



# Women's Recovery Services in Minnesota: Year Two Findings

*Evaluation results of a Minnesota initiative serving chemically dependent women and their children*

**N O V E M B E R   2 0 1 3**

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# Executive summary

## Project overview

In 2011, the Minnesota Department of Human Services Alcohol and Drug Abuse Division (ADAD) contracted with eleven grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families. Through this initiative, known as Women's Recovery Services, 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 around outreach and financial support provided to clients is also collected by staff semi-annually. In addition, approximately six months after leaving the program, Wilder Research conducts follow-up telephone interviews with clients to assess the family's well-being and progress at that point in time.

This report summarizes program activities from June 2012 through May 2013, or year two 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 11 programs served a total of 1,081 clients and 2,141 children in year two. Clients served represented diverse racial backgrounds, including white (51%), American Indian (21%), African American/black (16%), and multiracial (9%); children's backgrounds were equally diverse. One-quarter of clients were pregnant when they entered the program. In general, the programs served a very high-risk population. At program intake:

- Six in 10 clients had used alcohol and/or other drugs in the past 30 days.
- Almost all clients (93%) had incomes at or below the federal poverty line.
- About 4 in 10 clients (39%) were involved with child protection, while half (51%) were involved with the criminal justice system.
- Just 1 in 10 clients (11%) were employed either full time or part time.
- About one-third (34%) indicated that they had a severe or chronic physical health problem.
- Three-quarters of clients (74%) had at least one mental health diagnosis.
- 1 in 5 clients (21%) had a diagnosis of PTSD.

## Findings from the process evaluation

Clients and their children received a range of services while in the program. At least 7 in 10 clients participated in substance use support groups and received services related to parenting education, transportation assistance, recovery coaching, treatment, housing information and support, and mental health. Most also received a mental health screening and a Rule 25 chemical health assessment. The majority of clients (83%) received at least one urinalysis test (UA) while in the program; of those who had been tested, 41 percent had at least one positive UA, most often for marijuana. Fewer children received services, although 1 in 5 were enrolled in child care.

On average, clients were enrolled in the program for just over five months and had about 46 contacts (for about 60 hours of total contact) with staff while in the program. One in six clients (16%) met all four of the DHS program criteria, which include: a) being abstinent from alcohol and other drugs for at least 30 days at exit b) participating in the program for at least six months, c) fully completing an evidence-based parenting curriculum, and d) having a care plan in place at closing.

## 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. Two-thirds were not using alcohol or drugs at all when they exited the program, while 93 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 have permanent housing that was considered stable and supportive to recovery at closing, as compared to intake.
- At closing, clients were significantly more likely to be employed and be enrolled in a school or career-training program, compared to intake, although the overall employment rate at closing was still relatively low at 17 percent.
- Overall family stability, as assessed by the Strengths and Stressors (S&S) tool, significantly increased for clients by exit, although scores remained in the negative range, suggesting family stability remained a source of stress for clients at closing.
- Clients showed significant improvements in other areas assessed by the S&S: overall basic needs, parenting, child well-being, child and family safety, and social support. However, scores also indicated that clients were still experiencing some stress around basic needs, parenting, and social support at program exit.
- At exit, three-quarters of clients were either receiving mental health services or connected to a clinic or therapist, while 1 in 5 children were receiving such services.

### *Infant/child health and well-being*

- Of the 149 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, 81 percent had negative toxicology results. Infants who tested positive for substances were most often positive for marijuana.



- Fewer clients were involved with child protection at closing as compared to intake, and 75 children had reunified with their mothers by program exit. Overall contact between clients and their children had increased by closing for one-third of clients.

### ***Findings at follow-up***

Preliminary results indicate that just over half (54%) of the 52 clients interviewed six months after they left the program were using substances at the six month follow-up, although most of those (89%) said they were using substances less than before. While in the programs, clients reported receiving help related to their sobriety (79%), general emotional support (77%), and parenting support (71%). Nearly two-thirds said they received help finding a network of people who could help them remain sober. While half of participants (52%) got help with things like housing, transportation, and paying bills, 1 in 5 clients (19%) said they could have used help in these areas

### ***Factors contributing to outcomes***

Preliminary analyses of the effects of “dosage” on client outcomes revealed that clients who received a higher dose of service were more likely at closing to be “doing well” overall, to be abstinent, to have completed treatment, to be employed, and to have been sober for a longer period of time. In addition, clients who met the core DHS program criteria, had housing that was stable and supportive to recovery at exit, were enrolled in the recovery programs at least three months, or had fully completed a parent education program were more likely at exit to: a) be abstinent, b) have completed treatment, c) have been reunified with one more children, and d) not be involved with child protection.

### **Overall conclusions and next steps**

Overall, clients and their children showed several improvements by the time they left the programs. Initial 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. The evaluation will continue to examine client outcomes and trends in subsequent reports, as well as explore the cost-benefit of the initiative and even longer-term outcomes for families 12 months after they leave the programs.

# 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. Funded grantees include the American Indian Family Center (Wakanyeja Kin Wakan Pi "Our Children are Sacred" Program), Fond du Lac Reservation (Tagwii Plus Women's Recovery Program), St. Cloud Hospital Recovery Plus (Journey Home-Family Unity Program), Wayside House (Rise up in Recovery Program), RS Eden (Eden House), Meeker-McLeod-Sibley Community Health Services (Project Harmony), Ramsey County Community Human Services (Mothers First Program), Recovery Resource Center (Mothers Achieving Recovery for Family Unity MARFU Program), St. Stephens Human Services (Kateri Supportive Living Residence and Alumnae Program), Rum River Health Services (Women's Recovery and Support Program), and Hope House of Itasca County (Project Clean Start) (Figure 1).

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## 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
RS Eden	Eden House	Minneapolis
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
St. Stephens Human Services	Kateri Residence	Minneapolis
Rum River Health Services	Women's Recovery and Support Program	Princeton
Hope House of Itasca County	Project Clean Start	Grand Rapids

The Department of Human Services contracted with Wilder Research of St. Paul to conduct a comprehensive evaluation of these treatment support and recovery services. This report covers program activities from June 2012 through May 2013.

### 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 6 months prior to program enrollment, or commit to entering treatment within 3 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***

1. To what extent does participation in the program result in clients' reducing their use of drugs and alcohol, or maintaining their sobriety?
2. To what extent does participation in the program increase clients' access to community resources to meet their (and their children's) basic needs?
3. To what extent does participation in the program help clients meet their (and their children's) basic needs?
4. To what extent does participation in the program help clients find/maintain stable housing?
5. To what extent does participation in the program help clients obtain or maintain employment?
6. To what extent does participation in the program help clients stay out of the criminal justice system?

7. To what extent does participation in the program improve clients' (and clients' children) overall physical and mental health?
8. To what extent does participation in the program help clients improve their knowledge and skills related to parenting?
9. To what extent does participation in the program 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. Data collection instruments generally remained the same as year one, with the exception of some additional questions to select instruments and the separation of the Services and Referrals form into four separate tools. Data collection instruments for year two 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.

**Services form:** The Services form is used to track case management and direct services provided by program staff to clients and their children. It is completed once per client every six months. The form tracks information about services related to recovery support, physical and mental health, financial management, employment and education, housing, emergency needs, culturally-specific needs, children's needs, and fathers' needs.

**Referrals form:** The Referrals form is used to track each referral provided to clients and their children, as well as whether clients followed-up on the referral and went on to receive the services for which they were referred. It is completed once per client every six months. The form tracks information about referrals related to recovery support, physical and mental health, financial management, employment and education, housing, emergency needs, culturally-specific needs, and children's needs.

[*Note:* Toward the end of this grant year, a new simplified service and referral tracking system was developed in partnership with ADAD staff called the Service Needs Inventory, which will be implemented next year].

**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), as well as 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 being conducted with clients six 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 this grant year) and will continue through the duration of the grant. Too few interviews have been completed to date to provide program-level data. This report provides preliminary data at the aggregate level: 52 interviews were completed through July 2013, representing 8 of the 11 grant-funded programs. Future reports will include linking client data from intake to closing to the six-month follow-up, allowing for an assessment of clients' progress and well-being over time. In the coming grant year, Wilder Research will also begin conducting 12-month follow-up interviews with program participants to obtain even longer-term information on client progress and goal maintenance.

### **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 between June 2012 and May 2013 (year two 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, and t-tests) were conducted using statistical software (SPSS) in order to assess changes in outcomes over time. This includes pretest/posttest matched analysis, which reflects clients who were either served or closed during year two and had matching intake information available (intakes may have occurred in either year one or year two). Clients who were served less than 15 days in the program were excluded from this set of analysis, 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 two.

### **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. This may be particularly true for the Strengths and Stressors tool, which was first introduced to grantees this year, and has been challenging for some staff to interpret and complete.

### **Consistency in program models**

Although all 11 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. 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.

# Overview

## *Summary of clients and children served*

The following report summarizes data from the 11 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 1,081 clients<sup>1</sup> and 2,141 children during the 2012-2013 reporting period (June 2012 – May 2013), or year two of the grant (Figures 2-3). Of these, 749 clients and their 1,470 children entered the 11 programs during this reporting period; the remaining 332 clients and 671 children first enrolled during the previous reporting period. A total of 749 women and their 1,532 children exited the program during year two.

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### **2. Opened, served, and closed clients in year two**

	<b>N</b>
Number of new clients opened this year	749
Number of clients served this year	1,081
Number of clients closed this year	749

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### **3. Clients' children who were opened, served, and closed in year two**

	<b>N</b>
Number of children of clients opened this year	1,470
Number of children of clients served this year	2,141
Number of children of clients closed this year	1,532

Figure 4 summarizes the number of clients served by each program during year two, which ranged from 9 to 337 clients per program.

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<sup>1</sup> Twenty-two clients from five programs re-entered the program 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 1,081 clients served includes some duplication. A total of 1,059 *unduplicated* clients were served during the 2012-13 reporting period.

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#### 4. Clients served by program in year two (N=1,081)

Women's Recovery Services grantee	Number of clients served	Proportion of total Women's Recovery clients
St. Cloud Hospital Recovery Plus	337	31%
Ramsey County Community Human Services	164	15%
Recovery Resource Center	142	13%
Wayside House	136	13%
RS Eden	79	7%
Rum River Health Services	63	6%
Hope House of Itasca County	56	5%
St. Stephens Human Services	42	4%
Fond du Lac Reservation	31	3%
American Indian Family Center	19	2%
Meeker-McLeod-Sibley Community Health Services	9	1%

### *Overview of report*

The sections that follow provide information about the women and children served by the 11 grantee programs during the 2012-2013 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 the status of families at closing, comparative data about changes from intake to closing, an examination of the role of dosage on outcomes, and preliminary follow-up interview data; factors that influence outcomes; 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 relied upon a *matched sample* – that is, individuals who closed during the reporting period and for whom valid data were available at both intake and closing.

# Description of families served

The following summarizes descriptive information at intake for women and children served by the 11 Women's Recovery Services grantees during the 2012-13 reporting period.

## Description of participants

### *Demographic characteristics at intake*

About half of all clients served were white (51%), while the remaining clients identified as American Indian (21%), African American/black (16%), multiracial (9%), Asian American (1%), or another racial group (2%). A small proportion (6%) also identified as being of Hispanic origin. Most clients (79%) were between the ages of 18 and 34. One-quarter of clients (26%) were pregnant at intake; for 1 in 5 of these (21%), this was their first pregnancy (Figures 5-7).

#### 5. Race and ethnicity of clients at intake (N=1,081)

	N	%
<b>Race</b>		
African American/Black	175	16%
American Indian/Alaskan Native	225	21%
Asian American	14	1%
White	549	51%
Biracial/Multiracial	94	9%
Other	20	2%
Unknown	5	1%
<b>Ethnicity</b>		
Hispanic origin	59	6%
Non-Hispanic origin	1,014	94%
Unknown	4	<1%

**Note:** "Other" racial categories include: Hispanic/Latina (n=9), Mexican/Mexican American (n=3), African immigrant (n=1), Asian (n=1), East Indian (n=1), Guatemalan (n=1), and Somali (n=1).

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**6. Clients' age at intake (N=1,081)**

	<b>N</b>	<b>%</b>
Clients under 18	5	1%
Clients 18 – 24	300	28%
Clients 25 – 34	552	51%
Clients 35 – 48	217	20%
Clients 49+	7	1%

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**7. Pregnancy status at intake (N=1,081)**

	<b>N</b>	<b>%</b>
Pregnant at intake	277	26%
Not pregnant at intake	801	74%
Unknown	3	<1%
<b>Of those who were pregnant (N=277)</b>		
First pregnancy	58	21%
Not first pregnancy	218	79%
Unknown	1	<1%

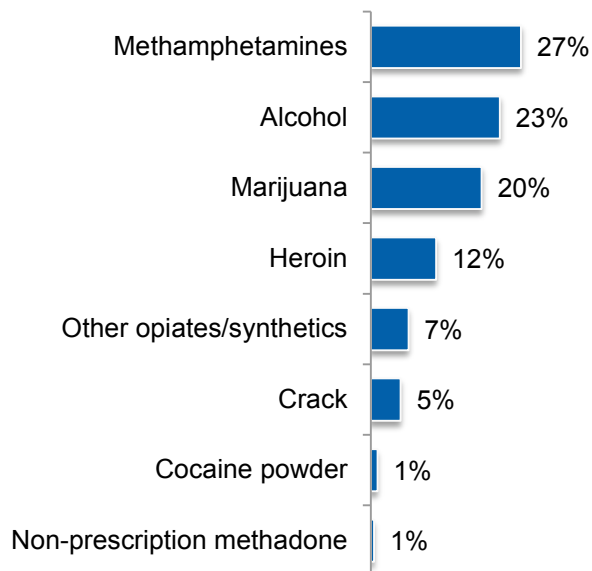
***Chemical use at intake***

More than half of the clients (60%) served in year two of the grant reported having used alcohol and/or other drugs in the 30 days prior to program enrollment. Among the 645 clients using alcohol and/or other drugs, the most common substances included alcohol (48%), methamphetamines (36%), marijuana (48%), heroin (15%), and other opiates (11%). Most clients (80%) said they used tobacco at intake (Figures A30-A31b, Appendix A).

As illustrated in Figure 8, clients reported that their primary drug of choice was most often methamphetamines (27%), followed by alcohol (23%), marijuana (20%), heroin (12%), other opiates (7%), and crack (5%). Secondary drugs of choice were typically marijuana (20%), alcohol (19%), or methamphetamines (9%), although 25 percent of clients did not report a secondary drug of choice (Figures A32a-A32b, Appendix A).

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## 8. Primary drug of choice (N=1,081)



*Other drugs = inhalants, non-prescription methadone, other amphetamines, other sedatives/hypnotics, over-the-counter medications, and prescription drug misuse.*

For the 395 clients reporting no alcohol or drug use within 30 days of intake<sup>2</sup>, their length of sobriety at intake ranged from 30 days to 2 years, with an average of 127 days, or just over four months (Figure A31c, Appendix A).

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

Eight in 10 clients (80%) were in treatment when they entered the grant-funded programs. Most often, this was either inpatient treatment (44%) or outpatient treatment with housing provided by the program (35%).<sup>3</sup> Three-quarters of clients (76%) had a prior treatment

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<sup>2</sup> 426 clients reported no recent alcohol or drug use; however, only 397 of those clients had been sober 30 days or more. Two of those clients had extremely long periods of sobriety (18 years and 8.4 years) so they were excluded from the calculations. As a result, length of sobriety is reported for 395 clients.

<sup>3</sup> Inpatient or residential treatment is a safe, structured environment in which patients are removed from stressful circumstances that promote or fuel the urge to use alcohol or drugs. Treatment takes place in a secure facility where patients undergo an intensive, daily drug or alcohol treatment regimen to learn about the disease of addiction in a supportive, immersive environment.

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

episode – most often, 1 to 2 times (48%), although 28 percent had 3 or 4 previous treatment experiences, and about one-quarter (24%) had been in treatment 5 or more times in the past. About 1 in 5 women (19%) had their children living with them in treatment, either inpatient treatment (9%) or outpatient treatment with housing (10%). A total of 117 children were living with their mothers in inpatient treatment, while 127 children were living with their mothers in outpatient treatment with housing (Figures A33a-A34, Appendix A).

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

Half of all clients (51%) were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) at intake. Many clients also reported receiving recovery support from support groups offered through the program (39%), family and friends (36%), support groups in the community (31%), and faith-based groups (15%) (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):

- Two-thirds of clients (68%) had at least a high school diploma or GED at intake, with about one-third (36%) having attended at least some college.
- Fifty-eight clients (5%) were in a school or career training program.
- The majority of clients (77%) were unemployed at intake, with 21 percent unemployed and looking for work; 11 percent were employed either full time or part time.
- Most clients were either living in the home of a friend or relative (35%) or in their own home (30%) at enrollment. A fair number had also been living in a correctional facility (9%) or were homeless (7%) at intake.
- Living arrangements were considered “supportive to recovery” for 6 in 10 clients (59%) and “stable” for half of clients (50%).<sup>4</sup>
- Nearly two-thirds of participants (63%) had experienced homelessness at some point in their lives, usually one to five times (78% of those who had been homeless).

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<sup>4</sup> Program staff consider the following criteria in determining whether a client’s living arrangement is “supportive to recovery”: safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs. They use the following criteria in determining whether a client’s living arrangement is “stable”: permanency of arrangements, affordability, safety, and adequacy of space and amenities.

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

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

- About one-third of clients (34%) indicated that they had a severe or chronic physical health problem.
- Three-quarters of clients (74%) had at least one mental health diagnosis; of those with a diagnosis, depressive disorders (74%) and anxiety disorders (74%) were most common. A fair number of participants also reported bipolar disorder (28%), personality disorders (16%), and attention-deficit and disruptive behavior disorders (16%).
- A small proportion of clients had been diagnosed with FASD (1%) or a Traumatic Brain Injury (TBI) (4%) at intake, while 1 in 5 clients (21%) had a diagnosis of PTSD. However, diagnostic information was unknown for at least 27 percent of clients for each diagnosis.
- The majority of clients had either public (85%) or private medical insurance (4%); most had a primary care physician, clinic, or both (78%).
- Seven percent of clients reported they were currently in a relationship with a partner who was physically or emotionally violent.

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

Almost all clients served in year two (93%) had incomes at or below the federal poverty line at intake. Clients were connected to a variety of public benefits and community resources at intake, with the most common being food support or SNAP (49%), MFIP cash assistance (30%), WIC (20%), and General Assistance (17%) (Figures A19-A20, Appendix A).

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

About 4 in 10 clients (39%) were involved with child protection, while half (51%) were involved with the criminal justice system at program enrollment. Twelve 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*

A total of 1,935 children (excluding new infants)<sup>5</sup> were served by the 11 grant-funded programs during the 2012-2013 reporting period. Children represented varied racial backgrounds; about one-third were white (36%), 16 percent were American Indian, 14 percent were multiracial, and 13 percent were African American/black, although race was unknown for 20 percent of children. Eight percent of children were of Hispanic origin, although Hispanic ethnicity was unknown for 21 percent of children. Children's ages varied widely, although most (63%) were between the ages of 2 and 11. About an equal number of boys and girls were served (Figures 9-11). In addition, 149 infants were born to mothers served by the programs during year two. Babies were primarily white (40%), African American/black (22%), or biracial (20%); seven percent were of Hispanic origin (Figures A24a-A26, A38a-A38b, Appendix A).

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#### 9. Race and ethnicity of children at intake (N=1,935)

	N	%
<b>Race</b>		
White	686	36%
American Indian/Alaskan Native	302	16%
Biracial/Multiracial	277	14%
African American/Black	246	13%
Asian American	15	1%
Other	31	2%
Unknown/missing	343	20%
<b>Ethnicity</b>		
Hispanic origin	162	8%
Non-Hispanic origin	1,371	71%
Unknown/missing	354	21%

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

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<sup>5</sup> This count reflects the number of children for whom information was available at intake during this reporting period. It excludes infants born during the client's current episode of service.

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**10. Age of children at intake (N=1,935)**

	N	%
Children under 2 years of age	323	17%
Children age 2 – 4	487	25%
Children 5 – 11	728	38%
Children 12 – 18	304	16%
Adult children (19 or older)	17	1%
Unknown/missing	76	4%

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**11. Gender of children at intake (N=1,935)**

	N	%
Male	959	50%
Female	946	49%
Unknown/missing	30	2%

***Contact with parents at intake***

Living arrangements for participants' children were varied at the time mothers enrolled in the program. Most often (for 34% of children), children were living with their mother. Another quarter of children were living with a friend or family member (24%), 13 percent lived with their father, and 11 percent were living in a non-kinship setting such as foster care. Living arrangements at intake were unknown for 18 percent of children. Nearly two-thirds of children (64%) had contact with their father at the time clients entered the program (Figures A27-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-A28d, Appendix A):

- 71% of children were up-to-date on their immunizations (although immunization status was unknown for 27% of children).
- Only 11 children (1%) had been diagnosed with FASD (although FASD diagnosis was unknown for 28% of children).
- 1 in 7 children (14%) were receiving mental health services, representing 164 clients (although receipt of mental health services was unknown for 27% of children).
- The majority of children (71%) had medical insurance, either public or private (although insurance status was unknown for 27% of children).

