

Women's Recovery Services in Minnesota: Key Findings from Year 2 (2023-24)

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Key Findings: Year 2 (2023-24)

Women's Recovery Services

The Minnesota Department of Human Services Behavioral Health Division (BHD) contracted with eight grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families, through an initiative known as Women's Recovery Services (WRS). The following provides a description of women and children served by WRS programs between June 1, 2023 and May 31, 2024, and outcomes for families during the third iteration of this five-year grant.



Women served by WRS programs: Year 2

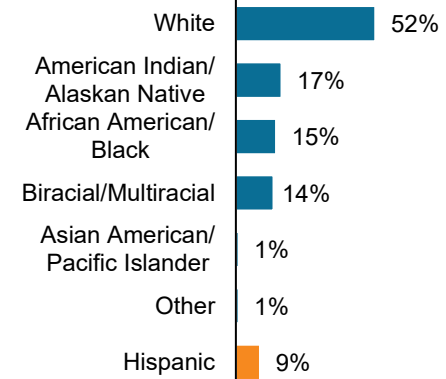
Women served	Children of women served	Median length of participation	Number of women who exited a WRS program	Average staff contact time per woman
488	935	7.4 months	344	230 hours

Service areas of greatest client need: According to program staff, women needed the most help with housing (65%), mental health and counseling (64%), parenting (42%), and relationship issues (22%).

Most common service areas: Besides treatment and recovery support, program staff were most likely to work with women on mental health or counseling (87%), housing (78%), parenting (75%), wellness or recreation (64%), relationship issues (59%), public benefits (55%), physical/dental health (53%), transportation (46%), and childcare (42%).

Chemical dependency treatment: 82% of women were in treatment when they entered a WRS program – most often in inpatient/residential (51%) followed by outpatient with housing (35%). Just over half (55%) of those who were in treatment during their program had successfully completed treatment by closing.

Racial background of women served (n=488)

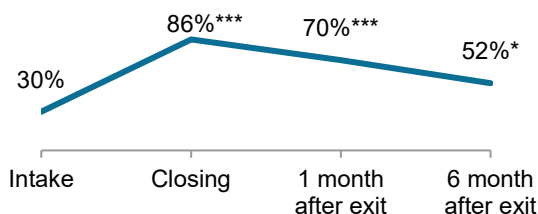


Outcomes for families: Year 2

► Substance use and sobriety

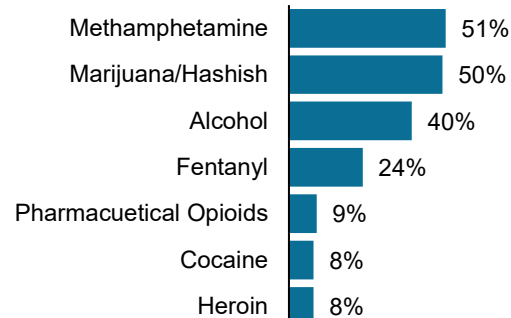
Significant increases in sobriety at closing are decline somewhat after exit. Significantly more women were substance-free at closing (86%) when compared to intake (30%), although these rates declined at follow-up; 70% were substance-free one month after exit, and 52% were six months after exit.

Sobriety at intake, closing, and follow-up (n=69)



Meth is the most commonly used and preferred drug at intake. Methamphetamine was the most commonly used drug at intake among the 261 women reporting recent substance use; it was also the most commonly preferred drug at intake among the 488 women served.

Most commonly used drugs at intake (n=261)



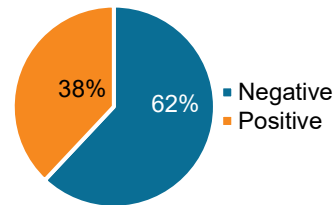
► Infant health

Most babies were born healthy. In Year 2, 36 babies were born to women served by WRS programs. Most babies were born full term (77%) and with a normal birth weight (76%).

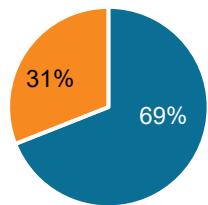
Most babies and mothers had negative toxicology results.

At birth, most babies (62%) and mothers (69%) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were unknown for 11% of women or babies.

Babies' toxicology at birth (N=32)



Women's toxicology at birth (N=32)



► Reunification

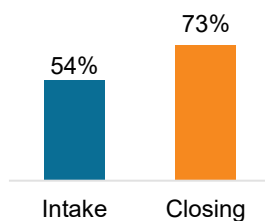
After a formal out-of-home placement...

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

► Connection to recovery supports

Women were more likely to be connected to recovery supports at closing. Significantly more women were connected to recovery support activities at closing (73%) than at intake (54%).

Recovery support participation (n=247)



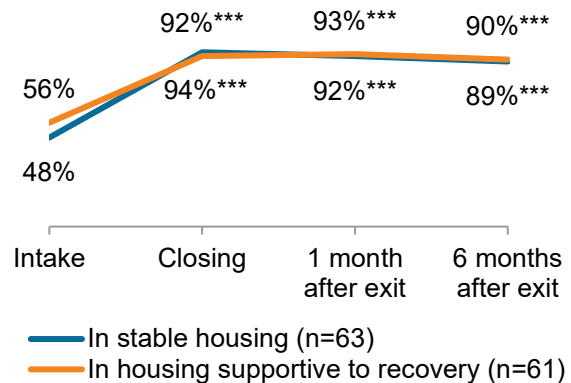
By closing, women sought support primarily through AA or NA (44%), a support group through their WRS program (34%), a culturally specific recovery support activity (11%), an unspecified support group (10%), or a faith-based support group (10%; N=344).

► Housing

Women's housing situations improved by closing.

Compared to intake, significantly more women were in housing supportive to recovery and stable housing at closing; these gains were mostly maintained one and six months after exiting a WRS program.

Percentage of women in stable or supportive housing over time



Overall, WRS programs directly provided housing for 81% of clients while they were in a program.

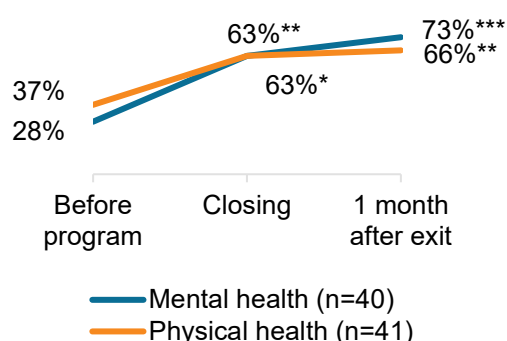
Many women participated in a coordinated assessment or were on a Section 8 waiting list by closing. While in a WRS program, 52% of women went through a coordinated assessment for housing, and 20% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 2%-11% of women at closing).

► Health

Mental health diagnoses are common among women served by WRS programs. At intake, 88% of women had a mental health diagnosis. Among those with a diagnosis, the most common were anxiety disorders (92%) and depressive disorders (76%; n=488).

Physical and mental health improve by follow-up. When asked to rate their physical and mental health, women reported that their health significantly improved from intake to closing, and continued to improve by the 1-month follow-up.

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



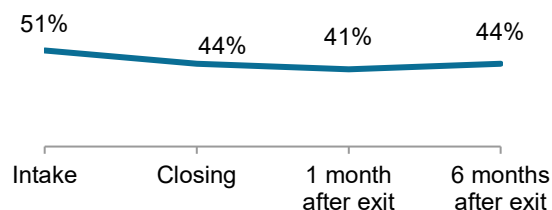
► Parenting relationships and child protection

Women report improved relationships with children. Significantly more women (89%) described their relationship with their child(ren) as “good” or “excellent” at the 1-month follow-up when compared with intake (50%; n=167).

Most infants remain with their mothers after birth. 83% of babies born stayed with their mothers following birth; 11% were placed outside of the home following birth (this information was unknown for 6% of babies; N=36).

Involvement in child protection declines somewhat over time. Slightly fewer women were involved with child protection at closing (44%) and follow-up (41%, 1-month; 44%, 6-month) compared to intake (51%; n=70). Although not statistically significant, the trendline suggests a slight but steady decline over time.

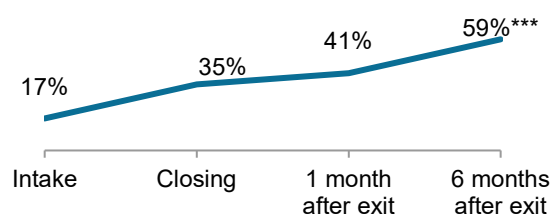
Percentage of women involved with child protection (n=70)



► Employment and schooling

Rates of employment increase slightly over time. Significantly more women were employed either full time or part time at follow-up (41%, 1-month; 59%, 6-month) when compared to intake (17%; n=46).

Percentage of women employed over time (n=46)

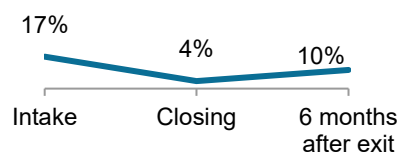


There was also a significant increase in the proportion of women participating in schooling or job training at the 6-month follow-up (28%) compared to intake (7%) and closing (7%; n=69).

► Criminal justice system involvement

Arrests declined during program involvement. While 17% of women had been arrested in the month prior to intake, significantly fewer women had been arrested in the month prior to closing (4%; n=69). This increased slightly at six months after exit (10%).

Percentage of women arrested (n=69)



► Program satisfaction

At follow-up, the majority of women (80%) were satisfied with their WRS program. In addition, most women agreed that staff were sensitive to cultural issues (89%), helped them develop their goals (87%), understood their problems or concerns (85%), knew a lot about community services and programs (83%), and were available when needed for support (82%; n=179-186)

Most women were satisfied with their WRS program (n=186)



■ Very satisfied ■ Satisfied ■ Dissatisfied ■ Very dissatisfied

► Additional outcomes

Percentage of women. . .

who were engaged with **program goals** at exit: **67%**

who participated in an evidence-based **parenting program** by closing: **64%**

who were **doing well** at program exit according to program staff: **59%**

► Peer Recovery Support Specialists

A Peer Recovery Support Specialist (PRS) - also called a Recovery Coach - is a person with lived experience of alcohol or substance use that helps women on their recovery journey. Each Women's Recovery Services program grantee has a PRS on staff.

68% of women utilized a PRS while in a WRS program. Of those that reported contact with a PRS, 52% interacted with them every day or almost every day; 30% were in contact with their PRS once a week.

29% of women who had a PRS while in the program were *still* in contact with them after leaving their WRS program.

90% agreed their PRS listened to them and treated them with respect.

88% agreed that their PRS was there for them when they were needed; 87% agreed that with the help of their PRS, they felt emotionally supported throughout their recovery; 80%-83% understood their addiction and behaviors better, established healthier habits, and had more motivation and confidence as a result of their PRS.

78% agreed that they were able to achieve their recovery goals with the help of their PRS.

74% were connected to helpful resources in their community through the help of their PRS.

► Dosage of services

Women who received a *high dosage* of services – participating in their program for 90 days or more, and receiving at least 180 hours of staff contact time and 12 hours of in-person contact time – were more likely to:

- Be “doing well” at exit
- Be abstinent from substances at exit
- Have reduced their use of substances at exit
- Be reunified with their children at exit and at the 1-month follow-up
- Have successfully completed treatment by exit
- Be in one's own home or permanent supportive housing at exit
- Have participated in Alcoholics Anonymous or Narcotics Anonymous by exit
- *Not* be involved with child protection at exit
- Have achieved a longer period of sobriety at exit (median days)

► Contributors to positive outcomes

Stable and supportive housing makes a difference.

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

- Sobriety at exit
- Decreased substance use at exit
- Successful completion of treatment at exit
- Reunification with one or more children at exit

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

- Sobriety at exit
- Decreased substance use at exit
- Successful completion of treatment at exit
- No involvement with child protection at exit
- Reunification with one or more children at exit

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

- Sober at exit and the 6-month follow-up
- Having decreased substance use at exit
- Having negative toxicology results at birth
- Not involved with child protection at exit
- Reunified with one or more children at exit

The likelihood of achieving positive outcomes differs by racial identity. A woman's race made a difference in the likelihood of achieving positive outcomes. Women identifying as White were more likely to complete treatment and be sober at exit. To ensure that positive outcomes are equally attainable (and sustainable) for all women, regardless of their race or drug of choice, DHS and WRS programs should consider these findings and examine the ways in which they work with women of color.



Children served by WRS programs: Year 2

Total number of children. . .

of women who exited a WRS program: **651**

who received services from a WRS program: **369^a**

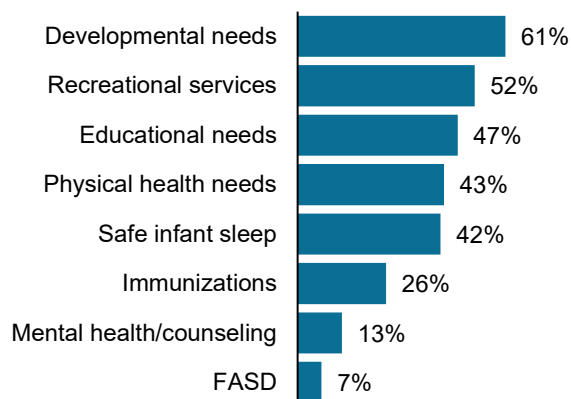
^aThis is 57% of children of women who exited a WRS program in year 2.

Most common assessments received by children served: Developmental assessments (31%) and Informal Fetal Alcohol Spectrum Disorders (FASD) (27%) were the most common assessments administered to children.

Child immunizations and medical insurance:

Of the children with known information (n=560), 99% of children had medical insurance and 96% of children (n=538) were up-to-date on their immunizations at closing. This information was unknown for 14%-17% of children respectively.

Most common service areas that program staff worked on with children (n=369)



Methodology

In order to evaluate women's progress and the effectiveness of the Women's Recovery Services initiative at each program, Wilder Research, in partnership with BHD and grantee staff, collected information from women at multiple points in time. The information collected generally remained the same across the year, with the exception of the revision of some questions to select instruments (such as updating substance use terminology). The primary data collection methods included:

Client-level forms: Program staff collected information about each woman who entered a WRS program at the point of program intake, program closing, and after pregnancy. Staff also collected information about UAs, the types of services programs provided, and the amount of contact with each woman. Information was tracked on paper forms as well as in a web-based database, into which all data were ultimately entered.

Client well-being survey: At closing, clients complete a retrospective pretest survey about their well-being – as it relates to social support, basic needs, health, self-efficacy, access to resources, and ability to live independently – at closing and before they started the program.

Follow-up interviews: In order to track the progress of women and the maintenance of their goals, follow-up interviews were conducted with women 1, 6, and 12 months after they left a WRS program. Wilder Research interviewers asked women about their 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 WRS program.

This summary presents highlights of *Women's Recovery Services in Minnesota: Key Findings from Year 2 (2023-2024)*. For more information about this report, contact Monica Idzelis Rothe at Wilder Research at monica.idzelis@wilder.org.

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October 2025

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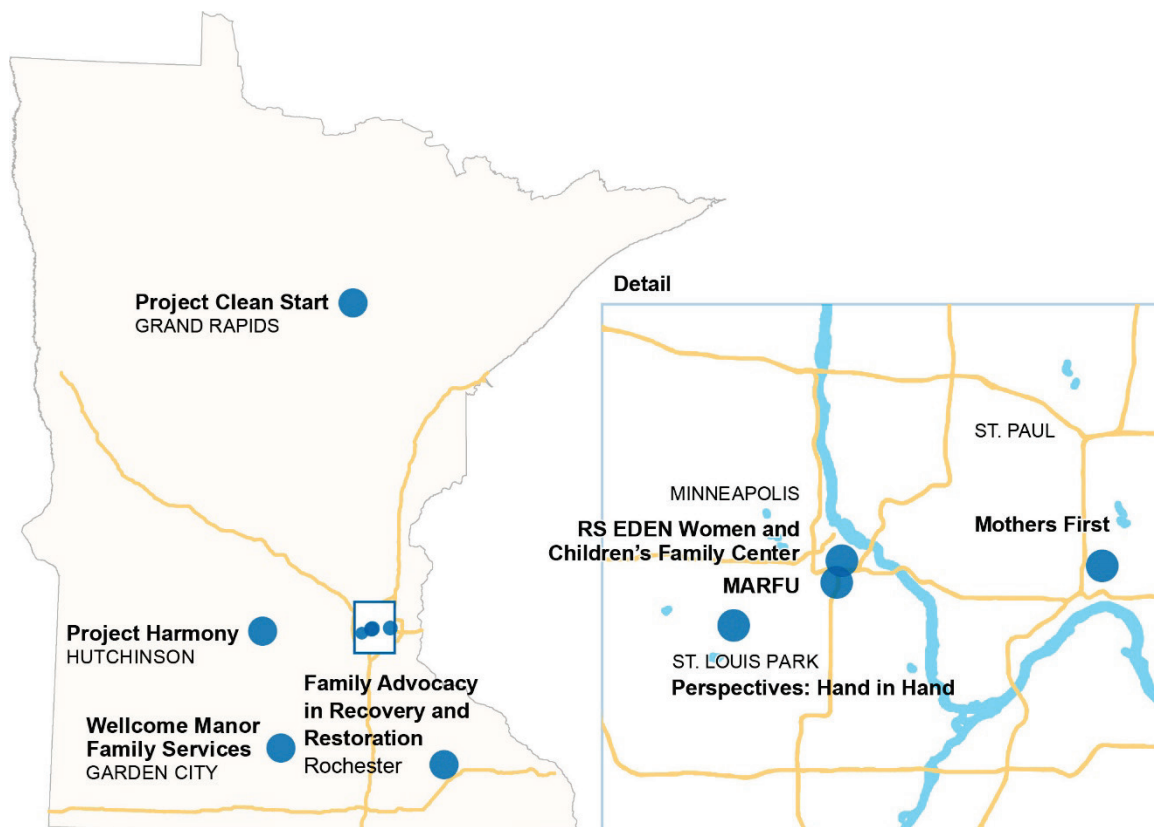
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Project overview

In spring 2022, the Minnesota Department of Human Services Behavioral Health Division (BHD) contracted with 8 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families (Figures 1 & 2). Through this initiative, known as Women’s Recovery Services (WRS), grantees provided comprehensive, gender-specific, family-centered services for the women in their care. This is the third iteration of this five-year grant and evaluation. See Appendix A for more grant information.

