closing (N=631)

	Number	Percent
Yes	40	6%
No	573	91%
Unknown	18	3%

A50c. Education status at closing (N=631)

Status	Number	Percent
Completed GED or received high school diploma	9	1%
Completed additional education after high school	20	3%
Completed vocational/job training	14	2%
Obtained or reactivated a vocational license or certificate	3	<1%
No education achievements	557	88%
Unknown schooling	16	3%

A51a. Employment status at intake (N=631)

	Number	Percent
Employed full time or part time	87	14%
Unable to work/disabled	33	5%
Unemployed – looking for work	119	19%
Unemployed – not looking for work	385	61%
Other	6	1%
Unknown	1	<1%

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

A51b. Employment status at closing (N=631)

	Number	Percent
Employed full time or part time	123	19%
Unable to work/disabled	28	4%
Unemployed – looking for work	155	25%
Unemployed – not looking for work	308	49%
Other	1	<1%
Unknown	13	2%

Note: Other employment at closing includes: season layoff (1).

A52a. Living arrangements at closing (N=631)

	Number	Percent
In relative or friend's home	193	39%
In own house or apartment	226	28%
No home at present and not in a shelter	40	6%
Correctional facility	18	3%
Transitional housing and/or group residential housing	23	3%
A shelter or motel (using a voucher)	14	2%
Sober house/halfway house	23	1%
Permanent supportive housing	22	1%
Treatment	9	1%
Unknown	61	10%
Other	3	1%

Note: Other living arrangements at intake include: GRH (1); Place of hope (1).

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

A52b. Living arrangements at intake for those who closed (N=631)

	Number	Percent
In own house or apartment	177	28%
In relative or friend's home	245	39%
No home at present and not in a shelter	72	11%
Sober house/halfway house	9	1%
Transitional housing and/or group residential housing	16	3%
Correctional facility	41	7%
Permanent supportive housing	4	1%
A shelter or motel (using a voucher)	22	4%
Treatment	34	5%
Other	11	2%

Note: Other living arrangements at closing include: Hospital (4); Homeless (3); Detox (1); CARE Facility (1); Everywhere (1).

A52c. Living arrangements supportive to recovery at intake (N=631)

	Number	Percent
Yes	397	63%
No	228	36%
Unknown	6	1%

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

A52d. Living arrangements supportive to recovery at closing (N=631)

	Number	Percent
Yes	405	64%
No	155	25%
Unknown	71	11%

A52e. Living arrangements stable at intake (N=631)

	Number	Percent
Yes	334	53%
No	296	47%
Unknown	1	<1%

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

A52f. Living arrangements stable at closing (N=631)

	Number	Percent
Yes	372	59%
No	217	34%
Unknown	42	7%

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

A52g. Length of time living at location at closing (N=631)

	Number	Percent
Less than 6 months	416	66%
6 months to less than one year	98	16%
1 year or more	73	12%
Unknown	44	7%

A52h. Number of days lived at current location, if less than six months (N=416)

	Number
Minimum number of days in current location	0
Maximum number of days in current location	154
Average number of days in current location	36

A53. Clients with mental health diagnoses at closing (N=631)

	Number	Percent
# of clients with new mental health diagnoses	163	26%
# of clients with no new mental health diagnoses	468	74%

A54a. Mental health diagnoses at intake (N=631)

Type of diagnosis	Number	Percent
Depressive disorder	370	59%
Anxiety disorder	359	57%
Bipolar disorder/manic depression	134	21%
Attention deficit and disruptive behavior disorder	113	18%
Personality disorder	82	13%
Schizophrenia or other psychotic disorder	13	2%
Other mental health diagnosis	58	9%
Unknown mental health diagnosis	2	<1%

Note: Other mental health diagnoses at intake include: Adjustment disorder (2); Antisocial behaviors/traits (2); Eating disorder (2); Insomnia (2); Psychosis (2); Intermittent explosive anger (2); Anger (1); Attachment disorder (1); Seasonal affective disorder (1); Adjustment disorder (1); Gender dysphoria (1); Learning disability (1); Mood disorder (1); Panic attacks (1); Substance induced paranoia anxiety disorder (1); Tricotillomania (1).

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

A54b. Mental health diagnoses at closing (N=631)

Type of diagnosis	Number	Percent
Anxiety disorder	352	56%
Depressive disorder	345	55%
Personality disorder	108	17%
Attention deficit and disruptive behavior disorder	102	16%
Bipolar disorder/manic depression	99	16%
Schizophrenia or other psychotic disorder	13	2%
Other mental health diagnosis	58	9%
Unknown mental health diagnosis	14	2%

Note: Other mental health diagnoses at closing include: Adjustment disorder (15); Eating disorder (7); Trauma and stress-related disorder (4); Intermittent explosive disorder (2); Trichotillomania (2); Axis II deferred (1); Borderline personality traits (1); Fetal alcohol effects (1); Mood disorder (1); Pathological gambling (1); Psychosocial/narcissistic tendencies (1); Psychotic disorder (1); Psychosis (1); Seasonal affective disorder (1); Unknown (1).

A54c. Mental health diagnoses at either intake or closing (N=631)

Type of diagnosis	Number	Percent
Depressive disorder	423	67%
Anxiety disorder	407	65%
Personality disorder	118	19%
Bipolar disorder/manic depression	142	23%
Attention deficit and disruptive behavior disorder	130	21%
Other mental health diagnosis	98	16%
Schizophrenia	15	2%
Unknown mental health diagnosis	16	3%

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

A54d. Connection to mental health services at closing (N=631)

Client connection to mental health services	Number	Percent
Yes, client is currently receiving mental health services	308	49%
No, but client is connected to a specific clinic/therapist she can contact if services are needed	133	21%
No, client needs mental health services but is not connected to specific clinic/therapist	99	16%
Not applicable, client does not need mental health services	35	6%
Unknown	56	9%

A55a. Confirmed Fetal Alcohol Syndrome Disorder (FASD) diagnosis at closing (N=631)

FASD confirmed	Number	Percent
Yes, client was diagnosed before entering the program	5	1%
Yes, the client was diagnosed while enrolled in the program	1	<1%
No, client does not have a FASD diagnosis	599	95%
Unknown	26	4%

A55b. Presumed Fetal Alcohol Syndrome Disorder (FASD) diagnosis at closing (N=625)

FASD presumed	Number	Percent
Yes	21	3%
No	569	91%
Unknown	31	5%

A55c. Traumatic brain injury (TBI) diagnosis at closing (N=631)

Diagnosed with TBI	Number	Percent
Yes, the client was diagnosed before entering the program	19	3%
No, client has never received a TBI diagnosis	579	92%
Unknown	33	5%

A55d. Post-traumatic stress disorder (PTSD) diagnosis at closing (N=631)

Diagnosed with PTSD	Number	Percent
Yes, the client was diagnosed before entering the program	194	31%
Yes, the client was diagnosed while enrolled in the program	36	6%
No, client has never received a PTSD diagnosis	374	59%
Unknown	27	4%

A56a. Abusive relationship involvement at intake (N=631)

	Number	Percent
Yes	58	9%
No	566	90%
Unknown	7	1%

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

A56b. Abusive relationship involvement at closing (N=631)

	Number	Percent
Yes	39	6%
No	492	78%
Unknown	100	16%

A57a. Medical or insurance coverage at intake (N=631)

	Number	Percent
Yes, public insurance (MA, PMAP, MNCare, etc.)	540	86%
Yes, private insurance	22	4%
No	66	11%
Unknown	3	1%

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

A57b. Medical or insurance coverage at closing (N=631)

	Number	Percent
Yes, public insurance (MA, PMAP, MNCare, etc.)	587	93%
Yes, private insurance	9	1%
No	10	2%
Unknown	25	4%

A58a. Primary care physician or clinic at intake (N=631)

	Number	Percent
Yes, physician only	6	1%
Yes, clinic only	104	17%
Yes, both physician and clinic	385	61%
No, neither	135	21%
Unknown	1	<1%

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

A58b. Primary care physician or clinic at closing (N=631)

	Number	Percent
Yes, physician only	8	1%
Yes, clinic only	37	6%
Yes, both physician and clinic	477	76%
No, neither	62	10%
Unknown	47	7%

A58c. Emergency room visits in the six months prior to intake (N=631)

Any emergency room visits in the six months prior to intake?	Number	Percent
Yes	284	45%
No	318	50%
Unknown	29	5%
Average number of emergency room visits	2.08	

Note: Number of emergency room visits ranged from 1 to 20.

A58d. Emergency room visits during services at closing (N=631)

Any emergency room visits in the six months prior to intake?	Number	Percent
Yes	122	19%
No	458	73%
Unknown	51	8%
Average number of emergency room visits	2.08	

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

A58e. Hospitalizations in the six months prior to intake (N=631)

Any hospitalizations in the six months prior to intake?	Number	Percent
Yes	143	23%
No	460	73%
Unknown	28	4%
Average number of days hospitalized in six months prior to intake	6.48	

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

A58f. Hospitalizations during services at closing (N=631)

Any hospitalizations in the six months prior to intake?	Number	Percent
Yes	141	22%
No	466	74%
Unknown	24	4%
Average number of days hospitalized	3.31	

Note: Number of days hospitalized ranged from 1 to 30.

