

Year Three Key Findings: June 1, 2018 – May 31, 2019

Women's Recovery Services

The Minnesota Department of Human Services Behavioral Health Division (BHD) contracts with 11 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families, through 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, 2018 and May 31, 2019, and outcomes for families during the third year of the 5-year grant.



Women served by WRS programs

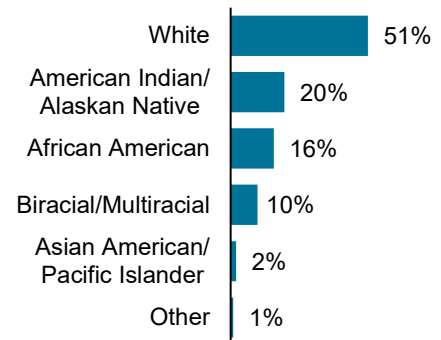
Women served	Children of women served	Median length of participation	Number of women who exited program	Average staff contact time per woman
1,245	2,309	3.5 months	866	231 hours

Service areas of greatest client need: According to program staff, women had the greatest need for services around mental health or counseling (68%), parenting (58%), housing (43%), and relationship issues (26%).

Most common service areas: Besides treatment and recovery support, program staff were most likely to provide services to women in the following areas: mental health or counseling (86%), parenting (81%), physical health (71%), housing (67%), relationship issues (64%), transportation (63%), wellness or recreation (66%), and public benefits (49%).

Chemical dependency treatment: 79% of women were in treatment when they entered the program – most often in inpatient/residential (54%). Over half (60%) of those who were in treatment during their program had successfully completed treatment by closing.

Racial background of women served (n=1,245)

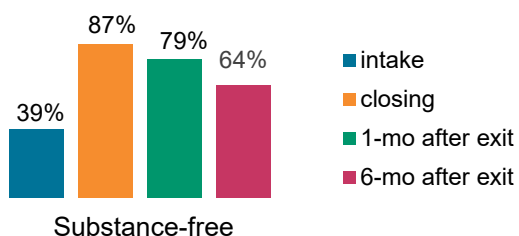


Outcomes for families during year three

► Substance use and sobriety

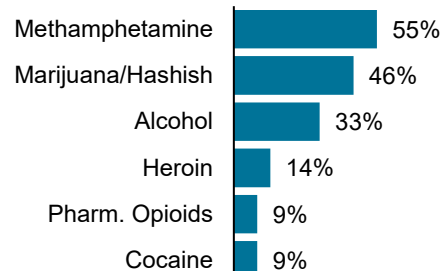
Significant increases in sobriety at closing lose some ground after exit: Significantly more women were substance-free at closing (87%) when compared to intake (39%), although some of these gains were lost by the 1-month follow-up interview (79%) and 6-month follow-up interview (64%).

Sobriety at intake, closing, and follow-up (n=309)



Meth is the most commonly used and preferred drug at intake: Methamphetamine was the most commonly used drug at intake among the 721 women reporting recent substance use; it was also the most commonly preferred drug at intake among the 1,245 women served.

Most commonly used drugs at intake (n=721)

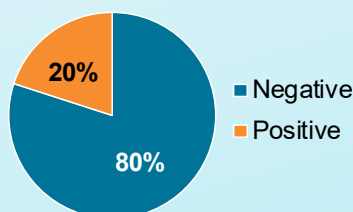


► Infant health

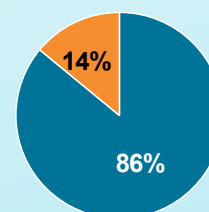
Most babies were born healthy: In year three, most babies were born full term (88%) and with a normal birth weight (83%).

Toxicology results from baby and mother: At birth, most babies (80%) and mothers (86%) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 14%-15% of women or babies.