In order to evaluate women’s progress and the effectiveness of the Women’s Recovery Services grantees, the Department of Human Services asked Wilder Research to conduct an evaluation of the program for the duration of the grant. See Appendix B for more information about the methods used to conduct the evaluation.

1. Map of Women’s Recovery Services grantees (Year 2: 2023-2024)



2. Women's Recovery Services grantees in Year 2 (2023-24)

Grantee	Program	# of women served by the program	# of women who exited the program
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)	89	53
Family Service Rochester	Family Advocacy in Recovery and Restoration (FARR)	50	27
Hope House of Itasca County	Project Clean Start	39	25
Meeker-McLeod-Sibley Community Health Services	Project Harmony	12	5
Perspectives Inc.	Women and Children: Hand in Hand	45	34
Ramsey County Community Human Services	Mothers First	45	29
RS EDEN	Women and Children's Family Center	90	76
Wellcome Manor Family Services	Wellcome Manor Family Services	118	95
Total		488	344

Note. This table provides the numbers of women who received services from a WRS grantee at any point from June 1, 2023 through May 31, 2024.

Overview of report

This report presents findings across all eight funded programs from June 1, 2023 through May 31, 2024 (year 2 of the grant cycle). The report begins with a description of the families served and services provided, and then moves into a detailed discussion of outcomes for women from intake to closing, or program exit. Note that descriptive information about families and services is based on all women and children served from 2023 - 2024, while outcome information is generally based on all women whose cases were *closed* during that period.

The report then explores how women were doing after exiting WRS programs by comparing outcome data for women at four time points: at intake, closing, the 1-month follow-up interview, and the 6-month follow-up interview (Wilder is also conducting 12-month follow-up interviews with women but too few interviews had occurred at the time of reporting to be included in the report). Finally, the report includes an analysis of how the amount and intensity of services impacted outcomes and other factors that contributed to positive outcomes for women.

Description of women served

WRS grantees served a total of 488 women¹ from June 1, 2023 – May 31, 2024 (184 of these women remained from the previous period/grant, while 304 were new to the programs). A total of 344 women exited a WRS program during this time.

Exiting a program includes both women who completed the program and those who left without completing it (e.g., stopped attending the program or were asked to leave).

- **Women’s race and ethnicity:** At intake, women largely identified as White (52%), American Indian/Alaska Native (17%), African American/Black (15%), or multiracial (12%); 9% reported being of Hispanic origin.
- **Women’s age:** The majority of women served were age 25-48 (84%).
- **Pregnancy at intake:** 18% of women were pregnant at intake (82% of these women had at least one prior pregnancy).
- **Children of women served:** Women served had a total of 935 children, including 35 babies born while women were in a WRS program; 651 children exited in year 2 (along with the 344 women reported above), and 57% of these children were reported to have received services in year 2.
- **Income and public benefits:** Most women served (93%) had incomes at or below the federal poverty line. Women were connected to a variety of public benefits and community resources at intake, with the most common being food support or SNAP (45%), MFIP cash assistance (28%), WIC (22%), and General Assistance (18%).
- **Educational background of women served:** The majority of women served had earned a high school diploma or GED (38%); 36% had completed some college or obtained a post-secondary degree.

¹ Because it is possible for women to leave and then re-enter the program, this number may include some duplication.

Program participation

The following section includes data for the 344 women *who exited their program* in year 2 (2023-24).

Program dosage

- **Average length of participation:** 7.4 months; median 4 (range: <1 month to 6.5 years²)
- **Average number of contacts between program staff and women:** 218 contacts, among the 97% of women (n=333) who had a minimum level of contact with staff while in the program; 91% of women had at least one in-person contact with staff per month.

Average number of **phone call** contacts: 27 contacts – 42% of women participated in a phone call with program staff

Average number of **one-on-one** contacts (in-person): 36 contacts – 100% of women participated in a one-on-one contact with program staff

Average number of **group** sessions (in-person): 156 contacts – 92% of women participated in a group session with program staff

Average number of **text message** contacts: 73 contacts – 38% of women texted with program staff

- **Average number of hours program staff spent with women:** 230 hours (range: <1 hour to 1,665 hours) for the 333 women with recorded contact hours; 11 women did not have any recorded contact time with program staff, likely due to either missing data or women who completed an intake with program staff but left before receiving services.

² While length of participation varied by program and by person, 91% of women who closed in year 2 participated for a year or less; 7 women (2%) participated for 3 or more years.

Services and assessments

- **Most common service areas:** Besides treatment and recovery support, program staff were most likely to work with women on mental health or counseling (87%), housing (78%), parenting (75%), wellness and recreation (64%), relationship issues (59%), public benefits (55%), physical/dental health (53%), transportation (46%), and childcare (42%).
- **Service areas of highest need:** Program staff reported that women needed the most help with housing (65%), mental health and counseling (64%), and parenting (42%).
- **Assessments provided:** Women most commonly received a chemical health assessment (75%), mental health assessment (66%), a mental health screening (65%), a physical health assessment (38%), or a Fetal Alcohol Spectrum Disorder (FASD) screening through informal questions (36%).
- **Percentage of women who received urinalysis tests (UAs) while in a WRS program:** 79% of all women who exited during 2023-24.
- **Average number of UAs provided to women during their program:** 22 UAs; 68% of women provided with a UA had at least one positive UA, most commonly for marijuana (45%), methamphetamine (38%), other amphetamines (25%), other opiates (19%), cocaine powder (18%), alcohol (17%), and benzodiazepines (14%).
- **Percentage of women who completed an evidence-based parenting program:** 64% of women *participated* in an evidence-based program or curriculum while in a WRS program, while another 11% participated in other types of parenting support; 58% *completed* an evidence-based parenting program.

In-depth results: Comparing intake to closing

The following section summarizes information collected about women and their children from June 1, 2023 – May 31, 2024. It includes information about how women were doing *at intake*, when they first entered the program, as well as a comparison of outcomes from *intake to closing or program exit*.

► **Matched analysis:** For many of the outcome areas, a matched analysis was used to see if there were significant changes for women in key areas from intake to closing. Because the matched analysis can only be conducted when data are available at both intake and closing, these results are based on a different (usually smaller) number of women than the total number of women served from 2023-24 (as described in the previous section).

Among all eight WRS programs, between 151 and 325 women had matched information on key outcome areas available at both intake and closing, representing 44% - 94% of all women who exited WRS programs in year 2. The varied range of women represented in the results for each outcome area is due to incomplete information for women participating in a WRS program. Therefore, matched results may not be representative of all 344 women who exited a WRS program from June 2023 through May 2024.

For a complete list of matched analysis results, please see Appendix C.

WHAT IS A STATISTICALLY SIGNIFICANT CHANGE?

Wilder uses statistical analysis when looking at differences in outcomes between intake, closing, and follow-up interviews. Statistical software is used to determine whether a difference detected is “real” and more than likely not due to chance. When the report uses the term “significant” to describe change over time, this means the statistical test indicates that we can be confident that actual change occurred from intake to closing in a given outcome area.

While a statistical analysis may reveal that a change is statistically significant, the meaningfulness of these differences should be examined further. Relatively small differences between time points or groups sometimes emerge as “statistically significant” because the large number of women yields more “power” in the analysis to detect even small differences. The extent to which this statistical difference suggests a meaningful difference for women from one time to another should be considered for each individual outcome and the broader context in which it occurs. For example, a difference of 3 or 5 percentage points, even if statistically significant, is not necessarily practically significant and should not be over-emphasized; in contrast, a difference of 10 or more percentage points suggests a more meaningful difference.

Substance use

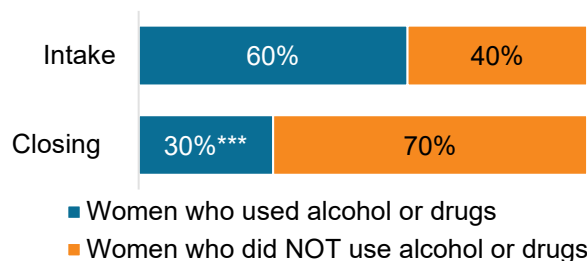
At intake (all women served in year 2)

- **Substance use and sobriety:** At intake, 54% of women reported having used alcohol and/or other drugs (excluding tobacco) in the 30 days prior to program enrollment or prior to a forced sobriety situation (e.g., jail, treatment) preceding enrollment. For the 184 women³ (46%) reporting no alcohol or drug use within 30 days of intake, their length of sobriety at intake ranged from 1 month to 3.5 years, with an average of 5.7 months.
- **Primary drug of choice:** For the women served during year 2, the primary drug of choice was most often methamphetamine (39%), followed by alcohol (20%), fentanyl (17%), marijuana (9%), and heroin (6%).⁴
- **Most common substances used:** Among those reporting substance use in the 30 days prior to intake, women were most likely to have used methamphetamine (51%), followed by marijuana (50%), alcohol (40%), fentanyl (24%),⁴ pharmaceutical opioids (17%), heroin (8%), and cocaine (8%). The majority of women (86%) also reported recent tobacco use at intake.

At closing (women who exited a program in year 2)

► **Matched analysis:** The number of women who reported recent substance use **significantly decreased** from intake to closing (Figure 3). While 60% of those with matched data had used substances in the month prior to intake, 30% reported using in the month prior to closing. For more information on women’s substance use at closing – including the number who reported *reduced* use from intake to closing – please see Appendix C.

3. Change in substance use from intake to closing (n=313)



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

³ A total of 222 women reported no recent alcohol or drug use at intake; however, information on length of sobriety is only reported for 184 of those women for whom sobriety data were available and who had a minimum of 30 days of sobriety.

⁴ Because fentanyl began being tracked as a separate, standalone substance partway through year 1 of the evaluation, this proportion may be an undercount of actual fentanyl usage, while the pharmaceutical opioids category may include participants who used fentanyl.

Infant health

All babies born to women served in year 2

- **Most babies were born healthy and stayed with their mother following birth.**
In 2023-2024, 36 babies were born to women served by a WRS program. Most babies were born full term (75%) and with a normal birth weight (69%). In addition, 28% of babies (n=10) spent time in the NICU and 11% of babies (n=4) were placed outside of the home following birth.
- **Infant toxicology:** Of infants tested (n=32), 38% of babies had positive toxicology results, most commonly for marijuana (19%). (11% of babies did not receive a toxicology test or had results unknown to program staff.) Infant toxicology was most often obtained through a meconium test (56%).
- **Mothers' toxicology:** While toxicology results were untested for 8% of women who gave birth in year 2, 28% of women tested positive for substances at birth, including marijuana (12%), methamphetamine (n=1), and marijuana (n=4).⁵ Toxicology results for women were obtained through either a urine test (55%) or a blood test (36%).

Recovery support

At intake (all women served in year 2)

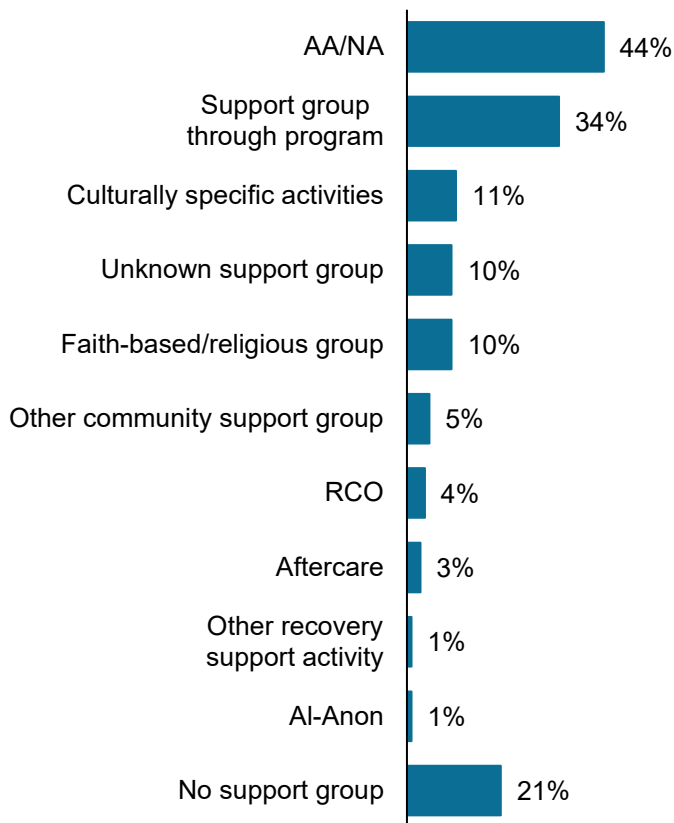
- **Sources of recovery support:** Upon entering their Women's Recovery program, 44% of women were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Fewer women were connected to faith-based groups (12%), culturally specific groups (10%), Recovery Community Organizations (RCOs; 6%), other community support groups (5%), recovery support through unspecified recovery support activities (5%), and aftercare (4%).

At closing (women who exited a program in year 2)

- **Sources of recovery support:** By closing, women (n=344) sought support primarily through AA or NA (44%), a support group through their WRS program (34%), a culturally specific recovery support activity (11%), an unspecified support group (10%), a faith-based support group (10%), other community support groups (5%), Recovery Community Organizations (RCOs; 4%), or aftercare (3%; Figure 4).

⁵ This excludes two women who tested positive only for medications taken as directed.

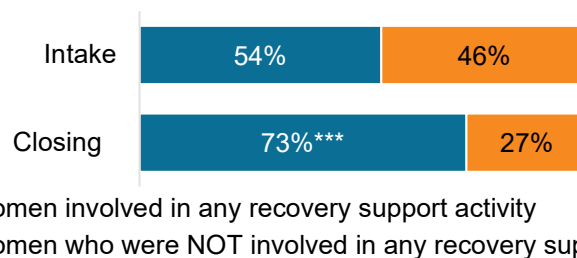
4. Types of recovery support used by women at closing (n=344)



Note. Women could indicate multiple forms of recovery support used, so percentages total more than 100%.

► **Matched analysis:** Significantly more women were connected to recovery support activities at closing (73%) than at intake (54%) (Figure 5). This was also true in terms of participation in AA and/or NA (47%, intake vs. 60%, closing, n=247).

5. Change in recovery support participation from intake to closing (n=247)



Note. Differences between intake and closing were tested using the McNemar's test and are significant at: ***p < .001. "Any recovery support activity" includes involvement in AA and/or NA, a support group through the program, a support group in the community, support from family/friends, a faith-based/religious group, or other recovery support activities.

System involvement

At intake (all women served in year 2)

- **Child protection:** 52% of women were involved with child protection at intake, and 16% had been referred to their program through that system.⁶ Of the 208 women who were required to participate in a WRS program, 63% of those were required to do so by child protection.
- **Criminal justice system:** Half of all women (53%) were involved with the criminal justice system, and 13% had been arrested in the 30 days prior to program entry; 13% had been referred through corrections or drug court.

At closing (women who exited a program in year 2)

- **Reunification:** 105 children were reunified with their mothers by closing (after a formal out-of-home placement).
 - **Babies placed out of home:** 11% of the babies (n=4) born to mothers served during year 2 were placed out of the home by child protection following their birth.
- **Matched analysis:** Women were significantly less likely to be arrested in the 30 days prior to closing (5%) than in the 30 days prior to intake (16%). In addition, significantly fewer women were involved with both child protection and the criminal justice system at closing when compared to intake. (Figure 6).

6. Changes in system involvement from intake to closing

System Involvement	Total n	Intake		Closing	
		n	%	n	%
Women arrested in the prior 30 days	303	49	16%	15	5%***
Women involved in child protection	325	174	54%	148	46%**
Women involved with the criminal justice system	320	172	54%	143	45%***

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

⁶ Child protection was among the top three referral sources for women entering their Women's Recovery program, as were treatment programs (30%) and self-referrals (22%).

Housing

At intake (all women served in year 2)

- At intake, women were most likely to be living in their own house or apartment (29%), in a relative or friend's home (26%), or in an inpatient treatment facility (20%).
- In addition, 5% of women were living in a shelter or a place not intended for housing (such as a car, vacant building, or outside) at intake.
- Living arrangements were considered “supportive to recovery” and “stable” for 55% of women.
- The majority of program participants (78%) had experienced homelessness at some point in their lives, with 17% having been homeless five or more times.

At closing (women who exited a program in year 2)

- At closing, women were most likely to be living in their own house or apartment (42%), in a relative or friend's home (12%), in an inpatient treatment facility (9%), or a sober/halfway house (8%), although living arrangements were unknown for 14% of women at closing.
 - The WRS programs directly provided housing for 81% of clients while they were in the programs.
 - 52% of women went through a coordinated assessment for housing while in the program and 20% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 2%-11% of women at closing).
- **Matched analysis:** Housing situations improved for many women by the time they exited a WRS program. By closing, women were significantly more likely to be housed (not homeless), in their own home or in permanent supportive housing, in housing considered stable, and in housing supportive to their recovery (Figure 7). Note that matched housing information was available for 44% - 83% of women; therefore, these findings may not be representative of all women who exited a WRS program in year 2.