A59a. Child protection involvement at intake (N=631)

	Number	Percent
Yes	285	45%
No	345	55%
Unknown	1	<1%

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

A59b. Child protection involvement at closing (N=631)

	Number	Percent
Yes	239	38%
No	373	59%
Unknown	19	3%

A60a. Criminal justice system involvement at intake (N=631)

	Number	Percent
Yes	273	43%
No	355	56%
Unknown	3	1%

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

A60b. Criminal justice system involvement at closing (N=631)

	Number	Percent
Yes	275	44%
No	322	51%
Unknown	34	5%

A60c. Arrested in the 30 days prior to intake (N=631)

	Number	Percent
Yes	93	15%
No	537	85%
Unknown	1	<1%

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

A60d. Arrested in the 30 days prior to closing (N=631)

	Number	Percent
Yes	28	4%
No	541	86%
Unknown	62	10%

A61. Custody status of child at closing (N=1,167)

	Number	Percent
No Child Protection involvement while in program	539	46%
Involved with Child Protection but no change in custody	263	23%
Unknown	111	10%
Child in formal out of home placement – still in placement at closing	97	8%
Transfer of legal custody	19	2%
Termination of parent rights (TPR)	11	1%
None of these	15	1%
Child reunified with mom (after a formal placement) (N=628)	112	18%*

* 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 10 percent of children, the percentage of children reunified is likely an underestimation.

A62a. Living arrangements of child at intake (N=1,167)

Child lives with	Number	Percent
Mom	304	26%
Dad	225	19%
Both parents	39	3%
Other family/friend	353	30%
Non-kinship setting (foster care)	227	20%
Other	13	1%
Unknown	6	1%

Note: "Other" living status categories were not collected.

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

A62b. Living arrangements of child at closing (N=1,167)

Child lives with	Number	Percent
Mom	412	35%
Dad	150	13%
Both parents	56	5%
Other family/friend	281	24%
Non-kinship setting (foster care)	155	13%
Other	12	1%
Unknown	101	9%

Note: "Other" living status categories were not collected.

A63a. Children immunized at intake (N=1,167)

Child current on immunizations	Number	Percent
Yes	1,100	94%
No	41	4%
Unknown	26	2%

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

A63b. Children immunized at closing (N=1,167)

Child current on immunizations	Number	Percent
Yes	1012	87%
No	8	1%
Unknown	147	13%

A64a. Children receiving mental health services at intake (N=1,167)

Child receiving mental health services	Number	Percent
Yes	222	19%
No	909	78%
Unknown	36	3%

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

A64b. Children receiving mental health services at closing (N=1,167)

Child receiving mental health services	Number	Percent
Yes	222	19%
No	756	65%
Unknown	189	16%

A65a. Children's medical insurance at intake (N=1,167)

Child's medical insurance status	Number	Percent
Yes, public insurance (MA, MNCare)	1,015	87%
Yes, private insurance	90	8%
No	34	3%
Unknown	28	2%

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

A65b. Children's medical insurance at closing (N=1,167)

Child's medical insurance status	Number	Percent
Yes, public insurance (MA, MNCare)	995	85%
Yes, private insurance	36	3%
No	1	<1%
Unknown	135	12%

A66. Children diagnosed with FASD at closing (N=1,307)

FASD diagnosis	Number	Percent
Yes, before entering the program	2	<1%
Yes, while in the program	3	<1%
No	1121	86%
Unknown	181	14%

A67a. Children's participation in evidence-based children's program at closing (N=1,167)

Children's program participation	Number	Percent
Yes, full completion	153	13%
Yes, partial completion	58	5%
No, client did not participate	840	72%
Unknown	116	10%

A67b. Child received services from staff (N=1,307)

Children's program participation	Number	Percent
Yes	518	40%
No	668	51%
Unknown	121	9%

A68. Change in mother's contact with her children at closing (N=631)

Change in level of contact	Number	Percent
Contact has increased	257	41%
No change in contact	247	39%
Contract has decreased	67	11%
Change in level of contact Unknown	60	10%

A69a. Recent alcohol or other drug use at intake (N=631)

Substance use in 30 days prior to intake	Number	Percent
Yes	381	60%
No	248	39%
Unknown	2	<1%

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

A69b. Recent alcohol or other drug use at closing (N=631)

Substance use in 30 days prior to closing	Number	Percent
Yes	149	24%
No	369	59%
Unknown	113	18%

A69c. Substances used at closing (N=149)

Type of substance	Number	Percent
Alcohol	55	37%
Methamphetamines	52	35%
Marijuana/hashish	36	24%
Other opiates/synthetics	27	18%
Heroin	11	7%
Benzodiazepines	10	7%
Other amphetamines	10	7%
Over-the-counter medications (misuse)	4	3%
Cocaine powder	3	2%
Crack	3	2%
Other drugs	3	2%
Unknown drugs	2	1%
Barbiturates	1	1%
Non-prescription methadone	1	1%
Other sedatives/hypnotics	1	1%
Other stimulants	0	0%
PCP	0	0%
Other hallucinogens/psychedelics	0	0%
Other tranquilizers	0	0%
Ketamine	0	0%
Ecstasy/other club drugs	0	0%
Inhalants	0	0%

Note: Other substances used include: K2 (2) and gabapentin (1)

A70a. Length of sobriety at intake (N=273)

	Number
Minimum number of days sober	30
Maximum number of days sober	1,215
Average number of days sober	129

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

A70b. Length of sobriety at closing (N=340)

	Number
Minimum number of days sober	30
Maximum number of days sober	1,221
Average number of days sober	201

A71. Change in alcohol and drug use from entry to closing (staff report) (N=631)

	Number	Percent
Increased use: using drugs/alcohol more	32	5%
No change in use: using drugs/alcohol at the same level	17	3%
No change in use: not using drugs/alcohol at either entry or closing	93	15%
Decreased use: still using drugs/alcohol but using less	103	16%
Decreased use: not using drugs/alcohol at all	286	45%
Drug/alcohol use Unknown	100	16%

A72a. Tobacco use at intake (N=631)

Using tobacco at intake	Number	Percent
Yes	536	85%
No	92	15%
Unknown	3	1%

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

A72b. Tobacco use at closing (N=631)

Using tobacco at closing	Number	Percent
Yes	486	77%
No	72	11%
Unknown	73	12%

A73. Change in tobacco use at closing compared to intake (staff report) (N=631)

	Number	Percent
Increased use: using tobacco more	6	1%
No change in use: using tobacco at the same level	396	63%
No change in use: not using tobacco at either entry or closing	53	8%
Decreased use: still using tobacco but using less	68	11%
Decreased use: not using tobacco at all	21	3%
Tobacco use Unknown	87	14%

A74a. Treatment participation at closing (N=466)

Treatment status while in program	Number	Percent
Left/completed this episode of treatment and did not re-enter treatment while in program	110	24%
Left/completed this episode of treatment and did re-enter treatment while in the program	13	3%
Remained in treatment throughout the program (same treatment episode)	332	71%
Unknown	11	2%

Note: Calculations are based upon the number of clients who closed in year three and were in treatment at intake.

A74b. Clients entering treatment while in the program (N=165)

Client entered treatment while in the program	Number	Percent
Yes	46	28%
No	114	69%
Unknown	5	3%

Note: Calculations are based upon the number of clients who closed in year three and were not in treatment at intake.

A74c. Client prior treatment episodes (N=631)

	Number
Minimum number of prior treatment episodes	1
Maximum number of prior treatment episodes	4
Average number of treatment episodes	1.0

A78a. Medication-assisted chemical health treatment (MAT) while in program (N=631)

Received medication assisted treatment (MAT)	Number	Percent
Yes	83	13%
No	536	85%
Unknown	12	2%

A78b. Type of medication-assisted chemical health treatment received (N=83)

Type of medication assisted treatment	Number	Percent
Methadone	42	51%
Suboxone	35	42%
Naltrexone	1	1%
Subutex	5	1%
Vivitrol	2	2%

Note: One client was receiving more than one type of medication.

A79. Detox while in the program (N=631)

Client was in detox	Number	Percent
Yes	16	3%
No	597	95%
Unknown	18	3%

A80. Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) participation at closing (N=631)

Participated in AA or NA	Number	Percent
Yes	420	67%
No	137	22%
Unknown	74	12%

A81. Participation in other recovery support activities at closing (N=631)

Type of activity	Number	Percent
Support group in this program	386	61%
Support group in the community	305	48%
Faith-based/religious group	96	15%
Support from family and friends	409	65%
Al-anon	10	2%
Other recovery support activity	24	4%
Unknown recovery support activity	58	9%

Note: Other recovery support activities include: Aftercare (1); ARHMS (3); Attended her own cultural activities in her community (1); Circles of support (1); Mental health support groups (1); MH worker (1); Native American parenting (4); Pow wow (1); Public health nurse (1); School/work (1); Shelter activities (1); Sponsor (4); School (1); Work (1); Supportive housing (1); Talking circle (1); Treatment (2); Wellness Court (1).