# Process evaluation results

The following summarizes the process information collected through this evaluation, including information about women referred to the 11 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 1,184 women<sup>6</sup> who were referred to the 11 grant-funded programs during year two. Half of these referrals were from treatment (50%). Other primary referral sources include clinics and hospitals (12%), self-referrals (10%), Child Protection (6%), and Corrections (5%). Some of the women referred to the program received various pre-engagement services, including brief intervention services (30%), a screening for chemical dependency (24%), referrals to other programs (11%), referrals for specific services (5%), and a chemical dependency assessment (4%) (Figures A3, A6, Appendix A).

Figure 12 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=362) is a substantial undercount, as 749 women are known to have entered one of the grant-funded programs this past year. 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 (Figures A4-A7, Appendix A).

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<sup>6</sup> This is likely an undercount of the total number of women referred, as the number who were referred and went on to enter the program based on pre-intake data (N=362) is far fewer than the total number of women who are known to have entered the program during this reporting period, based on intakes completed (N=749).

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## 12. Enrollment status of women referred to the program (N=1,184)

	N	%
Entered program	362	31%
Ineligible for services	173	15%
Refused services	122	10%
Never reached	95	8%
Status pending	414	35%
Unknown/missing	18	2%

**Note:** Because it is known that 749 women entered the 11 grant-funded programs this reporting year (in contrast to the 362 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 1,081 women served this past year, the most common referral sources include: treatment (32%), self-referral (11%), Child Protection (11%), and Corrections (10%). Referral source was unknown for one-quarter of women (23%) (Figure A5, Appendix A).

### Length and amount of participation

For the 749 clients who left the programs in the 2012-13 reporting period, their length of participation ranged from one day to 34 months, although, on average, clients were enrolled for 5.3 months (Figure A43a, Appendix A).

On average, clients had 46 contacts with program staff while in the program. Contact with staff was primarily in group settings (about 24 group contacts on average). Clients also had an average of 17 in-person meetings or sessions with program staff during their time in the program, each of which was an hour in length on average. Of the 1,081 clients served this past year, 868 (80%) had at least one in-person contact with staff per month, while about two-thirds (66%) had at least two in-person contacts with staff per month. Overall, program staff spent a total of between 15 minutes and 559 hours with clients during the reporting period, or about 60 hours on average (Figures B6-B8, Appendix B).

Two-thirds of clients (68%) were at least somewhat engaged in carrying out their program goals and case plan, as reported by program staff. Two-thirds (67%) had a continuing care plan in place when they exited the program (Figures A83-A84, Appendix A).

### Meeting program criteria

As a recipient of Women's Recovery Services grant programming, clients are expected to:

- 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 121 clients (16%) met all of these program criteria. As expected, these clients were enrolled in the program longer, ranging from 6 to 34 months, or an average of 10 months. Clients who did not meet all of the program criteria (84%) were enrolled for an average of 4.2 months (Figures A44b-A44c, Appendix A). Clients were most likely to meet the criteria related to developing a care plan with staff (66%) and being abstinent at exit (64%). Fewer clients had completed an evidence-based parenting curriculum (49%) or had been enrolled for a minimum of 6 months (32%). Fifteen percent of clients met all program criteria and were considered to be “doing well” by program staff, while 14 percent of clients did not meet any of the four criteria at closing (Figure A46, Appendix A).

Figure 13 illustrates the number and proportion of clients in each of the 11 grant-funded programs who met all of the program criteria at exit, which ranged from 0 to 38 percent.

### 13. Clients who met all program criteria, by program

	Total N	Number who met criteria	Percent who met criteria
Hope House of Itasca County	37	14	38%
RS Eden	55	18	33%
American Indian Family Center	7	2	2/7
St. Stephens Human Services	20	5	25%
Recovery Resource Center	82	16	20%
Wayside House	111	21	19%
Rum River Health Services	38	7	18%
St. Cloud Hospital Recovery Plus	266	31	12%
Ramsey County Community Human Services	110	7	6%
Meeker-McLeod-Sibley Community Health Services	5	0	0/5
Fond du Lac Reservation	16	0	0/16
<b>All programs</b>	<b>749</b>	<b>121</b>	<b>16%</b>

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

## Services and referrals provided to participants and children

Clients received a variety of services and referrals while in the program. Clients were most likely to receive the following services, either through direct service provided by the program or through referral: substance use support groups (80%), parenting education (80%), transportation assistance (78%), recovery coaching (77%), treatment (75%), housing information and support (74%), mental health/counseling (70%), healthy relationships support (69%), and physical health /medical care (64%) (Figure B1, Appendix B).

Children were most likely to receive services related to child care (19%), immunizations (12%), developmental needs (11%), and physical health/medical care (11%), either directly from the program or through referral. Few fathers received services, although those who did (2%) most commonly received services and/or referrals related to basic needs, parenting, relationship support, and treatment/treatment support (Figures B2-B3, Appendix B).

See Appendix B for more information about services and referrals provided to families.

## Screenings, assessments, and urinalysis tests

Various screenings and assessments were administered to clients and their children between June 2012 and May 2013. Nearly three-quarters of clients (72%) received a mental health screening, while about two-thirds (64%) received a Rule 25 chemical health assessment. More than half of all clients received assessments for physical health (58%) and mental health (54%). About 4 in 10 clients (43%) received a FASD screening, while just 13 clients total (1%) received a FASD assessment. Ten percent of clients' children received a developmental assessment, nine percent received a FASD screening, and three percent received a screening for prenatal alcohol or drug exposure. Four children total (<1%) received a FASD assessment (Figures B4-B5, Appendix B).

Most of the 1,081 clients served (83%) received at least one urinalysis test (UA) while in the program last year; on average, clients received 7.6 UAs during this period. Of those clients who received one or more UA, 41 percent had at least one positive UA. Clients were positive for marijuana (35%), methamphetamines (19%), cocaine (6%), other amphetamines (4%), hallucinogens (<1%), and other drugs (4%), most commonly synthetic marijuana (Figure B9, 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 two, clients were most likely to receive financial support for transportation. During the first half of the grant year (June – November 2012), 405 clients received about \$28,000 in financial support for transportation (or an average of \$576 per client). A total of 271 clients received nearly \$16,000 in financial support for emergency needs (or \$500 per client, on average) during the first half of the year. Fewer clients (N=50) received financial support for child care between June and November 2012, but it accounted for the largest proportion of financial support – about \$31,000 total, or \$2,494 per client, on average. Clients also received more than \$8,000 in financial support for “other” needs and more than \$6,000 for housing during the first half of the grant year.

Similarly, in the second half of the grant year (December 2012 – May 2013), 403 clients received about \$26,000 in financial support for transportation (or an average of \$1,327 per client), while 370 clients received nearly \$20,000 in support for emergency needs (or \$862 on average per client). Sixty clients received more than \$33,000 in child care support (or an average of \$2,130 per client). Clients also received nearly \$17,000 in financial support for housing and nearly \$7,000 for “other needs” (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 two of the grant (2012-13 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 the program is expected to address. Preliminary data related to the impact of service intensity or "dosage" is also presented, as well as preliminary findings from the 6-month follow-up interviews conducted with women after they exit the program.

For each key outcome, differences from intake to closing are examined for statistical significance (i.e., whether the difference detected is "real" and 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 sometimes emerged as "statistically significant." 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.

## Key outcomes

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 are described below.

### *Sobriety and reduced substance use*

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

Fewer clients reported using substances at program exit as compared to intake. A matched analysis of clients from intake to closing found a statistically significant decrease in the number of women who had used substances in the past 30 days (Figure 14). While more



than half (61%) had used in the month prior to intake, one-quarter of clients (25%) reported using in the month prior to closing. See Figure C1, Appendix C for more information.

#### 14. Use of alcohol and/or drugs in past 30 days at intake and closing (N=528)

	Intake		Closing	
	N	%	N	%
Used substances within the 30 days prior to...	321	61%	132	25%***

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

The proportion of clients who were not using alcohol and/or drugs in the 30 days prior to closing ranged from 57 percent to 94 percent across programs, or 75 percent overall (Figure 15). (This range excludes programs with too few clients to reliably report their percentages, but includes clients whose program included a residential treatment component).

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

Grantee	Total N	N	%
Meeker-McLeod-Sibley Community Health Services	4	4	4/4
American Indian Family Center	3	3	3/3
Rum River Health Services	36	34	94%
Wayside House	83	67	81%
RS Eden	47	37	79%
St. Cloud Hospital Recovery Plus	185	139	75%
Fond du Lac Reservation	4	3	3/4
Ramsey County Community Human Services	61	46	75%
St. Stephens Human Services	15	10	67%
Hope House of Itasca County	25	16	64%
Recovery Resource Center	65	37	57%
<b>All programs</b>	<b>528</b>	<b>396</b>	<b>75%</b>

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

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

Overall, among all clients who exited the programs in year two, two-thirds (67%) were not using alcohol or other drugs when they exited the program. Of these, about half (49%) had stopped using by exit, while 18 percent had not been using at either intake or exit. An

additional 15 percent of clients showed reduced use by exit. A small proportion of clients were either still using at program exit (4%) or using substances more (3%) (Figure 16).

#### 16. Change in alcohol and drug use from entry to closing (N=749)

	N	%
<b>Not using substances at exit</b>		
Decreased use: not using drugs/alcohol at all	367	49%
No change: not using drugs/alcohol at intake or case closing	134	18%
<b>Using substances less at exit</b>		
Decreased use: still using drugs/alcohol but using less	111	15%
<b>Using substances more or at the same level at exit</b>		
Increased use: using drugs/alcohol more	23	3%
No change: using drugs/alcohol at the same level	26	4%

Figure 17 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 71 percent to 98 percent, or 93 percent overall across all programs.

#### 17. Clients not using alcohol and drugs, or using alcohol and drugs less, at closing, by program

Grantee	Total N	N	%
RS Eden	55	54	98%
St. Cloud Hospital Recovery Plus	266	248	93%
Wayside House	105	97	92%
Rum River Health Services	35	33	94%
Ramsey County Community Human Services	75	69	92%
Recovery Resource Center	64	58	91%
Hope House of Itasca County	30	27	90%
St. Stephens Human Services	17	12	71%
American Indian Family Center	5	5	5/5
Fond du Lac Reservation	5	5	5/5
Meeker-McLeod-Sibley Community Health Services	4	4	4/4
<b>All programs</b>	<b>661</b>	<b>612</b>	<b>93%</b>

**Note.** Results are based upon the number of clients for whom substance use was known at closing. For all programs except St. Cloud Hospital Recovery Plus and RS Eden, substance use was unknown for at least some clients. Percentages reported here for those programs differ from those reported in program-specific reports, which counted clients with unknown usage in the percentage calculations.

## Length of sobriety

Among the 456 clients who had not used substances in the 30 days prior to closing, length of sobriety ranged from 30 days to 37 months, or an average of 6.5 months at closing (Figure A70b, Appendix A). Figure 18 illustrates the average length of sobriety for clients at closing across programs, which ranged from four and a half months to nearly 12 months.

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

Grantee	Total N*	Range (months)	Mean (months)
Fond du Lac Reservation	2	10 – 14	11.9
St. Stephens Human Services	10	2 – 15	9.8
Recovery Resource Center	35	1 – 21	8.7
Hope House of Itasca County	17	1 – 16	8.3
Ramsey County Community Human Services	52	1 – 18	7.4
Meeker-McLeod-Sibley Community Health Services	3	3 – 10	6.7
RS Eden	42	1 – 15	6.4
Wayside House	73	1 – 15	6.1
American Indian Family Center	4	2 – 10	5.3
Rum River Health Services	27	1 – 12	4.7
St. Cloud Hospital Recovery Plus	191	1 – 33	4.6
<b>All programs</b>	<b>456</b>	<b>1 – 37</b>	<b>6.5</b>

\* Total N is based upon the total number of clients who had not used substances in the 30 days prior to closing. Total Ns here differ from Figure 15 because the calculations used in Figure 15 exclude clients in the program for less than 15 days and those for whom their last date of service in the program was unknown.

## Tobacco use

Most clients (67%) continued to use tobacco at the same level as before. A small proportion had either stopped using tobacco by program exit (4%) or had decreased their tobacco use (7%) (Figure A73, Appendix A). A matched analysis of clients from intake to closing found that 80 percent used tobacco at intake, compared to 83 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. Significantly more clients were connected to Alcoholics Anonymous

(AA) and/or Narcotics Anonymous (NA) at closing (83%), as compared to intake (51%) (Figure 19).

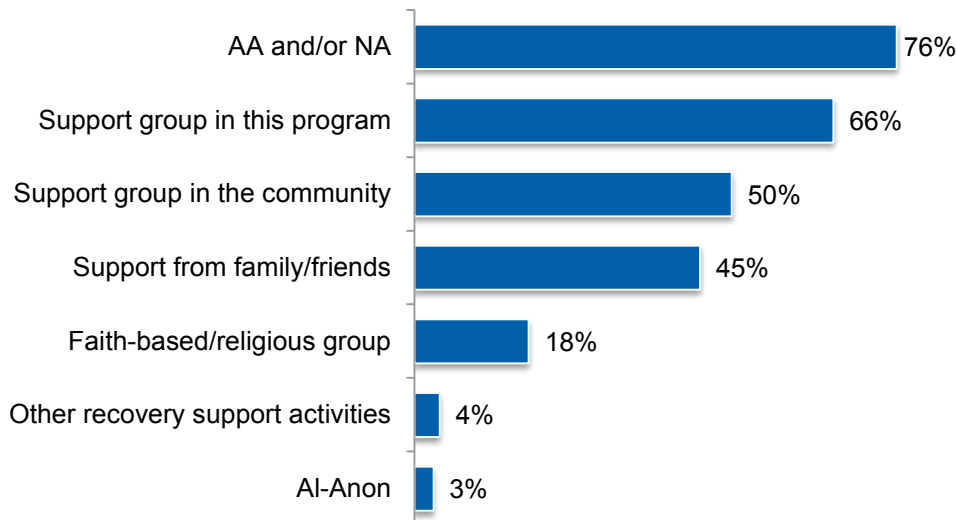
#### 19. Change in participation in Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) from intake to closing (N=542)

	Intake		Closing	
	N	%	N	%
Clients involved in AA and/or NA at...	276	51%	451	83%***

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

Among all clients who closed in year two, 76 percent were involved with AA and/or NA. Program participants also sought support from a variety of other sources, primarily support groups offered through the grant-funded programs (66%), support groups offered in the community (50%), and family and friends (45%) (Figure 20).

#### 20. Participation in recovery support activities at closing (N=749)



#### Treatment

Nearly half of clients (47%) in year two had successfully completed Rule 31 treatment at the time they left the grant-funded programs. Most of the remaining clients had either left treatment without staff approval or were non-compliant (24%), were still in treatment (3%), or had another treatment status (11%), such as being transferred to another facility (Figure A77, Appendix A).

About 8 in 10 clients (81%) were in treatment when they entered one of the grant-funded programs. During the program, 46 percent of these clients left or completed treatment without re-entering, while 45 percent were involved in treatment for the duration of their participation in the program. Seven percent left or completed this treatment episode and re-entered treatment again while in the program. Of the 19 percent of clients not in treatment at intake, most (58%) remained out of treatment, while 39 percent entered treatment while in one of the programs (Figures A74a-A74b, Appendix A).

Ten percent of clients received medication-assisted chemical-health treatment while in the program, primarily methadone and suboxone (Figures A78a-A78b, Appendix A). Few clients (3%) were in Detox while in the program (Figure A79, Appendix A).

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

A total of 149 infants were born to mothers in 9 of the 11 grant-funded programs during the past year<sup>7</sup>, and most appeared generally healthy at birth (Figures A39a-A41, Appendix A):

- The majority of infants were born full-term (94%) and had a normal birth weight (89%).
- About 1 in 5 infants (22%) spent time in intensive care (NICU) for an average of 10 days, although stays ranged from 1 to 60 days.
- Among infants tested at birth (90% of all infants born), 81 percent had a negative toxicology result, while 19 percent had a positive toxicology result, primarily for marijuana (62% of all positive tests). Eleven percent of total infants born this reporting period were either not tested or toxicology results were unknown/missing.
- Among all infants with toxicology tests conducted, most – and in many cases, all infants – within a given program had negative toxicology results at birth. Nearly half of infants with toxicology results available (46%) were born to clients in one program that particularly targets pregnant women (Ramsey County Human Services) (Figure 21).

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<sup>7</sup> No clients gave birth during the reporting period in two of the programs: Our Children Are Sacred and Project Harmony.

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## 21. 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
RS Eden	4	4	4/4
Hope House of Itasca County	3	3	3/3
Rum River Health Services	2	2	2/2
St. Cloud Hospital Recovery Plus	29	28	97%
Wayside House	12	10	83%
St. Stephens Human Services	8	6	75%
Ramsey County Community Human Services	70	51	73%
Fond du Lac Reservation	3	2	67%
<b>All programs (average)</b>	<b>136**</b>	<b>110**</b>	<b>81%</b>

**Note.** Two programs are not represented because they did not have any births during the reporting period.

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

\* Total N is based upon the total number of infants for whom toxicology results were available.

\*\* Two of the same infants were reported by two different programs. These counts are unduplicated in the Total N and in the number of infants with negative toxicology results.

### ***Family stability***

Overall family stability significantly increased for clients by the time they exited the grant-funded programs. 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 more negative scores indicating less stability or more stress in the areas described above, while more 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 (-9.7) to closing (-2.3) for the 191 participants for whom matched assessments were available.<sup>8</sup> At closing, the total average score remained in the negative range, suggesting

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<sup>8</sup> Matched Strengths and Stressors assessments were available for 8 of the 11 programs: Journey Home/ Recovery Plus (58% of all assessments), Wayside (20%), Mothers First (9%), MARFU (6%), Eden House (2%), Rum River Health Services Treatment Program (2%), Tagwii Plus (2%), and Project Clean Start (1%).

that while family stability improved for families by closing, overall stability remained a source of stress for clients at program exit.

## Other notable outcomes

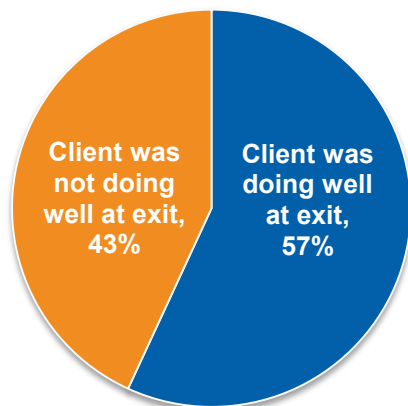
In addition to the key outcome indicators described above, the programs aim to improve the lives of women and children in a number of different areas, including: basic needs, involvement with child protection, involvement with the criminal justice system, parenting and family relationships, physical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

### *Overall status at closing*

Using their professional judgment, 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. Overall, staff reported that 57 percent of clients who left the program this past year were “doing well” at exit (Figure 22).

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#### 22. Staff perception of client status at program exit (N=749)



For the 43 percent who staff perceived were “not doing well” at exit, this was most often the case because the client was not compliant with program requirements (70%) or was not engaged in carrying out her case plan (66%). Nearly one-third could not be reached or found (31%) or were actively using substances when they left (30%) (Figure A45b, Appendix A).

Across programs, the proportion of clients who were “doing well” at exit ranged from 35 percent to 74 percent, as illustrated in Figure 23 (excluding programs with too few clients to reliably calculate percentages). 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.

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

Grantee	Total N	N	%
American Indian Family Center	7	6	6/7
Meeker-McLeod-Sibley Community Health Services	5	4	4/5
Rum River Health Services	38	28	74%
Ramsey County Community Human Services	110	77	70%
Recovery Resource Center	82	49	60%
St. Stephens Human Services	20	12	60%
St. Cloud Hospital Recovery Plus	266	147	55%
Wayside House	111	57	51%
Hope House of Itasca County	37	19	51%
Fond du Lac Reservation	16	6	38%
RS Eden	55	19	35%
<b>All programs</b>	<b>749</b>	<b>425</b>	<b>57%</b>

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

### *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 24). For example, 47 percent of clients were in a permanent housing situation (either in their own home or permanent supportive housing) at intake, compared to 58 percent at closing. In addition, 76 percent of women were housed (not homeless) at intake, compared to 88 percent at closing. Clients were also significantly more likely to have housing that was supportive to recovery at closing (78%) as compared to intake (61%). And one of the largest improvements was in the proportion of clients who had stable housing at closing (73%) as compared to intake (52%). More information is available in Appendix C, Figures C3-C6.