7. Changes in housing from intake to closing

Changes in housing	Total n	Intake		Closing	
		n	%	n	%
Women in housing/not homeless ^a	185	156	84%	177	96%***
Women in own home or permanent supportive housing ^b	151	95	63%	122	81%***
Women in “stable” housing ^c	286	156	55%	236	83%***
Women in housing “supportive to recovery” ^d	278	150	54%	236	85%***

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

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

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

^c Woman’s living arrangements are **stable**, as perceived by staff. Factors considered in this determination are woman’s permanency of arrangements, affordability, safety, and adequacy of space and amenities.

^d Woman’s living arrangements are **supportive to recovery**, as perceived by staff. Factors considered in this determination are woman’s safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs.

Treatment participation

- **Treatment at intake:** 82% of women were in treatment when they entered a WRS program; 52% were in inpatient/residential treatment, 35% were in outpatient treatment with housing, and 13% were in outpatient treatment without housing. Of those in treatment at intake, 25% had children living with them while in treatment.
- **Prior treatment participation:** The majority of women (86%) reported having been in treatment at some point prior to entering their current program, typically one to four times (66%).
- **Treatment outcomes by closing:** Women who enter treatment more than once during their time in the program might have different outcomes for each treatment episode. For the 300 women who were in treatment at some point during their time in a WRS program, their most recent treatment outcomes were as follows: 55% successfully completed 245G, 32% were noncompliant or left the program without staff approval, 7% had some “other” treatment outcome, and 6% were still in treatment.
- **Medication-assisted treatment and detox:** While in a WRS program, 28% of women received medication-assisted treatment (MAT), primarily suboxone and methadone (medications used to treat heroin or opioid addiction); 6% spent time in detox while in their program.

Health and safety

At intake (all women served in year 2)

- **Physical health and access to care:** 46% of women reported having a severe or chronic physical health problem at intake. Among those with a health issue, the most common were tooth and/or gum problems (27%), chronic neck or back problems (20%), lung or respiratory illnesses (18%), migraines (18%), other types of chronic pain (15%), arthritis or carpal tunnel (14%), and high blood pressure (14%). In the 6 months prior to intake, 36% had been to the emergency room. The majority of women had medical insurance (96%), typically through a public option (e.g., MA, MNCare), and 77% had a primary care physician, clinic, or both.
- **Mental health diagnoses:** 88% of women had at least one mental health diagnosis at intake. Among those with a mental health diagnosis, women were most often diagnosed with an anxiety disorder (92%) or depressive disorder (76%). In addition, 64% of all women had been diagnosed with Post-traumatic Stress Disorder (PTSD). A small proportion of women reported a diagnosed Traumatic Brain Injury (TBI; 8%) or Fetal Alcohol Spectrum Disorder (FASD; 2%).
- **Intimate partner violence:** When asked at program exit, 19% of women reported that, at intake, they were in a relationship with a partner who was physically or emotionally violent. Data were unknown for 26% of women.

At closing (women who exited a program in year 2)

- **Mental health services:** By closing, 72% of women were receiving mental health services or were connected to a specific clinic or therapist if services were needed; an additional 18% needed mental health services at closing but were not connected to a clinic or therapist. This information was unknown for 7% of women.
- **Intimate partner violence:** 19% of women who reported an abusive relationship at intake said that their personal safety had improved by closing; 25% reported that their personal safety stayed the same or worsened by closing. This information was unknown for 13% of women.

► **Matched analysis:** Significantly more women had a primary care physician and/or clinic at closing (83%) when compared with intake (77%). While nearly all women had medical insurance at intake (96%), significantly more women had medical insurance by closing (99%), although this was only a 3 percentage point increase (Figure 8).

8. Changes in health care access from intake to closing

Health Care Access	Total n	Intake		Closing	
		n	%	n	%
Women with a primary care physician and/or clinic	307	236	77%	256	83%**
Women with medical insurance	324	310	96%	323	99%***

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

Education and employment

At intake (all women served in year 2)

- **Education:** 38% of women had a high school diploma or GED at intake; 36% had completed some college or obtained a post-secondary degree.
- **Employment and career-training programs:** Most women (77%) were unemployed or not working at intake; 20% were actively looking for work. Fewer (16%) were employed either full time or part time, or involved in school or a career-training program (7%).

At closing (women who exited a program in year 2)

► **Matched analysis:** Relatively few women were employed or involved in school or career-training programs at either intake or closing. Taken together, the percentage of women employed or enrolled in a school or career training program increased slightly from intake (21%) to closing (23%; Figure 9), although this increase was not statistically significant.

9. Changes in employment and schooling from intake to closing

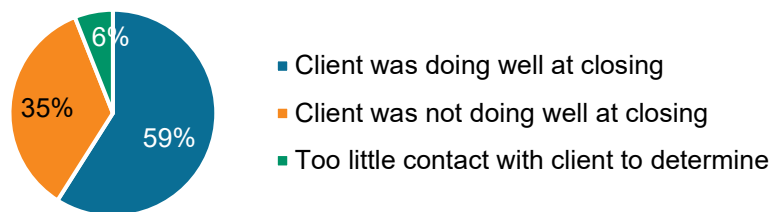
Employment and Schooling	Total n	Intake		Closing	
		n	%	n	%
Women employed full time or part time	297	46	16%	52	18%
Women in school/career-training program	324	27	7%	30	9%
Women <u>either</u> employed OR enrolled in a school/career-training program	298	63	21%	69	23%

Additional outcomes

At closing (women who exited a program in year 2)

- **Engagement in case plan and continuing care plan:** At the time of closing, 67% of women were at least somewhat engaged in carrying out their program goals and case plan (as reported by program staff); 72% of women had a continuing care plan in place when they exited a WRS program.
- **Doing well at closing:** Using their own professional judgment and internal set of criteria, program staff assess the extent to which women are “doing well” or “not doing well” when they leave the program. Overall, staff reported that 59% of women who exited a WRS program this past year were “doing well” at closing. Staff had too little contact with 6% of women to make this determination (Figure 10).

10. Staff perception of women’s status at closing (n=344)



There were a range of reasons why staff perceived women as “not doing well” at closing or reported that they had too little contact to determine, including that women were not compliant with program requirements (24%), they were not engaged in carrying out the goals of their case plan (24%), they were actively using substances (17%), they were in crisis or experiencing a traumatic life event (8%) or because they disappeared or could not be reached (6%).

Children of women served

Description of children

Women served by a WRS program in year 2 (2023-24) had a total of 935 dependents at the time of intake. Key characteristics of these children include:

- **Children's race and ethnicity:** At intake, children were identified as White (35%), multiracial (27%), American Indian/Alaska Native (18%), African American/Black (16%), and Asian American/Pacific Islander (1%). In addition, 10% were identified as Hispanic.
- **Children's age:** The majority of children (72%) for whom age information was available (n=858) were under age 12.
- **Babies born:** A total of 36 babies were born to women served by a WRS program in year 2. Babies were most commonly identified as White (31%), multiracial (22%), African American/Black (22%), American Indian/Alaska Native (19%), and Asian American/Pacific Islander (3%). In addition, 11% of babies born in year 2 were of Hispanic origin.

Services provided to children

While WRS programs offer children's services, programs do not always have the opportunity to serve the children of women participating in the program. Oftentimes, women may not have custody of their children while in their program or do not bring their children with them to the program. In addition, many children are in school or involved in outside programming during the day, limiting program staff's ability to provide services to children.

Overall, WRS programs directly provided services to at least 369 children, or 57% of the 651 children of women who exited a WRS program in year 2. The following provides additional information about the services provided to these 369 children.

- **Service areas that program staff worked on with children:** For those who received services, program staff most commonly worked with children on developmental needs (61%), recreational services (52%), and educational needs (47%). Children also received services related to physical health/medical care (43%), safe infant sleep (42%), immunizations (26%), mental health/counseling (13%), and FASD (7%).
- **Assessments provided to children:** 31% of children received a developmental assessment, 27% of children received an FASD screening or assessment, most often an informal screening, while in the program; 45% of the children served did not receive any of the screenings or assessments listed on the closing form.

Children at closing

At closing, program staff collected information on the 651 children of women who had participated in a WRS program – regardless of whether or not each child received services from a program. The following section summarizes information on the children of all women who exited a WRS program in year 2, for whom data are available.

- **Custody status:** At closing, 48% of children were involved with child protection (child protection involvement was unknown for 6% of children). Of those children, 22% had a formal out-of-home placement.
- **Medical insurance and immunizations by closing:** Of the children with known information (n=538-560), 99% of children had medical insurance and 96% were up-to-date on their immunizations at closing. However, this information was unknown for 14%-17% (n=91-113) of the 651 children.
- **Mental health services at closing:** Of the children with known information (n=485), 17% of children were receiving mental health services at closing. However, this information was unknown for 26% (n=166) of the 651 children.
- **Participation in an evidence-based children's program:** 18% of children participated in an evidence-based program in year 2 and fully completed the program; an additional 9% partially completed an evidence-based program. This information was unknown for 4% of children.

Life after WRS programs

Follow-up interview results

Number of women
who **exited in year 2**

344

Number of women who
**completed a 1-month
follow-up interview**

186

Number of women who
**completed a 6-month
follow-up interview**

92

Number of women who
**completed a 12-month
follow-up interview**

27

Number of women with results
**at the 4 time points (intake,
closing, 1-month follow-up,
6-month follow-up)**

46-70

Wilder Research contacts women by telephone approximately 1, 6, and 12 months after exit to assess their well-being and satisfaction with the program. A total of 186 1-month interviews, 92 6-month interviews, and 27 12-month interviews were completed with women in year 2. The number of interviews completed by program can be found in Figure 11, and detailed responses from all women interviewed during each follow-up point can be found in Appendix E.

To learn how changes from intake to closing are maintained after women leave the program,⁷ Wilder conducted an analysis of data at four time points – intake, closing, 1-month follow-up, and 6-month follow-up (except for select outcomes where sufficient data was available for analysis only at the first three time points). Because this analysis requires women to have information available at least three time points, the following results represent findings for 13%-20% of all 344 women who exited a WRS program between June 1, 2023 and May 31, 2024.⁸ Therefore, these findings are not representative of all women who exited a WRS program during year 2.

⁷ Generally, information collected at intake and closing was based on *staff* report, while information collected during the follow-up interviews was based on *client* self-report. Collecting data from two different sources can impact the accuracy of the data; please see the Limitations section in Appendix B.

⁸ Please note that not all women are eligible for follow-up interviews. See the Limitations section in Appendix B for more information about the women interviewed.

Please note that programs are not evenly represented in follow-up interview results. Given differences across WRS programs, Wilder Research is more likely to interview women from programs that serve a larger number of women per year and that average a shorter participation length. As Figure 11 shows, 60% of women included in the follow-up analysis participated in one of three programs. Therefore, some programs are represented more than others in the follow-up analysis; these findings are not equally representative of all programs.

11. Number and proportion of women included in the follow-up interview analysis, by program (n=70)

Grantee	Number of women included in follow-up interview analysis	Proportion of women included in follow-up interview analysis
Wellcome Manor Family Services	19	27%
RS EDEN	13	19%
Avivo	10	14%
Family Advocacy in Recovery and Restoration	6	9%
Hope House of Itasca County	9	13%
Perspectives Inc.	8	11%
Ramsey County Community Human Services	5	7%
Meeker-McLeod-Sibley Community Health Services	0	-
Total	70	100%

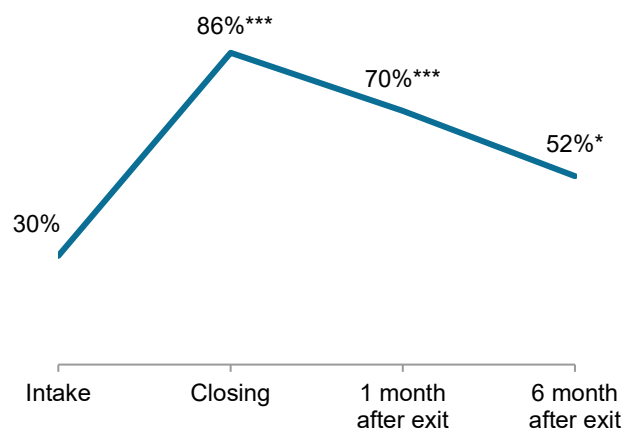
Note. Only women with information available at four time points – intake, closing, 1-month follow-up, and 6-month follow-up – were included in most of the follow-up interview analysis.

Substance use

There is a significant increase in sobriety by closing, but rates begin to decline over time

After making significant gains in sobriety during their participation in the WRS programs, rates of sobriety decline after women leave the programs (Figure 12). While significantly more women were sober at closing (86%) when compared to intake (30%), a smaller proportion of women reported sobriety at the 1-month follow-up (70%), which decreased further at the 6-month follow-up (52%).

12. Percentage of women reporting sobriety (n=69)



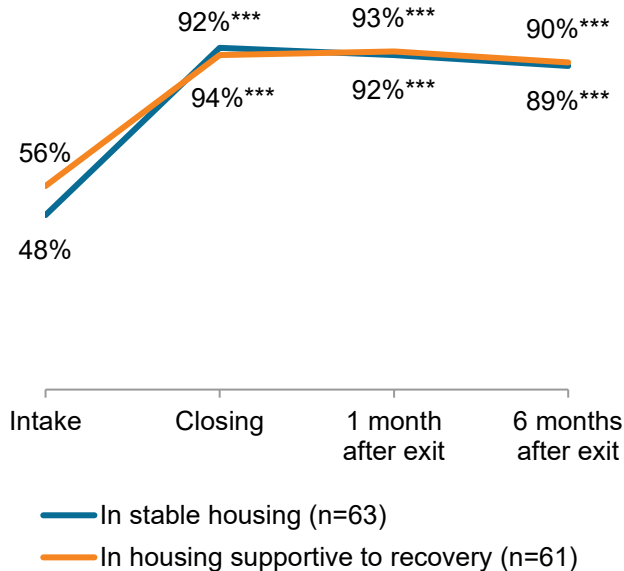
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$ and ** $p < .01$.

Housing

More women had stable and supportive housing after exit and gains are generally maintained

Women’s housing situations significantly improved by program exit, and these improvements were generally maintained in the six months after they left the program (Figure 13). Significantly more women were in stable housing at closing (94%) as well as the 1-month (92%) and 6-month follow-up (89%) when compared to intake (48%). Similarly, significantly more women were in housing considered supportive to their recovery at closing (92%) as well as the 1-month (93%) and 6-month follow-up (90%) when compared to intake (56%).

13. Percentage of women in housing considered “stable” and “supportive to recovery”



Note. Differences between each point in time were tested using Cochran’s Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$.

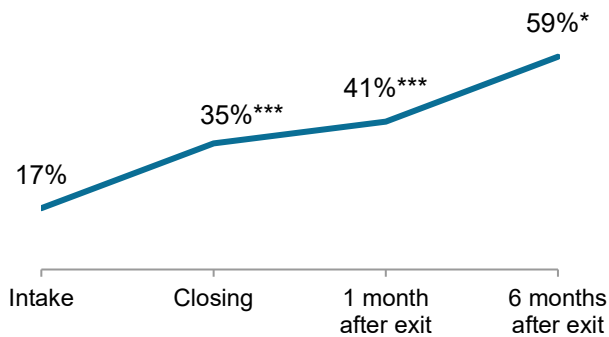
Rates of homelessness also significantly decreased over time. While 29% of women were experiencing homelessness at intake, no women reported being homeless at closing or at the 6-month follow-up ($n=41$, $p < .001$).

Employment, schooling, and job training

Employment rates for women increased over time

Women saw gains in employment after participating in a WRS program (Figure 14). The percentage of women who were employed full or part time at intake increased from 17% at intake to 35% at closing. After women exited the program, the rate of employment continued to increase to 41% at the 1-month follow-up and 59% at the 6-month follow-up, both of which were significant increases from the employment rates at intake.

14. Percentage of women employed (n=46)

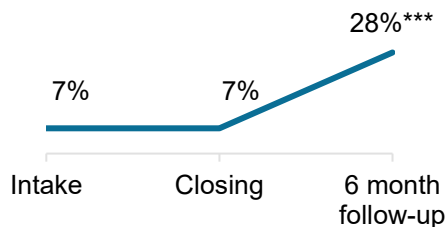


Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: ***p < .001 and *p < .05.

Job training rates for women increased at follow-up

Compared to intake (7%) and closing (7%), when relatively few women were involved in job training, significantly more women were engaged in job training at the 6-month follow-up (28%) (Figure 15).

15. Percentage of women in job training (n=69)



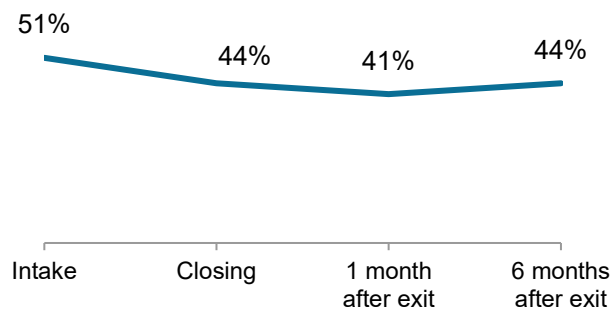
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: ***p < .001.

Child protection

Child protection involvement decreased slightly over time

Rates of involvement with child protection decreased slightly over time, from 51% at intake to between 41% to 44% at closing, one month, and six months after program exit, but the changes were not statistically significant (Figure 16).