Babies' toxicology at birth (N=111)



Women's toxicology at birth (N=108)



► Reunification

242 children were reunified with their mothers by closing (after a formal out-of-home placement)

144 additional children were reunified with their mothers by the 1-month follow-up (after a formal out-of-home placement)

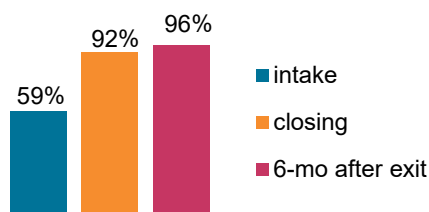
► Connection to recovery supports

Sources of recovery support at closing: By program end, women sought support primarily through Alcoholics Anonymous (AA) or Narcotics Anonymous (NA; 65%), a faith-based support group (23%), a culturally specific support activity (15%), or a support group through their program (15%; n=866).

Women maintain significant gains in recovery support participation 6 months after exit:

Significantly more women were participating in at least one recovery support activity by closing (92%) when compared with intake (59%); connections to these recovery supports were maintained by the 6-month follow-up, with 96% of women reporting participation in at least one recovery support (n=305).

Recovery support participation at intake, closing, and 6-month follow-up (n=305)

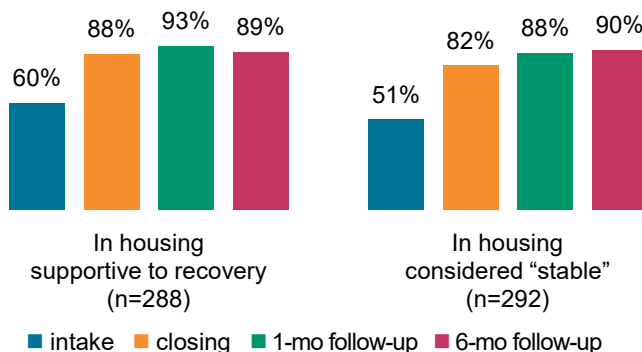


► Housing

Significant housing improvements for women:

Compared to intake, significantly more women were in housing "supportive to recovery" and in stable housing at closing; these gains were maintained 1-month and 6-months after exiting the program.

Significantly more women were:



Coordinated assessment and Section 8 waiting lists:

35% of women went through a coordinated assessment for housing while in the program, and 24% were on a waiting list for Section 8 or other subsidized housing at exit (waiting list information was unknown for 17% of women at closing).

► Health

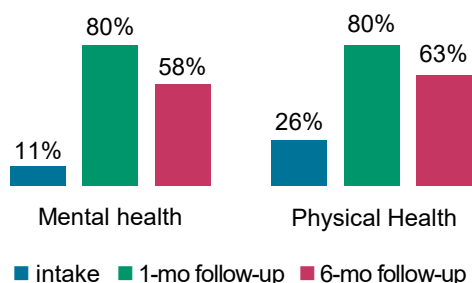
Mental health diagnoses are common among women served by WRS programs:

At intake, 81% of women had a mental health diagnosis. Among those with a diagnosis, the most common were anxiety disorders (85%) and depressive disorders (74%; n=1,245).

Significant increase in access to health care: At closing, significantly more women had a primary care physician and/or clinic (87%) as compared to intake (76%; n=724).

Physical and mental health decline 6 months after exit: When asked to rate their physical and mental health, women reported that their health significantly improved from intake to the 1-month follow-up. By the 6-month follow-up, significantly fewer women rated their mental or physical health as “good” or “excellent.”

Percentage of women rating their health as “good” or “excellent” (n=300-301)



► Parenting relationships and child protection

Improved relationships with children: 1 month and 6 months after program exit, significantly more women (95%) described their relationship with their child as “good” or “excellent” when compared with intake (47%; n=186).

Removal of infants after birth: 10% of babies born to women in year three were placed outside of the home following their birth.

Significant decrease in child protection after exit: Significantly fewer women were involved with child protection at the 1-month follow-up (47%) and 6-month follow-up (45%) when compared to intake (57%) or closing (51%; n=302).

► Additional outcomes

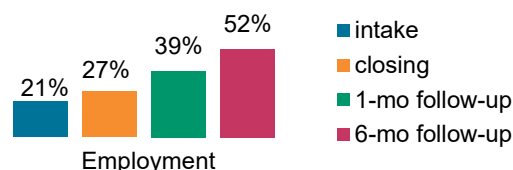
Percentage of women. . .

who were engaged with program goals at exit	who participated in a parenting program by closing	who were doing well at program exit according to program staff
71%	69%	59%

► Employment and schooling

Significant increases in employment and enrollment in school or job training: Significantly more women were employed either full time or part time at the 1-month follow-up (39%) and 6-month follow-up (52%) when compared to intake (21%; n=267). While relatively few women reported enrollment in school or a job training program, significantly more women are in one of these programs at 6-month follow-up (31% of women) when compared with intake (3%) or closing (6%).