## 24. Changes in housing

Housing situation	Total N	Intake		Closing	
		N	%	N	%
In own home or permanent supportive housing <sup>a</sup>	322	150	47%	185	58%**
In housing/not homeless <sup>b</sup>	479	364	76%	420	88%***
“Stable” housing <sup>c</sup>	539	279	52%	394	73%***
Housing “supportive to recovery” <sup>d</sup>	519	314	61%	402	78%***

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

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

<sup>c</sup> 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.

<sup>d</sup> Housing supportive to recovery = 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, more than half of clients (61%) reported having lived in their current location for less than six months at the time of program exit. Seventeen percent had been living in their current location for six months to one year, and 16 percent had lived there for more than one year. On average, clients who had lived in their current location for less than six months had been living there for 30 days (Figures A52g-A52h, Appendix A).

Across programs, the percentage of clients ***housed (not homeless)*** at closing ranged from 68 percent to 96 percent. (This excludes two programs, representing 3-4 clients each, who reported that all of their clients were housed at closing, as it would be misleading to report percentages in these cases). Slightly fewer clients overall were ***in their own homes or permanent supportive housing*** at closing – between 36 percent and 79 percent – across 9 of the 11 programs (excluding programs with too few clients to reliably calculate percentages) (Figure 25).

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

Grantee	Housed (not homeless) <sup>a</sup>			In own home or permanent supportive housing (not other, less stable housing) <sup>b</sup>		
	Total N	N	%	Total N	N	%
American Indian Family Center	3	3	3/3	3	2	2/3
Fond du Lac Reservation	14	12	86%	12	9	75%
St. Cloud Hospital Recovery Plus	170	143	84%	109	57	52%
Wayside House	51	49	96%	35	16	46%
RS Eden	40	27	68%	17	11	65%
Meeker-McLeod-Sibley Community Health Services	4	4	4/4	4	1	1/4
Ramsey County Community Human Services	77	70	91%	58	39	67%
Recovery Resource Center	49	45	92%	30	18	60%
St. Stephens Human Services	14	13	93%	8	5	5/8
Rum River Health Services	30	28	93%	22	8	36%
Hope House of Itasca County	27	26	96%	24	19	79%
<b>All programs</b>	<b>479</b>	<b>420</b>	<b>88%</b>	<b>322</b>	<b>185</b>	<b>58%</b>

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

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

<sup>a</sup> Clients were considered “housed (not homeless)” if they were living in their own house or apartment, in a relative or friend’s home, in transitional housing and/or 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.

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

The proportion of clients who were in **stable housing** at closing, as assessed by staff, ranged from 53 percent to 89 percent (three programs are excluded again, those with fewer than 10 clients). Slightly fewer clients overall 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 47 percent to 88 percent (excluding three programs with too little data to reliably report percentages) (Figure 26).

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

	“Stable” housing <sup>a</sup>			“Supportive to recovery” housing <sup>b</sup>		
	Total N	N	%	Total N	N	%
American Indian Family Center	4	4	4/4	4	4	4/4
Fond du Lac Reservation	8	6	6/8	8	7	7/8
St. Cloud Hospital Recovery Plus	185	130	70%	185	141	76%
Wayside House	71	59	83%	72	59	82%
RS Eden	47	25	53%	47	22	47%
Meeker-McLeod-Sibley Community Health Services	4	4	4/4	3	1	1/3
Ramsey County Community Human Services	76	59	78%	70	61	87%
Recovery Resource Center	64	40	63%	54	43	80%
St. Stephens Human Services	16	11	69%	13	9	69%
Rum River Health Services	35	31	89%	34	30	88%
Hope House of Itasca County	29	25	86%	29	25	86%
<b>All programs</b>	<b>539</b>	<b>394</b>	<b>73%</b>	<b>519</b>	<b>402</b>	<b>78%</b>

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

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

<sup>a</sup> 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.

<sup>b</sup> 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 clients did improve their employment and schooling situation while in the program (Figure 27). More information is available in Appendix C, Figure C7.

- Clients were significantly more likely to be employed either full time or part time at closing (17%) as compared to intake (11%), although it should be noted that the employment rate overall was still relatively low at closing.
- More clients were in school or a career training program at closing (11%) as compared to intake (6%), although, again, the proportion of clients in school or job training was low overall at both points in time.

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

	Total N	Intake		Closing	
		N	%	N	%
Employed full time or part time	482	55	11%	83	17%**
In school or a career-training program	569	33	6%	63	11%**

**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. Figure 28 illustrates the proportion of clients in each program who were employed either full time or part time at closing, which ranged from 0 percent to 39 percent (excluding programs with too few clients to reliably calculate percentages).

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

	Total N	N	%
Meeker-McLeod-Sibley Community Health Services	5	2	2/5
Fond du Lac Reservation	13	5	39%
Hope House of Itasca County	23	6	26%
St. Cloud Hospital Recovery Plus	158	33	21%
Rum River Health Services	32	6	19%
Recovery Resource Center	66	11	17%
Ramsey County Community Human Services	56	9	16%
RS Eden	26	4	15%
Wayside House	90	7	8%
St. Stephens Human Services	12	0	0%
American Indian Family Center	1	0	0/1
<b>All programs</b>	<b>482</b>	<b>83</b>	<b>17%</b>

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

## Other basic needs

Another measure of basic needs is derived from the Strengths and Stressors tool. The tool includes an assessment of “Environmental Factors” at intake and exit, a cumulative measure of basic needs such as clients’ housing stability, safety in the community, habitability of housing, income/employment, financial management, food and nutrition, personal hygiene, transportation, and their children’s learning environment. Possible

scores for this factor range from -27 to +18, with more negative scores indicating that basic needs are a source of stress for clients, while more positive scores indicate that basic needs is an area of strength for clients.

Average scores on this factor significantly improved ( $p < .001$ ) from intake (-4.8) to closing (-1.8) for the 191 participants (across 8 programs) for whom matched assessments were available. 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.

### ***Involvement with child protection***

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

- Clients were significantly less likely to be involved with child protection at closing (35%) as compared to intake (41%) (Figure 29).
- A total of 75 children were reunified with their mothers (after a formal placement) by closing. This is about eight 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 37 percent of children, this percentage likely underestimates the proportion of children reunified with their mothers (Figure A61, Appendix A).
- Eighteen of the 149 babies (12%) born to mothers served during the program in year two were placed out of the home by child protection following their birth (Figure A41, Appendix A).

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#### **29. Change in involvement in child protection from intake to closing (N=548)**

	Intake		Closing	
	N	%	N	%
Involved with child protection at...	222	41%	192	35%**

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

### ***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 30).

- There was no statistically significant change in the proportion of clients involved with the criminal justice system from intake (53%) to closing (50%), although this nominal decline was in the anticipated direction and did approach statistical significance ( $p=.055$ ).
- Significantly fewer women, however, had been arrested in the 30 days prior to closing (6%) compared to the 30 days prior to intake (13%).

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#### **30. Change in criminal justice involvement from intake to closing**

	Total N	Intake		Closing	
		N	%	N	%
Involved with the criminal justice system	577	308	53%	291	50%
Arrested in the prior 30 days	555	73	13%	32	6%***

**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 (4 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 that has been endorsed by the National Indian Children's Welfare Association (NICWA) and is widely used by many tribal communities.

- Half of the women (49%) fully completed one of the above curricula, while one-third (34%) participated in a parenting program but did not complete it. About 1 in 6 (16%) did not participate in an evidence-based parenting program (Figure A82a, Appendix A).
- Most clients (64%) did participate in other parenting education while enrolled in the program (Figure A82b, Appendix A).

Grantees are also expected to provide evidence-based children's programming to the children of clients in their programs. Children's programming being used by programs

include: Children’s Program Kit: Supportive Education for Children of Addicted Parents, Celebrating Families, Real-Time Parenting, Growing Great Kids, Systematic Training for Effective Parenting (STEP), and Incredible Years.

- About 1 in 10 children served (10%) fully completed one of the above children’s programs while six percent partially completed a program. Most children either did not participate in a program (42%) or their participation was unknown (43%) (Figure A67, 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 health challenges, 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 (-3.5) to closing (-2.1) for the 191 participants for whom matched assessments were available (Figure 31). Similar to basic needs, the Parental Capabilities overall average score remained in the negative or “stressful” range at closing, although the statistically significant increase indicates that clients’ capacity to parent did improve by closing.

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. There was no statistical difference in scores from intake (-0.9) to closing (-0.6), indicating that “Family Interactions” remained relatively stable – and mildly stressful – for families from intake to closing (Figure 31).

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### 31. Strengths and Stressors average scores at intake and closing: Parental Capabilities and Family Interactions (N=191)

Strengths and Stressors factor	Possible range of scores	Intake Average score	Closing Average score
Parental Capabilities	-18 to +12	-3.5	-2.1**
Family Interactions	-12 to +8	-0.9	-0.6

**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 about one-third of clients (32%). Contact remained the same for about half of clients (49%) and had decreased for seven percent of clients. This information was not available for 12 percent of clients (Figure A68, Appendix A).

## Child well-being

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

Average Child Well-being scores significantly improved from intake (-0.4) to closing (0.6) for the 150 children for whom matched assessments were available, indicating that overall child well-being did improve by closing (Figure 32). While the average score moved into the positive range at closing, suggesting child well-being was not a concern, 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 (1.3) to closing (2.6) for the 191 clients for whom matched assessments were available (Figure 32), suggesting that overall safety for children and within the family improved by closing.

### 32. 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	150	-0.4	0.6**
Child and Family Safety (parent-level)	-15 to +10	191	1.3	2.6***

**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 (e.g., 34% of women reported severe or chronic health problems at intake). During year two (Figure 33):

- Clients were significantly more likely to have medical insurance at closing (99%) as compared to intake (90%), as were their children (99% at closing, compared to 97% at intake).
- Participants were also significantly more likely to have a primary care physician and/or clinic at closing (92%) as compared to intake (80%).
- The vast majority of clients' children were current on their immunizations at both intake (97%) and closing (99%).
- A small proportion of clients were identified as being involved in an abusive relationship at both intake (7%) and closing (8%).

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### **33. Change in physical health issues from intake to closing**

	Total N	Intake		Closing	
		N	%	N	%
Client has medical insurance	568	512	90%	562	99%***
Child has medical insurance	572	556	97%	567	99%*
Client has a primary care physician and/or clinic	556	443	80%	514	92%***
Child is current on immunizations	568	550	97%	561	99%*
Client is involved in a domestic violence relationship	513	38	7%	40	8%

**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 and their children seeking recovery services also face mental health challenges (e.g., 74% of all women at intake), and the program aims to address these issues as well. During year two:

- At either intake or closing, more than half of all clients had been diagnosed with depressive disorders (65%) and anxiety disorders (61%). A number of clients also had the following diagnoses: bipolar disorder (23%), a personality disorder (16%), and ADHD (14%) (Figure A54c, Appendix A).
- Just over one-quarter of women (28%) were diagnosed with a new mental health condition by closing, most commonly depressive disorders (56%) and anxiety disorders (55%) (Figure A53, Figure A54b, Appendix A).
- About half of all clients (52%) were receiving mental health services at closing, and another 22 percent were connected to a clinic or therapist if the need for services arose. About 1 in 8 clients (12%) were in need of mental health services at closing but were not connected to a clinic or therapist (Figure A54d, Appendix A).
- Significantly fewer children were receiving mental health services at closing (16%) as compared to intake (20%), although the proportion is relatively low at both time points (Figure 34).
- Few participants were diagnosed with FASD either before (1%) or while enrolled in the program (<1%), although 25 additional clients (3%) were presumed to have FASD at closing (Figures A55a-A55b, Appendix A).
- Four percent of clients entered the program with a diagnosis of Traumatic Brain Injury (TBI); very few (<1%) received this diagnosis while in the program (Figure A55c, Appendix A).
- Nearly one-quarter of clients (23%) entered the program with a diagnosis of PTSD, and an additional six percent were diagnosed while in the program (Figure A55d, Appendix A).

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#### 34. Change in children's use of mental health services from intake to closing (N=571)

	Intake		Closing	
	N	%	N	%
Children's use of mental health services	114	20%	93	16%*

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

## 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 (-1.8) to closing (-0.4) for the 191 participants for whom matched assessments were available. These findings suggest that clients' level of and access to social support increased while enrolled in the program, although it remained in the mildly "stressful" range at program exit.

## The role of service amount and participation levels on client outcomes

Clients' length of participation in the programs and the amount of service they receive while there varies widely. As noted earlier, across the 11 grant-funded programs, clients' length of participation ranged from one day to 34 months, while the amount of contact staff had with clients ranged from 15 minutes to 559 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 35 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 a preliminary attempt to assess the impact of dosage on client outcomes. Future reports will examine the role of service intensity or dosage on client outcomes in more depth, which will likely involve re-defining "high" and "low" dosage using different criteria and/or thresholds.

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### 35. 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 171 clients across the 11 programs, and a “low dosage” group comprised of 130 clients across the programs. The number of clients by program represented within each group is illustrated in Figure 36. 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.

### 36. Number of high- and low-dosage clients by program

<b>Women’s Recovery Services grantee</b>	<b>Number of “high dosage” clients</b>	<b>Number of “low dosage” clients</b>
American Indian Family Center	0	0
Fond du Lac Reservation	2	3
St. Cloud Hospital Recovery Plus	47	80
Wayside House	27	6
RS Eden	27	8
Meeker-McLeod-Sibley Community Health Services	0	1
Ramsey County Community Human Services	19	6
Recovery Resource Center	19	11
St. Stephens Human Services	11	1
Rum River Health Services	7	4
Hope House of Itasca County	12	10
<b>Total</b>	<b>171</b>	<b>130</b>

Results indicate that dosage did have a statistically significant influence on several of the outcomes examined here. In particular, clients who received a higher dosage of service were significantly more likely at closing to be “doing well” (70% vs. 35%), to be abstinent (77% vs. 55%), to have completed treatment (75% vs. 35%), to be employed (20% vs. 5%), and to have a longer period of sobriety (201 days vs. 42 days). Clients receiving higher levels of service were also somewhat more likely to be housed (not homeless) at closing than low dosage clients (90% vs. 82%); this difference just failed to reach statistical significance. There were no significant differences between groups on the other outcomes examined, although there were some slight group differences of note. For example, 63 percent of high dosage clients were in their own home or other permanent supportive housing at closing, compared to 55 percent of low dosage clients. In addition, 34 percent of high dosage clients were involved with child protection at closing, in contrast to 40 percent of low dosage clients (Figure 37).

Overall, the preliminary findings suggest that clients who receive more intensive case management services do better in several key outcome areas such as abstinence, treatment, employment, and housing. Future reports will examine the role of dosage in more depth.

### 37. 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	301	70%	35%***
Client was abstinent at exit	301	77%	55%***
Client was not using substances, or using less, at exit	269	95%	92%
Client had completed treatment by exit	238	75%	35%***
Client was involved with child protection at exit	286	34%	40%
Client was involved in AA/NA at exit	282	84%	86%
Client was involved with the criminal justice system at exit	296	53%	57%
Client was employed at exit	269	20%	5%***
Client was in housing (not homeless) at exit	270	90%	82% <sup>†</sup>
Client was in her own home or permanent supportive housing at exit	233	63%	55%
		<b>Mean</b>	<b>Mean</b>
Family stability (Strengths and Stressors total score)	76	-4.7	0.6
Length of sobriety (days)	299	201	42***

**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 \* $p < .05$ .

<sup>†</sup> Difference between high and low dosage groups was approaching statistical significance ( $p = .06$ )

### Life after the program: Preliminary results from the follow-up interviews

Clients are interviewed approximately six months after exiting one of the 11 grant-funded programs to assess their 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. Because follow-up interviews began in the last quarter of this reporting period (April 2013), only preliminary data are currently available and are presented here. Future reports will include additional analysis of the follow-up interview data, including linking data from intake to closing to follow-up.

Figure 38 summarizes the number of interviews completed through July 2013 by program. A total of 52 interviews were completed through July 2013, representing 8 of the 11 grant-funded programs.<sup>9</sup>

**38. Number and proportion of six month follow-up interviews completed through July 2013, by program (N=52)**

<b>Grantee</b>	<b>Number of interviews completed</b>	<b>Proportion of total interviews</b>
St. Cloud Hospital Recovery Plus	16	31%
Wayside House	9	17%
RS Eden	7	14%
Ramsey County Community Human Services	7	14%
Recovery Resource Center	6	12%
Hope House of Itasca County	4	8%
Rum River Health Services	2	4%
St. Stephens Human Services	1	2%
Meeker-McLeod-Sibley Community Health Services	0	0%
American Indian Family Center	0	0%
Fond du Lac Reservation	0	0%

At the six month follow-up, just over half of the clients (54%) reported that they had used alcohol, marijuana, or other drugs since leaving the program, although most of those (89%) said they were using substances less than before they had entered the recovery programs (Figure 39).

In terms of the type of support clients received while in the programs, clients were most likely to report getting help staying sober (79%), general emotional support (77%), and parenting (71%). Nearly two-thirds (65%) also said they received help finding a network of people who could help them remain sober. While half of participants (52%) got help with things like housing, transportation, and paying bills, 1 in 5 clients (19%) said they could have used help in these areas (Figure 40).

Detailed tables summarizing the results from the follow-up interviews completed to date are available in Appendix D. Future reports will examine findings from the follow-up interviews in more depth.

<sup>9</sup> Although other sections of this report include data that reflect the reporting period – June 2012 through May 2013 – data from follow-up interviews completed through July 2013 are presented here, in order to maximize the data available.

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**39. Use of alcohol and other drugs since leaving the program (N=52)**

	<b>N</b>	<b>%</b>
Client has used alcohol, marijuana, or other drugs since leaving the program	28	54%
<b>Change in substance use among those who have used (N=28)</b>		
Using more at follow-up	1	4%
Using about the same amount at follow-up	2	7%
Using less at follow-up	25	89%

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**40. Types of support obtained through the program (N=51-52)**

<b>Did the program help the client...</b>	<b>Yes, program helped with this</b>	<b>No, but client <u>needed</u> this type of help</b>	<b>No, and client <u>did</u> <u>not need</u> this type of help</b>	<b>Percentage who felt this was <u>most</u> <u>helpful</u> to them or children (N=46)</b>
Get or stay sober	79%	10%	12%	46%
Find a support network of people who could help them stay sober	65%	17%	17%	7%
With parenting	71%	8%	22%	15%
With things like housing, transportation, or paying bills	52%	19%	29%	9%
With getting benefits like MFIP or WIC	54%	8%	39%	4%
By just being there to provide emotional support or encouragement	77%	10%	14%	20%

# 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. Potential contributing factors examined include:

- 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
- Having at least one contact per month between program staff and contact
- Successfully completing treatment by closing
- Successfully completing treatment before enrolling in the program
- Being pregnant at intake
- 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
- Having been in treatment three or more times previously

The analysis examined to what extent the above factors had a statistically significant impact on key outcomes, including: a) being abstinent at exit (defined as no substance use in the 30 days prior to closing), b) decreased substance use among clients at exit (defined as not using substances at all at exit, or using substances less than before at exit), c) completion of treatment at exit, d) reunification with one or more children at exit, e) no involvement with child protection at exit, f) infants not being removed from the home immediately following their birth (no out-of-home placement), g) negative toxicology results for new mothers, and h) negative toxicology results for babies born to mothers who were pregnant while in the program.



Overall, many of the factors analyzed had a statistically significant impact on various key outcomes, as illustrated in Figure 41. Some of the highlights are described below.

**Meeting program criteria and housing that was stable/supportive to recovery.**

Clients who met all four of the DHS program criteria or were in housing at closing that was both stable and supportive to recovery were more likely at program exit to: a) be abstinent; b) be using substances less; c) have completed treatment; d) have been reunified with one or more children; and e) not be involved with child protection.

**Completion of treatment.** Clients who had completed treatment, *either* before enrolling in the program or by program exit, were more likely to be abstinent at exit and to be using substances less at exit than at entry. In addition, women who completed treatment by exit were more likely to be reunified with one or more of their children by program exit.

**Length of participation in program.** Clients who were enrolled in one of the 11 grant-funded programs for at least three months were more likely at exit to: a) be abstinent; b) have completed treatment; c) have been reunified with one or more children; and d) not be involved with child protection. Based upon the limited outcomes examined here, there were no additional advantages (i.e., better outcomes) for clients who were enrolled for six months rather than three months. Clients who were enrolled for at least one month were more likely to have completed treatment and to be abstinent, as well as to be using substances less.