16. Percentage of women involved with child protection (n=70)



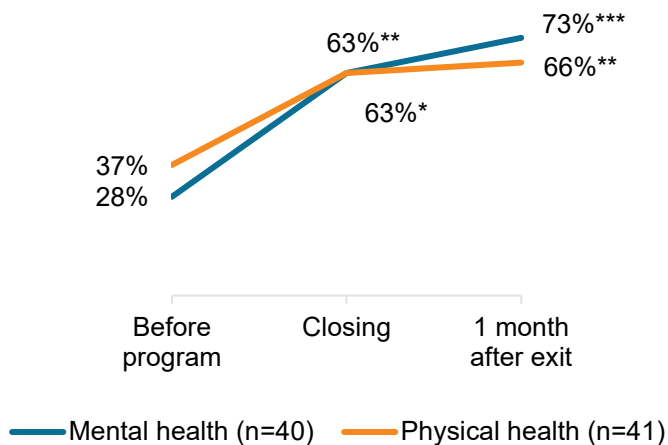
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are not significant.

Mental and physical health

Perceptions of physical and mental health improved over time

Significantly more women rated their physical and mental health as “excellent” or “good” at closing (63%) and at the 1-month follow-up (66%-73%), compared to intake (28%-37%) (Figure 17).

17. Perceptions of “excellent” or “good” physical and mental health



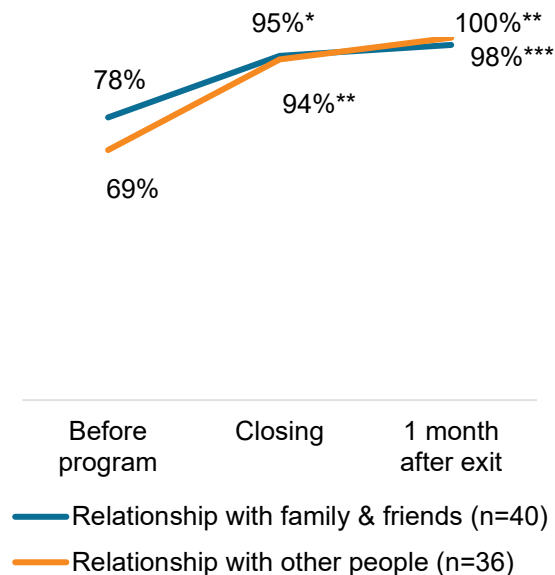
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$.

Social support

Ratings of social support improved over time

Significantly more women rated their relationships as “very” or “somewhat” supportive over time (Figure 18). At intake, about three-quarters of women rated their relationships with family and friends (78%) and other people (69%) as supportive. By the 1-month follow-up, all or nearly all women rated these relationships as supportive (100%, family and friends; 98%, other people).

18. Perceptions of supportiveness of relationships



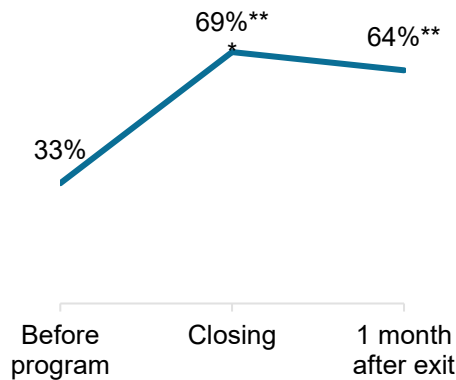
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$.

Basic needs

The ability to meet basic needs improved over time

Significantly more women were able to regularly meet their family's basic needs after participating in the program (Figure 19). One-third of women (33%) reported being able to meet their family's basic needs "most of the time" at intake. This significantly increased to 69% of women at closing, and remained relatively steady at 64% at the 1-month follow-up.

19. Ability to meet family's basic needs



Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$ and ** $p < .01$.

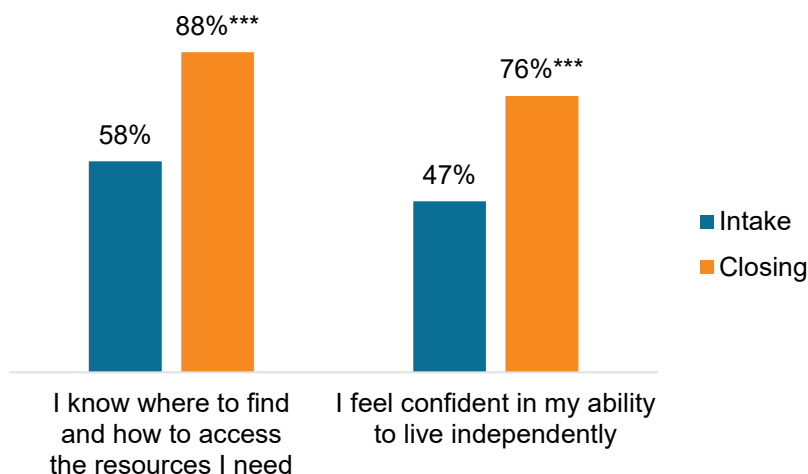
Resources and independence

Access to resources and confidence in living independently improved by exit

Significantly more women reported knowing where to access resources at closing (88%) compared to intake (58%) and feeling more confident about their ability to live independently at closing (76%) compared to intake (47%; Figure 20).

20. Ability to access resources and live independently

Percentage of women who "strongly agreed" or "agreed" (n=105-106)



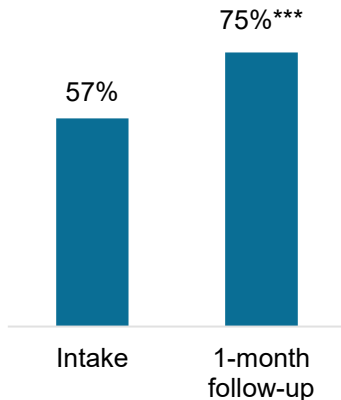
Note. Differences were tested using a Paired Samples T-Test. Differences are significant at: *** $p < .01$.

Transportation

Significantly more women said they could access reliable transportation “most of the time” at the 1-month follow-up (75%) compared to intake (57%; Figure 21).

21. Access to reliable transportation

Percentage of women who said they could access reliable transportation “most of the time” (n=181)

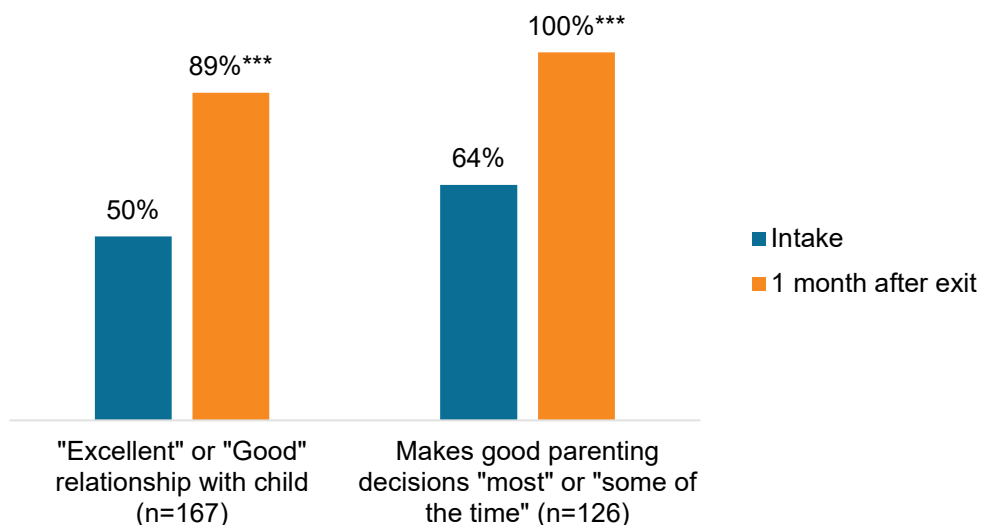


Note. Differences were tested using a Chi-Square Test. Differences are significant at: ***p < .001.

Parenting and relationship with children

Women reported improvements in their parenting and relationships with their children at follow-up (Figure 22). Significantly more women described their relationships with their children as “excellent” or “good” one month after exit (89%) compared to intake (50%). Similarly, significantly more women said they made good parenting decisions “most” or “some of the time” at the 1-month follow up (100%) compared to intake (64%).

22. Parenting decisions and relationship with children



Note. Differences were tested using a Chi-Square Test. Differences are significant at: ***p < .001.

Program satisfaction and support

During follow-up interviews, respondents were asked to provide feedback about their experience in their WRS program, including their satisfaction with the program and the areas in which they felt they received support. Please see Appendix E for more information on satisfaction results. Key findings include:

- **Most women are satisfied with the program.** The majority of women (80%) were “very satisfied” or “satisfied” with their WRS program and would recommend the program to women like themselves (Figure 23).

23. Program satisfaction (n=186)



■ Very satisfied ■ Satisfied ■ Dissatisfied ■ Very dissatisfied

- **Women gave high ratings to program staff.** When asked about specific program elements, the majority of women agreed that program staff were sensitive to cultural issues (89%), helped them develop their goals (87%), understood their problems and concerns (85%), knew a lot about community services and programs (83%), and were available when needed (82%).
- **Women reported sobriety support as most helpful.** In terms of the services they found most helpful, women were most likely to report that their program helped them to get or stay sober (86%) and provide emotional support and encouragement (85%). These were also the most helpful supports to them and their children while in the program (22% and 20%, respectively). Programs also helped the majority of women address physical or mental health needs (80%), parenting (73%), and find a support network of people to help them stay sober (66%). Over half of the women (53%) received help from the program with MFIP or WIC benefits.
- **Women needed more help with housing and basic needs.** Over one-quarter of women (27%) said they did not receive help with housing but needed it, and about one-third also did not receive help but needed assistance with paying for housing, transportation, or bills (32%).

Peer Recovery Support Specialists

A Peer Recovery Support Specialist (PRS) - also called a Recovery Coach - is a person with lived experience of alcohol or substance use who helps women on their recovery journey. Each Women's Recovery Services program grantee has a PRS on staff. In a role distinct from case workers or therapists, a PRS serves as a mentor, role model, and advocate for women in their substance use recovery.

Women are asked to provide feedback about their program's PRS in follow-up interviews. The results below reflect the experiences of 123 women who provided feedback on their PRS during the 1-month interview. Please see Appendix E for more information on women's experiences with peer supports.

Peer supports make a difference

- **68% of women utilized a Peer Recovery Support Specialist while in the program.** Of those that reported contact with a PRS, about half interacted with them every day or almost every day (52%); 30% were in contact with their PRS once a week. Fewer (29%) were in contact with their PRS *after* leaving the program.
- **Working with a Peer Recovery Support Specialist increased the likelihood of successful treatment completion.** When comparing the results of women who interacted with a PRS during their time in a WRS program with women who did not, those who worked with a PRS were more likely to successfully complete treatment at closing. See the Contributors to Positive Outcomes section for more information on this analysis.
- **Peer Recovery Support Specialists provided dependable, respectful support and helped women to live healthier lives.** About 8 in 10 women felt that their PRS listened to them and treated them with respect (90%), were there for women when needed (88%), and helped them to develop healthier habits (81%; Figure 24). In addition, women felt that, with the help of their PRS, they felt emotionally supported throughout their recovery (87%), had more confidence in themselves (83%), and felt more motivated (82%). More than three-quarters of women (80%) said that, with the help of their PRS, they better understood their addiction and behaviors.

24. Feedback on Peer Recovery Support Specialists (n=116-118)



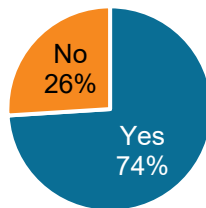
At least 8 out of 10 women agreed that...

- Their PRS listened to them and treated them with respect
- Their PRS was there for them when needed and helped them to establish healthier habits
- They felt more emotionally supported throughout their recovery with the help of their PRS
- They had more confidence and felt more motivated with the help of their PRS
- They better understood their addiction and behaviors with the help of their PRS

Peer supports provide unique recovery support

- **7 out of 10 women felt their Peer Recovery Support Specialist provided unique support.** In follow-up interviews, 74% of women felt their PRS provided unique support that differed from the support offered by other program staff (Figure 25).

25. Did your Peer Recovery Support Specialist provide unique support that was different from other program staff? (n=115)



Dosage: The impact of service amount and participation levels on women’s outcomes

Women’s length of participation in WRS programs and the amount of service received while in the program varies widely: across the eight grant-funded programs in year 2, length of participation ranged from less than a month to over six years, while the amount of contact staff had with women ranged from less than one hour to 1,665 hours. Given this wide variation in service intensity or “dosage” among women, it is possible that outcomes differ for women based upon the amount of service they received while in their program.

In order to explore the impact of dosage, analyses were conducted that compare outcomes for women who received a higher level of service to outcomes for those who received a lower level of service; these analyses include data from those who exited a WRS program from June 1, 2023 through May 31, 2024. Figure 21 illustrates how “high dosage” and “low dosage” were defined, which was based upon women’s length of enrollment in the program and the total number of hours of contact time with program staff. The threshold between “high” and “low” was based upon the range of data available for all women and is an attempt to assess the impact of dosage on their outcomes. Women had to meet both criteria to fit into the high-dosage or low-dosage group (Figure 26).

26. 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)	180 hours or more	Less than 180 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 of 125 women and a low-dosage group of 58 women. Women from seven programs were included in both the high-dosage group and low-dosage group. Together, the 183 women included in the dosage analysis represent 53% of women whose cases closed in year 2. The number of women by program represented within each group is illustrated in Figure 27. Only women who had matched information available (intake to closing, and in some cases, 1-month and 6-month follow-up data) and had data available for both criteria (i.e., no missing data) are included in these counts and in the subsequent analysis.

27. Number of women in high- and low-dosage groups by program (n=183)

Women's Recovery Services grantee	Number of women in high-dosage group	Number of women in low-dosage group
Wellcome Manor	60	11
RS EDEN	32	22
Avivo	20	13
Hope House of Itasca County	2	5
Ramsey County Community Human Services	5	4
Family Advocacy in Recovery and Restoration	3	0
Perspectives	3	2
Meeker-McLeod-Sibley Community Health Services	0	1
Total	125	58

When high dosage makes a difference

When comparing the outcomes of women who received a high dosage of services to those who received a low dosage, women in the high-dosage group were significantly more likely to:

- Be “doing well” *at exit*
- Be abstinent from substances *at exit*
- Have reduced their use of substances *at exit*
- Be reunified with their children *at exit*
- Have successfully completed 245G treatment *by exit*
- Be in one’s own home or permanent supportive housing *at exit*
- Participate in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) *at exit*
- Be *not* involved with child protection *at exit*
- Have a longer period of sobriety *at exit* (median days)

Women in the high-dosage group had significantly better outcomes in a variety of areas, including abstinence from or reduced use of substances at exit (Figure 28). The high-dosage group was also more likely to achieve a number of positive outcomes by exit, including an increased likelihood of “doing well” as determined by program staff, to be in their own home or permanent supportive housing, to have successfully completed treatment, and to be involved in AA or NA at exit. Women in the high-dosage group were also less likely to be involved with child protection at exit, and more likely to be reunited with one or more children at exit and at the 1-month follow-up. For those reporting no substance use at exit, the median number of days sober was significantly higher for women in the high-dosage group (164 days) when compared to the number of days sober for women in the low-dosage group (90 days).

28. Outcomes significantly linked to a high dosage of services

Outcome	Total n	Proportion of women in <i>high dosage</i> group	Proportion of women in <i>low dosage</i> group
“Doing well” at exit	179	82%***	24%
Abstinent at exit	179	85%***	49%
Abstinent or using less at exit	174	92%***	63%
Median length of sobriety at exit	130	164 days***	90 days
Involved in AA/NA at exit	140	82%***	47%
Successfully completed treatment by exit	151	84%***	19%
<i>Not</i> involved with Child Protection at exit	179	52%*	35%
In own home or permanent supportive housing at exit	123	79%**	45%
Reunified with one or more children at exit ^a	71	56%***	10%
Reunified with one or more children at the 1-month follow-up ^a	45	47%*	9%

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 * $p < .05$.

^a Please note that children who were not in placement at any point of a woman's participation in a WRS program were excluded from the analysis on the impact of dosage on the likelihood of reunification at exit.

^b Employment is defined as either part-time or full-time work.

In addition, the analysis suggests that some outcomes are *not* significantly linked to the amount and intensity of services received while in a WRS program (although this may be due to the small number of women included in some of the analyses). When comparing outcomes of women who received a high dosage of services and those who received a low dosage, there were no significant differences in abstinence or using less substances at the 1-month or 6-month follow-up, whether or not women. There were also no significant differences between groups in terms of women who were: in housing (not homeless) at exit or the 6-month follow-up; living in their own home or permanent supportive housing at the 6-month follow-up; employed at exit, the 1-month follow-up, or the 6-month follow-up; and reunited with more or more children at the 6-month follow-up (Figure 29).

29. Outcomes *not* significantly linked to a high dosage of services

Outcome	Total n	Proportion of women in <i>high dosage</i> group	Proportion of women in <i>low dosage</i> group
Abstinent at 1-month follow-up	102	73%	71%
Abstinent at 6-month follow-up	52	38%	25%
Abstinent or using less at 1-month follow-up	102	96%	88%
Abstinent or using less at 6-month follow-up	51	74%	83%
<i>Not</i> involved with criminal justice system at exit	181	51%	46%
In housing (not homeless) at exit	133	95%	83%
In housing (not homeless) at 6-month follow-up	46	100%	91%
In own home or permanent supportive housing at 6-month follow-up	45	66%	60%
Employment ^b at exit	172	10%	8%
Employment ^b at 1-month follow-up	79	30%	18%
Employment ^b at 6-month follow-up	40	53%	40%
Reunified with one or more children at 6-month follow-up ^a	27	32%	40%

Note. Differences between high- and low-dosage groups were tested using chi-square tests and t-tests, and were not found to be statistically significant although in housing (not homeless) at 1-exit was approaching significance ($p=.08$).