A82a. Participation in evidence-based parenting education while in program (N=631)

Client participation	Number	Percent
Yes, and she completed the full program	299	47%
Yes, but she did not complete the program	196	31%
No	132	21%
Unknown	4	1%

A82b. Participation in other parenting education while in program (N=631)

Client participation	Number	Percent
Yes	412	65%
No	204	32%
Unknown	15	2%

A83. Client engagement in carrying out goals and case plan (N=631)

Level of engagement	Number	Percent
Very engaged	154	24%
Somewhat engaged	229	36%
Somewhat disengaged	125	20%
Very disengaged	117	19%
Unknown	6	1%

A84. Continuing care plan at closing (N=659)

Client had continuing care plan	Number	Percent
Yes	454	72%
No	166	26%
Unknown	11	2%

B. Semi-annual DHS tables (from database)

B1. Clients' areas of need: Needs met (N=631)

Category	Service area	# of clients with a need in this area	% of clients with a need in this area	# of clients whose needs were met	% of clients whose needs were met	# of clients whose needs were met with onsite services	% of clients whose needs were met with onsite services	# of clients whose needs were met offsite/by referral	% of clients whose needs were met offsite/by referral
<u>Health-related</u>	Dental care	203	32%	120	59%	4	3%	115	96%
	FASD	238	38%	227	95%	225	99%	5	2%
	Mental health/CD crisis intervention	83	13%	68	82%	38	56%	42	62%
	Mental health/counseling	573	91%	459	80%	309	67%	305	66%
	Nutrition	408	65%	379	93%	363	96%	33	9%
	Physical health/medical care	469	74%	438	93%	110	25%	397	91%
	Postnatal care	134	21%	115	86%	34	30%	109	95%
	Prenatal care	179	28%	173	97%	70	40%	165	95%
	Wellness/fitness	409	65%	370	90%	361	98%	149	40%
<u>Treatment/ Treatment support</u>	Recovery Coach	547	87%	453	83%	446	98%	21	5%
	Smoking cessation	154	24%	108	70%	97	90%	20	19%
	Substance use support group (onsite, NA, AA, etc.)	574	91%	463	81%	423	91%	296	64%
	Treatment	529	84%	458	87%	375	82%	95	21%

B1. Clients' areas of need: Needs met (continued)

Category	Service area	# of clients with a need in this area	% of clients with a need in this area	# of clients whose needs were met	% of clients whose needs were met	# of clients whose needs were met with onsite services	% of clients whose needs were met with onsite services	# of clients whose needs were met offsite/by referral	% of clients whose needs were met offsite/by referral
<u>Basic needs</u>	Emergency household needs	408	65%	346	85%	322	93%	271	78%
	Housing (client received housing)	442	70%	338	76%	276	82%	106	31%
	Housing information/support	553	88%	492	89%	482	98%	278	57%
	MFIP	216	34%	192	89%	40	21%	183	95%
	Other public benefits	266	42%	245	92%	60	24%	225	92%
	Transportation	541	86%	485	90%	461	95%	284	59%
	WIC	192	30%	173	90%	38	22%	166	96%
<u>Life skills</u>	Credit repair	333	53%	306	92%	305	100%	110	36%
	Education/job training program	420	67%	351	84%	328	93%	132	38%
	Financial management/budgeting	411	65%	361	88%	351	97%	122	34%
	Job searching/applications/resume prep	430	68%	363	84%	337	93%	139	38%
<u>Parenting-related</u>	Breastfeeding	103	16%	100	97%	85	85%	26	26%
	Family planning	321	51%	277	86%	257	93%	56	20%
	Parenting education	576	91%	471	82%	463	98%	34	7%
<u>Relationships</u>	Domestic/family violence	358	57%	327	91%	297	91%	65	20%
	Healthy relationships	494	78%	441	89%	427	97%	43	10%

B1. Clients' areas of needs: Needs met (N=631) continued

Category	Service area	# of clients with a need in this area	% of clients with a need in this area	# of clients whose needs were met	% of clients whose needs were met	# of clients whose needs were met with onsite services	% of clients whose needs were met with onsite services	# of clients whose needs were met offsite/by referral	% of clients whose needs were met offsite/by referral
<u>Miscellaneous services</u>	Culturally-specific needs	128	20%	113	88%	98	87%	63	56%
	Individual/Family recreational activities	429	68%	389	91%	381	98%	232	60%
	Legal issues	224	35%	193	86%	149	77%	155	80%
	LGBTQ-specific needs	9	1%	8	89%	3	38%	6	75%

B2. Clients' areas of need: Needs NOT met (N=631)

Category	Service area	# of clients with a need in this area	% of clients with a need in this area	# of clients whose needs were NOT met	% of clients whose needs were NOT met
<u>Health-related</u>	Dental care	203	32%	52	26%
	FASD	238	38%	5	2%
	Mental health/CD crisis intervention	83	13%	6	7%
	Mental health/counseling	573	91%	72	13%
	Nutrition	408	65%	7	2%
	Physical health/medical care	469	74%	9	2%
	Postnatal care	134	21%	2	1%
	Prenatal care	179	28%	1	1%
	Wellness/fitness	409	65%	20	5%
<u>Treatment/ Treatment support</u>	Recovery Coach	547	87%	60	11%
	Smoking cessation	154	24%	36	23%
	Substance use support group (onsite, NA, AA, etc.)	574	91%	72	13%
	Treatment	529	84%	37	7%

B2. Clients' areas of need: Needs NOT met continued

Category	Service area	# of clients with a need in this area	% of clients with a need in this area	# of clients whose needs were NOT met	% of clients whose needs were NOT met
<u>Basic needs</u>	Emergency household needs	408	65%	35	9%
	Housing (client received housing)	442	70%	75	17%
	Housing information/support	553	88%	15	3%
	MFIP	216	34%	10	5%
	Other public benefits	266	42%	5	2%
	Transportation	541	86%	21	4%
	WIC	192	30%	3	2%
<u>Life skills</u>	Credit repair	333	53%	8	2%
	Education/job training program	420	67%	39	9%
	Financial management/budgeting	411	65%	29	7%
	Job searching/applications/ resume prep	430	68%	40	9%
<u>Parenting-related</u>	Breastfeeding	103	16%	0	0%
	Family planning	321	51%	19	6%
	Parenting education	576	91%	65	11%
<u>Relationships</u>	Domestic/family violence	358	57%	9	3%
	Healthy relationships	494	78%	18	4%

B2. Clients' areas of needs: Needs NOT met (N=631) continued

Category	Service area	# of clients with a need in this area	% of clients with a need in this area	# of clients whose needs were NOT met	% of clients whose needs were NOT met
<u>Miscellaneous services</u>	Culturally-specific needs	128	20%	6	5%
	Individual/Family recreational activities	429	68%	9	2%
	Legal issues	224	35%	6	3%
	LGBTQ-specific needs	9	1%	0	0%

B3. Children's areas of need: Needs met (N=631)

Category	Service area	# of children with a need in this area	% of children with a need in this area	# of children whose needs were met	% of children whose needs were met	# of children whose needs were met with onsite services	% of children whose needs were met with onsite services	# of children whose needs were met offsite/by referral	% of children whose needs were met offsite/by referral
<u>Health-related</u>	Dental care	58	4%	49	84%	0	0%	48	98%
	Developmental needs	340	26%	308	91%	285	93%	47	15%
	FASD	297	23%	279	94%	266	95%	7	3%
	Immunizations	400	31%	366	92%	233	64%	348	95%
	Mental health/counseling	105	8%	84	80%	11	13%	76	90%
	Physical health/medical care	387	30%	364	94%	25	7%	360	99%
	Safe sleep	199	15%	184	92%	170	92%	16	9%
<u>Basic needs</u>	Child care	374	29%	328	88%	256	78%	62	19%
<u>Miscellaneous services</u>	Child/youth support groups (Alateen, etc.)	15	1%	11	73%	9	82%	2	18%
	Culturally-specific needs	118	9%	109	92%	96	88%	10	9%
	Early childhood education services (including special education)	60	5%	48	80%	20	42%	47	98%
	School-age education services (including special education, IEP, mentoring, etc.)	59	5%	49	83%	25	51%	48	98%

B4. Children's areas of need: Needs NOT met (N=631)

Category	Service area	# of children with a need in this area	% of children with a need in this area	# of children whose needs were NOT met	% of children whose needs were NOT met
<u>Health-related</u>	Dental care	58	4%	5	9%
	Developmental needs	340	26%	3	1%
	FASD	297	23%	1	<1%
	Immunizations	400	31%	0	0%
	Mental health/counseling	105	8%	9	9%
	Physical health/medical care	387	30%	2	1%
	Safe sleep	199	15%	1	1%
<u>Basic needs</u>	Child care	374	29%	4	1%
<u>Miscellaneous services</u>	Child/youth support groups (Alateen, etc.)	15	1%	1	7%
	Culturally-specific needs	118	9%	2	2%
	Early childhood education services (including special education)	60	5%	6	10%
	School-age education services (including special education, IEP, mentoring, etc.)	59	5%	1	2%

B5. Fathers' areas of need: Needs met

Service area	# of fathers with a need in this area	% of fathers with a need in this area	# of fathers whose needs were met	% of fathers whose needs were met	# of fathers whose needs were met with onsite services	% of fathers whose needs were met with onsite services	# of fathers whose needs were met offsite/ by referral	% of fathers whose needs were met offsite/by referral
Basic needs	3	0%	3	100%	3	100%	2	67%
Health-related	3	0%	2	67%	0	0%	2	100%
Life skills	3	0%	3	100%	3	100%	2	67%
Miscellaneous services	4	1%	3	75%	3	100%	2	67%
Parenting-related	5	1%	4	80%	4	100%	0	0%
Relationships	4	1%	4	100%	4	100%	2	50%
Treatment/Treat- ment support	2	0%	2	100%	2	100%	0	0%

B6. Fathers' areas of need: Needs NOT met

Service area	# of fathers with a need in this area	% of fathers with a need in this area	# of fathers whose needs were NOT met	% of fathers whose needs were NOT met
Basic needs	3	0%	0	0%
Health-related	3	0%	0	0%
Life skills	3	0%	0	0%
Miscellaneous services	4	1%	0	0%
Parenting-related	5	1%	0	0%
Relationships	4	1%	0	0%
Treatment/Treatment support	2	0%	0	0%

B7. Screenings and assessments: Clients (N=631)

Screening or assessment administered to client	Number	Percent
Mental health screening	513	81%
Rule 25 chemical health assessment	495	78%
Mental health assessment	431	68%
Physical health assessment	456	72%
FASD screening (i.e., informal screening questions)	376	60%
Nutritional assessment	176	28%
Prenatal assessment	145	23%
FASD assessment (i.e., formal diagnostic assessment)	2	0%
Other	165	26%
Total	2,759	

Note: Other service areas include: 16PF (58), CAGE (47), CD screening (3), GAIN-SS (18), Vulnerable adult assessment (7).