**Primary drug of choice.** Clients' primary drug of choice at program entry also influenced several outcomes. Clients for whom alcohol or methamphetamines were the primary drug of choice compared to other drugs were more likely to have completed treatment at exit. Clients who used methamphetamines as their primary drug compared to other drugs were also more likely to be abstinent at exit. In addition, clients who gave birth while in the program and their newborn infants were more likely to have negative toxicology results following birth if methamphetamines were their primary drug of choice.

**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 the program at all. Clients who had fully completed a parent education program while enrolled in the grant-funded recovery program were more likely at exit to be abstinent, to be using substances less, to have completed treatment, to be reunified with one or more children, and to have negative toxicology results at birth (for themselves and their infants). Clients who had at least partially completed a parent education program were less likely to be involved with child protection at exit.

**Pregnancy.** Clients who were pregnant when they started the grant-funded program were more likely to be abstinent at exit and to not be involved with child protection at exit.

**Other findings.** None of the factors examined had an influence on whether or not infants were placed outside of the home following birth. Whether clients had at least one contact with program staff per month did not have a significant impact on any of the outcomes examined. The number of times women had previously been in treatment also did not have a significant impact on any outcome except negative toxicology results for mothers, such that clients with three or more previous treatment episodes were more likely to have negative toxicology results following birth.

Additional analysis that further examines the link between these and other client-level and program-level characteristics and positive outcomes for women and children will occur in subsequent annual reports. For more detailed information about the extent to which these factors influenced the outcomes examined here, refer to Figure C8 in Appendix C.

#### 41. Potential factors contributing to successful outcomes for women and children

Outcomes	Potential factors contributing to successful outcomes													
	Met all criteria	Enrolled more than 6 months	Enrolled more than 3 months	Enrolled more than 1 month	At least 1 contact per month	Completed treatment by exit	Completed treatment before entry	Pregnant at intake	Alcohol – primary drug of choice	Meth – primary drug of choice	Heroin/opiates – primary drug of choice	Completed parent ed	Stable, supportive to recovery housing	In Tx 3 or more times
Abstinent at exit	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	
Decreased substance use at exit	✓			✓		✓	✓					✓	✓	
Completion of treatment at exit	✓	✓	✓	✓		--	✓		✓	✓	✓	✓	✓	
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										✓		✓		

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

# Additional evaluation activities

All Women's Recovery Services grantees had the opportunity in year two to supplement the project's cross-site evaluation activities with program-specific evaluation. In partnership with Wilder Research, the program could attempt to answer evaluation questions specific to their program through a range of evaluation activities. Nine of the 11 programs chose to engage in program-specific evaluation activities during year two, above and beyond the required cross-site evaluation activities. Figure 42 summarizes the types of evaluation activities each grantee participated in, which included focus groups with clients (the most popular activity), an online survey of referral partners, revisions to the program's logic model, reporting of Strengths and Stressors assessment data, assessing a culturally-specific parent education program, and program-specific modifications to the database.

Summaries of the findings from each activity are presented in each grantee's program-specific evaluation report for year two.

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## 42. Summary of grantee program-specific evaluation activities in year two

Grantee	Year 2 program-specific evaluation activities requested
American Indian Family Center	None requested
Fond du Lac Reservation	Design and implementation of tools that collect outcome and fidelity information for the Positive Indian Parenting curriculum
St. Cloud Hospital Recovery Plus	Two focus groups to gather client feedback on services provided (e.g., benefits, challenges, suggestions for improvement)
Wayside House	One focus group to gather client feedback on services provided (e.g., benefits, challenges, suggestions for improvement)
RS Eden	Two focus groups to gather client feedback on services related to treatment and aftercare (e.g., benefits, challenges, suggestions for improvement)
Meeker-McLeod-Sibley Community Health Services	Online survey of current and potential referral partners to identify barriers preventing referrals to Project Harmony and opportunities to increase referrals
Ramsey County Community Human Services	Adaptation of overall program logic model to create a logic model specific to the Mothers First program
Recovery Resource Center	One focus group to gather participant feedback on the Celebrating Families parenting curriculum
St. Stephens Human Services	None requested
Rum River Health Services	Creation of a new field in the database to collect clients' county of residence at intake
Hope House of Itasca County	Creation of Quickbase reports that visually display Strengths & Stressors scores at the program and client level

# Summary and conclusions

The 11 Women's Recovery Services grantees served a total of 1,081 clients (and 2,141 children) during the 2012-13 reporting period. Most clients were white (51%), American Indian (21%), or African American/black (16%), and between the ages of 18 and 34 (79%). One-quarter 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, about two-thirds of clients had at least a high school diploma or GED, with about one-third having attended at least some college; more than half (59%) had living arrangements that were considered supportive to recovery; more than three-quarters had medical insurance and a primary care physician and/or clinic; and, most children of clients (71%) 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; being involved in the criminal justice system; having a history of homelessness; and not currently living with their child(ren).

## Services received

Clients and their children received a range of services while in the program. At least 7 in 10 clients participated in substance use support groups and received services related to parenting education, transportation assistance, recovery coaching, treatment, housing information and support, and mental health. Most also received a mental health screening and a Rule 25 chemical health assessment. The majority of clients (83%) received at least one urinalysis test (UA) while in the program; of those who had been tested, 41 percent had at least one positive UA, most often for marijuana. Fewer children received services, although 1 in 5 were enrolled in child care.

On average, clients were enrolled in the program for just over five months and had about 46 contacts (for about 60 hours of total contact) with staff while in the program. One in six clients (16%) met all four of the DHS program criteria.

## Outcomes

**Substance use and treatment.** Clients were significantly less likely to be using substances at closing as compared to intake. Two-thirds were not using alcohol or drugs at all when they exited the program, while 93 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. Nearly half (47%) had completed treatment by program exit.

**Health of infants.** A total of 149 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, 81 percent had negative toxicology results. Infants who tested positive for substances were most often positive for marijuana.

**Family stability.** Overall family stability, as assessed by the Strengths and Stressors tool, significantly increased for clients by closing. Average scores at closing, however, remained in the negative range, suggesting that despite the improvement, family stability remained a source of stress for clients as they exited the program.

**Other outcomes.** Overall, staff reported that 57 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. As compared to intake, clients were significantly more likely at closing to have permanent housing that was considered stable and supportive to recovery; to be employed (although overall employment rate was still relatively low at 17 percent); to be in a school or career-training program; and to have medical insurance and a primary care physician/clinic. There was no change in the proportion of those who were involved with the criminal justice system, although significantly fewer had been arrested in the days leading up to closing than prior to intake. Three-quarters of clients were either receiving mental health services at closing or connected to a clinic or therapist.

Clients also showed significant improvements in the areas assessed by the Strengths and Stressors tool, including overall basic needs, parenting, 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, parenting, and social support at program exit.

Fewer clients were involved with child protection at closing as compared to intake, and 75 children had reunified with their mothers by program exit. Overall contact between clients and their children had increased by closing for one-third 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 neither were a concern, on average, at program exit.

Almost all children were up-to-date on immunizations. Somewhat fewer children were receiving mental health services at closing (16%) as compared to intake (20%).

**Outcomes at follow-up.** While limited information is available at this point, preliminary results indicate that just over half of clients (54%) were using substances at the six month follow-up, although most of those (89%) said they were using substances less than before. Future reports will present more in-depth analysis of outcomes at the six month follow-up, when more data become available.

**Factors contributing to outcomes.** Preliminary analyses of the effects of “dosage” on client outcomes revealed that clients who received a higher dose of service were more likely at closing to be “doing well” overall, to be abstinent, to have completed treatment, to be employed, and to have been sober for a longer period of time. Furthermore, several factors were found to have a significant impact on client outcomes. In particular, clients who met the core DHS program criteria, had housing that was stable and supportive to recovery at exit, were enrolled in the recovery programs at least three months, or had fully completed a parent education program were more likely at exit to: a) be abstinent, b) have completed treatment, c) have been reunified with one more children, and d) not be involved with child protection. Additional analysis of factors that have an influence on client outcomes will be examined in future reports.

## Implications for the programs

Wilder Research will review the findings from year two 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.

# Next steps

Year Three of the evaluation includes a number of enhanced activities as well as new initiatives. Next steps include:

- **Return-on-Investment (ROI) study.** Led by the Wilder Research staff economist, Wilder will design a framework to conduct a Return-on-Investment (ROI) study 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 11 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?
- **Simplified service and referral reporting.** Collection of data related to the services and referrals provided to clients and children will be revised in Year Three to focus on areas of need. Rather than track every service and referral provided, program staff will document families' areas of needs and whether these need areas were met through various services and referrals. The revised approach not only simplifies the data collection process for staff, but provides a better understanding of whether the services and referrals being provided are meeting specific needs.
- **Follow-up interviews with clients.** Six-month follow-up interviews with clients after they leave the program will continue through Year Three. Additionally, Wilder will begin conducting 12-month follow-up interviews with clients to capture even longer-term information about clients and their families after leaving the program. If a sufficient number of interviews are conducted with clients from a given program, program-specific results related to the follow-up interviews will be presented in Year Three.
- **Continued technical assistance.** Wilder Research will continue to provide ongoing technical assistance to grantees throughout Year Three via phone and email support, as well as through in-person and virtual meetings. This includes providing additional database training for staff who need further assistance and/or new staff. Wilder will also help grantees with the interpretation and application of their data and, later in the year, will begin initial planning around program-specific evaluation activities to occur in Year Four.



# Appendix

## Data tables

*A. Evaluation tables*

*B. Select semi-annual DHS tables: Tables 5-11*

*C. Wilder data tables*

*D. Follow-up interview data tables*

## Logic model

## Data tables

### 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	332	671	56
New opened this period	749	1,470	94
Total served this period	1,081	2,141	150
Closed this period	749	1,532	-

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

	Number
# of pre-intakes from period	1,184
# of pre-intakes (referrals) entering program during period	362

#### A3. Referral source for women referred to the program this year (N=1,184)

Referral source	N	%
Child Protection	71	6%
Community program	50	4%
Treatment	593	50%
Mental health center	12	1%
Corrections	56	5%
Family/friends	31	3%
Clinic/hospital	143	12%
Self-referral	123	10%
Another WRS-grant-funded program	7	1%
Other	98	8%

**Note.** Other referral sources include: Anonymous person(1); Rule 25 Assessments/CD Assessments (24); County/county workers (18); Court (1); Employment services (8); Elementary schools (2); Former participant (1); Resource manual-handbook (1); Healing Generations (6); Housing programs (2); Social workers/advocates (10); Public health-county (4); Listing (1); Public defender (1); Public health nurse (5); Recruitment (3); Reservation (2); WIC (2); unknown (2)

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**A4. Referral source for women who were referred to and entered the program this year (N=362)**

<b>Referral source</b>	<b>N</b>	<b>%</b>
Child Protection	36	10%
Community program	11	3%
Treatment	162	45%
Mental health center	1	<1%
Corrections	22	6%
Family/friends	7	1%
Clinic/hospital	36	10%
Self-referral	44	12%
Another WRS-grant-funded program	3	1%
Other	40	11%

**Note.** Other referral sources for referred women include: Rule 25 assessments-CD assessments (12); County (4); Employment services (8); Former participant (1); Recruitment (3); Healthy Generations (4); Housing program (1); Advocate/Social worker (3); County public health nurse (4)

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**A5. Referral source for all clients served during the year (N=1,081)**

<b>Referral source</b>	<b>N</b>	<b>%</b>
Child Protection	116	11%
Community program	36	3%
Treatment	341	32%
Mental health center	12	1%
Corrections	104	10%
Family/friends	22	2%
Clinic/hospital	36	3%
Self-referral	122	11%
Another WRS-grant-funded program	5	<1%
Other	33	4%
Unknown	254	23%

**Note.** Other referral sources for all clients include: Other agencies unspecified (1); Social workers—including county, court, and Indian Child Welfare Act (6); Detox (2); Healthy Generations (1); Insurance provider (1); Highway patrol (1); County-unspecified (3); Project Child (1); Rule 25 (9); Shelter (1); WIC (1); WRS participant (1); Boot camp (1); Former employee (1); Housing program (1); unknown (2)

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**A6. Pre-intake services provided to women referred to the program (N=1,184)**

Service name	N	%
CD screening	287	24%
CD assessment	52	4%
Brief intervention	352	30%
Referral for specific services	59	5%
Program referral	129	11%
No services	562	47%
Other services	44	4%

**Note.** Other pre-intake services include: Family screening (28); CD recovery group (1); Coordination of care/Insurance contact (1); Emergency needs – eviction, clothing, food (5); Eligibility assessment (1); Housing assistance (2); Resource help: budgeting, legal, phone collaborators (4); Rule 25 (1); Health tests: UA's, pregnancy (3)

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**A7. Final status for referrals (N=1,184)**

Status at end of period	N	%
Entered program (complete intake form)	362	31%
Refused services	122	10%
Ineligible for services	173	15%
Never reached	95	8%
Status pending (still trying to reach this person/on program waitlist)	414	35%
Unknown	18	2%

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**A8. Clients served, by county (N=1,081)**

County name	N	%
Anoka	7	1%
Becker	3	<1%
Beltrami	2	<1%
Benton	10	1%
Blue Earth	3	<1%
Carlton	4	<1%
Carver	1	<1%
Cass	5	1%
Chisago	2	<1%
Clay	2	<1%
Cottonwood	1	<1%

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**A8. Clients served, by county (N=1,081) continued**

<b>County name</b>	<b>N</b>	<b>%</b>
Crow Wing	4	<1%
Dakota	1	<1%
Douglas	5	1%
Freeborn	1	<1%
Hennepin	88	8%
Houston	1	<1%
Hubbard	1	<1%
Isanti	11	1%
Itasca	11	1%
Kanabec	8	1%
Kandiyohi	3	<1%
Mahnomen	2	<1%
McLeod	3	<1%
Meeker	3	<1%
Mille Lacs	15	1%
Morrison	4	<1%
Mower	1	<1%
Olmsted	1	<1%
Pine	2	<1%
Pope	1	<1%
Ramsey	40	4%
Redwood	1	<1%
Renville	1	<1%
Scott	2	<1%
Sherburne	9	1%
St. Louis	3	<1%
Stearns	19	2%
Steele	1	<1%
Todd	2	<1%
Wadena	2	<1%
Washington	2	<1%
Wright	3	<1%
Unknown	790	73%

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**A9a. Race of clients at intake (N=1,081)**

Race	N	%
African American/Black	175	16%
American Indian/Alaskan Native	225	21%
Asian American	14	1%
White	549	51%
Biracial/Multiracial	94	9%
Other	19	2%
Unknown	5	<1%

**Note.** Other races include: African immigrant (2); Asian (2); Hispanic/Latina (9); Mexican (2); Guatemalan (1); East Indian (1)

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**A9b. Ethnicity of clients at intake (N=1,081)**

Ethnicity	N	%
Hispanic origin	59	6%
Non-Hispanic origin	1,014	94%
Hispanic ethnicity unknown	8	1%

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**A10. Age at intake (N=1,081)**

Age	N	%
Under age 18	5	1%
Age 18 to under 25	300	28%
Age 25 to under 35	552	51%
Age 35 to under 49	217	20%
Age 49 and older	7	1%

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**A11. Highest level of education completed at intake (N=1,081)**

Education	N	%
Some school but no high school diploma or GED	346	32%
High school grad or GED	337	31%
Vocational certificate/associate's degree/some other college but no degree	359	33%
College degree or graduate/professional degree	33	3%
Unknown	6	1%

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**A12. Participation in school/career training, full or part time, at intake (N=1,081)**

<b>Client participation</b>	<b>N</b>	<b>%</b>
Yes	58	5%
No	998	92%
Unknown	25	2%

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**A13. Employment at intake (N=1,081)**

<b>Client's employment status</b>	<b>N</b>	<b>%</b>
Employed full time or part time	123	11%
Unemployed – looking for work	222	21%
Unemployed – not looking for work	613	57%
Unable to work/disabled	90	8%
Other	18	2%
Unknown	15	1%

**Note.** Other employment includes: Homemaker (1); School or career training full or part time (1); Workhouse (1); Incarcerated (2); LOA (1); Considering working (1); Offered work but not started (1); RSDI (1); Self-employed (2); Caregiving (1); In treatment (7)

---

**A14a. Living arrangements during the 30 days prior to intake (N=1,081)**

<b>Living arrangement</b>	<b>N</b>	<b>%</b>
Transitional housing	2	2%
Transitional housing and/or group residential housing	9	1%
In own house or apartment	329	30%
In relative or friend's home	384	35%
Transitional housing or group residential housing	18	2%
Permanent supportive housing	7	1%
Sober house/halfway house	11	1%
A shelter or motel (using a voucher)	57	5%
No home at present and not in a shelter	78	7%
Correctional facility	100	9%
Other	79	7%
Unknown	7	1%

**Note.** Other living arrangements include: Outside: abandoned buildings, vehicles (4); Adult foster care (1); Residential treatment /in-patient treatment (63); Homeless (3); Hotel/motel voucher use unknown, no use with one (7); Hospital treatment (2)

---

**A14b. Living arrangements “supportive to recovery” at intake (N=1,081)**

<b>Living arrangements supportive to recovery?</b>	<b>N</b>	<b>%</b>
Yes	640	59%
No	423	39%
Unknown	18	2%

---

**A14c. Living arrangements “stable” at intake (N=1,081)**

<b>Living arrangements stable?</b>	<b>N</b>	<b>%</b>
Yes	539	50%
No	528	49%
Unknown	14	1%

---

**A14d. Client experience with homelessness prior to intake (N=1,081)**

<b>Ever without a regular or permanent place to live – i.e., homeless?</b>	<b>N</b>	<b>%</b>
Yes	677	63%
No	380	35%
Unknown	24	2%

---

**A14e. Number of homeless experiences prior to intake (N=677)**

<b>Among those who have been homeless, number of times without a permanent home</b>	<b>N</b>	<b>%</b>
0	3	<1%
1	172	25%
2	136	20%
3	88	13%
4	63	9%
5	67	10%
6	17	3%
7	12	2%
8	9	1%
9	4	1%
10	33	5%



---

**A14e. Number of homeless experiences prior to intake (N=677) continued**

<b>Among those who have been homeless, number of times without a permanent home</b>	<b>N</b>	<b>%</b>
11	2	<1%
12	7	1%
13	2	<1%
14	1	<1%
15	5	1%
20	7	1%
25	1	<1%
27	1	<1%
30	1	<1%
50	1	<1%
Unknown	45	7%

---

**A15a. Physical health problems at intake (N=1,081)**

<b>Any severe or chronic physical health problems?</b>	<b>N</b>	<b>%</b>
Yes	368	34%
No	698	65%
Unknown	15	2%

---

**A15b. Types of physical health problems reported at intake (N=370)**

<b>Physical health problems</b>	<b>N</b>	<b>%</b>
Allergies	2	1%
Anemia	7	2%
Asthma	43	12%
Arthritis	6	2%
Autoimmune disease (lupus)	4	1%
Back, shoulder, and neck problems/pain	59	16%
Bleeding disorder (Von Willebrand disease, hemophilia)	2	1%
Blindness	1	<1%
Blood pressure/hypertension	16	4%
Bone dysfunction/breaks/growths (broken bones, spurs)	5	1%
Brain disorders (chiari malformation)	1	<1%
Bulimia	1	<1%
Carpal tunnel	3	1%

---

---

**A15b. Types of physical health problems reported at intake (N=370) continued**

<b>Physical health problems</b>	<b>N</b>	<b>%</b>
Cerebral nerve palsy	1	<1%
Chronic pain/illnesses (infections/respiratory/migraines)	21	5%
Connective tissue disorder (Ehlers Danlos)	1	<1%
Cysts (bone,fibroid, ovarian)	4	1%
Deafness	2	1%
Depression	4	1%
Diabetes	28	8%
Disc or spine problems/degenerative disease	17	5%
Embolism (clots in bloodstream)	2	1%
Endocrine glands (thyroid)	9	2%
Endometriosis	5	1%
Epilepsy/seizures	8	2%
Fibromyalgia	23	6%
Foot problems	4	1%
Gastrointestinal problems (Irritable Bowel Syndrome)	2	1%
Heart problems	6	2%
Hepatitis	21	5%
HIV	2	1%
Organ problems (kidney, pancreas, gall bladder, cirrhosis)	6	2%
Knee problems/pain (dysplasia)	4	1%
Lung disease (including sarcoidosis, tuberculosis)	5	1%
Muscle problems (myotonia)	1	<1%
Nerve problems/pain (sciatica)	9	2%
Sleep disorders (insomnia, apnea)	3	1%
Neuropathy (carpal tunnel)	3	1%
Osteoarthritis/spondylosis	3	1%
Spine disorders	5	1%
Stomach problems	2	1%
Oral health problems (gum disease, teeth)	2	1%
Traumatic brain injury (TBI)	7	2%
Ulcers	3	1%
Extremities (leg, wrist, ankle)	3	1%
Unidentifiable (BSS,poly)	2	1%
Lack of post-natal medical care	1	<1%
Unspecified	1	<1%

---

**A15c. Mental health diagnosis at intake (N=1,081)**

<b>Currently have a mental health diagnosis?</b>	<b>N</b>	<b>%</b>
Yes	804	74%
No	252	23%
Unknown	25	2%

---

**A15d. Types of mental health diagnoses at intake (N=804)**

<b>Type of disorder (of clients with a diagnosis)</b>	<b>N</b>	<b>%</b>
Anxiety disorder	597	74%
Depressive disorder	591	74%
Bipolar disorder/manic depression	225	28%
Personality disorder	132	16%
Attention deficit and disruptive behavior disorder	127	16%
Schizophrenia/other psychotic disorder	25	3%
Other mental health diagnosis	27	3%
Unknown mental diagnosis	6	1%

**Note.** Other mental health diagnoses include: Adjustment disorder (1); Anger/hostility/oppositional defiance(5); Eating (1); Attachment (3); Sleep disorder (5); Emotional behavioral (1); Cognitive (1); Learning disability (2); Head trauma /TBI (2); Memory loss (1); Mood disorder (5).