^a Please note that children who were not in placement at any point of a woman's participation in a WRS program were excluded from the analysis on the impact of dosage on the likelihood of reunification at exit.

^b Employment is defined as either part-time or full-time work.

Overall, the most substantial impact of receiving a “high dosage” of services can be seen in women’s substance use at exit, such that a significantly higher proportion of women in the “high dosage” group reported abstinence from substances at exit, reduced substance use at exit, and a higher median length of sobriety at exit. It will be important to examine the impact of dosage on outcomes when more data become available at the follow-up interview time points.

Contributors to positive outcomes

Although research has examined the treatment and recovery process for women, the factors that contribute to successful outcomes are still not well understood. Using the data collected for women who closed in year 2 of this initiative, we examined potential factors influencing positive outcomes at closing, the 1-month follow-up, and the 6-month follow-up for women and their children in recovery, including:

- Being in housing considered by staff to be stable and supportive to recovery at closing
- Participating in medically assisted treatment (MAT) while in the program
- Having a mental health diagnosis at intake
- Being connected to mental health services at closing (including women currently using mental health services and those who have access to mental health services should the need arise)
- Having a severe or chronic physical health problem at intake
- Successfully completing 245G treatment in one's most recent treatment episode while in the program
- Being connected to the criminal justice system at intake
- Being pregnant at intake
- Using alcohol, methamphetamine, marijuana, fentanyl, or heroin/other opiates as the primary drug of choice
- Race
- Being involved in child protection at intake
- Having a Peer Recovery Specialist while in the program

The analysis examined to what extent the above factors had a statistically significant impact on key outcomes. The following section provides an overview of key findings from this analysis. A detailed chart of statistical findings can be found in Appendix C.

Results

Stable and supportive housing makes a difference. Results show that securing safe and stable housing by program closing was significantly linked to several positive outcomes, including:

- Sobriety *at exit*
- Decreased substance use *at exit*
- Successful completion of treatment *at exit*
- Reunification with one or more children *at exit*

While statistically significant, the nature of these correlations needs more consideration. It is likely that a woman's sobriety (or decreased substance use) and successful completion of treatment increases the likelihood that she could obtain safe and secure housing at program exit.

Successfully completing treatment increases the likelihood of achieving multiple positive outcomes. While women may sometimes enter and exit treatment multiple times while in a program, those who successfully completed their most recent 245G treatment episode were significantly more likely to achieve the following outcomes:

- Sobriety *at exit*
- Decreased substance use *at exit*
- Sobriety *at 6-month follow-up*
- Lower likelihood of child protection involvement *at exit*
- Reunification with one or more children *at exit*

Connections to mental health services are linked to sobriety, treatment completion, and reunification by closing. While having a mental health diagnosis was not associated with outcomes for women, connections to mental health services were significantly linked to several positive outcomes for women, including:

- Sobriety *at exit*
- Decreased substance use *at exit*
- Successful completion of treatment *at exit*
- Lower likelihood of child protection involvement *at exit*
- Reunification with one or more children *at exit*

White women are more likely to achieve certain positive outcomes when compared to women of other races. When looking across all WRS programs, the race of the participating woman makes a difference in the likelihood of achieving a number of outcomes. Please note that this analysis of contributors to positive outcomes does not account for confounding factors that might also contribute to differences in outcomes by race, nor for other historical and systemic discriminatory practices and structures that disproportionately affect people of color and Indigenous communities.

When compared to women of all other races, White women are significantly *more* likely – and African American women significantly *less* likely – to achieve the following positive outcomes:

- Sobriety *at exit*
- Decreased substance use *at exit*
- Successful completion of treatment *at exit*

The Department of Human Services and WRS programs should consider these findings and examine how they work with women who identify as African American in order to ensure that positive outcomes are equally attainable (and sustainable) for all women, regardless of their race.

Other contributors:

Peer Recovery Support (PRS) Specialists make a difference. When looking at the impact of working with a Peer Recovery Support Specialist, results show that women who interacted with a PRS during their time in a WRS program were more likely to successfully completion of treatment *at exit*.

Systems involvement is associated with certain positive outcomes. Women’s involvement in the criminal justice system is significantly associated with sobriety at the 1-month follow-up, while women involved in child protection are significantly more likely to give birth to babies who test negative for substances at birth.

The presence of physical health problems is associated with positive outcomes. mixed . Women who reported having a severe or chronic physical health problem at intake were more likely to be sober at exit and more likely to be using less or no substances at exit.

Appendix

- A. Project background
- B. Evaluation methods
- C. Additional data tables
- D. Evaluation tables (from database)
- E. 1-month follow-up interview tables
- F. 6-month follow-up interview tables
- G. 12-month follow-up interview tables

A. Project background

Overview of grant

In spring 2022, the Minnesota Department of Human Services Behavioral Health Division (BHD) contracted with 8 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 provided comprehensive, gender-specific, family-centered services for the women in their care. The primary goals of the Women’s Recovery Services initiative were 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 (if pregnant). In addition, the initiative aimed to provide participants with information and support with regard to parenting. This cycle for the Women’s Recovery Services initiative began May 1, 2022 and will end June 30, 2026.

BHD contracted with Wilder Research to conduct a comprehensive evaluation of these treatment support and recovery services. This report generally covers program activities that occurred from June 1, 2023 through May 31, 2024 (year 1 of the grant). The eight grantees are listed below:

Grantee	Program
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)
Family Service Rochester	Family Advocacy in Recovery and Restoration (FARR)
Hope House of Itasca County	Project Clean Start
Meeker-McLeod-Sibley Community Health Services	Project Harmony
Perspectives Inc.	Women and Children: Hand in Hand
Ramsey County Social Services	Mothers First
RS EDEN	Women and Children’s Family Center
Wellcome Manor Family Services	Wellcome Manor Family Services

Eligibility guidelines for the grant

To be eligible to receive services through the grant, women must have a substance use disorder (SUD) and be pregnant or parenting dependent children under age 19.

Program services

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

Treatment and recovery services and supports

This included: ongoing case management (including home and office visits); recovery coaching and/or support from peer recovery specialists; chemical dependency brief intervention, screening, assessment, and referrals for treatment; comprehensive needs assessments and individualized care plans; trauma-informed approaches to providing services; and ongoing urinalyses (UAs).

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

This included: housing; financial education; emergency funds; transportation; job training; and childcare.

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

This included: 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; and tobacco cessation services.

Parenting services and supports

This included: parenting education using an evidence-based parenting curriculum; parenting support; recreational activities for families; and children's programming.

B. Evaluation methods

Overview

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

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

Process evaluation

1. How many women are referred to a program, have a case opened and closed, and are served by the program?
2. What are the characteristics of women served?
3. What services and referrals are women receiving through their participation in the program?

Outcome evaluation

4. To what extent does participation in the program:
 - Result in women reducing their use of drugs and alcohol, or maintaining their sobriety?
 - Increase women's access to community resources to meet their (and their children's) basic needs?
 - Help women meet their (and their children's) basic needs?
 - Help women find/maintain stable housing?
 - Help women obtain or maintain employment, job training, or enroll in school?
 - Help women stay out of the child protection and criminal justice systems?
 - Improve women's (and their children's) overall physical and mental health?
 - Help women improve their knowledge and skills related to parenting?
 - Help pregnant women deliver healthy, drug-free infants?
5. How are the above outcomes influenced by the amount of service received (dosage) and various characteristics of the women?

Data collection instruments

Research staff, in partnership with BHD, developed seven instruments in order to collect information about women receiving program services. All forms were available in paper format as well as in a web-based database, into which all data were ultimately entered. Data collection instruments generally remained the same across the year, with the exception of some additional questions, or revisions of questions, to select instruments. Most notably, this includes the addition of several questions about client well-being added to the closing form, but self-reported by clients. Data collection instruments are described in more detail below.

Client-level forms

Intake form: Program staff completed a new intake form for each woman who entered their program. This form collected basic demographic and other descriptive information about each woman and her dependent children. It served 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.

UA and Contacts form: This form captured information about urinalysis (UA) tests performed and their outcomes (positive or negative) and logged the amount of direct contact the woman had with the program.

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

Closing form: Program staff completed a closing form for each woman when they left a WRS program. The closing form gathered information about maternal health data, child health data, use of services while enrolled, length of sobriety in the program, treatment status, program referrals, and closing status. In addition, the closing form was used to capture information about services and referrals related to recovery support, physical and mental health, employment, housing, emergency needs, culturally specific needs, and child-specific needs. It also asked program staff to record all screenings and assessments administered to women and their children while in a WRS program, including those administered directly by the programs and by other agencies, if known. In addition, clients are asked to complete a brief well-being survey at closing; these data are added to the closing form in the database.

Client well-being survey: At closing, clients complete a retrospective pretest survey about their well-being - as it relates to social support, basic needs, health, self-efficacy, access to resources, and ability to live independently – at closing and before they started the program.

Follow-up interviews

In order to track the progress of women and the maintenance of their goals, follow-up interviews were conducted with women 1 month after they left a WRS program. Wilder Research began conducting 1-month interviews in December 2022. Follow-up interviews at 6- and 12-months after exit will begin in year 2. Interviewers asked women 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 WRS program. To learn how changes from intake to closing were maintained after women leave a WRS program, Wilder conducted an analysis of data at three time points – intake, closing, and the 1-month follow-up. Because this analysis requires women to have information available at all three time points, the results in this report reflect a smaller group of women than those who had exited a WRS program in year 1. Generally, information collected at intake and closing was based on *staff* report, while information collected during the follow-up interviews was based on *client* self-report (see “Limitations” section below).

Technical assistance

Throughout the grant period, Wilder Research provided programs with evaluation technical assistance (TA) as requested, primarily related to data collection and data management.

Data analysis

For this report, Wilder Research conducted analysis of the data described above, entered by program staff into the Women's Recovery Services database, for activities that occurred from June 1, 2023, through May 31, 2024. Wilder used the database to conduct basic analysis such as frequencies (number of women in the program) and percentages. Additional analyses (e.g., chi-square tests, McNemar's tests) were conducted using statistical software (SPSS) in order to assess changes in outcomes over time. This includes pretest/posttest matched analysis, which reflects women whose cases were closed during the grant cycle and who had matching data available at intake and closing. Women who were served less than 15 days in a WRS program were excluded from outcome analyses, as it is not expected that women with such limited program exposure will benefit from programs to the same degree as those involved for a longer term.

Statistical significance

Wilder used statistical analysis when looking at differences in outcomes between intake, closing, and follow-up interviews. Statistical software was used to determine whether a difference detected was “real” and more than likely not due to chance. When the report uses the term “significant” to describe change over time, this means the statistical test indicated that we can be confident that actual

change occurred from intake to closing in a given outcome area. While a statistical analysis may reveal that a change is statistically significant, the meaningfulness of these differences should be examined further. Relatively small differences between time points or groups sometimes emerge as “statistically significant” because the large number of women yields more “power” in the analysis to detect even small differences. The extent to which this statistical difference suggests a meaningful difference for women from one time to another should be considered for each individual outcome and the broader context in which they occur. For example, a difference of 3 or 5 percentage points, even if statistically significant, is not necessarily practically significant and should not be overemphasized; in contrast, a difference of 10 or more percentage points suggests a more meaningful difference.

Limitations

The following summarizes the limitations that should be considered when interpreting evaluation data for 2023-24.

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 were trained how to use and administer the data collection forms and enter data into the database. 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 participant or program information has not been entered and is unaccounted for in the findings reported here.

In order to best meet the needs of BHD and the programs, the data collection instruments were updated on an ongoing basis. For this reason, it is likely there will be a certain amount of missing data due to recent additions of data collection questions during the current reporting period.

In addition, much of the outcome analysis included in this report is based on a matched-case analysis for women who participated in a WRS program for at least 15 days. Only those women with complete information at both intake and closing (for the pre/post comparative analysis) were included to determine if statistically significant changes occurred during their participation in a WRS program. Often, the total number of women who were served or who exited the program exceeds the number of women who met these criteria. Thus, the results of the outcome analysis reflect changes observed among a more limited number of women.

Comparing information collected from multiple sources

Analysis of follow-up data comparing outcomes at intake and closing with outcomes after exiting a WRS program combines data collected by program staff and participants. Program staff collect intake and closing information for women participating in each program. At the follow-up interviews (1, 6, and 12 months after closing), women who participated in a WRS program provided information about their well-being and other related issues. Therefore, analyses that compare intake, closing, and follow-up data are using information gathered from various sources, which may introduce bias and lessen the accuracy of statistical analysis.

C. Additional data tables

C1. Change in alcohol and drug use from intake to closing (n=344)

Not using substances at closing	n	%
No change: not using drugs/alcohol at intake or closing	52	15%
Decreased use: not using drugs/alcohol at closing	173	50%
Using substances at closing		
Decreased use: using drugs/alcohol <u>less</u> at closing	31	9%
No change: using drugs/alcohol at same level at intake and closing	40	12%
Increased use: using drugs/alcohol <u>more</u> at closing	21	6%
Substance use unknown	27	8%

C2. Complete list of matched analysis results from intake to closing

Matched analysis results	Total n	Intake		Closing	
		n	%	n	%
Abstinence from alcohol or drug use within 30 days prior to intake/closing	313	126	40%	219	70%***
Abstinence from tobacco use within 30 days prior to intake/closing	308	35	11%	35	11%
Involvement in AA and/or NA	247	115	47%	147	60%***
Involvement in any form of recovery support ^a	247	134	54%	180	73%***
Involvement with child protection	325	174	54%	148	46%**
Involvement with the criminal justice system	320	172	54%	143	45%***
Arrested in the 30 days prior to intake/closing	303	49	16%	15	5%***
In housing/not homeless ^b	185	156	84%	177	96%***
In own home or permanent supportive housing ^c	151	95	63%	122	81%***
In housing supportive to recovery ^d	278	150	54%	236	85%***
In stable housing ^e	286	156	55%	236	83%***
Has medical insurance	324	310	96%	323	100%***
Has a primary care physician and/or clinic	307	236	77%	256	83%**
Employed full or part time	297	46	16%	52	18%
In school or a career-training program	324	24	7%	30	9%*
Employed full or part-time OR In school or a career-training program	298	63	21%	69	23%

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

^a Any form of recovery support includes involvement in AA and/or NA, a support group through the program, a support group in the community, support from family/friends, a faith-based/religious group, or other recovery support activities.

^b Woman 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).

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

^d Woman's living arrangements are **supportive to recovery**, as perceived by staff. Factors considered in this determination are woman's safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs.

^e Woman's living arrangements are **stable**, as perceived by staff. Factors considered in this determination are woman's permanency of arrangements, affordability, safety, and adequacy of space and amenities.

C3. Sobriety: 3-point matched analysis results from intake, closing, and 1-month follow-up (n=180)

Matched analysis results	Intake		Closing		1-month follow-up	
	n	%	n	%	n	%
Sobriety at intake compared to closing	72	40%	141	78%***		
Sobriety at intake compared to 1-month follow-up	72	40%			126	70%***
Sobriety at closing compared to 1-month follow-up			141	78%	126	70%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001.

C4. Living arrangements supportive to recovery: 3-point matched analysis results from intake, closing, and 1-month follow-up (n=163)

Living arrangements	Intake		Closing		1-month follow-up	
	n	%	n	%	n	%
In housing supportive to recovery at intake compared to closing	93	57%	148	91%**		
In housing supportive to recovery at intake compared to 1-month follow-up	93	57%			149	91%**
In housing supportive to recovery at closing compared to 1-month follow-up			148	91%	149	91%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: **p < .01.

C5. Stable living arrangements: 3-point matched analysis results from intake, closing, and 1-month follow-up (n=168)

Living arrangements	Intake		Closing		1-month follow-up	
	n	%	n	%	n	%
In stable housing at intake compared to closing	89	53%	144	86%**		
In stable housing at intake compared to 1-month follow-up	89	53%			151	90%**
In stable housing at closing compared to 1-month follow-up			144	86%	151	90%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: **p < .01.

C6. Employment: 3-point matched analysis results from intake, closing, and 1-month follow-up (n=139)

Employment	Intake		Closing		1-month follow-up	
	n	%	n	%	n	%
Employed full or part time at intake compared to closing	28	20%	38	27%		
Employed full or part time at intake compared to 1-month follow-up	28	20%			50	36%***
Employed full or part time at closing compared to 1-month follow-up			38	27%	50	36%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001.

C7. Child protection involvement: 3-point matched analysis results from intake, closing, and 1-month follow-up (n=179)

Child protection involvement	Intake		Closing		1-month follow-up	
	n	%	n	%	n	%
Involvement with child protection at intake compared to closing	97	54%	77	43%**		
Involvement with child protection at intake compared to 1-month follow-up	97	54%			66	37%**
Involvement with child protection at closing compared to 1-month follow-up			77	43%	66	37%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: **p < .01.

Contributors to positive outcomes

C8. Contributors to positive outcomes: Pregnancy at intake

Pregnancy status at intake was not found to have a statistically significant influence on any of the positive outcomes examined.