B8. Screenings and assessments: Children (N=1,307)

Screening or assessment administered to child	Number	Percent
FASD screening (i.e., informal screening questions)	394	30%
Developmental assessment	350.5	27%
Screening for prenatal alcohol or drug exposure	335	26%
FASD assessment (i.e., formal diagnostic assessment)	5	0%
Other	17	1%
Total	1101.5	84%

Note: Other service areas include: Offsite (6).

B9. Client contacts with program staff

	Average # Contacts	Average Contact Time (hours)
In-person contacts	30.2	0.9
Phone contacts	11.7	0.2
Group contacts	35.5	1.5
All contacts	77.4	-

B10. Clients with monthly contact with program staff (N=631)

Of women served this year:	Number	Percent
# Clients with at least 1 in-person contact per month	583	92%
# Clients with at least 2 in-person contacts per month	502	80%

B11. Total contact time with program staff

Minimum, maximum, and average contact time of clients with some contact			
Number of intakes	Minimum total contact time during reporting period	Maximum total contact time during reporting period	Average total contact time during reporting period
619	0 hours	987 hours	87 hours

B12. Urinalysis results (UAs)

	Number	Percent
Women served this period	631	100%
# of clients who received UAs this period	564	89%
Average UAs per client	6.7	
# of clients with at least 1 positive UA this period	309	55%
Total # of UAs	6,361	100%
Total # of positive UAs	989	16%
Total # of negative UAs	5,372	84%
Positive UAs by substance (by client) (N=989)		
Marijuana/THC	94	30%
Methamphetamines	105	34%
Benzodiazepines	79	26%
Medication as directed	57	18%
Other opiates/synthetics	68	22%
Cocaine (powder and crack)	21	7%
Alcohol	35	11%
Other amphetamines	16	5%
Non-prescription methadone	5	2%
Heroin	9	3%
Other stimulants	1	0%
Over the counter medication (misuse)	2	1%
Other drugs	9	3%
Unknown drugs	2	1%

Note: Other drugs include: Synthetic marijuana/K2/Spice (1), Oxycodone (7).

C. Wilder data tables

C1. Use of alcohol and/or drugs in past 30 days at intake and closing (N=484)

Substance use	Number	Percent
Stopped using substances by closing	208	43%
Never used substances at intake or closing	152	31%
Total NOT USING substances at closing	360	74%
Still using substances at closing	87	18%
Started using substances by closing (no use 30 days prior to intake)	37	8%
Total USING substances at closing	124	26%

C2. Change in use of tobacco in past 30 days from intake to closing (N=523)

	Intake		Closing	
	Number	Percent	Number	Percent
Used tobacco within the 30 days prior to...	450	86%	456	87%

Note: Differences between intake and closing were tested using the McNemar's test. Differences were not statistically significant.

C3. Housed/not homeless at intake and closing (N=513)

Housed/not homeless	Number	Percent
Housed (not homeless) at intake and closing	355	69%
Not housed (homeless) at intake but housed at closing	100	20%
Total WITH housing (not homeless) at closing	455	89%
Housed (not homeless) at intake but not housed at closing	38	7%
Not housed (homeless) at intake or closing	20	4%
Total WITHOUT housing (homeless) at closing	58	11%

C4. In own home or in permanent supportive housing at intake and closing (N=355)

Own home or in permanent supportive housing	Number	Percent
In own home or has permanent supportive housing at intake and closing	113	32%
No home/permanent supportive housing at intake but does at closing	78	22%
Total IN own home/permanent supportive housing at closing	191	54%
Permanent housing at intake but not at closing	30	9%
Not permanent at intake or closing	134	38%
Total NOT in own home/permanent supportive housing at closing	164	46%

C5. Living arrangements supportive to recovery at intake and closing (N=526)

Living arrangements that are supportive to recovery	Number	Percent
Supportive to recovery at intake and closing	259	49%
Not supportive to recovery at intake but supportive to recovery at closing	137	26%
Total with living arrangements SUPPORTIVE TO RECOVERY at closing	396	75%
Supportive to recovery at intake but not at closing	73	14%
Not supportive to recovery at intake or closing	57	11%
Total with living arrangements NOT SUPPORTIVE TO RECOVERY at closing	130	25%

C6. Stable living arrangements at intake and closing (N=556)

Stable living arrangements	Number	Percent
Stable at intake and closing	203	37%
Not stable at intake but stable at closing	159	29%
Total with STABLE living arrangements at closing	362	65%
Stable at intake but not at closing	87	16%
Not stable at intake or closing	107	19%
Total with NOT STABLE living arrangements at closing	194	35%

C7. Employment at intake and closing (N=531)

Employment	Number	Percent
Employed at intake and closing	43	8%
Not employed at intake but employed at closing	75	14%
Total EMPLOYED at closing	118	22%
Employed at intake but not at closing	36	7%
Not employed at intake or closing	377	71%
Total NOT EMPLOYED at closing	413	78%

C8. Contribution of individual characteristics/behaviors on select outcomes

Outcomes	Potential factors contributing to outcomes								Dosage	
	Met all DHS program criteria		Participated in program at least 1 month		Participated in program at least 3 months		Participated in program at least 6 months			
	Met criteria	Didn't meet criteria	In program more than 1 month	In program less than 1 month	In program more than 3 months	In program less than 3 months	In program more than 6 months	In program less than 6 months	High dosage	Low dosage
Decreased substance use at exit (N=331-506)	99%	89%***	92%	81%*	92%	89%	94%	90%†	94%	89%
Abstinent at exit (N=326-485)	100%	66%***	77%	41%***	76%	71%	84%	71%**	82%	69%**
Abstinent at 6-mo follow-up (N=190-313)	74%	45%***	52%	33%	56%	43%*	59%	47%*	55%	46%
Abstinent at 12-month follow-up (N=153-181)	65%	42%*	46%	50%	49%	41%	57%	39%*	51%	35%
Reunification with one or more children at exit (N=174-269)	58%	15%***	27%	0%*	36%	8%***	48%	16%***	40%	5%***
Not involved with child protection at exit (N=175-576)	36%	23%*	28%	6%*	39%	9%***	70%	58%**	37%	13%**
Infants not placed outside the home following birth (N=49-100)	86%	85%	85%	100%	88%	75%	87%	84%	81%	83%
Negative toxicology results for mothers (N=59-87)	90%	78%	80%	100%	83%	71%	82%	80%	94%	67%*
Negative toxicology results for infants (N=58-83)	90%	81%	83%	100%	85%	73%	83%	83%	94%	71%†
Family stability improved (N=299-459)	82%	60%***	66%	42%**	71%	55%**	70%	63%	71%	48%***

Note: Differences between groups were tested using the McNemar's test. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. † indicates that the difference is approaching significance ($p < 1.0$).

C8. Contribution of individual characteristics/behaviors on select outcomes (continued)

Outcomes	In-person contacts per month		Pregnancy status at intake		Treatment status at intake		Primary drug of choice at intake		Primary drug of choice at intake		Primary drug of choice at intake	
	1 or more contacts	Less than 1 contact	Pregnant at intake	Not pregnant	Completed TX before program	Entered TX while in program	Alcohol	All other drugs	Meth	All other drugs	Heroin/opiates	All other drugs
Decreased substance use at exit (N=331-506)	92%	81%*	95%	90%†	71%	95%***	90%	91%	92%	90%	86%	93%*
Abstinent at exit (N=326-485)	76%	50%*	77%	74%	55%	79%***	67%	76%	84%	70%**	68%	77%†
Abstinent at 6-mo follow-up (N=190-313)	50%	60%	44%	53%	52%	52%	46%	54%	60%	48%†	57%	50%
Abstinent at 12-month follow-up (N=153-181)	50%	29%*	44%	47%	50%	49%	34%	50%†	46%	45%	52%	45%
Reunification with one or more children at exit (N=174-269)	25%	29%	16%	29%*	29%	28%	35%	24%	31%	23%	15%	29%*
Not involved with child protection at exit (N=175-576)	26%	30%	25%	26%	48%	22%	22%	27%	24%	27%	23%	27%
Infants not placed outside the home following birth (N=49-100)	84%	92%	84%	100%	86%	78%	100%	84%	83%	86%	79%	86%
Negative toxicology results for mothers (N=59-87)	82%	67%	79%	100%	100%	89%	67%	81%	94%	73%*	83%	80%
Negative toxicology results for infants (N=58-83)	84%	78%	82%	100%	100%	90%	100%	83%	94%	77%*	82%	83%
Family stability improved (N=299-459)	64%	82%*	69%	63%	60%	64%	69%	64%	65%	64%	60%	66%

Note: Differences between groups were tested using the McNemar's test. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. † indicates that the difference is approaching significance ($p < 1.0$).