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

---

**A15e. FASD diagnosis at intake (N=1,081)**

<b>Diagnosed with FASD</b>	<b>N</b>	<b>%</b>
Yes	12	1%
No	773	72%
Unknown	296	27%

---

**A15f. TBI diagnosis at intake (N=1,081)**

<b>Diagnosed with a TBI</b>	<b>N</b>	<b>%</b>
Yes	42	4%
No	717	66%
Unknown	322	30%

---

**A15g. PTSD diagnosis at intake (N=1,081)**

<b>Diagnosed with PTSD</b>	<b>N</b>	<b>%</b>
Yes	224	21%
No	536	50%
Unknown	321	30%

---

**A16. Intimate partner violence at intake (N=1,081)**

<b>Currently involved in an abusive relationship</b>	<b>N</b>	<b>%</b>
Yes	75	7%
No	973	90%
Unknown	33	3%

---

**A17. Medical insurance at intake (N=1,081)**

<b>Medical or insurance coverage</b>	<b>N</b>	<b>%</b>
Yes, public insurance (MA, PMAP, MNCare, etc.)	921	85%
Yes, private insurance	38	4%
No	108	10%
Unknown	14	1%

---

**A18. Primary physician or clinic at intake (N=1,081)**

<b>Primary care physician or clinic</b>	<b>N</b>	<b>%</b>
Yes, physician only	42	4%
Yes, clinic only	218	20%
Yes, both physician and clinic	579	54%
No, neither	224	21%
Unknown	18	2%

---

**A19. Poverty status at intake (N=1,081)**

<b>Income at or below Federal Poverty Guidelines</b>	<b>N</b>	<b>%</b>
Yes	1001	93%
No	64	6%
Unknown	16	1%

---

**A20. Connections to community resources at intake (N=1,081)**

<b>Program name</b>	<b>N</b>	<b>%</b>
MFIP cash assistance	325	30%
WIC	220	20%
Food Support (SNAP)/food stamps	535	49%
General assistance	187	17%
Subsidized housing	90	8%
Child care assistance	22	2%
Child support	89	8%
Social Security (regular retirement program)	6	1%
SSI/SSDI	103	10%
Unemployment benefits	14	1%
Veterans benefits	0	0%
Tribal per capita payments	36	3%
Tribal lease payment	2	<1%
None of these benefits	236	22%

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

---

**A21. Child protection involvement at intake (N=1,081)**

<b>Currently involved with child protection</b>	<b>N</b>	<b>%</b>
Yes	417	39%
No	656	61%
Unknown	8	1%

---

**A22a. Criminal justice system involvement at intake (N=1,081)**

<b>Currently involved with the criminal justice system</b>	<b>N</b>	<b>%</b>
Yes	548	51%
No	520	48%
Unknown	13	1%

---

**A22b. Criminal justice system arrests at intake (N=1,081)**

<b>Arrested in the past 30 days</b>	<b>N</b>	<b>%</b>
Yes	134	12%
No	940	87%
Unknown	7	1%

---

**A23a. Pregnancy status at intake (N=1,081)**

<b>Currently pregnant</b>	<b>N</b>	<b>%</b>
Yes	277	26%
No	801	74%
Unknown	3	<1%

---

**A23b. First pregnancy for clients pregnant at intake (N=277)**

<b>First pregnancy</b>	<b>N</b>	<b>%</b>
Yes	58	21%
No	218	79%
Unknown	1	<1%

---

**A23c. Trimester of pregnancy for clients pregnant at intake (N=277)**

<b>Pregnancy trimester</b>	<b>N</b>	<b>%</b>
1-3 months	75	27%
4-6 months	114	41%
7-9 months	87	31%
Unknown	1	<1%

---

**A24a. Race and ethnicity of children at intake (N=1,935)**

<b>Race</b>	<b>N</b>	<b>%</b>
African American/Black	246	13%
American Indian/Alaskan Native	302	16%
Asian American	15	1%
White	686	36%
Biracial/Multiracial	277	14%
Other	31	2%
Unknown	378	20%

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

---

**A24b. Race and ethnicity of children at intake (N=1,935)**

<b>Ethnicity</b>	<b>N</b>	<b>%</b>
Hispanic origin	162	8%
Non-Hispanic origin	1,371	71%
Hispanic ethnicity unknown	402	21%

---

**25. Age of children at intake (N=1,935)**

<b>Age Category</b>	<b>N</b>	<b>%</b>
Under age 2	323	17%
Age 2 to under 5	487	25%
Age 5 to under 12	728	38%
Age 12 to under 18	304	16%
Unknown	76	4%
~Adult	17	1%

---

**A26. Gender of children at intake (N=1,935)**

<b>Sex</b>	<b>N</b>	<b>%</b>
Male	959	50%
Female	946	49%
Unknown	30	2%

---

**A27a. Children's living arrangements at intake (N=1,935)**

<b>Where/with whom is child living at intake</b>	<b>N</b>	<b>%</b>
Mom	661	34%
Dad	248	13%
Both parents	2	<1%
Other family/friend	456	24%
Non-kinship setting (foster care)	212	11%
Other	17	1%
Unknown	339	18%

---

**A27b. Children's connection to father at intake (N=1,935)**

<b>Contact with father at intake</b>	<b>N</b>	<b>%</b>
Yes	1,230	64%
No	629	33%
Unknown	76	4%

---

**A28a. Children's FASD diagnosis at intake (N=1,935)**

<b>Child has FASD diagnosis at intake</b>	<b>N</b>	<b>%</b>
Yes	11	1%
No	1,391	72%
Unknown	533	28%

---

**A28b. Children's mental health services at intake (N=1,935)**

<b>Child receiving mental health services at intake</b>	<b>N</b>	<b>%</b>
Yes	262	14%
No	1,147	59%
Unknown	526	27%



---

**A28c. Children's immunization status at intake (N=1,935)**

<b>Child is current on immunizations at intake</b>	<b>N</b>	<b>%</b>
Yes	1,380	71%
No	32	2%
Unknown	523	27%

---

**A28d. Children's medical insurance coverage at intake (N=1,935)**

<b>Coverage</b>	<b>N</b>	<b>%</b>
Yes, public insurance (MA, MNCare)	1,280	66%
Yes, private insurance	90	5%
No	42	2%
Unknown	523	27%

---

**A29. Children's health information by mother at intake (N=1,081)**

<b>Health status</b>	<b>N</b>	<b>%</b>
Mother with a child with FASD	11	1%
Mother with a child with past due immunizations	23	2%
Mother with a child receiving mental health services	164	15%

---

**A30. Tobacco use at intake (N=1,081)**

	<b>N</b>	<b>%</b>
Yes	866	80%
No	204	19%
Unknown	11	1%

---

**A31a. Clients who have used alcohol or other drugs in the 30 days prior to intake, excluding forced sobriety (N=1,081)**

<b>Recent alcohol or other drug use</b>	<b>N</b>	<b>%</b>
Yes	645	60%
No	426	39%
Unknown	10	1%

---

**A31b. Substances used by clients in the 30 days prior to intake, excluding forced sobriety (N=645)**

<b>Substance used (of clients who used 30 days prior to intake)</b>	<b>N</b>	<b>%</b>
Alcohol	312	48%
Marijuana/Hashish	309	48%
Methamphetamines	229	36%
Heroin	95	15%
Other opiates/synthetics	71	11%
Cocaine powder	55	9%
Crack	32	5%
Other amphetamines	20	3%
Benzodiazepines	17	3%
Non-prescription methadone	12	2%
Ecstasy/other club drugs	9	1%
Over-the-counter medications (misuse)	7	1%
Inhalants	3	<1%
Other hallucinogens/psychedelics	2	<1%
Other stimulants	2	<1%
Barbiturates	2	<1%
Other sedatives/hypnotics	2	<1%
PCP	0	0%
Other tranquilizers	0	0%
Ketamine	0	0%
Other drugs	35	5%

**Note.** Other drugs include: Prescription drug misuse (20); Synthetics (1); Synthetic marijuana/K2 (13); Adderall (1); Bath salts (1)

---

**A31c. Duration of sobriety at intake, among clients who had not used substances in the 30 days prior to intake (N=395)**

<b>Program name</b>	<b>N</b>
Total days sober (minimum)	30
Total days sober (maximum)	1,095
Total days sober (average)	127

**Note.** Two clients are excluded from these calculations due to their extremely long, and unrepresentative, periods of sobriety at intake (18 years and 8.4 years).

---

**A32a. Primary drug of choice at intake (N=1,081)**

<b>Primary drug of choice</b>	<b>N</b>	<b>%</b>
Methamphetamines	293	27%
Alcohol	252	23%
Marijuana/Hashish	216	20%
Heroin	128	12%
Other opiates/synthetics	80	7%
Crack	58	5%
Cocaine powder	13	1%
Non-prescription methadone	7	1%
Over-the-counter medications (misuse)	6	1%
Other amphetamines	5	1%
Benzodiazepines	3	<1%
Inhalants	1	<1%
Other hallucinogens/psychedelics	1	<1%
Other sedatives/hypnotics	1	<1%
Other	16	1%
Unknown	8	1%

**Note.** Other primary drugs include: Prescription drug misuse (14); Bath salts (1); Sugar (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=1,081)**

<b>Secondary drug of choice</b>	<b>N</b>	<b>%</b>
None	265	25%
Marijuana/Hashish	215	20%
Alcohol	209	19%
Methamphetamines	98	9%
Other opiates/synthetics	54	5%
Crack	45	4%
Heroin	33	3%
Cocaine powder	24	2%
Benzodiazepines	16	1%
Other amphetamines	7	1%
Non-prescription methadone	3	<1%
Over-the-counter medications (misuse)	3	<1%

---

**A32b. Secondary drug of choice at intake (N=1,081) continued**

Secondary drug of choice	N	%
Ecstasy/other club drugs	1	<1%
Inhalants	1	<1%
Other hallucinogens/psychedelics	1	<1%
Other sedatives/hypnotics	1	<1%
Other	31	3%
Unknown	74	7%

**Note.** Other secondary drugs include: Prescription drug misuse (25); Synthetic marijuana/K2 (4); Suboxone (1); Florcet (1)  
Total is greater than the overall N, due to some 'Other' responses including more than one drug

---

**A33a. Treatment status at intake (N=1,081)**

Currently in CD treatment	N	%
Yes	860	80%
No	220	20%
Unknown	1	<1%

---

**A33b. Treatment status at intake (N=860)**

Type of treatment setting	N	%
Inpatient/residential	374	44%
Outpatient	178	21%
Outpatient with housing	302	35%
Unknown	6	1%

---

**A33c. Treatment status at intake (N=825)**

Number of times in CD treatment	N	%
1-2 prior episodes	399	48%
3-4 prior episodes	231	28%
5 or more prior episodes	195	24%

---

**A34. Mothers living with children in treatment at intake (N=860)**

Type of treatment setting	Number of mothers living with their children in treatment	Percentage of mothers living with their children in treatment	Number of children living with mothers
Inpatient/residential	78	9%	117
Outpatient with housing	89	10%	127
<b>Total</b>	<b>167</b>	<b>19%</b>	<b>244</b>

---

**A35. Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) at intake (N=1,081)**

Participating in AA or NA	N	%
Yes	550	51%
No	514	48%
Unknown	17	2%

---

**A36. Participation in other recovery support activities at intake (N=1,081)**

Recovery support activities	N	%
Support group in this program	425	39%
Support group in the community	331	31%
Faith-based/religious group	161	15%
Aftercare	10	1%
Support from family and friends	392	36%
Al-Anon	21	2%
Other recovery support activity	71	7%
Unknown recovery support activity	28	3%

**Note.** Other recovery support activities include: Therapy/therapists (10); Classes (3); Spiritual (3); Counseling (5); Treatment, including outpatient treatment (3); Group (7); NA/AA (6); Drug court (3); Support from friends-family-workers-staff-mentors (8); Sponsors (5); Parenting (4); Recovery Support/relapse prevention (2); School (3); Leisure- music, writing, drawing, getting out (3); Self (1); Sober environment (2); Probation (1); Unknown (1); No support (1)

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

---

**A37a. Pregnancy outcomes during year two (N=149)**

	Number
# of live births, child living	149
# of live births, child died	0

---

**A37b. Clients receiving prenatal care during year two (N=149)**

Client received prenatal care	Number	%
Yes	148	99%
No	0	0%
Unknown	1	1%

---

**A38a. Race of babies born during year two (N=149)**

Race	Number	%
African American/Black	32	22%
American Indian/Alaskan Native	17	11%
Asian American	6	4%
White	59	40%
Biracial/Multiracial	29	20%
Other	3	2%
Unknown	3	2%

**Note.** Other races include: Pacific Islander (1); Unknown (2)

---

**A38b. Ethnicity of babies born during year two (N=149)**

Ethnicity	Number	%
Hispanic origin	10	7%
Non-Hispanic origin	135	91%
Hispanic ethnicity unknown	4	3%

---

**A39a. Birth weight of babies at delivery in year two (N=149)**

Birth weight	Number	%
Low birth weight (<5lb-8 ounces)	11	7%
Normal birth weight	133	89%
Unknown	5	3%

---

**A39b. Babies born full-term during year two (N=149)**

<b>Baby was born full-term</b>	<b>Number</b>	<b>%</b>
Yes	140	94%
No	9	6%

---

**A39c. Pregnancy duration of premature babies (N=9)**

<b>Length of pregnancy</b>	<b>Number</b>	<b>%</b>
32-36 weeks	8	89%
26-31 weeks	1	11%

---

**A39d. Babies who spent time in intensive care (N=149)**

<b>Baby spent time in intensive care (NICU)</b>	<b>Number</b>	<b>%</b>
Yes	32	22%
No	117	79%

---

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

<b>Number of days</b>	<b>Number</b>
Minimum number of days in NICU to date	1
Maximum number of days in NICU to date	60
Average number of days in NICU to date	9.8

---

**A39f. Mother's toxicology results (N=149)**

	<b>Number</b>	<b>%</b>
Positive toxicology	25	17%
Negative toxicology	114	77%
Not tested	8	5%
Unknown	2	1%

---

**A39g. Mother's positive toxicology results (N=26)**

<b>Name of drug</b>	<b>Number</b>	<b>%</b>
Marijuana/hashish	16	62%
Medication taken as directed	6	23%
Cocaine powder	2	8%
Crack	2	8%
Methamphetamines	2	8%
Alcohol	1	4%
Benzodiazepines	1	4%

---

**A40a. Baby's toxicology results (N=153)**

	<b>Number</b>	<b>%</b>
Positive toxicology	26	17%
Negative toxicology	111	73%
Not tested	11	7%
Unknown	5	3%

---

**A40b. Baby's positive toxicology results (N=26)**

<b>Name of drug</b>	<b>Number</b>	<b>%</b>
Marijuana/hashish	16	62%
Cocaine powder	3	12%
Medication taken as directed	5	19%
Methamphetamines	2	8%
Alcohol	1	4%
Crack	1	4%
Other opiates/synthetics	1	4%
PCP	1	4%

---

**A41. Placement at birth for babies born to mothers served during year two (N=149)**

<b>Baby placed outside of home following birth</b>	<b>Number</b>	<b>%</b>
Yes	18	12%
No	129	87%
Unknown	2	1%



---

## A42a. Financial support

Type of support	Number	June - November 2012		Number	December 2012 - May 2013	
		Total amount	Average amount per client receiving support		Total amount	Average amount per client receiving support
Housing	25	\$6,287	\$691.67	44	\$16,777	\$2,720.22
Child care	50	\$30,883	\$2,494.19	60	\$33,214	\$2,130.44
Transportation	405	\$28,203	\$575.69	403	\$26,172	\$1,327.34
Emergency needs	271	\$15,696	\$499.86	370	\$19,833	\$862.12
Other	155	\$8,342	\$205.34	164	\$6,933	\$146.00
<b>Total</b>	<b>1,059</b>	<b>\$123,881</b>	<b>\$5,254.00</b>	<b>1,196</b>	<b>\$149,603</b>	<b>\$7,519.47</b>

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

---

## A42b. Descriptions of financial support use by type

### Housing

Rent (including transitional housing, subsidy)

Security deposit

Application fees

Background check fees

Utilities

No assistance

### Child care

Assistance with child care bills (daycare)

Scheduled appointments (including meetings)

No assistance

### Transportation

Gas vouchers

Bus tokens/passes

Taxi service

Transportation unspecified (for appointments and general needs)

Upkeep of vehicles (including insurance)

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

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Personal needs (clothing, hygiene needs, medications, laundry)

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Children/baby needs (clothing, diapers)

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Food/groceries

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Bus tokens

---

Utility bills

---

Household supplies (apartment needs, mattresses)

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Hotel

---

Gift cards (Cub Foods, Target)

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Phones/phone minutes

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Petty cash

---

Car needs (repairs, insurance)

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Moving costs**Other supports**

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Gift cards/coupons/incentives

---

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

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Personal needs (clothing, hygiene needs, medications)

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Food

---

Identification cards

---

Education assistance

---

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

---

Car needs (repairs, insurance)

---

Movers/storage

**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 two (N=637)**

Length of program participation	Number
Minimum number of months enrolled	0
Maximum number of months enrolled	34
Average number of months enrolled	5.3

**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=121)**

Length of program participation	Number
Minimum number of months enrolled	6
Maximum number of months enrolled	34
Average number of months enrolled	10.0

**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=628)**

Length of program participation	Number
Minimum number of months enrolled	<1
Maximum number of months enrolled	20
Average number of months enrolled	4.2

**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=749)**

Client "doing well" at program exit	Number	%
Yes, client was doing well	425	57%
No, client was not doing well	322	43%
Unknown	2	<1%

---

**A45b. Reason clients were not doing well at closing (N=322)**

Reason client was "not doing well"	Number	%
Client not compliant with program requirements	227	70%
Client was not engaged in carrying out case plan goals	215	66%
Client disappeared/could not be reached	99	31%
Client was actively using substances	97	30%
Client in crisis/experiencing traumatic life event (homelessness, domestic violence)	33	10%
Other	0	0%

---

**A46. DHS program criteria met at closing (N=749)**

Criteria for closing	Number	%
Developed care and treatment plans with staff	498	66%
Abstinent from drugs and alcohol at exit	477	64%
Completed evidence-based parenting curriculum	368	49%
Enrolled for a minimum of six months	236	32%
Met all above program criteria	121	16%
Met all above program criteria AND doing well	115	15%
Client met none of the above criteria at exit	104	14%

**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=749)**

	Number	%
Yes, to another agency funded by Women's Recovery Services	19	3%
Yes, to another program that provides recovery-related case management services not funded by the grant	272	36%
No, not receiving recovery related case management services after closing	403	54%
Unknown	55	7%

---

**A50a. School or career training at intake (N=749)**

	Number	Percent
Yes	40	5%
No	693	93%
Unknown	16	2%

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

---

**A50b. School or career training at closing (N=749)**

	Number	Percent
Yes	71	10%
No	654	87%
Unknown	24	3%

---

**A50c. Education status at closing (N=749)**

Status	Number	Percent
Completed GED or received high school diploma	5	1%
Completed additional education after high school	15	2%
Completed vocational/job training	15	2%
Obtained or reactivated a vocational license or certificate	4	1%
No education achievements	687	92%
Unknown schooling	16	2%

---

**A51a. Employment status at intake (N=749)**

	Number	Percent
Employed full time or part time	82	11%
Unable to work/disabled	67	9%
Unemployed – looking for work	152	20%
Unemployed – not looking for work	422	56%
Other	15	2%
Unknown	11	1%