C9. Contributors to positive outcomes: Successfully completed treatment by exit

Women who had successfully completed treatment by exit were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at closing	0.000***	+49%	284	Women who successfully completed Tx were more likely to be sober at closing (91%) compared to those who did not successfully complete Tx (43%)
More likely	Sober at 6-month follow-up	0.029*	+27%	79	Women who successfully completed Tx were more likely to be sober at the 6-month follow-up (60%) compared to those who did not successfully complete Tx (33%)
More likely	Using less or no substances at closing	0.000***	+37%	278	Women who successfully completed Tx were more likely to be substance-free or using less at closing (97%) compared to those who did not successfully complete Tx (60%)
More likely	Mom with negative toxicology results at birth	0.000***	+90%	18	Women who successfully completed Tx were more likely to test negative for substances at birth (90%) when compared to those who did not successfully complete Tx (0%)
Less likely	Not involved with child protection at closing	0.001**	-25%	156	Women who successfully completed Tx were less likely to be involved with child protection at closing (61%) when compared to those who did not successfully complete Tx (86%)
More likely	Reunified with one or more child at closing	0.000***	+53%	118	Women who successfully completed Tx were more likely to be reunified with one or more children at closing (65%) compared to those who did not successfully complete Tx (11%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: *p < .05, **p < .01, and ***p < .001.

C10. Contributors to positive outcomes: Heroin, opiates, or non-prescription methadone as primary drug of choice

Heroin, opiates, or non-prescription methadone as the primary drug of choice was not found to have a statistically significant influence on any of the positive outcomes examined.

C11. Contributors to positive outcomes: Methamphetamine as primary drug of choice

Methamphetamine as the primary drug of choice was not found to have a statistically significant influence on any of the positive outcomes examined.

C12. Contributors to positive outcomes: Alcohol as primary drug of choice

Alcohol as the primary drug of choice was not found to have a statistically significant influence on any of the positive outcomes examined.

C13. Contributors to positive outcomes: Fentanyl as primary drug of choice

Women who reported fentanyl as their primary drug of choice were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Not involved with child protection at closing	0.034*	-19%	174	Women who reported fentanyl as their primary drug of choice were more likely to be involved with child protection at closing (85%) when compared to women who preferred other drugs (66%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: *p < .05.

C14. Contributors to positive outcomes: Pharmaceutical opioids as primary drug of choice

Pharmaceutical opioids as the primary drug of choice was not found to have a statistically significant influence on any of the positive outcomes examined.

C15. Contributors to positive outcomes: Marijuana as primary drug of choice

Marijuana as the primary drug of choice was not found to have a statistically significant influence on any of the positive outcomes examined.

C16. Contributors to positive outcomes: Participation in Medication Assisted Treatment (MAT) while in a WRS program

Women who had received medication-assisted chemical-health treatment (MAT) while in the program were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Baby was not placed outside home after birth	0.017*	-43%	24	Women who received MAT were less likely to have their baby remain in the home after birth (57%) compared to those who did not receive MAT (100%)
Less likely	Successfully completed treatment	0.043*	-13%	281	Women who received MAT were less likely to have successfully completed Tx (48%) compared to those who did not receive MAT (61%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: *p < .05.

C17. Contributors to positive outcomes: In stable and supportive housing at closing

Women who were living in stable and supportive housing at closing were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at closing	0.000***	+36%	277	Women who were living in stable and supportive housing at closing were more likely to be sober at closing (82%) when compared to those who were not in stable and supportive housing at closing (46%)
More likely	Using less or no substances at closing	0.000***	+29%	271	Women who were living in stable and supportive housing at closing were more likely to be substance-free or using less at closing (90%) when compared to those who were not in stable and supportive housing at closing (60%)
More likely	Successfully completed Tx by closing	0.000***	+46%	251	Women who were living in stable and supportive housing at closing were more likely to have successfully completed Tx by closing (74%) when compared to those who were not in stable and supportive housing at closing (28%)
More likely	Reunified with one or more child(ren) at closing	0.002**	+37%	108	Women who were living in stable and supportive housing at closing were more likely to be reunified with one or more children by closing (56%) when compared to those who were not in stable and supportive housing at closing (19%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: **p < .01 and ***p < .001.

C18. Contributors to positive outcomes: White women compared to women of all other races

When compared to WRS women of all other races, White women were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at closing	0.000***	+22%	314	White women were more likely to be sober at closing (81%) when compared to women of all other races (59%)
More likely	Using less <u>or</u> no substances at closing	0.001**	+15%	307	White women were more likely to be substance-free or using less at closing (88%) when compared to women of all other races (73%)
More likely	Successfully completed Tx by closing	0.002**	+18%	290	White women were more likely to have successfully completed Tx by closing (65%) when compared women of all other races (47%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: **p < .01 and ***p < .001.

C19. Contributors to positive outcomes: American Indian/Alaska Native women compared to women of all other races

When compared to WRS women of all other races, American Indian/Alaskan Native women were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Using less <u>or</u> no substances at closing	0.044*	+24%	103	American Indian/Alaskan Native women were more likely to be substance-free or using less at closing (100%) when compared to women of all other races (76%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: *p < .05.

C20. Contributors to positive outcomes: African American/Black women compared to women of all other races

When compared to WRS women of all other races, African American/Black women were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at closing	0.000***	-27%	314	African American/Black women were less likely to be sober at closing (47%) when compared to women of all other races (74%)
Less likely	Using less <u>or</u> no substances at closing	0.000***	-23%	307	African American/Black women were less likely to be substance-free or using less at closing (61%) when compared to women of all other races (84%)
Less likely	Successfully completed Tx by closing	0.004**	-25%	290	African American/Black women were less likely to have successfully completed Tx by closing (35%) when compared to women of all other races (60%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: **p < .01 and ***p < .001.

C21. Contributors to positive outcomes: Involvement with child protection at intake

Women involved with child protection at intake were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Mom with negative toxicology results at birth	0.031*	50%	22	Women involved with child protection at intake were more likely to test negative for substances at birth (89%) when compared to those who were not involved with child protection at intake (39%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: *p < .05.

C22. Contributors to positive outcomes: Involvement with criminal justice system at intake

Women involved with the criminal justice system at intake were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at 1-month follow-up	0.009**	+18%	181	Women who were involved with the criminal justice system at intake were more likely to be sober at the 1-month follow-up (79%) when compared to women who were not involved with the criminal justice system at intake (61%)
More likely	Using less <u>or</u> no substances at closing	0.008**	+12%	181	Women who were involved with the criminal justice system at intake were more likely to be substance-free or using less at closing (96%) when compared to women who were not involved with the criminal justice system at intake (84%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: **p < .01.

C23. Contributors to positive outcomes: Severe or chronic physical health problem at intake

Women with a severe or chronic physical health problem at intake were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at closing	0.005**	+15%	310	Women with a severe or chronic physical health problem at intake were more likely to be sober at closing (78%) when compared to women without a severe or chronic physical health problem at intake (63%)
More likely	Using less <u>or</u> no substances at closing	0.019*	+11%	303	Women with a severe or chronic physical health problem at intake were more likely to be substance-free or using less at closing (86%) when compared to women without a severe or chronic physical health problem at intake (75%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: *p < .05 and **p < .01.

C24. Contributors to positive outcomes: Mental health diagnosis at intake

Having a mental health diagnosis at intake was not found to have a statistically significant influence on any of the positive outcomes examined.

C25. Contributors to positive outcomes: Connected to mental health services at closing

Women who were connected to mental health services at closing were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at closing	0.000***	+40%	292	Women who were connected to mental health services at closing were more likely to be sober at closing (79%) when compared to women who were not connected to mental health services at closing (39%)
More likely	Using less <u>or</u> no substances at closing	0.000***	+34%	286	Women who were connected to mental health services at closing were more likely to be substance-free or using less at closing (88%) when compared to women who were not connected to mental health services at closing (53%)
More likely	Successfully completed Tx by closing	0.000***	+41%	271	Women who were connected to mental health services at closing were more likely to have successfully completed Tx by closing (67%) when compared to women who were not connected to mental health services at closing (26%)
More likely	Not involved with child protection at closing	0.036*	+17%	160	Women who were connected to mental health services at closing were less likely to be involved with child protection at closing (64%) when compared to women who were not connected to mental health services at closing (81%)
More likely	Reunified with one or more child(ren) at closing	0.000***	+42%	121	Women who were connected to mental health services at closing were more likely to be reunified with one or more children by closing (57%) when compared to women who were not connected to mental health services at closing (15%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: **p < .01 and ***p < .001.

C26. Contributors to positive outcomes: Working with a Peer Recovery Support (PRS) Specialist

Women who worked with a Peer Recovery Support Specialist (PRS) while in the WRS program ...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Successfully completed Tx by closing	0.001**	+33%	115	Women who worked with a PRS while in the program were more likely to have successfully completed Tx by closing (80%) when compared to women who did not work with a PRS while in the program (47%)

Note. Differences were tested to determine whether each variable was found to have a statistically significant influence on positive outcomes. Differences are significant at: **p < .01

C27. Racial background of women served (n=488)

Race	%
White	52%
American Indian/Alaskan Native	17%
African American/Black	15%
Biracial/Multiracial	12%
Asian American/Pacific Islander	1%
Other	2%
Hispanic	9%

D. Evaluation tables (from database)

[Link to evaluation tables.](#)

E. 1-month follow-up interview tables

E1. Women's satisfaction with program (n=179-186)

	Total n	Percentage who agree or strongly agree	Percentage who disagree or strongly disagree
The staff were sensitive to cultural issues.	179	89%	11%
You and the staff worked together to develop your goals for you and your family.	186	87%	13%
The staff understood your problems or concerns.	185	85%	15%
The staff knew a lot about services and programs in the community that could help you and your family.	183	83%	17%
You would recommend this program to women like yourself.	186	83%	17%
The staff were available when you needed their support.	186	82%	18%
You feel you got the right level of support from the program.	186	77%	23%
The services you received through the program met your expectations.	186	77%	23%

Note. Cumulative percentages may vary from 100% due to rounding. Women were asked about program satisfaction at the 1-month interview or, for respondents who did not complete the 1-month interview, at the 6-month or 12-month interview; results from various time points were combined and included in this table.

E2. Parenting program participation (n=182)

Did you participate in a parenting program while you were in the program?	n	%
Yes	140	77%
No	42	23%

Note. Cumulative percentages may vary from 100% due to rounding. Of the 42 respondents who answered "No," to this question, 3 respondents did not have any children.

E3. Parenting program impact (n=139-140)

Of those reporting participation in a parenting program

Would you say...	Strongly agree		Agree		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%
The parenting program you participated in helped you learn new parenting techniques or strategies to deal with your child's behavior?	67	48%	58	42%	8	6%	6	4%
The parenting program you participated in helped you learn more about child development and what to expect of children at different ages?	62	44%	61	44%	11	8%	6	4%

Note. Cumulative percentages may vary from 100% due to rounding.

E4. Overall satisfaction with program (n=186)

Would you say...	Very satisfied		Satisfied		Dissatisfied		Very dissatisfied	
	n	%	n	%	n	%	n	%
Overall, how satisfied were you with the services you received through the program?	80	43%	68	37%	23	12%	15	8%

Note. Cumulative percentages may vary from 100% due to rounding.

E5. Types of support obtained through the program (n=182-185)

Did the program help you...	Yes, program helped with this	No, and I needed this type of help	No, but I did not need this type of help	Percentage who felt this was most helpful to them or children (n=179)
Get or stay sober?	86%	10%	4%	22%
By just being there to provide emotional support or encouragement?	85%	14%	1%	20%
Address your physical or mental health needs?	79%	15%	6%	18%
Pay for things like housing, transportation, or bills?	43%	32%	24%	9%
With getting benefits like MFIP or WIC?	53%	8%	39%	8%
Find a support network of people who could help you stay sober?	66%	18%	15%	8%
With parenting?	73%	10%	17%	8%
Find housing?	42%	27%	31%	6%

Note. Cumulative percentages may vary from 100% due to rounding.

E6. Use of Peer Recovery Support while in program (n=182)

While in the program, did you have a Peer Recovery Specialist or Recovery Coach?	n	%
Yes	123	68%
No	59	32%
How often were you in contact with your Peer Recovery Specialist while in the program? (n=122)		
Every day or almost every day	63	52%
Once a week	36	30%
Every couple of weeks	13	11%
Once a month	3	2%
Every couple of months	3	2%
Once or twice a year	1	1%
Never	3	2%

Note. Cumulative percentages may vary from 100% due to rounding.

E7. Use of Peer Recovery Support after leaving the program (n=119)

Have you had any contact with your Peer Recovery Specialist since leaving the program?	n	%
Yes	34	29%
No	85	71%
Since leaving the program, how often are you in contact with your Peer Recovery Specialist? (n=34)		
Everyday or almost everyday	2	6%
Once a week	12	35%
Every couple of weeks	7	21%
Once a month	9	27%
Every couple of months	2	6%
Once or twice a year	2	6%

Note. Cumulative percentages may vary from 100% due to rounding.

E8. Impact of Peer Support Specialist (n=116-118)

	Strongly agree		Agree		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%
With the help of my Peer Recovery Specialist...								
I was able to achieve my recovery goals	39	33%	53	45%	16	14%	10	8%
I have felt emotionally supported throughout my recovery	58	49%	45	38%	8	7%	7	6%
I better understand my addiction and behavior	43	36%	51	43%	17	14%	7	6%
I have more confidence in myself	38	32%	60	51%	15	13%	5	4%
I feel more motivated	47	41%	48	41%	18	16%	3	3%
Thinking specifically about the services your Peer Recovery Specialist provided you, please say whether you agree or disagree with the following:								
My Peer Recovery Specialist connected me to helpful resources in my community	38	32%	49	42%	21	18%	10	8%
My Peer Recovery Specialist helped me establish healthier habits	40	34%	55	47%	18	15%	5	4%
My Peer Recovery Specialist listened to me and treated me with respect	70	59%	36	31%	7	6%	5	4%
My Peer Recovery Specialist was there for me when I needed them	60	51%	44	37%	8	7%	6	5%

Note. Cumulative percentages may vary from 100% due to rounding.

E9. Cultural background of Peer Recovery Specialist (n=112)

Did your Peer Recovery Specialist reflect your race/ethnicity?	n	%
Yes	66	59%
No	46	41%
Did your Peer Recovery Specialist understand your cultural background and respond to your needs in culturally responsive ways?		
Yes	103	92%
No	9	8%

Note. Cumulative percentages may vary from 100% due to rounding.

E10. Uniqueness of Peer Recovery Support (n=115)

Did your Peer Recovery Specialist provide unique help or support that was different from other program staff?	n	%
Yes	85	74%
No	30	26%

Note. Cumulative percentages may vary from 100% due to rounding.

E11. Participation in culturally responsive services and programming while in program (n=178)

While in the program, did you participate in cultural education, ceremonies, groups, or other events that were focused on your culture?	n	%
Yes	56	31%
No	63	35%
These services were not available to me	59	33%
How many activities did you participate in? (n=56)		
1 or 2 activities	24	43%
3 or more activities	32	57%

Note. Cumulative percentages may vary from 100% due to rounding.

E12. Connection to culture because of program involvement (n=56)

Because of your involvement in the program, do you feel more connected to your culture?	n	%
Yes, a lot	18	32%
Yes, a little	25	45%
No	13	23%

Note. Cumulative percentages may vary from 100% due to rounding.

E13. Women's well-being before and 1 month after the program (n=127-184)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up
Your physical health	7%	23%	28%	48%	31%	25%	34%	4%
Your mental health	3%	23%	15%	52%	22%	20%	60%	5%

Note. Cumulative percentages may vary from 100% due to rounding. At the 1-month interview, women reflected back on their physical and mental health before participating in the program (a retrospective rating) and then described their health since leaving the program.

E14. Relationship with child before and 1 month after the program (n=169-185)

	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
<u>Before entering the program</u> , how would you describe your relationship with your child?	30	18%	53	31%	50	30%	36	21%
<u>Since you left the program</u> , how would you describe your relationship with your child?	109	59%	53	29%	12	6%	11	6%

Note. Cumulative percentages may vary from 100% due to rounding. At the 1-month interview, women reflected back on their relationship with their child before participating in the program (a retrospective rating) and then described their relationship since leaving the program.

E15. Use of alcohol and other drugs at 1-month follow-up (n=184)

Have you used alcohol, marijuana or cannabis, or other drugs since leaving the program?	n	%
Yes	54	29%
No	130	71%
Change in substance use among those who have used (n=54):		
Using more at follow-up	10	19%
Using about the same amount at follow-up	8	15%
Using less at follow-up	36	67%
Frequency of substance use since leaving the program (n=54)		
1 time	7	13%
2 or 3 times	2	4%
More than 3 times	45	83%

Note. Cumulative percentages may vary from 100% due to rounding.

E16. Types of substances used by 1-month follow-up (n=54)

Substances used:	n	%
Marijuana/Cannabis/Pot/Weed/Hashish	34	63%
Alcohol	22	41%
Methamphetamines/Meth	20	37%
Fentanyl	7	13%
Crack/Cocaine	5	9%
Heroin	4	7%
Any other substances (specify):	15	28%

Note. To ensure the anonymity of respondents, responses were combined into the “other substances” category when only one woman reported using a given drug. For the following drugs, 3% or less of women reported use of: non-prescription methadone, non-prescription suboxone, Adderall, amphetamine, barbiturates, benzodiazepine, cough and cold pills, ecstasy, general misuse of prescription drugs, and Klonopin.