Significantly more women employed over time (n=267)



► Dosage of services

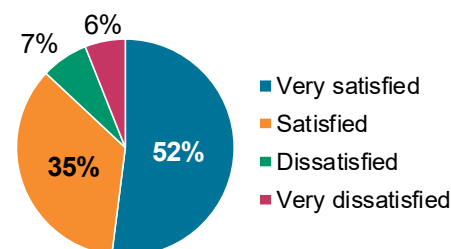
Women who received a *high dosage* of services – participating in their program for 90 days or more and receiving at least 180 hours of staff contact time and at least 12 hours of in-person staff contact time – were more likely to be:

- “Doing well” *at exit*
- Abstinent from substances *at exit* and *at 6-month follow-up*
- Have successfully completed Rule 31 treatment *by exit*
- Reunified with their children *at exit*
- Not involved with child protection *at exit*

► Program satisfaction

At follow-up, the majority of women (87%) were satisfied with their WRS program. In addition, most women agreed that staff helped them develop their goals (90%), were sensitive to cultural issues (90%), and understood their problems or concerns (90%; n=665-686).

Most women were satisfied with their WRS program (n=684)



► Contributors to positive outcomes

Stable and supportive housing makes a difference. Securing safe and stable housing by program closing was significantly linked to:

- Sobriety at closing and the 1-month follow-up
- Decreased substance use at closing
- Reunification with one or more children at closing
- Successful completion of treatment at closing

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

- Sobriety at closing and 6-month follow-up
- Reunification with one or more children at closing
- Infants remaining in their mom's care after birth (instead of an out-of-home placement)
- Successful completion of treatment at closing

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 or have decreased substance use by 1-month follow-up and 6-month follow-up
- Reunified with one or more children at closing

Outcomes differ depending upon one's drug of choice and racial identity. A woman's race and preferred drug of choice made a difference in the likelihood of achieving positive outcomes, with those identifying as white and preferring to use meth more likely to achieve positive outcomes.



Children served by WRS programs

Total number of children . . .

of women who left
the program

1,634

who received services
from program

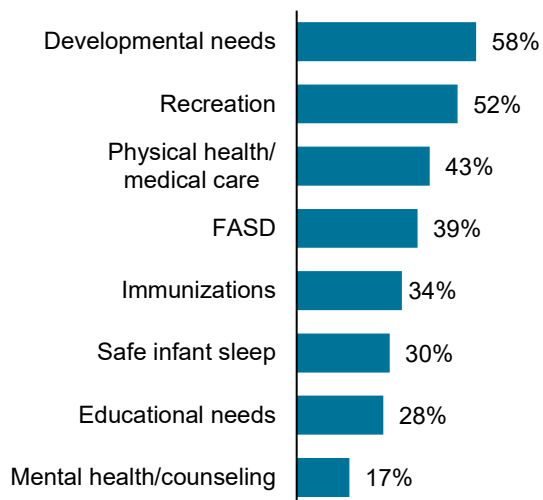
580¹

¹ 36% of children of women who exited the program in year three. Service data was missing for 49% of the 1,634 children of women who exited during the reporting period.

Most common assessments received by children served: Informal Fetal Alcohol Spectrum Disorders (FASD) screenings (59%) and developmental assessments (18%).

Child immunizations and medical insurance: At closing, 99% of children were current on immunizations and covered by medical insurance; this information was unknown or missing for 23% of children.

Most common service areas that program staff worked on with children (N=580)



**Wilder
Research®**

Information. Insight. Impact.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org

For more information

This summary presents highlights of *WOMEN'S RECOVERY SERVICES IN MINNESOTA: YEAR THREE FINDINGS*. For more information about this report, contact Jackie Aman at Wilder Research, 651-280-2669.

Authors: Jackie Aman & Stephanie Nelson-Dusek

APRIL 2020