**Note.** Other employment at intake includes: Unknown (11)

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

---

**A51b. Employment status at closing (N=749)**

	Number	Percent
Employed full time or part time	109	15%
Unable to work/disabled	55	7%
Unemployed – looking for work	142	19%
Unemployed – not looking for work	416	56%
Other	5	1%
Unknown	22	3%

**Note.** Other employment at closing includes: Employed, but on leave (2); Incarcerated (1); Needs child care assistance (1); Unknown (1)

---

**A52a. Living arrangements at intake (N=749)**

	Number	Percent
In relative or friend's home	268	36%
In own house or apartment	228	30%
Correctional facility	70	9%
No home at present and not in a shelter	61	8%
A shelter or motel (using a voucher)	44	6%
Transitional housing and/or group residential housing	10	1%
Sober house/halfway house	9	1%
Permanent supportive housing	2	<1%
Other	54	7%
Unknown	3	<1%

**Note.** Other living arrangements at intake include: Outside: abandoned buildings, vehicles (3); Adult foster care (1); Residential treatment /in-patient treatment (44); Hotel/motel voucher use unknown, no use with one (6); Hospital (1)

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

---

**A52b. Living arrangements at closing (N=749)**

	Number	Percent
In own house or apartment	268	36%
In relative or friend's home	198	26%
Permanent supportive housing	47	6%
No home at present and not in a shelter	35	5%
Correctional facility	35	5%
Transitional housing and/or group residential housing	34	5%
Treatment	27	4%
Sober house/halfway house	22	3%
A shelter or motel (using a voucher)	14	2%
Other	3	<1%
Unknown	67	9%

**Note.** Other living arrangements at closing include: Foster care – adult & family (3); Residential treatment facility (1)

---

**A52c. Living arrangements supportive to recovery at intake (N=749)**

	Number	Percent
Yes	428	57%
No	312	42%
Unknown	9	1%

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

---

**A52d. Living arrangements supportive to recovery at closing (N=749)**

	Number	Percent
Yes	498	67%
No	151	20%
Unknown	100	13%

---

**A52e. Living arrangements stable at intake (N=749)**

	Number	Percent
Yes	375	50%
No	367	49%
Unknown	7	1%

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

---

**A52f. Living arrangements stable at closing (N=749)**

	Number	Percent
Yes	473	63%
No	199	27%
Unknown	77	10%

**Note.** Results are based upon clients who closed during year two and had a matched intake and closing form.

---

**A52g. Length of time living at location at closing (N=749)**

	Number	Percent
Less than 6 months	456	61%
6 months to less than one year	130	17%
1 year or more	117	16%
Unknown	46	6%

---

**A52h. Number of days lived at current location, if less than six months (N=456)**

	Number
Minimum number of days in current location	0
Maximum number of days in current location	180
Average number of days in current location	30

---

**A53. Clients with mental health diagnoses at closing (N=749)**

	Number	Percent
# of clients with new mental health diagnoses	210	28%
# of clients with no new mental health diagnoses	539	72%

---

**A54a. Mental health diagnoses at intake (N=749)**

Type of diagnosis	Number	Percent
Depressive disorder	411	55%
Bipolar disorder/manic depression	157	21%
Anxiety disorder	421	56%
Attention deficit and disruptive behavior disorder	87	12%
Personality disorder	90	12%
Schizophrenia or other psychotic disorder	17	2%
Other mental health diagnosis	19	3%
Unknown mental health diagnosis	4	1%

**Note.** Other mental health diagnoses at intake include: Adjustment disorder with depressed mood (1); Anger/hostility (3); Emotional-Behavioral (1); Eating disorder (1); Head trauma (1); Sleep disorder (insomnia) (4); Memory loss; (1); Mood disorder (3); Reactive attachment disorder (2); Scythomania (1); Borderline intellectual functioning (1)

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



---

**A54b. Mental health diagnoses at closing (N=749)**

Type of diagnosis	Number	Percent
Depressive disorder	420	56%
Bipolar disorder/manic depression	124	17%
Anxiety disorder	411	55%
Attention deficit and disruptive behavior disorder	98	13%
Personality disorder	106	14%
Schizophrenia or other psychotic disorder	15	2%
Other mental health diagnosis	50	7%
Unknown mental health diagnosis	15	2%

**Note.** Other mental health diagnoses at closing include: Adjustment disorder (38); Eating disorder (4); Developmental disability (2); Anger/hostility (1); Mood disorder (3); Reactive attachment disorder (1); Unknown (1)

---

**A54c. Mental health diagnoses at either intake or closing (N=749)**

Type of diagnosis	Number	Percent
Depressive disorder	487	65%
Bipolar disorder/manic depression	172	23%
Anxiety disorder	457	61%
Attention deficit and disruptive behavior disorder	107	14%
Personality disorder	123	16%
Schizophrenia	20	3%
Other mental health diagnosis	122	16%
Unknown mental health diagnosis	19	3%

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

---

**A54d. Connection to mental health services at closing (N=749)**

Client connection to mental health services	Number	Percent
Yes, client is currently receiving mental health services	388	52%
No, but client is connected to a specific clinic/therapist she can contact if services are needed	168	22%
No, client needs mental health services but is not connected to specific clinic/therapist	93	12%
Not applicable, client does not need mental health services	36	5%
Unknown	64	9%

---

**A55a. Confirmed Fetal Alcohol Syndrome Disorder (FASD) diagnosis at closing (N=749)**

<b>FASD confirmed</b>	<b>Number</b>	<b>Percent</b>
Yes, client was diagnosed before entering the program	4	1%
Yes, the client was diagnosed while enrolled in the program	3	<1%
No, client does not have a FASD diagnosis	686	92%
Unknown	56	8%

---

**A55b. Presumed Fetal Alcohol Syndrome Disorder (FASD) diagnosis at closing (N=749)**

<b>FASD presumed</b>	<b>Number</b>	<b>Percent</b>
Yes	25	3%
No	487	65%
Unknown	237	32%

---

**A55c. Traumatic brain injury (TBI) diagnosis at closing (N=749)**

<b>Diagnosed with TBI</b>	<b>Number</b>	<b>Percent</b>
Yes, the client was diagnosed before entering the program	32	4%
Yes, the client was diagnosed while enrolled in the program	2	<1%
No, client has never received a TBI diagnosis	637	85%
Unknown	78	10%

---

**A55d. Post-traumatic stress disorder (PTSD) diagnosis at closing (N=749)**

<b>Diagnosed with PTSD</b>	<b>Number</b>	<b>Percent</b>
Yes, the client was diagnosed before entering the program	169	23%
Yes, the client was diagnosed while enrolled in the program	45	6%
No, client has never received a PTSD diagnosis	456	61%
Unknown	79	11%

---

**A56a. Abusive relationship involvement at intake (N=749)**

	Number	Percent
Yes	53	7%
No	670	90%
Unknown	26	4%

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

---

**A56b. Abusive relationship involvement at closing (N=749)**

	Number	Percent
Yes	51	7%
No	602	80%
Unknown	96	13%

---

**A57a. Medical or insurance coverage at intake (N=749)**

	Number	Percent
Yes, public insurance (MA, PMAP, MNCare, etc.)	641	86%
Yes, private insurance	26	4%
No	71	10%
Unknown	11	1%

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

---

**A57b. Medical or insurance coverage at closing (N=749)**

	Number	Percent
Yes, public insurance (MA, PMAP, MNCare, etc.)	698	93%
Yes, private insurance	10	1%
No	7	1%
Unknown	34	5%

---

**A58a. Primary care physician or clinic at intake (N=749)**

	Number	Percent
Yes, physician only	37	5%
Yes, clinic only	152	20%
Yes, both physician and clinic	399	53%
No, neither	146	20%
Unknown	15	2%

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

---

**A58b. Primary care physician or clinic at closing (N=749)**

	Number	Percent
Yes, physician only	23	3%
Yes, clinic only	93	12%
Yes, both physician and clinic	538	72%
No, neither	50	7%
Unknown	45	6%

---

**A59a. Child protection involvement at intake (N=749)**

	Number	Percent
Yes	306	41%
No	438	59%
Unknown	5	1%

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

---

**A59b. Child protection involvement at closing (N=749)**

	Number	Percent
Yes	256	34%
No	432	58%
Unknown	61	8%

---

**A60a. Criminal justice system involvement at intake (N=749)**

	Number	Percent
Yes	379	51%
No	363	49%
Unknown	7	1%

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

---

**A60b. Criminal justice system involvement at closing (N=749)**

	Number	Percent
Yes	367	49%
No	357	48%
Unknown	25	3%

---

**A60c. Arrested in the 30 days prior to intake (N=749)**

	Number	Percent
Yes	95	13%
No	650	87%
Unknown	4	1%

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

---

**A60d. Arrested in the 30 days prior to closing (N=749)**

	Number	Percent
Yes	48	6%
No	647	86%
Unknown	54	7%

---

**A61. Custody status of child at closing (N=1,388)**

	Number	Percent
Child reunified with mom (after a formal placement) (N=945)	75	8%*
Child in formal out of home placement – still in placement at closing	64	7%
Termination of parent rights (TPR)	13	1%
Transfer of legal custody	25	2%
Involved with Child Protection but no change in custody	191	14%
No Child Protection involvement while in program	418	30%
None of these	87	6%
Unknown	515	37%

\* 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 37 percent of children, the percentage of children reunified is likely an underestimation.

---

**A62a. Living arrangements of child at intake (N=1,388)**

Child lives with	Number	Percent
Mom	475	34%
Dad	143	10%
Both parents	2	<1%
Other family/friend	311	22%
Non-kinship setting (foster care)	150	11%
Other	12	1%
Unknown	295	21%

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

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

---

**A62b. Living arrangements of child at closing (N=1,388)**

Child lives with	Number	Percent
Mom	336	24%
Dad	108	8%
Both parents	27	2%
Other family/friend	252	18%
Non-kinship setting (foster care)	117	8%
Other	9	1%
Unknown	539	39%

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

---

**A63a. Children immunized at intake (N=1,532)**

Child current on immunizations	Number	Percent
Yes	958	63%
No	21	1%
Unknown	553	36%

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

---

**A63b. Children immunized at closing (N=1,532)**

Child current on immunizations	Number	Percent
Yes	992	65%
No	11	1%
Unknown	529	34%

---

**A64a. Children receiving mental health services at intake (N=1,388)**

Child receiving mental health services	Number	Percent
Yes	160	12%
No	783	56%
Unknown	445	32%

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

---

**A64b. Children receiving mental health services at closing (N=1,388)**

Child receiving mental health services	Number	Percent
Yes	143	10%
No	751	54%
Unknown	494	36%

---

**A65a. Children's medical insurance at intake (N=1,388)**

Child's medical insurance status	Number	Percent
Yes, public insurance (MA, MNCare)	864	62%
Yes, private insurance	55	4%
No	28	2%
Unknown	441	32%

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

---

**A65b. Children's medical insurance at closing (N=1,388)**

<b>Child's medical insurance status</b>	<b>Number</b>	<b>Percent</b>
Yes, public insurance (MA, MNCare)	857	62%
Yes, private insurance	39	3%
No	11	1%
Unknown	481	35%

---

**A66. Children diagnosed with FASD at closing (N=1,532)**

<b>FASD diagnosis</b>	<b>Number</b>	<b>Percent</b>
Yes, before entering the program	2	<1%
Yes, while in the program	5	<1%
No	992	65%
Unknown	533	35%

---

**A67. Children's participation in evidence-based children's program at closing (N=1,388)**

<b>Children's program participation</b>	<b>Number</b>	<b>Percent</b>
Yes, full completion	135	10%
Yes, partial completion	79	6%
No, client did not participate	577	42%
Unknown	597	43%

---

**A68. Change in mother's contact with her children at closing (N=749)**

<b>Change in level of contact</b>	<b>Number</b>	<b>Percent</b>
Contact has increased	236	32%
No change in contact	368	49%
Contact has decreased	52	7%
Change in level of contact Unknown	93	12%



---

**A69a. Recent alcohol or other drug use at intake (N=749)**

Substance use in 30 days prior to intake	Number	Percent
Yes	462	62%
No	282	38%
Unknown	5	1%

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

---

**A69b. Recent alcohol or other drug use at closing (N=749)**

Substance use in 30 days prior to closing	Number	Percent
Yes	183	24%
No	477	64%
Unknown	89	12%

---

**A69c. Substances used at closing (N=183)**

Type of substance	Number	Percent
Alcohol	60	33%
Marijuana/hashish	54	30%
Methamphetamines	35	19%
Other opiates/synthetics	33	18%
Benzodiazepines	17	9%
Heroin	13	7%
Cocaine powder	11	6%
Crack	11	6%
Other amphetamines	9	5%
Over-the-counter medications (misuse)	4	2%
Other stimulants	1	1%
Barbiturates	1	1%
Non-prescription methadone	0	0%
PCP	0	0%
Other hallucinogens/psychedelics	0	0%
Other tranquilizers	0	0%
Other sedatives/hypnotics	0	0%

**Note.** Other substances used include: Synthetic marijuana (2); Prescription drug misuse (4); Refused drug test (2)

---

**A69c. Substances used at closing (N=183) continued**

Type of substance	Number	Percent
Ketamine	0	0%
Ecstasy/other club drugs	0	0%
Inhalants	0	0%
Other drugs	8	4%
Unknown drugs	4	2%

**Note.** Other substances used include: Synthetic marijuana (2); Prescription drug misuse (4); Refused drug test (2)

---

**A70a. Length of sobriety at intake (N=258)**

	Number
Minimum number of days sober	30
Maximum number of days sober	1,095
Average number of days sober	117

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

---

**A70b. Length of sobriety at closing (N=456)**

	Number
Minimum number of days sober	30
Maximum number of days sober	1,134
Average number of days sober	198

---

**A71. Change in alcohol and drug use from entry to closing (staff report)  
(N=749)**

	Number	Percent
Increased use: using drugs/alcohol more	23	3%
No change in use: using drugs/alcohol at the same level	26	4%
No change in use: not using drugs/alcohol at either entry or closing	134	18%
Decreased use: still using drugs/alcohol but using less	111	15%
Decreased use: not using drugs/alcohol at all	367	49%
Drug/alcohol use Unknown	88	12%

---

**A72a. Tobacco use at intake (N=749)**

Using tobacco	Number	Percent
Yes	588	79%
No	155	21%
Unknown	6	1%

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

---

**A72b. Tobacco use at closing (N=749)**

Using tobacco	Number	Percent
Yes	581	78%
No	120	16%
Unknown	48	6%

---

**A73. Change in tobacco use at closing compared to intake (staff report) (N=749)**

	Number	Percent
Increased use: using tobacco more	7	1%
No change in use: using tobacco at the same level	504	67%
No change in use: not using tobacco at either entry or closing	100	13%
Decreased use: still using tobacco but using less	55	7%
Decreased use: not using tobacco at all	29	4%
Tobacco use Unknown	54	7%

---

**A74a. Treatment participation at closing (N=603)**

Treatment status while in program	Number	Percent
Left/completed this episode of treatment and did not re-enter treatment while in program	279	46%
Left/completed this episode of treatment and did re-enter treatment while in the program	41	7%
Remained in treatment throughout the program (same treatment episode)	272	45%
Unknown	11	2%

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

---

**A74b. Clients entering treatment while in the program (N=141)**

Client entered treatment while in the program	Number	Percent
Yes	55	39%
No	82	58%
Unknown	4	3%

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

---

**A74c. Client prior treatment episodes (N=749)**

	Number
Minimum number of prior treatment episodes	1
Maximum number of prior treatment episodes	4
Average number of treatment episodes	1.1

---

**A75. Settings for most recent treatment episode (N=530)**

Type of setting	Number	Percent
Outpatient	91	17%
Outpatient with housing	208	39%
Inpatient/residential	228	43%
Unknown	3	1%

---

**A76. Children living with mother in setting of most recent treatment episode**

Type of setting	Number of clients in this type of treatment setting (N=184)	Percent of clients in this type of treatment setting	Number of children living with client in this treatment setting (N=286)	Percent of children living with client in this treatment setting
Outpatient	2	1%	4	1%
Outpatient with housing	87	47%	149	52%
Inpatient/residential	95	52%	133	47%

---

**A77. Client's treatment status at closing (N=667)**

	Number	Percent
Successfully completed Rule 31 treatment	311	47%
Left treatment without staff approval/non-compliant	157	24%
Still currently in treatment	22	3%
Other	74	11%
Unknown	103	15%

**Note.** Other treatment support includes: Primary treatment completed (1); AA-NA groups (1); Outpatient care (2); Transferred – to other treatment care programs or facilities, jail, Rule 25 (17); Discharged/terminated (35); Client left (2); Client not in treatment (17); Incarcerated (6); Faith support (1); Quit on own (2); Referred –other program, Rule 25 (3); Aftercare (1); Supportive housing (1)

---

**A78a. Medication-assisted chemical health treatment (MAT) while in program (N=749)**

Received medication assisted treatment (MAT)	Number	Percent
Yes	73	10%
No	665	89%
Unknown	11	2%

---

**A78b. Type of medication-assisted chemical health treatment received (N=73)**

Type of medication assisted treatment	Number	Percent
Antabuse	1	1%
Methadone	44	60%
Suboxone	27	37%
Unknown	2	3%

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

---

**A79. Detox while in the program (N=749)**

Client was in detox	Number	Percent
Yes	20	3%
No	711	95%
Unknown	18	2%

---

**A80. Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) participation at closing (N=749)**

Participated in AA or NA	Number	Percent
Yes	570	76%
No	108	14%
Unknown	71	10%

---

**A81. Participation in other recovery support activities at closing (N=749)**

Type of activity	Number	Percent
Support group in this program	496	66%
Support group in the community	372	50%
Faith-based/religious group	137	18%
Support from family and friends	336	45%
Al-anon	24	3%
Other recovery support activity	30	4%
Unknown recovery support activity	46	6%

**Note.** Other recovery support activities include: Mental health counseling (2); hospital/clinic (2); Treatment (1); Self-help groups (9); Cultural/spiritual groups (2); Drug court (4); Incarceration (1); Coaching – life, recovery (2); Human Services (1); Sponsor (1); Staff support (1); Job training program (1); N/A (1); DBT (2)

---

**A82a. Participation in evidence-based parenting education while in program (N=749)**

Client participation	Number	Percent
Yes, and she completed the full program	368	49%
Yes, but she did not complete the program	251	34%
No	118	16%
Unknown	12	2%

---

**A82b. Participation in other parenting education while in program (N=749)**

Client participation	Number	Percent
Yes	479	64%
No	223	30%
Unknown	47	6%

---

**A83. Client engagement in carrying out goals and case plan (N=749)**

<b>Level of engagement</b>	<b>Number</b>	<b>Percent</b>
Very engaged	218	29%
Somewhat engaged	289	39%
Somewhat disengaged	140	19%
Very disengaged	93	12%
Unknown	9	1%

---

**A84. Continuing care plan at closing (N=749)**

<b>Client had continuing care plan</b>	<b>Number</b>	<b>Percent</b>
Yes	498	67%
No	236	32%
Unknown	15	2%

**B. Select semi-annual DHS tables: Tables 5-11 (from database)**

**B1. Services and referrals: Clients (N=1,081)**

Category	Service area	Client received service directly from the program	% who received service directly from the program	Client received referral for service	% of clients who received referral for service	Client received service from referral	% who received service from referral	Client received service (directly or by referral)	% who received service (directly or by referral)
<u>Health-related</u>	Dental care	91	8%	162	15%	139	81%	187	17%
	FASD	442	41%	40	4%	29	64%	445	41%
	Mental health/CD crisis intervention	0	0%	0	0%	0	0%	0	0%
	Mental health/counseling	683	63%	629	58%	516	75%	761	70%
	Nutrition	602	56%	67	6%	51	74%	604	56%
	Physical health/medical care	486	45%	518	48%	487	87%	688	64%
	Postnatal care	114	11%	81	7%	51	62%	135	12%
	Prenatal care	137	13%	76	7%	72	90%	173	16%
	Wellness/fitness	0	0%	0	0%	0	0%	0	0%
<u>Treatment/ Treatment support</u>	Recovery Coach	828	76%	183	17%	140	74%	829	77%
	Smoking cessation	368	34%	60	6%	56	93%	378	35%
	Substance use support group (onsite, NA, AA, etc.)	839	78%	469	43%	378	74%	869	80%
	Treatment	800	74%	220	20%	179	79%	818	75%



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**B1. Services and referrals: Clients (N=1,081) continued**