E17. Length of sobriety at 1-month follow-up (n=117)

How long have you been abstinent/clean/sober?	n	%
Less than 6 months	38	32%
6-11 months	33	28%
12-18 months	25	21%
More than 18 months	21	18%

Average (mean) length of sobriety: 15.1months

Median length of sobriety: 9.7 months

Note. Cumulative percentages may vary from 100% due to rounding.

E18. Supportiveness and stability of living situation at 1-month follow-up (n=183-184)

When thinking about your current living situation...	Very supportive or stable	Somewhat supportive or stable	Not very supportive or stable	Not at all supportive or stable
How supportive to recovery is your current living situation?	70%	20%	3%	7%
How stable to recovery is your current living situation?	67%	23%	5%	5%

Note. Cumulative percentages may vary from 100% due to rounding.

E19. Employment situation at 1-month follow-up (n= 184)

Current employment situation at 1-month follow-up	n	%
Employed full time or part time	52	28%
Unable to work due to a disability	14	8%
Unemployed, and looking for work	60	33%
Unemployed, and not currently looking for work, including those in school	34	18%
Something else	24	13%

Note. Cumulative percentages may vary from 100% due to rounding. Employment includes temporary work and self-employment.

E20. Financial situation and access to transportation before and 1 month after the program (n=127-183)

How often are you/were you able to...	Most of the time		Some of the time		Rarely		Never	
	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up	Before starting program	At 1-month follow-up
Afford basic living expenses (rent, food, etc.)	35%	61%	24%	20%	30%	10%	12%	8%
Access reliable transportation	57%	75%	19%	16%	19%	8%	6%	2%

Note. Cumulative percentages may vary from 100% due to rounding. At the 1-month interview, women reflected back on their ability to afford basic living expenses and access to reliable transportation before participating in the program (a retrospective rating) and then described these aspects of their life since leaving the program.

E21. Number of children living with you at 1-month follow-up (n=183)

How many children are you currently living with or parenting at least half of the time?	n	%
No children	54	30%
1 child	64	35%
2 children	39	21%
3 children	19	10%
4 or more children	7	4%
Average (mean) number of children among women living with children (n=129): 2 children		
Median number of children among women living with children (n=129): 2 children		

Note. Cumulative percentages may vary from 100% due to rounding. The category of "No children" includes 7 women who do not have children.

E22. Parenting decisions before and 1 month after the program (n=127-130)

	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
<u>Before entering the program</u> , how often did you feel you were making good parenting decisions?	42	33%	40	31%	33	26%	12	9%
<u>Since you left the program</u> , how often did you feel you were making good parenting decisions?	118	91%	12	9%	-	-	-	-

Note. Cumulative percentages may vary from 100% due to rounding. At the 1-month interview, women reflected back on their parenting decisions before participating in the program (a retrospective rating) and then described their parenting decisions since leaving the program. These questions were only asked of the women who were living with their children or parenting their children at least half of the time.

E23. Involvement with Child Protection, children removed or reunified by 1-month follow-up (n=182)

	Yes		No	
	n	%	n	%
Since you left the program...				
Have you had any involvement with Child Protection?	66	36%	116	64%
Of those involved with Child Protection (n=66)				
Have any of your children been reunited with you?	22	33%	44	67%

Note. Cumulative percentages may vary from 100% due to rounding. By the 1-month follow-up, a total of 120 children were removed from their mother's care and 41 children had been reunified with their mother.

E24. Relationships with family and friends before the program, at closing, and 1 month after the program (n=40)

	Very/ somewhat supportive		Not at all supportive	
	n	%	n	%
Before entering the program, how would you describe your relationship with family and friends? (intake)	31	78%	9	23%
At closing, how would you describe your relationship with family and friends?	38	95%	2	5%
In general, how would you describe your relationship with family and friends since you left? (1 month after exit)	39	98%	1	3%

Note. Cumulative percentages may vary from 100% due to rounding. At the 1-month interview, women reflected back on their relationships before participating in the program (a retrospective rating) and then described their relationships since leaving the program.

E25. Access to good advice before the program, at closing, and 1 month after the program (n=40)

	Most/Some of the time		Rarely/Never	
	n	%	n	%
Before entering the program, how often did you have friends or family available to give you good advice when you were facing a crisis? (intake)	26	65%	14	35%
At closing, how often did you have friends or family available to give you good advice when you were facing a crisis?	36	90%	4	10%
In general, since you left, how often did you have friends, family, or other people available to give you good advice when you are facing a problem?* (1 month after exit)	38	95%	2	5%

Note. Cumulative percentages may vary from 100% due to rounding. At the 1-month interview, women reflected back on the availability of good advice before participating in the program (a retrospective rating) and then described the availability of good advice since leaving the program.

Note: *NEW QUESTION

F. 6-month follow-up interview tables

F1. Use of Peer Recovery Support while in program (n=92)

While in the program, did you have a Peer Recovery Specialist or Recovery Coach?	n	%
Yes	72	78%
No	20	22%
How often were you in contact with your Peer Recovery Specialist while in the program? (n=71)		
Every day or almost every day	34	48%
Once a week	26	37%
Every couple of weeks	5	7%
Once a month	1	1%
Every couple of months	2	3%
Once or twice a year	2	3%
Never	1	1%

Note. Cumulative percentages may vary from 100% due to rounding.

F2. Use of Peer Recovery Support after leaving the program (n=70)

Have you had any contact with your Peer Recovery Specialist since leaving the program?	n	%
Yes	24	34%
No	46	66%
Since leaving the program, how often are you in contact with your Peer Recovery Specialist? (n=23)		
Every day or almost every day		
Once a week	2	8%
Every couple of weeks	3	13%
Once a month	5	21%
Every couple of months	9	38%
Once or twice a year	4	17%
Never	-	-
Don't know	-	-

Note. Cumulative percentages may vary from 100% due to rounding.

F3. Impact of Peer Support Specialist (n=68-70)

	Strongly agree		Agree		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%
With the help of my Peer Recovery Specialist...								
I was able to achieve my recovery goals	30	43%	28	40%	8	11%	4	6%
I have felt emotionally supported throughout my recovery	39	56%	21	30%	6	9%	4	6%
I better understand my addiction and behavior	24	35%	28	41%	14	21%	2	3%
I have more confidence in myself	27	40%	30	44%	8	12%	3	4%
I feel more motivated	28	41%	28	41%	10	14%	3	4%
Thinking specifically about the services your Peer Recovery Specialist provided you, please say whether you agree or disagree with the following:								
My Peer Recovery Specialist connected me to helpful resources in my community	29	43%	21	31%	14	21%	4	6%
My Peer Recovery Specialist helped me establish healthier habits	23	33%	30	43%	13	19%	3	4%
My Peer Recovery Specialist listened to me and treated me with respect	46	68%	17	25%	1	1%	4	6%
My Peer Recovery Specialist was there for me when I needed them	41	59%	19	28%	5	7%	4	6%

Note. Cumulative percentages may vary from 100% due to rounding.

F4. Cultural background of Peer Recovery Specialist (n=66-68)

Did your Peer Recovery Specialist reflect your race/ethnicity?	n	%
Yes	41	62%
No	25	38%
Did your Peer Recovery Specialist understand your cultural background and respond to your needs in culturally responsive ways?		
Yes	64	94%
No	4	6%

Note. Cumulative percentages may vary from 100% due to rounding.

F5. Uniqueness of Peer Recovery Support (n=67)

Did your Peer Recovery Specialist provide unique help or support that was different from other program staff?	n	%
Yes	51	76%
No	16	24%

Note. Cumulative percentages may vary from 100% due to rounding.

F6. Participation in culturally responsive services and programming while in program (n=90)

While in the program, did you participate in cultural education, ceremonies, groups, or other events that were focused on your culture?	n	%
Yes	41	46%
No	28	31%
These services were not available to me	21	23%
How many activities did you participate in? (n=41)		
1 or 2 activities	20	49%
3 or more activities	21	51%

Note. Cumulative percentages may vary from 100% due to rounding.

F7. Connection to culture because of program involvement (n=41)

Because of your involvement in the program, do you feel more connected to your culture?	n	%
Yes, a lot	16	39%
Yes, a little	15	37%
No	10	24%

Note. Cumulative percentages may vary from 100% due to rounding.

F8. Use of alcohol and other drugs at 6-month follow-up (n=91)

Have you used alcohol, marijuana or cannabis, or other drugs since leaving the program?	n	%
Yes	52	57%
No	39	43%
Change in substance use among those who have used (n=51):		
Using more at follow-up	10	20%
Using about the same amount at follow-up	11	22%
Using less at follow-up	30	59%
Frequency of substance use since leaving the program (n=43)		
1 time	4	9%
2 or 3 times	7	16%
More than 3 times	32	74%

Note. Cumulative percentages may vary from 100% due to rounding.

F9. Types of substances used by 6-month follow-up (n=52)

Substances used:	n	%
Marijuana/cannabis/pot/weed/hashish	34	65%
Alcohol	29	56%
Methamphetamine (meth)	18	35%
Any other substances	13	25%
Fentanyl	5	10%
Crack/cocaine	4	8%
Other opioids	3	6%

Note. To ensure the anonymity of respondents, responses were combined into the “other substances” category when only one woman reported using a given drug.

F10. Length of sobriety at 6-month follow-up (n=36)

How long have you been abstinent/clean/sober?	n	%
Less than 6 months		
6-11 months	11	31%
12-18 months	4	11%
More than 18 months	21	58%

Average (mean) length of sobriety: 22.5 months

Median length of sobriety: 21 months

Note. Cumulative percentages may vary from 100% due to rounding.

F11. Participation in school or job training at 6-month follow-up (n=91)

Since you left the program, have you participated in any schooling or job training?	n	%
Yes	25	27%
No	66	73%
What schooling or job training have you participated in? (n=25)		
GED/High school	4	16%
Credential, license, or certificate	7	28%
Associate’s or vocational college	4	16%
College/four-year college	4	16%
Graduate/professional school	1	4%
Job training	11	44%

Note. Cumulative percentages may exceed 100% as respondents could select more than one response option.

F12. Employment situation at 6-month follow-up (n=91)

Current employment situation at 6-month follow-up	n	%
Employed full time or part time	38	42%
Unable to work due to a disability	6	7%
Unemployed, and looking for work	22	24%
Unemployed, and not currently looking for work, including those in school	11	12%
Something else	14	15%

Note. Cumulative percentages may vary from 100% due to rounding. Employment includes temporary work and self-employment.

F13. Frequency of housing transitions since leaving the program (n=91)

	Range	Mean
How many times have you moved since leaving the program (six months ago)?	1-20	2.8

Note. The range and mean include the 91 families who moved during the follow-up period.

F14. Living arrangements at 6-month follow-up (n=91)

How would you describe your current housing or living arrangement?	n	%
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	45	49%
In a transitional housing program	14	15%
Some other place	9	10%
Staying with a relative or friend on a temporary basis	7	8%
In sober living for people in recovery	6	7%
Staying with a relative or friend on a long-term basis	5	5%
In a permanent housing program with services to help you keep your housing either on site services or services that come	3	3%
In an emergency shelter	1	1%
You have no home at present, such as staying on the streets, car, or other places not meant for human habitation	1	1%

Note. Cumulative percentages may vary from 100% due to rounding.

F15. Supportiveness and stability of living situation at 6-month follow-up (n=91)

When thinking about your current living situation...	Very supportive or stable	Somewhat supportive or stable	Not very supportive or stable	Not at all supportive or stable
How supportive to recovery is your current living situation?	59%	30%	4%	7%
How stable to recovery is your current living situation?	89%	11%	-	-

Note. Cumulative percentages may vary from 100% due to rounding.

F16. Women's use of emergency room and hospitalization since leaving the program (n=91)

Since leaving the program, have you been to the emergency room for any reason related to your own health?	n	%
Yes	32	35%
No	59	65%
Of those who visited the emergency room (n=32):	Range	Median
Number of visits	1-15	2

F17. Use of telehealth for healthcare (n=91)

Since leaving the program, have you accessed healthcare services using telehealth (video or phone) for any reason related to your own health?	n	%
Yes	45	49%
No	46	51%
Of those who had accessed telehealth (n=44):	Range	Median
Number of times	1-25	2

F18. Mental health concerns since leaving the program (n=91)

Since leaving the program, have you...	n	%
Had concerns related to anxiety, depression, or other mental health concerns?		
Yes	62	68%
No	29	32%
Received help at a clinic, or from a therapist, psychiatrist, or other mental health provider?		
Yes	69	76%
No	22	24%
Accessed this help using telehealth (video or phone)?		
Yes	52	75%
No	17	25%
Of those who had accessed telehealth (n=49):	Range	Median
Number of times	1-25	8

F19. Arrests since leaving the program (n=91)

Since leaving the program, have you been arrested for any reason?	n	%
Yes	9	10%
No	82	90%
Of those arrested (n=9):	Range	Mean
Number of times arrested	1-4	1.4

F20. Charged with crimes since leaving the program (n=91)

Since leaving the program, have you been charged with any crimes or violations of a law?	n	%
Yes	12	13%
No	79	87%
Of those charged (n=12):	Range	Mean
Number of times charged	1-3	1

F21. Incarcerated since leaving the program (n=91)

Have you been incarcerated for any reason since leaving the program?	n	%
Yes	14	15%
No	77	85%
Of those incarcerated (n=13):	Range	Median
Time spent incarcerated (days)	1-182	3

F22. Detox since leaving the program (n=91)

Have you been in detox since leaving the program?	n	%
Yes	7	8%
No	84	92%
If spent time in detox (n=7)	Range	Median
Number of times in detox	1-2	1

F23. Use of tobacco at 6-month follow-up (n=91)

Have you smoked cigarettes or used tobacco products since leaving the program?	n	%
Yes	81	89%
No	10	11%

Note. Cumulative percentages may vary from 100% due to rounding. Tobacco refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by American Indians and other groups.

F24. Use of alcohol and other drugs at 6-month follow-up (n=91)

Have you used alcohol, marijuana, or other drugs since leaving the program?	n	%
Yes	52	57%
No	39	43%
Change in substance use among those who have used (n=51):		
Using more at follow-up	10	20%
Using about the same amount at follow-up	11	22%
Using less at follow-up	30	59%
Frequency of substance use in the past 30 days (n=43):		
1 time	4	9%
2 or 3 times	7	16%
More than 3 times	32	74%

Note. Cumulative percentages may vary from 100% due to rounding.

F25. Types of substances used since leaving the program (n=46-52)

Substances used:	n	%	Of those who have used, women who used this substance in the past 30 days	
			n	%
Unprescribed marijuana	34	65%	31	91%
Fentanyl	34	65%	2	6%
Alcohol	29	56%	19	66%
Methamphetamine (meth)	18	35%	8	44%
Other substances	13	26%	10	77%
Crack/cocaine	4	8%	2	50%
Other opioids	3	6%	1	33%
Heroin	2	4%	2	100%

Note. To ensure the anonymity of respondents, responses were combined into the “other substances” category when only one woman reported using a given drug.

F26. Participation in drug or alcohol treatment programs since leaving program (n=91)

Since you left the program, have you entered any other drug or alcohol treatment programs?	n	%
Yes	30	33%
No	61	67%

Note. Cumulative percentages may vary from 100% due to rounding.

F27. Participation in other recovery support activities since leaving program (n=90-91)

Participation in the following activities as part of recovery support since leaving the program:	n	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	61	67%
Other things to support recovery	56	62%
Aftercare	31	34%
A faith-based or religious group	29	32%
Another support group offered in the community	26	29%
A Recovery Community Organization (RCO)	23	26%
A culturally specific group like a sweat lodge or talking circle	15	16%
AI-Anon	9	10%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	61	67%

F28. Sponsor at 6-month follow-up (n=91)

Do you have a sponsor?	n	%
Yes	17	19%
No	74	81%

Note. Cumulative percentages may vary from 100% due to rounding.

F29. Participation in Medication Assisted Treatments (MAT) since leaving program (n=91)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	n	%
Yes	25	27%
No	66	73%

Note. Cumulative percentages may vary from 100% due to rounding.

F30. Helpfulness of Medication Assisted Treatments (MAT) (n=25)

Of those who reported participating in MAT since leaving the program:	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful
In general, how helpful would you say Medication Assisted Treatment has been in your recovery?	80%	20%	-	-

Note. Cumulative percentages may vary from 100% due to rounding.

F31. Self-efficacy at 6-month follow-up (n=41-91)

How much do you agree or disagree with the following statements?	Strongly agree		Agree		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%
You can usually solve difficult problems if you try hard enough	52	57%	39	43%	-	-	-	-
When you set goals for yourself, you have a hard time following through	8	9%	21	23%	45	49%	17	19%
You stay calm when facing difficulties	18	20%	55	61%	13	14%	4	4%
You can usually handle whatever comes your way	22	24%	61	67%	7	8%	1	1%
You often feel overwhelmed by all of the challenges in your life	10	11%	44	49%	34	38%	2	2%
You know where to find and how to access the resources you need ^a	20	49%	18	44%	3	7%	-	-
You feel confident in your ability to live independently ^a	18	44%	21	51%	1	2%	1	2%

Note. Cumulative percentages may vary from 100% due to rounding.

^a The total N for these questions is smaller by comparison because they were incorporated into the follow-up interview protocol at a later time (January 2024)

F32. Number of children living with women at 6-month follow-up (n=91)

How many children are you currently living with or parenting at least half of the time?	n	%
No children	19	21%
1 child	33	36%
2 children	24	26%
3 children	11	12%
4 or more children	4	4%

Average (mean) number of children among women living with children (n=72): 2 children

Median number of children among women living with children (n=72): 2 children

Note. Cumulative percentages may vary from 100% due to rounding. The mean and median excludes families with no children living with them.