C8. Contribution of individual characteristics/behaviors on select outcomes (continued)

Outcomes	Potential factors contributing to outcomes				Number of times in treatment		Race		
	Completed parenting education		Living arrangements stable and supportive to recovery at closing						
	Fully or partially completed	Did not complete	Stable and supportive housing	Not stable and/or supportive housing	3 or more times	Fewer than 3 times	White vs. all others	African American vs. all others	American Indian vs. all others
Decreased substance use at exit (N=331-506)	92%	87%	97%	81%***	90%	92%	91%	92%	92%
Abstinent at exit (N=326-485)	77%	63%**	86%	54%***	74%	75%	77%	56%**	78%
Abstinent at 6-mo follow-up (N=190-313)	50%	55%	56%	40%*	50%	52%	50%	51%	55%
Abstinent at 12-month follow-up (N=153-181)	44%	53%	50%	41%	43%	48%	40%	60%†	50%
Reunification with one or more children at exit (N=174-269)	29%	8%**	33%	14%**	30%	22%	29%	14%	25%
Not involved with child protection at exit (N=175-576)	26%	31%	28%	23%	24%	28%	26%	33%	27%
Infants not placed outside the home following birth (N=49-100)	83%	88%	84%	83%	85%	85%	87%	82%	89%
Negative toxicology results for mothers (N=59-87)	91%	65%**	86%	72%	94%	73%*	85%	67%	75%
Negative toxicology results for infants (N=58-83)	89%	74%†	85%	82%	97%	75%**	84%	77%	80%
Family stability improved (N=299-459)	66%	59%	74%	48%***	67%	63%	67%	67%	62%

Note: Differences between groups were tested using the McNemar's test. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. † indicates that the difference is approaching significance ($p < 1.0$).

C8. Contribution of individual characteristics/behaviors on select outcomes (continued)

Outcomes	Potential factors contributing to outcomes					
	Homelessness		Physical health at intake		Mental health at intake	
	History of homeless	Never homeless	Severe or chronic physical health issue	No severe/ chronic physical health issue	Mental health diagnosis	No mental health diagnosis
Decreased substance use at exit (N=331-506)	91%	93%	86%	94%**	90%	95%
Abstinent at exit (N=326-485)	75%	75%	66%	79%**	73%	79%
Abstinent at 6-mo follow-up (N=190-313)	48%	57%	51%	51%	50%	58%
Abstinent at 12-month follow-up (N=153-181)	47%	44%	49%	44%	43%	58%
Reunification with one or more children at exit (N=174-269)	26%	25%	20%	28%*	24%	28%
Not involved with child protection at exit (N=175-576)	25%	26%	25%	27%	25%	27%
Infants not placed outside the home following birth (N=49-100)	89%	79%	81%	86%	84%	90%
Negative toxicology results for mothers (N=59-87)	82%	81%	52%	89%***	88%	70%*
Negative toxicology results for infants (N=58-83)	87%	78%	65%	89%*	88%	75%
Family stability improved (N=299-459)	68%	56%*	61%	66%***	63%	72%

Note: Differences between groups were tested using the McNemar's test. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. † indicates that the difference is approaching significance ($p < 1.0$).

C9. Contribution of program-level characteristics on select outcomes

Outcomes	<i>In a treatment (vs. non-treatment) program</i>		<i>In a residential (vs. non-residential) program</i>		<i>In a small program – i.e., <60 served/year (vs. a large program, > 60 served/year)</i>		<i>In a culturally specific program for American Indians (vs. programs that serve American Indians but are not culturally specific)</i>		<i>In the metro area (vs. greater MN)</i>	
	Treatment	Non-treatment	Residential	Non-residential	Small program	Large program	Culturally-specific	Not culturally specific	Metro	Greater MN
Decreased substance use at exit (N=111-506)	93%	87%*	93%	87%†	83%	92%*	80%	95%*	89%	93%
Abstinent at exit (N=107-485)	80%	62%***	79%	62%***	63%	76%*	62%	81%*	68%	80%**
Abstinent at 6-mo follow-up (N=56-313)	52%*	50%	53%	49%	63%	48%†	67%	47%	48%	56%
Abstinent at 12-mo follow-up (N=30-181)	45%	47%	45%	48%	49%	43%	44%	57%	44%	49%
Reunification with one or more children at exit (N=61-269)	25%	27%	25%	27%	38%	24%†	30%	24%	25%	25%
Not involved with child protection at exit (N=63-257)	17%	57%***	18%	58%***	58%	21%***	67%	18%**	25%	27%
Infants not placed outside the home following birth (N=18-100)	74%	91%*	75%	91%*	100%	82%†	100%	82%	88%	79%
Negative toxicology results for mothers (N=16-73)	94%	72%*	94%	71%**	92%	78%	80%	73%	74%	91%*
Negative toxicology results for infants (N=15-83)	94%	76%*	94%	75%*	92%	82%	80%	80%	78%	91%
Family stability improved (N=459)	65%	65%	64%	66%	56%	66%	62%	34%†	74%	56%

Note: Differences between groups were tested using the McNemar's or chi-square test. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$.

D. Six-month follow-up interview data tables

Substance use

D1. Use of tobacco at follow-up (N=314)

Client smokes cigarettes or uses tobacco products at follow-up	Number	Percent
Yes	249	79%
No	65	21%

D2. Use of alcohol and other drugs since leaving the program (N=313)

	Number	Percent
Client has used alcohol, marijuana, or other drugs since leaving the program	153	49%
Change in substance use among those who have used (N=153):		
Using more at follow-up	9	6%
Using about the same amount at follow-up	23	15%
Using less at follow-up	121	79%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D3. Types of substances used since leaving the program (N=153)

Substances used:	Number	Percent	Of those who have used, clients who used this substance in the past 30 days	
			Number	Percent
Alcohol	134	88%	77	58%
Marijuana/pot/weed/hashish	61	40%	33	54%
Methamphetamines (meth)	41	27%	15	37%
Misused prescription drugs	28	18%	6	21%
Crack/cocaine	16	11%	8	50%
Heroin	12	8%	4	33%
Non-prescription methadone	4	3%	2	50%
Other substances (bath salts)	4	3%	1	33%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D4. Length of sobriety at follow-up (N=190)

How long have you been abstinent/clean/sober?	Number	Percent
Less than 6 months	27	14%
6-11 months	56	29%
12-18 months	62	33%
More than 18 months	41	22%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D5. Entered other drug or alcohol treatment programs (N=314)

Since you left the program, have you entered any other drug or alcohol treatment programs?	Number	Percent
Yes	80	26%
No	234	75%

D6. Number of times entered drug or alcohol treatment program (N=80)

How many times have you entered a drug or alcohol treatment program since you left the program?	Number	Percent
1 time	65	81%
2 times	15	19%
Mean	1.2	

D7. Completed other drug or alcohol treatment programs (N=80)

Since you left the program, did you graduate or complete any drug or alcohol treatment programs?	Number	Percent
Yes	38	48%
No	42	53%

D8. Participation in other activities since leaving program (N=312-314)

Client participation in the following activities as part of recovery support since leaving the program:	Yes	
	Number	Percent
Support from family or friends	281	90%
AA, NA, or another 12-step program?	217	69%
A support group or aftercare in the community?	130	41%
A faith-based or religious group	111	35%
Other things to support recovery	159	51%
A support group or aftercare through the program?	91	29%

D9. Sponsor (N=314)

Do you have a sponsor?	Number	Percent
Yes	102	33%
No	212	68%

Self-efficacy

D10. Client perception of self-efficacy (N=312-314)

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	163	52%	136	43%	12	4%	3	1%
You can usually handle whatever comes your way	89	29%	179	57%	36	12%	8	3%
You stay calm when facing difficulties	66	21%	151	48%	68	22%	27	9%
You often feel overwhelmed by all of the challenges in your life	69	22%	124	40%	102	33%	18	6%
When you set goals for yourself, you have a hard time following through	30	10%	116	37%	123	39%	44	14%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D11. Level of confidence (N=313)

Overall, how would you describe your level of confidence since leaving the program?

	Number	Percent
Client feels more confident	198	63%
Client feels about the same	87	28%
Client feels less confident	28	9%

Note: Cumulative percentages may vary from 100 percent due to rounding.

Education and employment

D12. Participation in schooling or job training since leaving the program (N=317)

	Number	Percent
Number of clients that have participated in any additional schooling or job training since leaving the program	106	33%

If yes, what additional schooling or job training have you participated in? (N=106)

GED/High school	17	16%
Credential, license, or certificate	9	9%
Associate's or vocational college	23	22%
College degree / four year college	7	7%
Graduate/professional school	0	0%
Other job training	54	51%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D13. Employment situation at follow-up (N=316)

Current employment situation at follow-up	Number	Percent
Employed full-time or part time	113	36%
Unable to work due to a disability	66	21%
Unemployed, and looking for work	76	24%
Unemployed, and not currently looking for work	61	19%
Something else	0	0%

Note: Cumulative percentages may vary from 100 percent due to rounding. In addition, employment includes temporary work and self-employment.