Category	Service area	Client received service directly from the program	% who received service directly from the program	Client received referral for service	% of clients who received referral for service	Client received service from referral	% who received service from referral	Client received service (directly or by referral)	% who received service (directly or by referral)
<u>Basic needs</u>	Child care	1	0%	0	0%	0	0%	1	0%
	Emergency household needs	606	56%	392	36%	358	84%	640	59%
	Housing (client received housing)	483	45%	201	19%	179	86%	512	47%
	Housing information/support	749	69%	572	53%	356	57%	800	74%
	MFIP	267	25%	174	16%	155	83%	333	31%
	Other public benefits	304	28%	221	20%	185	80%	367	34%
	Transportation	846	78%	157	15%	137	86%	848	78%
	WIC	198	18%	86	8%	78	89%	228	21%
<u>Life skills</u>	Credit repair	334	31%	74	7%	70	88%	337	31%
	Education/job training program	412	38%	142	13%	108	71%	431	40%
	Financial management/budgeting	485	45%	159	15%	136	79%	492	45%
	Job searching/applications/ resume prep	417	39%	119	11%	97	78%	433	40%
<u>Parenting-related</u>	Breastfeeding	166	15%	19	2%	14	74%	166	15%
	Family planning	480	44%	69	6%	62	90%	486	45%
	Parenting education	860	79%	247	23%	218	87%	868	80%
<u>Relationships</u>	Domestic/family violence	356	33%	315	29%	275	82%	498	46%
	Healthy relationships	747	69%	199	18%	183	87%	750	69%

## B1. Services and referrals: Clients (N=1,081) continued

Category	Service area	Client received service directly from the program	% who received service directly from the program	Client received referral for service	% of clients who received referral for service	Client received service from referral	% who received service from referral	Client received service (directly or by referral)	% who received service (directly or by referral)
<u>Miscellaneous services</u>	Culturally-specific needs	254	23%	69	6%	66	92%	262	24%
	Early childhood education services (including special education)	0	0%	0	0%	0	0%	0	0%
	Individual/Family recreational activities	603	56%	163	15%	151	87%	616	57%
	Legal issues	195	18%	113	10%	80	67%	238	22%
	LGBTQ-specific needs	0	0%	0	0%	0	0%	0	0%
<u>Other services</u>	Other	9	1%	1	0%	1	33%	9	1%
<b>Totals</b>		14,162		5997		5007		15,202	

**Note:** Other service areas include: unknown (7), Child Protective Services (2), birthing center tour (1), Birthline (1), car insurance (1), car repair (1), education information on bulimia & meth use when pregnant (1), family recreational program at YWCA (1), Healthy Meals classes (1), housing (1), moving/storage (1), Pregnancy Resource (1)

## B2. Services and referrals: Children (N=2,141)

Category	Service area	Child received service directly from the program	% who received service directly from the program	Child received referral for service	% who received referral for service	Child received service from referral	% who received service from referral	Child received service (directly or by referral)	% who received service (directly or by referral)
<u>Health-related</u>	Dental care	24	1%	31	1%	21	68%	44	2%
	Developmental needs	225	11%	92	4%	90	98%	229	11%
	FASD	114	5%	23	1%	15	63%	116	5%
	Immunizations	181	8%	139	6%	133	94%	253	12%
	Mental health/counseling	47	2%	73	3%	49	65%	85	4%
	Nutrition	1	0%	0	0%	0	0%	1	0%
	Physical health/medical care	166	8%	157	7%	153	97%	234	11%
	Safe sleep	123	6%	28	1%	27	93%	128	6%
<u>Basic needs</u>	Child care	361	17%	173	8%	157	90%	397	19%
	Emergency household needs	1	0%	0	0%	0	0%	1	0%
<u>Life skills</u>	Financial management/ budgeting	1	0%	0	0%	0	0%	1	0%
<u>Parenting-related</u>	Parenting education	2	0%	0	0%	0	0%	2	0%
<u>Relationships</u>	Healthy relationships	0	0%	1	0%	0	0%	0	0%
<u>Miscellaneous services</u>	Child/youth support groups (Alateen, etc.)	41	2%	21	1%	17	81%	54	3%
	Culturally-specific needs	75	4%	24	1%	21	88%	83	4%
	Early childhood education services (including special education)	59	3%	52	2%	37	69%	79	4%
	School-age education services (including special education, IEP, mentoring, etc.)	61	3%	35	2%	29	83%	77	4%
<u>Other services</u>	Other	13	1%	2	0%	1	50%	13	1%
<b>Total</b>		1495		851		750		1797	

**Note:** Other service areas include: unknown (51), child care (5), Crisis Response Team (1), horseback riding (2), individual activities (1), meals/lodging (1), developmental needs (1), recreation (1), referral to Invest Early (1), Safe Sleep (1)

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**B3. Services and referrals: Fathers**

Service area	Fathers who received service directly from the program	Fathers who received referral for service
Basic needs	8	2
Health-related	1	1
Life skills	3	1
Miscellaneous services	8	4
Parenting-related	8	6
Relationships	8	7
Treatment/Treatment support	8	4
<b>Totals</b>	<b>44</b>	<b>25</b>

---

**B4. Screenings and assessments: Clients (N=1,081)**

Screening or assessment administered to client	N	%
Rule 25 chemical health assessment	687	64%
Mental health screening	774	72%
Mental health assessment	582	54%
Physical health assessment	629	58%
Prenatal assessment	138	13%
FASD screening (i.e., informal screening questions)	461	43%
FASD assessment (i.e., formal diagnostic assessment)	13	1%
Nutritional assessment	234	22%
Other	176	16%
<b>Total</b>	<b>3694</b>	

**Note:** Other service areas include: unknown (17), 16PF (4), AAPI (38), CAGE (12), Child well-being assessment (3), COMP ASSESS FOR LADC (73), GAIN-SS (6), Gambling addiction assessment (1), Health survey for pregnant women (1), Neuropsychological testing (2), Nutrition survey (1), Parenting assessment (1), Post-natal assessment (1), Pregnancy test (1), Risk assessment CRT (1), TBI (1), Vulnerable adult assessment (13)

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**B5. Screenings and assessments: Children (N=2,141)**

Screening or assessment administered to child	N	%
Developmental assessment	206	10%
Screening for prenatal alcohol or drug exposure	74	3%
FASD screening (i.e., informal screening questions)	185	9%
FASD assessment (i.e., formal diagnostic assessment)	4	<1%
Other	46	2%
<b>Total</b>	<b>515</b>	<b>24%</b>

*Note: Other service areas include: unknown (45), Youth Lead Services (1)*

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**B6. Client contacts with program staff**

	Average # Contacts	Average Contact Time (hours)
In-person contacts	16.5	1.1
Phone contacts	6.2	0.3
Group contacts	23.5	1.5
All contacts	46.1	

---

**B7. Clients with monthly contact with program staff (N=1,081)**

Of women served this year:	N	%
# Clients with at least 1 in-person contact per month	868	80%
# Clients with at least 2 in-person contacts per month	715	66%

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**B8. 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
989	0.25 hours	559.25 hours	60.47 hours

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**B9. Urinalysis results (UAs)**

	<b>N</b>	<b>%</b>
Women served this period	1,081	100%
# of clients who received UAs this period	899	83%
Average UAs per client	7.6	
# of clients with at least 1 positive UA this period	366	41%
Total # of UAs	8233	100%
Total # of positive UAs	802	10%
Total # of negative UAs	7431	90%
<b>Positive UAs by substance (by client) (N=366)</b>		
Marijuana/THC	128	35%
Methamphetamines	69	19%
Cocaine	23	6%
Other amphetamines	15	4%
Heroin/Opiates	4	1%
Hallucinogens	1	<1%
Other drugs	13	4%

**Note:** Other drugs include: Synthetic marijuana/K2/Spice (11), fake sample (1), gabapentin (1), Non-prescribed medications (1)

### *C. Wilder data tables*

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#### **C1. Use of alcohol and/or drugs in past 30 days at intake and closing (N=528)**

<b>Substance use</b>	<b>N</b>	<b>%</b>
Stopped using substances at closing	230	44%
Never used substances at intake or closing	166	31%
<b>Total NOT USING substances at closing</b>	<b>396</b>	<b>75%</b>
Still using substances at closing	91	17%
Started using substances by closing (no use 30 days prior to intake)	41	8%
<b>Total USING substances at closing</b>	<b>132</b>	<b>25%</b>

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#### **C2. Change in use of tobacco in past 30 days from intake to closing (N=560)**

	<b>Intake</b>		<b>Closing</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Used tobacco within the 30 days prior to...	449	80%	465	83%

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

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#### **C3. Own home or in permanent supportive housing at intake and closing (N=322)**

<b>Own home or in permanent supportive housing</b>	<b>N</b>	<b>%</b>
Owns home or has permanent supportive housing at intake and closing	113	35%
No home/permanent supportive housing at intake but does at closing	72	22%
<b>Total IN own home/permanent supportive housing at closing</b>	<b>185</b>	<b>58%</b>
Permanent housing at intake but not at closing	37	12%
Not permanent at intake or closing	100	31%
<b>Total NOT in own home/permanent supportive housing at closing</b>	<b>137</b>	<b>43%</b>

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**C4. Housed/not homeless at intake and closing (N=479)**

<b>Housed/not homeless</b>	<b>N</b>	<b>%</b>
Housed (not homeless) at intake and closing	322	67%
Not housed (homeless) at intake but housed at closing	98	21%
<b>Total WITH housing (not homeless) at closing</b>	<b>420</b>	<b>88%</b>
Housed (not homeless) at intake but not housed at closing	42	9%
Not housed (homeless) at intake or closing	17	4%
<b>Total WITHOUT housing (homeless) at closing</b>	<b>59</b>	<b>12%</b>

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**C5. Living arrangements supportive to recovery at intake and closing (N=519)**

<b>Living arrangements that are supportive to recovery</b>	<b>N</b>	<b>%</b>
Supportive to recovery at intake and closing	251	48%
Not supportive to recovery at intake but supportive to recovery at closing	151	29%
<b>Total with living arrangements SUPPORTIVE TO RECOVERY at closing</b>	<b>402</b>	<b>78%</b>
Supportive to recovery at intake but not at closing	63	12%
Not supportive to recovery at intake or closing	54	10%
<b>Total with living arrangements NOT SUPPORTIVE TO RECOVERY at closing</b>	<b>117</b>	<b>23%</b>

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**C6. Stable living arrangements at intake and closing (N=539)**

<b>Stable living arrangements</b>	<b>N</b>	<b>%</b>
Stable at intake and closing	210	39%
Not stable at intake but stable at closing	184	34%
<b>Total with STABLE living arrangements at closing</b>	<b>394</b>	<b>73%</b>
Stable at intake but not at closing	69	13%
Not stable at intake or closing	76	14%
<b>Total with NOT STABLE living arrangements at closing</b>	<b>145</b>	<b>27%</b>



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**C7. Employment at intake and closing (N=482)**

<b>Employment</b>	<b>N</b>	<b>%</b>
Employed at intake and closing	21	4%
Not employed at intake but employed at closing	62	13%
<b>Total EMPLOYED at closing</b>	<b>83</b>	<b>17%</b>
Employed at intake but not at closing	34	7%
Not employed at intake or closing	365	76%
<b>Total NOT EMPLOYED at closing</b>	<b>399</b>	<b>83%</b>

## C8. Contribution of client and program-level factors on select outcomes

Outcomes	Potential factors contributing to successful outcomes									
	Met all DHS program criteria		Participated in program for more than 6 months		Participated in program for more than 90 days		Participated in program for more than 30 days		At least one contact with staff per month	
	Met criteria	Didn't meet criteria	In program more than 6 months	In program less than 6 months	In program more than 90 days	In program less than 90 days	In program more than 30 days	In program less than 30 days	At least one contact	Less than one contact
Abstinent at exit (N=190-688)	100%	66%***	83%	69%**	78%	66%**	77%	51%***	72%	79%
Decreased substance use at exit (N=210-288)	100%	91%**	96%	91%	95%	90%	94%	85%**	92%	96%
Completion of treatment at exit (N=207-603)	94%	45%***	76%	44%***	69%	30%***	60%	15%***	59%	53%
Reunification with one or more children at exit (N=67-270)	38%	16%**	33%	14%**	24%	12%*	21%	5%	21%	14%
Not involved with child protection at exit (N=189-727)	76%	60%**	78%	59%***	69%	58%**	65%	60%	64%	67%
Infants not placed outside the home following birth (N=49-200)	91%	93%	92%	86%	93%	82%	--	--	87%	97%
Negative toxicology results for mothers (N=47-191)	91%	85%	84%	79%	84%	90%	--	--	81%	84%
Negative toxicology results for infants (N=44-183)	94%	85%	82%	84%	85%	90%	--	--	86%	82%

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

## C8. Contribution of client and program-level factors on select outcomes (continued)

Outcomes	Potential factors contributing to successful outcomes											
	<i>Treatment status at closing</i>		<i>Treatment status at entry</i>		<i>Pregnancy status at intake</i>		<i>Primary drug of choice at intake</i>		<i>Primary drug of choice at intake</i>		<i>Primary drug of choice at intake</i>	
	Completed treatment	Did not complete	Completed treatment	Did not complete	Pregnant at intake	Not pregnant	Alcohol	All other drugs	Meth	All other drugs	Heroin/opiates	All other drugs
Abstinent at exit (N=190-688)	88%	49%***	86%	71%*	82%	70%**	71%	73%	78%	70%*	65%	74%*
Decreased substance use at exit (N=210-288)	98%	86%***	98%	91%*	96%	92%	92%	93%	93%	92%	89%	93%
Completion of treatment at exit (N=207-603)	--	--	--	--	58%	52%	61%	51%*	65%	49%**	41%	56%**
Reunification with one or more children at exit (N=67-270)	26%	7%***	33%	42%	15%	20%	18%	19%	13%	21%	27%	17%
Not involved with child protection at exit (N=189-727)	64%	57%	69%	80%	72%	59%**	66%	61%	63%	62%	58%	63%
Infants not placed outside the home following birth (N=49-200)	88%	94%	84%	100%	90%	92%	84%	91%	86%	92%	90%	90%
Negative toxicology results for mothers (N=47-191)	93%	82%	96%	82%	84%	73%	89%	83%	96%	79%**	83%	84%
Negative toxicology results for infants (N=44-183)	93%	88%	96%	81%	84%	90%	81%	85%	96%	79%**	82%	85%

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

## C8. Contribution of client and program-level factors on select outcomes (continued)

Outcomes	Potential factors contributing to successful outcomes					Number of times in treatment	
	Completed parenting education			Living arrangements stable and supportive to recovery at closing			
	Fully completed	Partially completed	Did not complete	Stable and supportive housing	Not stable and/or supportive housing	3 or more times	Fewer than 3 times
Abstinent at exit (N=190-688)	84% <sup>***a</sup>	56% <sup>b</sup>	67% <sup>b</sup>	83%	53% <sup>***</sup>	72%	73%
Decreased substance use at exit (N=210-288)	96% <sup>***a</sup>	87% <sup>b</sup>	89% <sup>b</sup>	95%	89% <sup>**</sup>	93%	92%
Completion of treatment at exit (N=207-603)	83% <sup>***a</sup>	14% <sup>b</sup>	41% <sup>c</sup>	73%	22% <sup>***</sup>	56%	51%
Reunification with one or more children at exit (N=67-270)	23% <sup>*a</sup>	11% <sup>b</sup>	22%	23%	11% <sup>*</sup>	21%	17%
Not involved with child protection at exit (N=189-727)	63% <sup>b</sup>	56% <sup>b</sup>	74% <sup>***a</sup>	66%	55% <sup>**</sup>	59%	64%
Infants not placed outside the home following birth (N=49-200)	90%	95%	96%	94%	87%	88%	91%
Negative toxicology results for mothers (N=47-191)	92% <sup>*a</sup>	90%	72% <sup>b</sup>	87%	85%	93%	80% <sup>*</sup>
Negative toxicology results for infants (N=44-183)	92% <sup>*a</sup>	79%	78% <sup>b</sup>	88%	85%	89%	82%

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

Superscripts that are different from one another (<sup>a</sup> vs. <sup>b</sup> vs. <sup>c</sup>) indicate the comparisons, or percentages, that are statistically different from one another.

## D. Follow-up interview data tables

### Social support at follow-up

#### D1. Clients' access to social support before starting the grant-funded program and six months after program exit (N=50-52)

Did you have someone...	Always		Sometimes		Rarely		Never	
	Before starting program	At follow-up	Before starting program	At follow-up	Before starting program	At follow-up	Before starting program	At follow-up
You could count on to encourage you when you were down?	37%	75%	37%	19%	21%	4%	6%	2%
You could count on to take care of your child(ren) for a few hours in an emergency?	58%	82%	24%	16%	10%	2%	8%	0%
Positive in your life who you could have fun with?	25%	71%	58%	25%	10%	4%	8%	0%

#### D2. Attendance at recovery support activities at follow-up (N=52)

How often do you attend the following:	One or more times per week	Once or twice a month	A few times a year	Never
Support group meetings such as AA or NA	48%	21%	12%	19%
Religious services or social events with members of a faith community	31%	21%	19%	29%

#### D3. Importance of religious/spiritual beliefs to recovery at follow-up (N=52)

	Very important	Somewhat important	Not at all important
How important are religious or spiritual beliefs to your recovery?	56%	31%	14%

---

**D4. Clients' relationships with friends and family at follow-up (N=50)**

	Source of strength	Source of stress	Neither strength nor stress
In general, how would you describe your relationships with friends and family right now (at follow-up)?	66%	18%	16%

---

**D5. Perceived supportiveness of clients' relationships with friends and family at follow-up compared to before starting the program (N=51)**

	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...	41%	31%	20%	6%	2%

**Education and employment**

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**D6. Participation in schooling or job training since leaving the program (N=52)**

	Yes	No
Since you left the program six months ago, have you participated in any additional schooling or job training?	39%	62%

---

**D7. Type of schooling or job training accomplished since leaving the program (N=20)**

<b>(For those who did participate): What additional schooling or job training have you participated in, and have you gotten a degree, diploma, or certificate?</b>	<b>Number who participated</b>	<b>Of those who participated...</b>
		<b>Number who received a degree, diploma, or certificate</b>
GED/high school	1	1
Credential, license, or certificate	2	1
Associate's or vocational college	8	1
College degree/four year college	1	1
Graduate/professional school	0	0
Other job training	9	2

---

**D8. Employment situation at follow-up (N=52)**

<b>Current employment situation at follow-up</b>	<b>N</b>	<b>%</b>
Employed full time or part time	17	33%
Unemployed and looking for work	13	25%
Unemployed and not currently looking for work	11	21%
Unable to work due to a disability	10	19%
Something else (self-employment)	1	2%

---

**D9. Description of employment for those employed at follow-up (N=16)**

	<b>Range</b>	<b>Average</b>
Length of time in current position (months)	1 – 72	12
Number of hours worked per week in last month	5 – 40	29

---

**D10. Hourly rate for client's main job (N=16)**

Hourly rate range	N	%
Less than \$6.15 an hour	0	0%
\$6.15 to \$7.24 an hour	0	0%
\$7.25 to \$7.99 an hour	7	44%
\$8.00 to \$9.99 an hour	4	25%
\$10.00 to \$11.99 an hour	1	6%
\$12.00 to \$15.99 an hour	2	13%
\$16.00 an hour or more	2	13%
Paid by the job/on commission	0	0%

---

**D11. Clients' income and employment situation at follow-up (N=52)**

	A strength	A source of stress	Neither strength nor stress
In general, how would you describe your income and employment situation right now?	23%	46%	31%

---

**D12. Clients' perception of financial situation at follow-up compared to before starting the program (N=52)**

	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...	25%	25%	25%	15%	10%

---

**D13. Clients' perception of employment situation at follow-up compared to before starting the program (N=52)**

	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 employment situation is...	23%	15%	46%	10%	6%



## Housing

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### D14. Housing stability at follow-up (N=52)

	Range	Average
Number of times clients moved since leaving the program (six months ago)	0 – 7	1.4

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### D15. Living arrangements at follow-up (N=52)

	N	%
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	23	44%
Staying with a relative or friend on a temporary basis	9	17%
Staying with a relative or friend on a long-term basis	4	8%
Transitional housing program	1	2%
Residential drug or alcohol treatment facility	2	4%
Halfway house for people in recovery	1	2%
Permanent housing program with services to help you keep your housing, either on site services or services that come to you	9	17%
An emergency shelter	2	4%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	0	0%
Some other place (an adult foster home)	1	2%

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### D16. Use of housing voucher or rent subsidy at follow-up (N=22)

**For those living in an apartment or house... did you have a housing voucher or rent subsidy so you could pay lower rent?**

	N	%
Yes	4	18%
No	17	77%
Owns their own home	1	5%

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**D17. Length of time in current residence at follow-up (N=52)**

<b>Length of time in current residence</b>	<b>N</b>	<b>%</b>
Less than one month	7	14%
1 – 3 months	10	19%
4 – 6 months	9	17%
More than 6 months	26	50%

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**D18. Supportiveness of living situation to recovery at follow-up (N=52)**