F33. Interactions with children at 6-month follow-up (n=67-68)

In the past month, how would you describe the following?	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
You showed your children love and affection	66	99%	-	-	1	1%	-	-
When your children were upset or stressed out, you tried to understand what was going on with them	66	99%	1	1%	-	-	-	-
When your children did something well, you let them know that you were proud of them	66	99%	1	1%	-	-	-	-
You could name several good qualities your children have	65	97%	2	3%	-	-	-	-
You make good parenting decisions	63	94%	4	6%	-	-	-	-
You feel positive about being a parent	61	91%	6	9%	-	-	-	-
You were able to control your anger and frustration with your children	60	88%	8	12%	-	-	-	-
You consistently set limits and provided appropriate consequences	50	75%	13	19%	4	6%	-	-

Note. Cumulative percentages may vary from 100% due to rounding. These questions were asked of the 68 women living with and/or parenting children age 1 year or older.

F34. Relationship with child 6 months after the program (n=68)

	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
Since you left the program, how would you describe your relationship with your child?	41	60%	22	32%	5	7%	-	-

Note. Cumulative percentages may vary from 100% due to rounding. At the 6-month interview, women reflected back on their relationship with their child before participating in the program (a retrospective rating) and then described their relationship since leaving the program.

F35. Involvement with Child Protection, children removed or reunified by 6-month follow-up (n=90)

Since you left the program...	Yes		No	
	n	%	n	%
Have you had any involvement with Child Protection?	40	44%	50	56%
Of those involved with Child Protection (n=40)				
Have any of your children been reunited with you?	14	35%	26	65%

Note. Cumulative percentages may vary from 100% due to rounding.

F36. Access to supports at 6-month follow-up (n=50-91)

In the past month, how often...	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
Were you able to afford basic living expenses including being able to pay rent, buy food, and have money for transportation/gas?	63	69%	19	21%	7	8%	2	2%
Did you have friends, family, or other people available to give you good advice?	32	64%	9	18%	9	18%	--	--
Were you able to access reliable transportation?	70	77%	11	12%	10	11%	--	--

Note. Cumulative percentages may vary from 100% due to rounding.

F37. Relationships at 6-month follow-up

In general, how would you describe..... in the past month?	Very supportive		Somewhat supportive		Not at all supportive	
	n	%	n	%	n	%
Your relationship with family and friends (n=90)	55	61%	29	32%	6	7%
Your relationships with other people in your life (n=40) - NEW QUESTION	29	73%	9	23%	2	5%

Note. Cumulative percentages may vary from 100% due to rounding.

F38. Physical and mental health at 6-month follow-up (n=91)

	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
In general, how would you describe your physical health in the past month?	24	26%	37	41%	24	26%	6	7%
In general, how would you describe your mental health in the past month, which includes handling stress and managing challenges with stress or emotions?	13	14%	39	43%	29	32%	10	11%

Note. Cumulative percentages may vary from 100% due to rounding.

G. 12-month follow-up interview tables

G1. Relationships with family and friends 12 months after the program (n=27)

	Very supportive		Somewhat supportive		Not at all supportive	
	n	%	n	%	n	%
In the past month, how would you describe your relationship with family and friends?	16	59%	9	33%	2	7%

Note. Cumulative percentages may vary from 100% due to rounding.

G2. NEW Relationships with other people in your life 12 months after the program (n=27)

	Very supportive		Somewhat supportive		Not at all supportive	
	n	%	n	%	n	%
In the past month, how would you describe your relationship with other people in your life, aside from family and friends?	14	52%	12	44%	1	4%

Note. Cumulative percentages may vary from 100% due to rounding.

G3. NEW Access to good advice 12 months after the program (n=27)

	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
In the past month, how often did you have friends, family, or other people available to give you good advice when you were facing a problem?	23	85%	3	11%	1	4%	-	-

Note. Cumulative percentages may vary from 100% due to rounding..

G4. Use of Peer Recovery Support while in program (n=26)

While in the program, did you have a Peer Recovery Specialist or Recovery Coach?	n	%
Yes	24	92%
No	2	8%
How often were you in contact with your Peer Recovery Specialist while in the program? (n=23)		
Every day or almost every day	12	52%
Once a week	9	39%
Once a month	1	4%
Every couple of months	1	4%

Note. Cumulative percentages may vary from 100% due to rounding. One person declined answering how often they had contact with their peer.

G5. Use of Peer Recovery Support after leaving the program (n=23)

Have you had any contact with your Peer Recovery Specialist since leaving the program?	n	%
Yes	7	30%
No	16	70%
Since leaving the program, how often are you in contact with your Peer Recovery Specialist? (n=8)		
Every day or almost every day	1	13%
Every couple of months	3	38%
Once or twice a year	4	50%

Note. Cumulative percentages may vary from 100% due to rounding.

G6. Impact of Peer Support Specialist (n=22-23)

	Strongly agree		Agree		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%
With the help of my Peer Recovery Specialist...								
I was able to achieve my recovery goals	6	26%	12	52%	3	13%	2	9%
I have felt emotionally supported throughout my recovery	10	44%	11	48%	1	4%	1	4%
I better understand my addiction and behavior	7	32%	9	41%	4	18%	2	9%
I have more confidence in myself	8	35%	9	39%	5	22%	1	4%
I feel more motivated	6	26%	14	61%	1	4%	2	9%
Thinking specifically about the services your Peer Recovery Specialist provided you, please say whether you agree or disagree with the following:								
My Peer Recovery Specialist connected me to helpful resources in my community	8	35%	11	48%	3	13%	1	4%
My Peer Recovery Specialist helped me establish healthier habits	8	35%	9	39%	5	22%	1	4%
My Peer Recovery Specialist listened to me and treated me with respect	16	70%	4	17%	1	4%	2	9%
My Peer Recovery Specialist was there for me when I needed them	15	65%	5	22%	2	9%	1	4%

Note. Cumulative percentages may vary from 100% due to rounding.

G7. Cultural background of Peer Recovery Specialist (n=21-22)

Did your Peer Recovery Specialist reflect your race/ethnicity?	n	%
Yes	12	55%
No	10	46%
Did your Peer Recovery Specialist understand your cultural background and respond to your needs in culturally responsive ways?		
Yes	20	95%
No	1	5%

Note. Cumulative percentages may vary from 100% due to rounding.

G8. Uniqueness of Peer Recovery Support (n=23)

Did your Peer Recovery Specialist provide unique help or support that was different from other program staff?	n	%
Yes	18	78%
No	5	22%

Note. Cumulative percentages may vary from 100% due to rounding.

G9. Women's well-being 12 months after the program (n=27)

How would you describe the following areas of your life?	Excellent	Good	Fair	Poor
Your physical health	22%	48%	30%	-
Your mental health (handling/managing stress or emotions)	19%	30%	48%	4%

Note. Cumulative percentages may vary from 100% due to rounding.

G10. Use of alcohol and other drugs at 12-month follow-up (n=27)

Have you used alcohol, marijuana or cannabis, or other drugs since leaving the program?	n	%
Yes	16	59%
No	11	41%
Change in substance use among those who have used (n=16):		
Using more at follow-up	5	31%
Using about the same amount at follow-up	3	19%
Using less at follow-up	8	50%
Frequency of substance use since leaving the program (n=14)		
1 time	2	14%
2 or 3 times	2	14%
More than 3 times	10	71%

Note. Cumulative percentages may vary from 100% due to rounding.

G11. Length of sobriety at 12-month follow-up (n=10)

How long have you been abstinent/clean/sober?	n	%
6-11 months	1	10%
12-18 months	5	50%
More than 18 months	4	40%
Average (mean) length of sobriety: 23.2 months		
Median length of sobriety: 17 months		

Note. Cumulative percentages may vary from 100% due to rounding.

G12. Participation in school or job training at 12-month follow-up (n=27)

Since you left the program, have you participated in any schooling or job training?	n	%
Yes	11	41%
No	16	59%
What schooling or job training have you participated in? (n=11)		
GED/High school	-	
Credential, license, or certificate	6	
Associate's or vocational college	1	
College/four-year college	1	
Graduate/professional school	-	
Job training	8	
Don't know	-	

Note. Cumulative percentages may vary from 100% due to rounding. Respondents could indicate they were participating in more than one type of schooling/job training.

G13. Employment situation at 12-month follow-up (n=27)

Current employment situation at 12-month follow-up	n	%
Employed full time or part time	12	44%
Unable to work due to a disability	4	15%
Unemployed, and looking for work	4	15%
Unemployed, and not currently looking for work, including those in school	2	7%
Something else	5	19%

Note. Cumulative percentages may vary from 100% due to rounding. Employment includes temporary work and self-employment.

G14. Financial situation and access to transportation 12 months after program (n=27)

How often are/were you able to...	Most of the time	Some of the time	Rarely	Never
Afford basic living expenses including being able to pay rent, buy food, and have money for transportation/gas	70%	19%	7%	3%
Access reliable transportation	93%	4%	4%	-

Note. Cumulative percentages may vary from 100% due to rounding.

G15. Frequency of housing transitions since leaving the program (n=27)

	Range	Mean
How many times have you moved since leaving the program (12 months ago)?	1-4	2

Note. The range and mean exclude 7 families who did not move during the follow-up period.

G16. Living arrangements at 12-month follow-up (n=27)

How would you describe your current housing or living arrangement?	n	%
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	14	52%
Staying with a relative or friend on a temporary basis	2	7%
Permanent housing program with services to help you keep your housing, either on-site services or services that come to you	1	4%
Staying with a relative or friend on a long-term basis	3	11%
Transitional housing program	-	-
Residential drug or alcohol treatment facility	1	4%
Emergency shelter	1	4%
Halfway house for people in recovery	2	7%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	-	-
Some other place	3	11%

Note. Cumulative percentages may vary from 100% due to rounding.

G17. Supportiveness and stability of living situation at 12-month follow-up (n=27)

When thinking about your current living situation...	Very supportive or stable	Somewhat supportive or stable	Not very supportive or stable	Not at all supportive or stable
How supportive to recovery is your current living situation?	59%	19%	15%	7%
How stable to recovery is your current living situation?	63%	22%	7%	7%

Note. Cumulative percentages may vary from 100% due to rounding.

G18. Women's well-being at 12-month follow-up (n=27)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
Your physical health	6	22%	13	48%	8	30%	-	-
Your mental health	5	19%	8	30%	13	48%	1	4%

Note. Cumulative percentages may vary from 100% due to rounding.

G19. Women's use of emergency room and hospitalization since leaving the program (n=27)

Since leaving the program, have you been to the emergency room for any reason related to your own health?	n	%
Yes	10	37%
No	17	63%
Of those who visited the emergency room (n=10):	Range	Median
Number of visits	1-2	1

G20. Use of telehealth for healthcare (n=27)

Since leaving the program, have you accessed healthcare services using telehealth (video or phone) for any reason related to your own health?	n	%
Yes	8	30%
No	19	70%
Of those who had accessed telehealth (n=8):	Range	Median
Number of times	1-10	6

G21. Mental health concerns since leaving the program (n=27)

Since leaving the program, have you...	n	%
Had concerns related to anxiety, depression, or other mental health concerns?		
Yes	21	78%
No	6	22%
Received help at a clinic, or from a therapist, psychiatrist, or other mental health provider?		
Yes	18	67%
No	9	33%
Accessed this help using telehealth (video or phone)? (n=18)		
Yes	17	94%
No	1	6%
Of those who had accessed telehealth (n=17):	Range	Median
Number of times	1-24	7

G22. Arrests since leaving the program (n=26)

Since leaving the program, have you been arrested for any reason?	n	%
Yes	3	12%
No	23	89%
Of those arrested (n=3):	Range	Mean
Number of times arrested	1	1

G23. Charged with crimes since leaving the program (n=27)

Since leaving the program, have you been charged with any crimes or violations of a law?	n	%
Yes	4	15%
No	23	85%
Of those charged (n=4):	Range	Mean
Number of times charged	1	1

G24. Incarcerated since leaving the program (n=27)

Have you been incarcerated for any reason since leaving the program?	n	%
Yes	4	15%
No	23	85%
Of those incarcerated (n=4):	Range	Median
Time spent incarcerated (days)	1-91	4

G25. Detox since leaving the program (n=27)

Have you been in detox since leaving the program?	n	%
Yes	-	-
No	27	100%
If spent time in detox (n=0)	Range	Median
Number of times in detox	-	-

G26. Types of substances used since leaving the program (n=16)

Substances used:	n	%	Of those who have used, women who used this substance in the past 30 days	
			n	%
Methamphetamine (meth)	5	31%	2	40%
Alcohol	11	69%	7	64%
Unprescribed marijuana	9	56%	7	78%
Fentanyl	-	-	-	-
Other opioids	-	-	-	-
Crack/cocaine	-	-	-	-
Heroin	-	-	-	-
Non-prescription methadone	-	-	-	-
Other substances	1	11%	1	100%

Note. To ensure the anonymity of respondents, responses were combined into the “other substances” category when only one woman reported using a given drug.

G27. Length of sobriety at 12-month follow-up (n=10)

How long have you been abstinent/clean/sober?	Months
Average (mean) length of sobriety:	23.2
Median length of sobriety:	17

G28. Participation in drug or alcohol treatment programs since leaving program (n=27)

Since you left the program, have you entered any other drug or alcohol treatment programs?	n	%
Yes	7	26%
No	20	74%

Note. Cumulative percentages may vary from 100% due to rounding.

G29. Participation in other recovery support activities since leaving program (n=27)

Participation in the following activities as part of recovery support since leaving the program:	n	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	27	56%
Aftercare	9	33%
A faith-based or religious group	9	33%
Another support group offered in the community	9	33%
A culturally specific group like a sweat lodge or talking circle	5	19%
A Recovery Community Organization (RCO)	5	19%
Al-Anon	1	4%
Other things to support recovery	22	82%

G30. Sponsor at 12-month follow-up (n=27)

Do you have a sponsor?	n	%
Yes	6	22%
No	21	78%

Note. Cumulative percentages may vary from 100% due to rounding.

G31. Participation in Medication Assisted Treatments (MAT) since leaving program (n=27)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	n	%
Yes	8	30%
No	19	70%

Note. Cumulative percentages may vary from 100% due to rounding.

G32. Helpfulness of Medication Assisted Treatments (MAT) (n=8)

Of those who reported participating in MAT since leaving the program:	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful
In general, how helpful would you say Medication Assisted Treatment has been in your recovery?	63%	38%	-	-

Note. Cumulative percentages may vary from 100% due to rounding.

G33. Self-efficacy at 12-month follow-up (n=27)

How much do you agree or disagree with the following statements?	Strongly agree		Agree		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%
You can usually solve difficult problems if you try hard enough	11	41%	15	56%	1	4%	-	-
When you set goals for yourself, you have a hard time following through	1	4%	12	44%	11	41%	3	11%
You stay calm when facing difficulties	6	22%	18	67%	3	11%	-	-
You can usually handle whatever comes your way	10	37%	16	59%	1	4%	-	-
You often feel overwhelmed by all of the challenges in your life	1	4%	13	48%	11	41%	2	7%
You know where to find and how to access the resources you need ^a	12	44%	15	56%	-	-	-	-
You feel confident in your ability to live independently ^a	13	48%	12	44%	2	7%	-	-

Note. Cumulative percentages may vary from 100% due to rounding.

^a The total N for these questions is smaller by comparison because they were incorporated into the follow-up interview protocol at a later time (January 2024)

G44. Number of children living with women at 12-month follow-up (n=27)

How many children are you currently living with or parenting at least half of the time?	n	%
No children	4	15%
1 child	14	61%
2 children	4	17%
3 children	4	17%
4 or more children	1	4%

Average (mean) number of children among women living with children (n=23): 2 children

Median number of children among women living with children (n=23): 1 child

Note. Cumulative percentages may vary from 100% due to rounding. The mean and median excludes families with no children living with them.

G45. Interactions with children at 12-month follow-up (n=22)

In the past month, how would you describe the following?	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
You showed your children love and affection	22	100%	-	-	-	-	-	-
When your children did something well, you let them know that you were proud of them	20	91%	2	9%	-	-	-	-
You could name several good qualities your children have	21	96%	1	5%	-	-	-	-
You feel positive about being a parent	16	73%	6	27%	-	-	-	-
You make good parenting decisions	19	86%	3	14%	-	-	-	-
You consistently set limits and provided appropriate consequences	15	68%	4	18%	3	14%	-	-
When your children were upset or stressed out, you tried to understand what was going on with them	20	91%	2	9%	-	-	-	-
You were able to control your anger and frustration with your children	17	77%	5	23%	-	-	-	-

Note. Cumulative percentages may vary from 100% due to rounding. These questions were asked of the 22 women living with and/or parenting children age 1 year or older.

G46. Relationship with child before and 12 months after the program (n=4-22)

	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
<u>Before entering the program</u> , how would you describe your relationship with your child?	1	-	1	-	2	-	-	-
<u>Since you left the program</u> , how would you describe your relationship with your child?	16	-	4	-	2	-	-	-

Note. Cumulative percentages may vary from 100% due to rounding. At the 12-month interview, women reflected back on their relationship with their child before participating in the program (a retrospective rating) and then described their relationship since leaving the program.

G47. Involvement with Child Protection, children removed or reunified by 12-month follow-up (n=25)

	Yes		No	
	n	%	n	%
<u>Since you left the program...</u>				
Have you had any involvement with Child Protection?	8	32%	17	68%
Of those involved with Child Protection (n=8)				
Have any of your children been reunited with you?	3	38%	5	63%

Note. Cumulative percentages may vary from 100% due to rounding.

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