D14. Description of employment for those employed at follow-up (N=110-111)

	Range	Mean
Length of time in current position (months)	0 – 132	12.1
Number of hours worked per week in last month	0 – 80	28.6

D15. Clients' income and employment situation at follow-up (N=316)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your income and employment situation right now?	24%	50%	26%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D16. Clients' perception of financial and employment situation at follow-up compared to before starting the program (N=314)

	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 financial situation is...	27%	29%	24%	11%	10%
Overall, would you say your employment situation is...	27%	18%	42%	7%	7%

Note: Cumulative percentages may vary from 100 percent due to rounding.

Housing

D17. Housing stability at follow-up (N=192)

	Range	Mean
Number of times clients moved since leaving the program (six months ago)	1 – 10	2.1

D18. Living arrangements at follow-up (N=316)

How would you describe your current housing or living arrangement?	Number	Percent
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	140	44%
Permanent housing program with services to help you keep your housing, either on site services or services that come to you	30	10%
Staying with a relative or friend on a temporary basis	67	21%
Transitional housing program	23	7%
Staying with a relative or friend on a long-term basis	34	11%
Residential drug or alcohol treatment facility	5	2%
Emergency shelter	8	3%
Halfway house for people in recovery	2	1%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	4	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.

D19. Length of time in current residence at follow-up (N=316)

How long have you lived in your current residence?	Number	Percent
Less than 1 month	46	15%
1-3 months	73	23%
4-6 months	45	14%
More than 6 months	152	48%

D20. Supportiveness of living situation to recovery at follow-up (N=316)

	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%	26%	7%	4%

D21. Strength or stressor: Living situation (N=315)

	A source of strength	A source of stress	Neither a strength nor a stress
Overall, how would you describe your living situation right now?	52%	27%	21%

D22. Clients' perception of living situation at follow-up compared to before starting the program (N=315)

	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 living situation is...	50%	20%	20%	5%	5%

Note: Cumulative percentages may vary from 100 percent due to rounding.

Access to transportation

D23. Strength or stressor: Access to transportation (N=316)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your current access to reliable transportation?	43%	33%	24%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D24. Clients' perception of access to reliable transportation at follow-up compared to before starting the program (N=316)

	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 access to reliable transportation is...	29%	13%	41%	10%	7%

Note: Cumulative percentages may vary from 100 percent due to rounding.

Client health and well-being

D25. Strength or stressor: Physical health (N=313)

	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%	28%	40%

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=316)

	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 physical health is...	35%	24%	27%	10%	4%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D27. Client use of emergency room and hospitalization since leaving the program (N=316)

Since the time you left the program, have you...	Number	Percent
Been to the emergency room for any reason related to your own health	138	44%
	Range	Mean
Of those who visited the emergency room, number of visits (N=138):	1 – 17	2.3
	N	%
Been hospitalized for any reason	56	18%
	Range	Mean
Of those who were hospitalized, number of days in hospital (N=56):	1 – 20	4.4

D28. Mental health concerns since leaving the program (N=315)

Since the time you left the program, have you...	Number	Percent
Had concerns related to anxiety, depression, or other mental health concerns	183	58%
Of those with concerns (N=183):		
Client has received help with those concerns at a clinic, or from a therapist, psychiatrist, or other mental health provider	145	79%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D29. Clients' mental or emotional health at follow-up (N=315)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your mental or emotional health right now	29%	34%	37%

D30. Clients' perception of mental or emotional health at follow-up compared to before starting the program (N=312)

	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 mental or emotional health is...	41%	25%	19%	9%	5%

Criminal justice system involvement

D31. Clients' probation or parole status at follow-up (N=312)

	Number	Percent
Client is on probation or parole at follow-up	122	39%
Of those on probation/parole (N=122):		
Client has violated probation or parole since leaving the program	35	29%

D32. Clients' arrested since leaving the program (N=313)

	Number	Percent
Client has been arrested for any reason since leaving the program	52	17%
Of those arrested (N=52):		
	Range	Mean
Number of times arrested	1 – 3	1.3

D33. Clients charged with crimes since leaving the program (N=52)

	Number	Percent
Of those arrested (N=52):		
Client has been charged with any crimes or violations of a law since leaving the program	27	52%
Of those charged (N=27):		
	Range	Mean
Number of times charged	1 – 4	1.7

D34. Clients incarcerated since leaving the program (N=27)

	Number	Percent
Of those charged (N=27):		
Client has been incarcerated for any reason since leaving the program	21	78%
Of those incarcerated (N=21):		
	Range	Mean
Time spent incarcerated (days)	1 – 76	25.8

D35. Clients in detox since leaving the program (N=314)

	Number	Percent
Client has been in detox since leaving the program	18	6%
Of those in detox (N=18):		
	Range	Mean
Number of times in detox	1 – 2	1.1

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=296-318)

	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
Did you have someone...								
You could count on to encourage you when you were down?	38%	76%	42%	20%	15%	3%	6%	2%
You could count on to take care of your child(ren) for a few hours in an emergency?	58%	76%	20%	18%	12%	4%	10%	2%
Positive in your life who you could have fun with?	33%	68%	43%	26%	14%	5%	10%	1%

D37. Attendance at recovery support activities at follow-up (N=318)

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%	23%	10%	22%
Religious services or social events with members of a faith community	25%	27%	20%	29%

D38. Importance of religious or spiritual beliefs to recovery (N=316)

	Very Important	Somewhat Important	Not at all important
How important are religious or spiritual beliefs to your recovery?	59%	33%	9%

D39. Clients' relationships with friends and family at follow-up (N=315)

	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%

D40. Perceived supportiveness of clients' relationships with friends and family at follow-up compared to before starting the program (N=317)

	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...	45%	25%	24%	4%	2%

D41. Life stressors (N=243)

In the last 6 months, has...	Yes		No	
	Number	Percent	Number	Percent
An adult in your household started a new job?	86	35%	157	65%
An adult in your household lost a job unexpectedly?	38	16%	205	84%
Someone in your household became seriously ill or injured?	34	14%	209	86%
Someone in your household died?	16	7%	227	93%
Someone in your household got married?	5	2%	238	98%
Someone in your household became pregnant?	30	12%	213	88%
Someone in your household became separated or divorced?	22	9%	221	91%
Someone in your household got into trouble with the law?	47	19%	196	81%
In the last 6 months, have you lost your housing?	51	21%	192	79%
In the last 6 months, have you ever gone more than three days with no money at all?	157	65%	86	35%

Parenting

D42. Custody status at follow-up (N=313)

Do you currently have legal custody of any of your children, whether or not they live with you?

	Number	Percent
Yes	264	84%
No	49	16%

D43. Number of children living with you (N=264)

(Of those with legal custody): How many of your children age 18 or younger live with you?

	Number	Percent
No children	35	13%
1 child	114	43%
2 children	65	25%
3 children	34	13%
4 children	11	4%
5 children	3	1%
6 children	1	<1%
7 children	1	<1%
Average (mean) number of children:	1.8	
Median number of children:	2.0	

Note: Cumulative percentages may vary from 100 percent due to rounding.

D44. Involvement with child protection at follow-up (N=313)

Since you left the program, have you had any involvement with child protection?

	Number	Percent
Yes	90	29%
No	223	71%

D45. Removal and reunification of clients' children by follow-up (N=90)

Since you left the program...	Yes		No	
	N	Percent	N	Percent
Have any of your children been removed from your care?	33	37%	57	63%
Have any of your children been reunited with you?	38	42%	52	58%

D46. Parenting before starting the program (N=242-244)

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	162	66%	56	23%	23	9%	3	1%
You thought it was important to both show your children love and set limits and consequences	198	81%	37	15%	6	3%	3	1%
You blow up at your children when you punished them	16	7%	63	26%	65	27%	99	41%
When your children were upset or stressed out, you tried to understand what was going on with them	181	75%	41	17%	17	7%	4	2%
When your children did something well, you let them know that you were proud of them	211	87%	26	11%	5	2%	0	0%
You could name several good qualities your children have	208	86%	26	11%	8	3%	0	0%

D47. Parenting after starting the program (N=261-263)

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 were able to control your anger and frustration with your children	239	91%	22	8%	2	1%	0	0%
You thought it was important to both show your children love and set limits and consequences	254	97%	6	2%	1	<1%	0	0%
You blow up at your children when you punished them	6	2%	23	9%	88	34%	145	55%
When your children were upset or stressed out, you tried to understand what was going on with them	248	95%	11	4%	1	<1%	1	<1%
When your children did something well, you let them know that you were proud of them	257	98%	5	2%	0	0%	0	0%
You could name several good qualities your children have	255	97%	8	3%	0	0%	0	0%

Child health and well-being

D48. Clients' children's health and wellbeing

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=200)	128	64%	49	25%	23	12%
Behavior (N=199)	127	64%	55	28%	17	9%
Things at school (N=135)	101	75%	22	16%	12	9%
Relationship with you (N=200)	166	83%	26	13%	8	4%
Relationships with his/her siblings (N=159)	124	78%	28	18%	7	4%
Relationships with other children, besides siblings (N=199)	165	83%	27	13%	7	4%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D49. Child's relationships (N=143-190)

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...	92	48%	35	18%	58	31%	3	2%	2	1%
Your child's relationships with his/her siblings are...	36	25%	18	13%	81	57%	5	4%	3	2%
Your child's relationships with other children, besides siblings...	45	24%	34	18%	99	53%	9	5%	1	1%

Note: Cumulative percentages may vary from 100 percent due to rounding.