	<b>Very supportive</b>	<b>Somewhat supportive</b>	<b>Not very supportive</b>	<b>Not at all supportive</b>
In general, when you think about your current living situation, how supportive to recovery is it?	64%	27%	4%	6%

---

**D19. Clients' living situation at follow-up (N=52)**

	<b>A strength</b>	<b>A source of stress</b>	<b>Neither strength nor stress</b>
Overall, how would you describe your living situation right now?	50%	23%	27%

---

**D20. Clients' perception of living situation at follow-up compared to before starting the program (N=52)**

	<b>A lot better at follow-up</b>	<b>A little better at follow-up</b>	<b>About the same as before</b>	<b>A little worse at follow-up</b>	<b>A lot worse at follow-up</b>
Overall, would you say your living situation is...	54%	17%	23%	4%	2%

## Access to transportation

### D21. Clients' access to reliable transportation at follow-up (N=52)

	A strength	A source of stress	Neither strength nor stress
Overall, how would you describe your current access to reliable transportation?	46%	23%	31%

### D22. Clients' perception of access to reliable transportation at follow-up compared to before starting the program (N=52)

	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...	39%	15%	35%	10%	2%

## Client health and well-being

### D23. Clients' physical health at follow-up (N=52)

	A strength	A source of stress	Neither strength nor stress
In general, how would you describe your physical health right now?	39%	27%	35%

### D24. Clients' perception of physical health at follow-up compared to before starting the program (N=52)

	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...	42%	21%	25%	10%	2%

---

**D25. Use of emergency room since leaving the program (N=52)**

	<b>N</b>	<b>%</b>
Client used emergency room for any reason related to her own health since leaving the program	26	50%
	<b>Range</b>	<b>Mean</b>
Number of times emergency room was used	1 – 4	1.7

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**D26. Client hospitalization since leaving the program (N=52)**

	<b>N</b>	<b>%</b>
Client was hospitalized for any reason since leaving the program	6	12%
	<b>Range</b>	<b>Mean</b>
Number of times client was hospitalized	1 – 6	2.8

---

**D27. Client mental health concerns and use of mental health services since leaving the program (N=52)**

	<b>N</b>	<b>%</b>
Client has concerns related to anxiety, depression, or other mental health concerns since leaving the program	31	60%
<b>Of those with concerns (N=31):</b>		
Client has received help with those concerns at a clinic, or from a therapist, psychiatrist, or other mental health provider	23	74%

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**D28. Clients' mental or emotional health at follow-up (N=52)**

	<b>A strength</b>	<b>A source of stress</b>	<b>Neither strength nor stress</b>
In general, how would you describe your mental or emotional health right now?	29%	35%	37%

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**D29. Clients' perception of mental or emotional health at follow-up compared to before starting the program (N=52)**

	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...	47%	28%	12%	8%	6%

**Criminal justice system involvement**

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**D30. Clients' probation or parole status at follow-up (N=52)**

	N	%
Client is on probation or parole at follow-up	13	26%
<b>Of those on probation/parole (N=13):</b>		
Client has violated probation or parole since leaving the program	5	39%

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**D31. Clients' arrested since leaving the program (N=52)**

	N	%
Client has been arrested for any reason since leaving the program	4	8%
<b>Of those arrested (N=4):</b>		
Number of times arrested	Range	Mean
	1 – 3	1.5

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**D32. Clients charged with crimes since leaving the program (N=4)**

	N	%
<b>Of those arrested (N=4):</b>		
Client has been charged with any crimes or violations of a law since leaving the program	2	50%
	Range	Mean
Number of times charged	1 – 3	2

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**D33. Clients incarcerated since leaving the program (N=2)**

	<b>N</b>	<b>%</b>
<b>Of those charged (N=2):</b>		
Client has been incarcerated for any reason since leaving the program	2	100%
	<b>Range</b>	<b>Mean</b>
Time spent incarcerated (days)	10 – 60	35

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**D34. Clients in detox since leaving the program (N=52)**

	<b>N</b>	<b>%</b>
Client has been in detox since leaving the program	2	4%
<b>Of those in detox (N=2):</b>		
	<b>Range</b>	<b>Mean</b>
Number of times in detox	1	1

**Substance use**

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**D35. Use of tobacco at follow-up (N=52)**

<b>Client smokes cigarettes or uses tobacco products at follow-up</b>	<b>N</b>	<b>%</b>
Yes	44	85%
No	8	15%

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**D36. Age at which clients first tried substances (N=52)**

	<b>Range</b>	<b>Mean</b>
Age at which client first tried alcohol, marijuana, or other drugs (years)	4 – 35	14

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**D37. Use of alcohol and other drugs since leaving the program (N=52)**

	<b>N</b>	<b>%</b>
Client has used alcohol, marijuana, or other drugs since leaving the program	28	54%
<b>Change in substance use among those who have used (N=28)</b>		
Using more at follow-up	1	4%
Using about the same amount at follow-up	2	7%
Using less at follow-up	25	89%

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**D38. Types of substances used since leaving the program (N=28)**

			Of those who have used, clients who used this substance in the past 30 days	
Substances used:	N	%	N	%
Alcohol	25	89%	15	60%
Marijuana/pot/weed/hashish	9	32%	5	56%
Crack/cocaine	2	7%	1	1/2
Heroin	2	7%	1	1/2
Methamphetamines (meth)	8	29%	4	4/8
Misused prescription drugs	6	21%	2	2/6
Non-prescription methadone	1	4%	1	1/1
Other substances (bath salts)	1	4%	n/a	n/a

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**D39. Length of sobriety (N=22)**

How long have you been abstinent/clean/sober?	N	%
Less than 6 months	1	5%
6-11 months	10	45%
12-18 months	8	36%
More than 18 months	3	14%

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**D40. Entered other drug or alcohol treatment programs (N=52)**

Since you left the program, have you entered any other drug or alcohol treatment programs?	N	%
Yes	12	23%
No	40	77%

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**D41. Number of times entered drug or alcohol treatment program (N=12)**

How many times have you entered a drug or alcohol treatment program since you left the program?	N	%
1 time	10	83%
2 times	1	8%
3 times	1	8%

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**D42. Completed other drug or alcohol treatment programs (N=12)****Since you left the program, did you graduate or complete any drug or alcohol treatment programs?**

	<b>N</b>	<b>%</b>
Yes	3	25%
No	9	75%

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**D43. Participation in other activities since leaving program (N=52)****Client participation in the following activities as part of recovery support since leaving the program:**

	<b>N</b>	<b>%</b>
Support from family or friends	44	86%
AA or NA, or another 12 step program	38	73%
A support group or aftercare in the community	22	42%
A faith-based or religious group	14	27%
A support group or aftercare through the program	12	23%
Any other recovery support activity	17	33%

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**D44. Sponsor (N=52)****Do you have a sponsor?**

	<b>N</b>	<b>%</b>
Yes	18	35%
No	34	65%

**Self-efficacy**

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**D45. Self-efficacy (N=52)**

<b>How much do you agree or disagree with the following statements?</b>	<b>Percentage who agree or strongly agree</b>	<b>Percentage who disagree or strongly disagree</b>
You can usually solve difficult problems if you try hard enough	92%	8%
You can usually handle whatever comes your way	86%	14%
You stay calm when facing difficulties	67%	33%
You often feel overwhelmed by all of the challenges in your life	60%	40%
When you set goals for yourself, you have a hard time following through	50%	50%



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**D46. Level of confidence (N=52)****Overall, how would you describe your level of confidence since leaving the program?**

	<b>N</b>	<b>%</b>
Client feels more confident	35	67%
Client feels about the same	14	27%
Client feels less confident	3	6%

**Parenting**

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**D47. Custody status (N=52)****Do you currently have legal custody of any of your children, whether or not they live with you?**

	<b>N</b>	<b>%</b>
Yes	41	79%
No	11	21%

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**D48. Number of children living with you (N=41)****(Of those with legal custody): How many of your children age 18 or younger live with you?**

	<b>N</b>	<b>%</b>
None	6	15%
1 child	17	42%
2 children	11	27%
3 children	7	17%

---

**D49. Children living somewhere else (N=41)****Do you have other children age 18 or younger who live somewhere else?**

	<b>N</b>	<b>%</b>
Yes	27	66%
With their father/another parent	7	26%
With other family/relatives	7	26%
In foster care or group/residential care	4	15%
Unknown	9	33%
No	14	34%

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**D50. Number of children living somewhere else**

Number of children	Number with children living with their father/another parent (N=7)	Number with children living with other family/relatives (N=7)	Number with children living in foster care or group/residential care (N=4)
1 child	2/7	4/7	4/4
2 children	3/7	1/7	0/4
3 children	1/7	1/7	0/4
4 children	1/7	1/7	0/4

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**D51. Involvement with Child Protection (N=52)**

Since you left the program, have you had any involvement with Child Protection?

	N	%
Yes	10	19%
No	42	81%

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**D52. Children removed from care (N=10)**

Since you left the program, have any of your children been removed from your care related to your Child Protection case?

	N	%
Yes (number of children removed:)	5	50%
1 child	3	60%
2 children	2	40%
No	5	50%

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**D53. Reunification with children (N=10)**

Since you left the program, have any of your children been reunited with you since your Child Protection case?

	N	%
Yes (number of children reunified with:)	5	50%
1 child	2	40%
2 children	2	40%
3 children	1	20%
No	5	50%

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**D54. Parenting before starting the program (N=38)**

<b>Before you started the program, how often would you say the following statements were true with regard to your children?</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>Rarely</b>	<b>Never</b>
You could name several good qualities your children have	92%	5%	3%	0%
When your children did something well, you let them know that you were proud of them	87%	8%	5%	0%
You thought it was important to show your children love as well as set limits and consequences	82%	13%	3%	3%
When your children were upset or stressed out, you tried to understand what was going on with them	74%	13%	13%	0%
You were able to control your anger and frustration with your children	53%	40%	8%	0%
You blow up at your children when you punished them	8%	24%	24%	43%

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**D55. Parenting after starting the program (N=41)**

<b>Now I am going to ask you how often these same statements are true for you right now...</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>Rarely</b>	<b>Never</b>
When your children do something well, you let them know that you are proud of them	100%	0%	0%	0%
You can name several good qualities your children have	100%	0%	0%	0%
When your children are upset or stressed out, you try to understand what was going on with them	98%	2%	0%	0%
You are able to control your anger and frustration with your children	95%	5%	0%	0%
You think it is important to show your children love as well as set limits and consequences	95%	2%	2%	0%
You blow up at your children when you punish them	0%	7%	32%	61%

## Child health and well-being

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### D56. Age of children living with you (N=41)

Do you have any children living with you at least half the time who are between age 1 and 18?	N	%
Yes (age:)	36	88%
<2 years old	5	14%
2-4 years old	9	25%
5-9 years old	15	42%
10-13 years old	3	8%
14-18 years old	4	11%
No	5	12%

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### D57. Concern about child's emotional or mental health (N=36)

In general, how would you describe child's emotional or mental health? Would you say you are...	N	%
Not concerned about this right now	27	75%
Somewhat concerned about this right now	4	11%
Definitely concerned about this right now	5	14%

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### D58. Improvement of child's emotional or mental health (N=35)

Overall, would you say child's emotional or mental health is...	N	%
A lot better now than it was before starting the program	17	49%
A little better now than it was before starting the program	7	20%
About the same now as it was before starting the program	8	23%
A little worse now than it was before starting the program	3	9%
A lot worse now than it was before starting the program	0	0%

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### D59. Concern about child's behavior (N=36)

In general, how would you describe child's behavior right now? Would you say you are...	N	%
Not concerned about this right now	28	78%
Somewhat concerned about this right now	5	14%
Definitely concerned about this right now	3	8%

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**D60. Improvement of child's behavior (N=35)**

<b>Overall, would you say child's behavior is...</b>	<b>N</b>	<b>%</b>
A lot better now than it was before starting the program	16	46%
A little better now than it was before starting the program	5	14%
About the same now as it was before starting the program	10	29%
A little worse now than it was before starting the program	3	9%
A lot worse now than it was before starting the program	1	3%

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**D61. Concern about child at school (N=26)**

<b>In general, how would you describe how things are going for child in school right now? Would you say you are...</b>	<b>N</b>	<b>%</b>
Not concerned about this right now	20	77%
Somewhat concerned about this right now	2	8%
Definitely concerned about this right now	4	15%

**Note:** 10 respondents did not have a school-aged child; therefore, this question did not apply to them.

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**D62. Improvement of child in school (N=25)**

<b>Overall, would you say child's behavior is...</b>	<b>N</b>	<b>%</b>
A lot better now than it was before starting the program	10	40%
A little better now than it was before starting the program	3	12%
About the same now as it was before starting the program	8	32%
A little worse now than it was before starting the program	3	12%
A lot worse now than it was before starting the program	1	4%

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**D63. Concern about child's relationship with you (N=36)**

<b>In general, how would you describe child's relationship with you right now? Would you say you are...</b>	<b>N</b>	<b>%</b>
Not concerned about this right now	30	83%
Somewhat concerned about this right now	3	8%
Definitely concerned about this right now	3	8%

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**D64. Improvement of child's relationship with you (N=35)**

<b>Overall, would you say child's relationship with you is...</b>	<b>N</b>	<b>%</b>
A lot better now than it was before starting the program	19	54%
A little better now than it was before starting the program	6	17%
About the same now as it was before starting the program	7	20%
A little worse now than it was before starting the program	1	3%
A lot worse now than it was before starting the program	2	6%

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**D65. Concern about child's relationship with his/her siblings (N=24)**

<b>In general, how would you describe child's relationships with his/her siblings right now? Would you say you are...</b>	<b>N</b>	<b>%</b>
Not concerned about this right now	17	71%
Somewhat concerned about this right now	5	21%
Definitely concerned about this right now	2	8%

*Note:* 12 respondents did not have any siblings; therefore, this question did not apply to them.

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**D66. Improvement of child's relationship with his/her siblings (N=24)**

<b>Overall, would you say child's relationships with his/her siblings are...</b>	<b>N</b>	<b>%</b>
A lot better now than it was before starting the program	4	17%
A little better now than it was before starting the program	3	13%
About the same now as it was before starting the program]	13	54%
A little worse now than it was before starting the program	3	13%
A lot worse now than it was before starting the program	1	4%

*Note:* 12 respondents did not have any siblings; therefore, this question did not apply to them.

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**D67. Concern about child's relationship with other children (N=36)**

<b>In general, how would you describe child's relationships with other children, besides siblings, right now? Would you say you are...</b>	<b>N</b>	<b>%</b>
Not concerned about this right now	27	75%
Somewhat concerned about this right now	6	17%
Definitely concerned about this right now	3	8%

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**D68. Improvement of child's relationship with other children (N=35)****Overall, would you say child's relationships with other children, besides siblings, are...**

	<b>N</b>	<b>%</b>
A lot better now than it was before starting the program	6	17%
A little better now than it was before starting the program	10	29%
About the same now as it was before starting the program	15	43%
A little worse now than it was before starting the program	3	9%
A lot worse now than it was before starting the program	1	3%

**Participant satisfaction**

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**D69. Participant satisfaction with programs**

	<b>Total N</b>	<b>Percentage who agree or strongly agree</b>	<b>Percentage who disagree or strongly disagree</b>
The program staff understood your problems or concerns.	52	87%	14%
The staff were available when you needed their support.	52	88%	12%
You feel you got the right level of support from the program.	52	73%	27%
The staff knew a lot about services and programs in the community that could help you and your family.	51	92%	8%
The staff were sensitive to cultural issues.	47	92%	9%
You and the staff worked together to develop your goals for you and your family.	52	87%	13%
The services you received through the program met your expectations.	52	77%	23%
You would recommend this program to women like yourself.	51	82%	18%
The parenting program you participated in at the program helped you learn new parenting techniques or strategies to deal with your child's behavior.	50	70%	30%
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.	51	82%	18%

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**D70. Overall satisfaction with programs (N=52)**

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Overall, how satisfied were you with the services you received through the program?	37%	44%	10%	10%

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**D71. Client report of program completion (N=51)**

Client graduated or completed the program	N	%
Yes	36	71%
No	14	28%
Transferred to a different treatment or recovery program	1	2%

**Note:** Reasons for not completing the program include not getting along with staff or disagreements with staff about program expectations, moving out of the county, or barriers to attending the program, such as a job, lack of transportation, and child care.

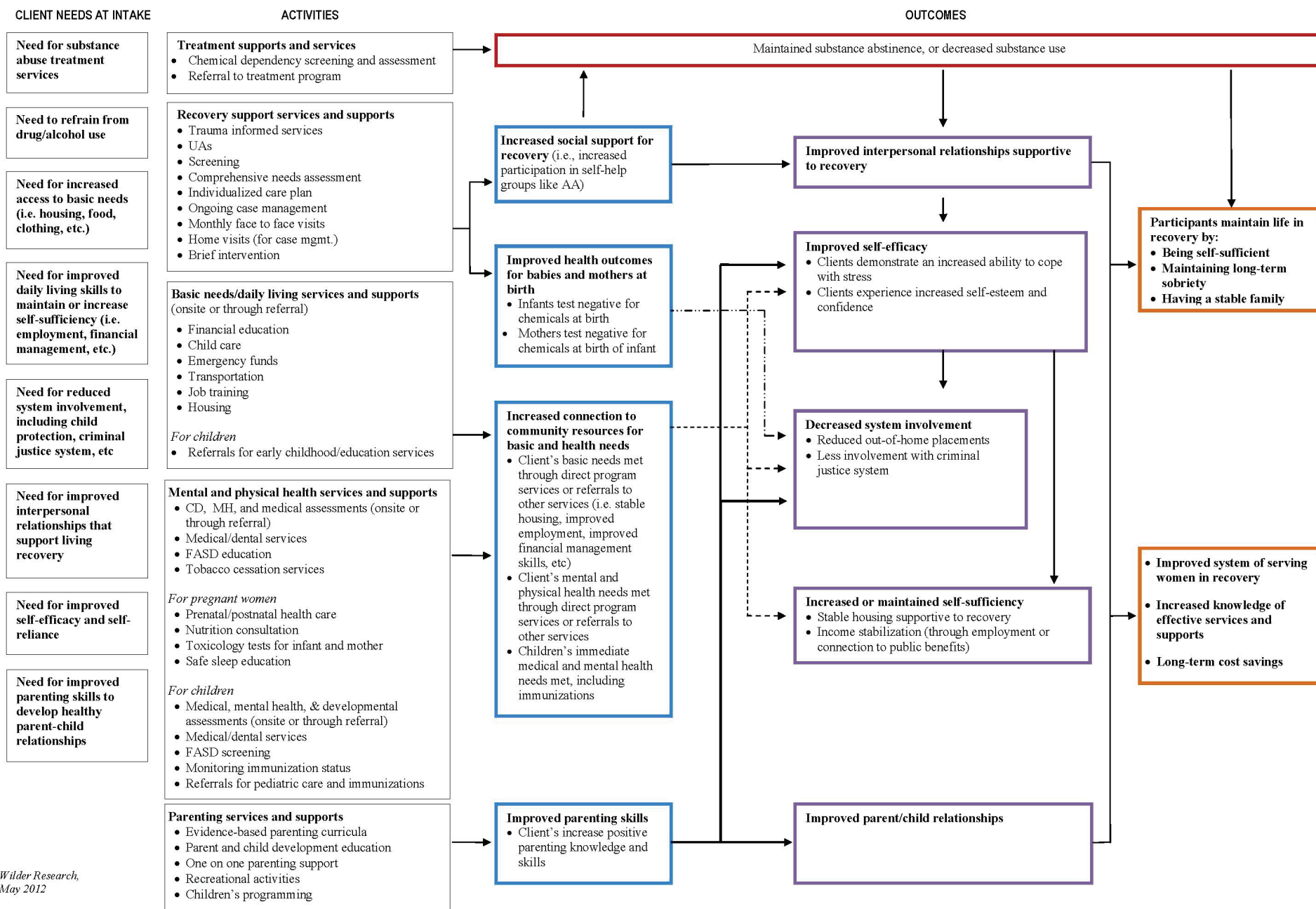
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**D72. Types of support obtained through the program (N=51-52)**

Did the program help the client...	Yes, program helped with this	No, and client <u>needed</u> this type of help	No, but client <u>did not need</u> this type of help	Percentage who felt this was <u>most</u> <u>helpful</u> to them or children (N=46)
Get or stay sober	79%	10%	12%	46%
Find a support network of people who could help them stay sober	65%	17%	17%	7%
With parenting	71%	8%	22%	15%
With things like housing, transportation, or paying bills	52%	19%	29%	9%
With getting benefits like MFIP or WIC	54%	8%	39%	4%
By just being there to provide emotional support or encouragement	77%	10%	14%	20%



# DHS Women's Recovery Services Program Logic Model – REVISED



Wilder Research,  
May 2012