D50. Participant satisfaction with program (N=355-369)

	Total N	Percentage who agree or strongly agree	Percentage who disagree or strongly disagree
The program staff understood your problems or concerns.	369	87%	13%
The staff were available when you needed their support.	369	86%	14%
You feel you got the right level of support from the program.	368	81%	19%
The staff knew a lot about services and programs in the community that could help you and your family.	367	83%	17%
The staff were sensitive to cultural issues.	356	89%	11%
You and the staff worked together to develop your goals for you and your family.	367	87%	13%
The services you received through the program met your expectations.	368	80%	20%
You would recommend this program to women like yourself.	368	86%	14%
The parenting program you participated in at the program helped you learn new parenting techniques or strategies to deal with your child's behavior.	356	80%	20%
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.	324	83%	17%

D51. Overall satisfaction with programs (N=369)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Overall, how satisfied were you with the services you received through the program?	46%	40%	7%	8%

D52. Client report of program completion (N=362)

Client graduated or completed the program	Number	Percent
Yes	243	67%
No	99	27%
Transferred to a different treatment or recovery program	20	6%

D53. Types of support obtained through the program (N=351-376)

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</u> <u>not need</u> this type of help	Percentage who felt this was <u>most</u> <u>helpful</u> to them or children
Get or stay sober	81%	11%	8%	28%
Find a support network of people who could help them stay sober	70%	17%	13%	7%
With parenting	77%	9%	14%	14%
With things like housing, transportation, or paying bills	54%	27%	19%	10%
With getting benefits like MFIP or WIC	48%	12%	41%	2%
By just being there to provide emotional support or encouragement	86%	11%	4%	38%

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. Cumulative percentages may vary from 100 percent due to rounding.

E. Twelve-month follow-up interview data tables

Substance use

E1. Use of tobacco at follow-up (N=179)

Client smokes cigarettes or uses tobacco products at follow-up	Number	Percent
Yes	139	78%
No	40	22%

E2. Use of alcohol and other drugs since leaving the program (N=179)

	Number	Percent
Client has used alcohol, marijuana, or other drugs since leaving the program	97	54%
Change in substance use among those who have used (N=96):		
Using more at follow-up	9	9%
Using about the same amount at follow-up	7	7%
Using less at follow-up	80	83%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E3. Types of substances used since leaving the program (N=97)

Substances used:	Number	Percent	Of those who have used, clients who used this substance in the past 30 days	
			Number	Percent
Alcohol	77	79%	37	49%
Marijuana/pot/weed/hashish	38	39%	27	71%
Methamphetamines (meth)	31	32%	13	42%
Misused prescription drugs	17	18%	6	38%
Crack/cocaine	6	6%	2	33%
Heroin	11	11%	4	36%
Non-prescription methadone	4	4%	3	75%
Other substances (synthetics)	1	1%	1	1%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E4. Length of sobriety at follow-up (N=121)

How long have you been abstinent/clean/sober?	Number	Percent
Less than 6 months	3	2%
6-11 months	6	5%
12-18 months	9	7%
More than 18 months	103	84%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E5. Confidence in staying sober (N=123)

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?

	Number	Percent
1	0	0%
2	0	0%
3	0	0%
4	0	0%
5	7	6%
6	2	2%
7	10	8%
8	23	19%
9	25	20%
10	56	46%
	Mean	8.8
	Median	9.0

E6. Entered other drug or alcohol treatment programs (N=179)

Since you left the program, have you entered any other drug or alcohol treatment programs?

	Number	Percent
Yes	45	25%
No	134	75%

E7. Number of times entered drug or alcohol treatment program (N=134)**How many times have you entered a drug or alcohol treatment program since you left the program?**

	Number	Percent
1 time	35	78%
2 times	9	20%
3 times	1	2%
Mean	1.24	

E8. Completed other drug or alcohol treatment programs (N=134)**Since you left the program, did you graduate or complete any drug or alcohol treatment programs?**

	Number	Percent
Yes	26	58%
No	19	42%

E9. Participation in other activities since leaving program (N=177-178)**Client participation in the following activities as part of recovery support since leaving the program:**

	Number	Percent
Support from family or friends	159	90%
AA, NA, or another 12-step program?	121	68%
A support group or aftercare in the community?	72	40%
A faith-based or religious group	74	42%
Other things to support recovery	107	60%
A support group or aftercare through the program?	47	27%

E10. Sponsor (N=176)**Do you have a sponsor?**

	Number	Percent
Yes	56	32%
No	120	68%

Self-efficacy

E11. Client perception of self-efficacy (N=176-177)

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	97	55%	75	42%	4	2%	1	1%
You can usually handle whatever comes your way	50	28%	107	61%	15	9%	5	3%
You stay calm when facing difficulties	32	18%	90	51%	41	23%	13	7%
You often feel overwhelmed by all of the challenges in your life	30	17%	73	41%	65	37%	9	5%
When you set goals for yourself, you have a hard time following through	18	10%	61	35%	64	36%	34	19%

Note: Cumulative percentages may vary from 100 percent due to rounding.

F12. Level of confidence (N=177)

Overall, how would you describe your level of confidence since leaving the program?

	Number	Percent
Client feels more confident	116	66%
Client feels about the same	50	28%
Client feels less confident	11	6%

Note: Cumulative percentages may vary from 100 percent due to rounding.

Education and employment

E13. Participation in schooling or job training since leaving the program (N=179)

	Number	Percent
Number of clients that have participated in any additional schooling or job training since leaving the program	67	37%

If yes, what additional schooling or job training have you participated in? (N=67)

GED/High school	13	19%
Credential, license, or certificate	15	22%
Associate's or vocational college	17	25%
College degree / four year college	1	2%
Graduate/professional school	0	0%
Other job training	21	31%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E14. Employment situation at follow-up (N=179)

Current employment situation at follow-up	Number	Percent
Employed full-time or part time	64	36%
Unable to work due to a disability	31	17%
Unemployed, and looking for work	40	22%
Unemployed, and not currently looking for work	44	25%
Something else	0	0%

Note: Cumulative percentages may vary from 100 percent due to rounding. In addition, employment includes temporary work and self-employment.

E15. Description of employment for those employed at follow-up (N=62-64)

	Range	Mean
Length of time in current position (months)	<1 – 132	13.5
Number of hours worked per week in last month	0 – 85	30.9

E16. Clients' income and employment situation at follow-up (N=179)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your income and employment situation right now?	25%	53%	22%

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=177-179)

	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 financial situation is...	34%	24%	25%	11%	6%
Overall, would you say your employment situation is...	27%	16%	47%	5%	5%

Note: Cumulative percentages may vary from 100 percent due to rounding.

Housing

E18. Housing stability at follow-up (N=177)

	Range	Mean
Number of times clients moved since leaving the program (six months ago)	1 – 10	2.2

E19. Living arrangements at follow-up (N=179)

How would you describe your current housing or living arrangement?	Number	Percent
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	96	54%
Permanent housing program with services to help you keep your housing, either on site services or services that come to you	20	11%
Staying with a relative or friend on a temporary basis	39	22%
Transitional housing program	11	6%
Staying with a relative or friend on a long-term basis	8	5%
Residential drug or alcohol treatment facility	0	0
Emergency shelter	0	0
Halfway house for people in recovery	3	2%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	0	0
Some other place	0	0

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=179)

How long have you lived in your current residence?	Number	Percent
Less than 1 month	17	10%
1-3 months	23	13%
4-6 months	30	17%
More than 6 months	109	61%

E21. Supportiveness of living situation to recovery at follow-up (N=179)

	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?	67%	22%	7%	4%

E22. Strength or stressor: Living situation (N=179)

	A source of strength	A source of stress	Neither a strength nor a stress
Overall, how would you describe your living situation right now?	59%	25%	16%

E23. Clients' perception of living situation at follow-up compared to before starting the program (N=179)

	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 living situation is...	52%	21%	18%	4%	5%

Note: Cumulative percentages may vary from 100 percent due to rounding.

Access to transportation

E24. Strength or stressor: Access to transportation (N=179)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your current access to reliable transportation?	48%	30%	23%

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=179)

	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 access to reliable transportation is...	34%	12%	41%	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=179)

	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?	30%	33%	37%

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=179)

	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 physical health is...	27%	25%	27%	15%	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=179)

Since the time you left the program, have you...	Number	Percent
Been to the emergency room for any reason related to your own health?	101	56%
	Range	Mean
	1 – 20	3.1
Of those who visited the emergency room, number of visits (N=179):	N	%
Been hospitalized for any reason	46	26%
	Range	Mean
Of those who were hospitalized, number of days in hospital (N=46):	1 – 40	5.7

E29. Mental health concerns since leaving the program (N=179)

Since the time you left the program, have you...	Number	Percent
Had concerns related to anxiety, depression, or other mental health concerns	105	59%
Of those with concerns (N=105):		
Client has received help with those concerns at a clinic, or from a therapist, psychiatrist, or other mental health provider	89	85%

Note: Cumulative percentages may vary from 100 percent due to rounding.

E30. Clients' mental or emotional health at follow-up (N=179)

	A source of strength	A source of stress	Neither a strength nor a stress
In general, how would you describe your mental or emotional health right now?	31%	36%	33%

E31. Clients' perception of mental or emotional health at follow-up compared to before starting the program (N=179)

	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 mental or emotional health is...	36%	28%	22%	8%	6%

Criminal justice system involvement

E32. Clients' probation or parole status at follow-up (N=179)

	Number	Percent
Client is on probation or parole at follow-up	68	38%
Of those on probation/parole (N=68):		
Client has violated probation or parole since leaving the program	16	24%

E33. Clients' arrested since leaving the program (N=179)

	Number	Percent
Client has been arrested for any reason since leaving the program	42	24%
Of those arrested (N=42):	Range	Mean
Number of times arrested	1 – 5	1.4

E34. Clients charged with crimes since leaving the program (N=42)

	Number	Percent
Of those arrested (N=42):		
Client has been charged with any crimes or violations of a law since leaving the program	24	57%
Of those charged (N=24):	Range	Mean
Number of times charged	1 – 8	1.7

E35. Clients incarcerated since leaving the program (N=24)

	Number	Percent
Of those charged (N=24):	Number	
Client has been incarcerated for any reason since leaving the program	16	67%
Of those incarcerated (N=16):	Range	Mean
Time spent incarcerated (days)	1 – 122	30.8

E36. Clients in detox since leaving the program (N=179)

	Number	Percent
Client has been in detox since leaving the program	11	6%
Of those in detox (N=11):	Range	Mean
Number of times in detox	1 – 14	2.5

Social support and other life events

E37. Clients' relationships with friends and family at follow-up (N=177)

	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?	68%	11%	20%

E38. Perceived supportiveness of clients' relationships with friends and family at follow-up compared to before starting the program (N=178)

	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%	17%	29%	5%	2%

E39. Life stressors (N=176-177)

In the last 6 months, has...	Yes		No	
	Number	Percent	Number	Percent
An adult in your household started a new job?	53	30%	124	70%
An adult in your household lost a job unexpectedly?	23	13%	153	87%
Someone in your household became seriously ill or injured?	23	13%	153	87%
Someone in your household died?	6	3%	171	97%
Someone in your household got married?	4	2%	173	98%
Someone in your household became pregnant?	24	14%	152	86%
Someone in your household became separated or divorced?	12	7%	165	93%
Someone in your household got into trouble with the law?	25	14%	152	86%
In the last 6 months, have you lost your housing?	19	11%	158	89%
In the last 6 months, have you ever gone more than three days with no money at all?	98	55%	79	45%

Parenting

E40. Custody status at follow-up (N=177)

Do you currently have legal custody of any of your children, whether or not they live with you?	Number	Percent
Yes	148	84%
No	29	16%

E41. Number of children living with you (N=148)**(Of those with legal custody): How many of your children age 18 or younger live with you?**

	Number	Percent
No children	16	11%
1 child	68	46%
2 children	38	26%
3 children	17	12%
4 children	8	5%
5 children	0	0%
6 children	0	0%
7 children	1	1%
Average (mean) number of children:	1.6	
Median number of children:	1.0	

Note: Cumulative percentages may vary from 100 percent due to rounding.

E42. Involvement with child protection at follow-up (N=177)**Since you left the program, have you had any involvement with child protection?**

	Number	Percent
Yes	46	26%
No	131	74%

E43. Removal and reunification of clients' children by follow-up (N=43-44)

Since you left the program...	Yes		No	
	Number	Percent	Number	Percent
Have any of your children been removed from your care?	18	41%	26	59%
Have any of your children been reunited with you?	18	42%	25	58%

E44. Parenting before starting the program (N=138)

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	98	71%	31	23%	8	6%	1	1%
You thought it was important to both show your children love and set limits and consequences	116	84%	15	11%	4	3%	3	2%
You blew up at your children when you punished them	5	4%	31	23%	47	34%	55	40%
When your children were upset or stressed out, you tried to understand what was going on with them	105	76%	22	16%	10	7%	1	1%
When your children did something well, you let them know that you were proud of them	124	90%	12	9%	2	1%	0	0%
You could name several good qualities your children have	121	87%	13	11%	4	3%	0	0%

E45. Parenting after starting the program (N=142)

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	124	87%	18	13%	0	0%	0	0%
You think it is important to both show your children love and set limits and consequences	139	98%	3	2%	0	0%	0	0%
You blow up at your children when you punished them	3	2%	16	11%	58	41%	65	46%
When your children are upset or stressed out, you try to understand what is going on with them	139	98%	1	1%	1	1%	1	1%
When your children do something well, you let them know that you are proud of them	141	99%	1	1%	0	0%	0	0%
You could name several good qualities your children have	141	99%	1	1%	0	0%	0	0%

Child health and well-being

E46. Clients' children's health and wellbeing

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=121)	82	68%	30	25%	9	7%
Behavior (N=121)	83	69%	35	29%	3	3%
Things at school (N=82)	56	68%	15	18%	11	13%
Relationship with you (N=120)	105	88%	12	10%	3	3%
Relationships with his/her siblings (N=96)	74	77%	20	21%	2	2%
Relationships with other children, besides siblings (N=121)	104	86%	15	12%	2	2%

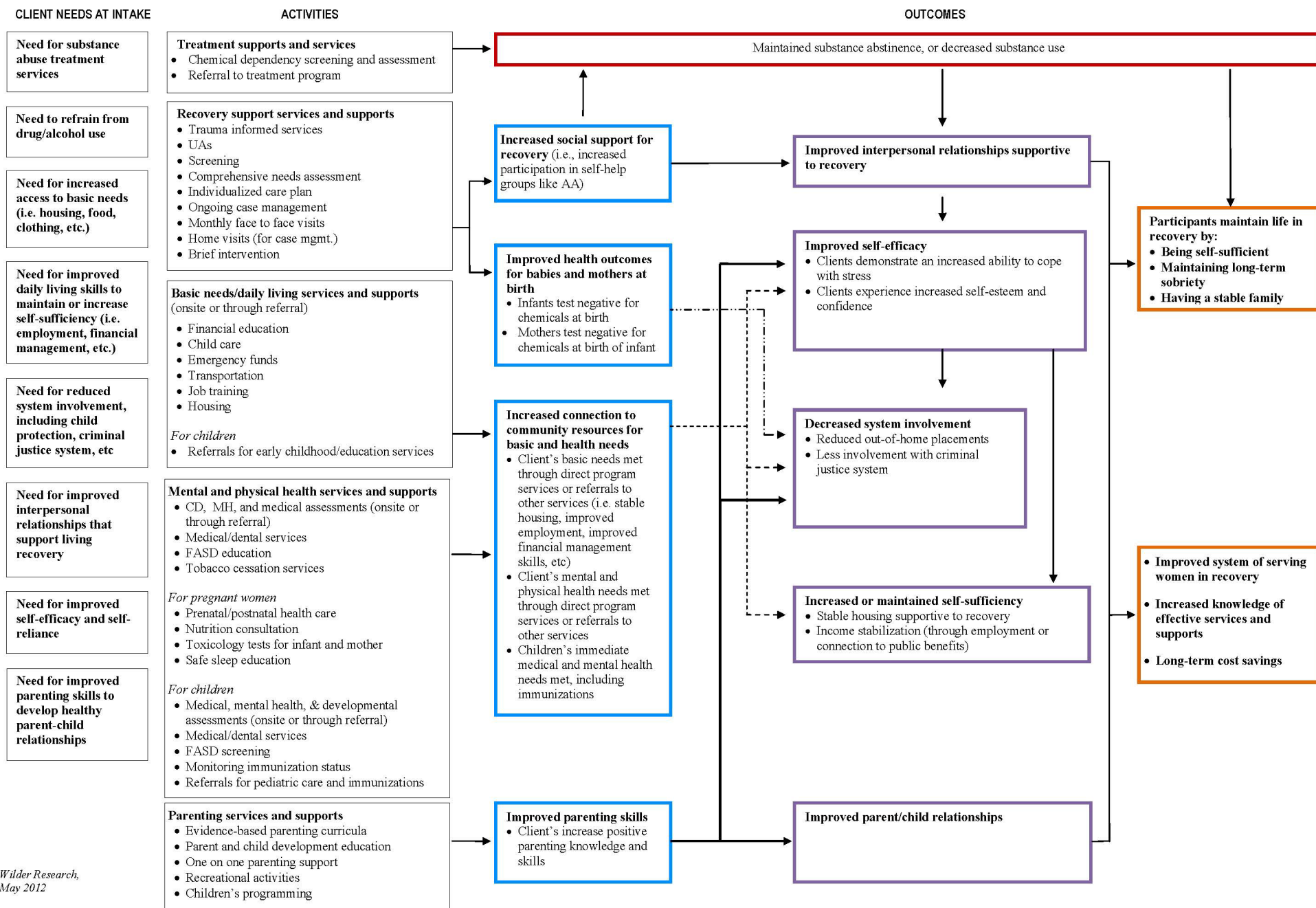
Note: Cumulative percentages may vary from 100 percent due to rounding.

E47. Child's relationships (N=84-110)

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...	63	57%	22	20%	22	20%	2	2%	1	1%
Your child's relationships with his/her siblings are...	22	26%	21	25%	36	43%	3	4%	2	2%
Your child's relationships with other children, besides siblings...	36	33%	14	13%	57	52%	2	2%	0	0

Note: Cumulative percentages may vary from 100 percent due to rounding.

F. DHS Women's Recovery Services program logic model – REVISED



Wilder Research,
May 2012