

Women's Recovery Services in Minnesota: Key Findings from 2017-2021

Prepared by Wilder Research



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Key Findings: 2017–2021

Women's Recovery Services

The Minnesota Department of Human Services Behavioral Health Division (BHD) contracted with 12 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 January 1, 2017 and January 31, 2021, and outcomes for families during the five-year grant.



Women served by WRS programs: 2017-2021

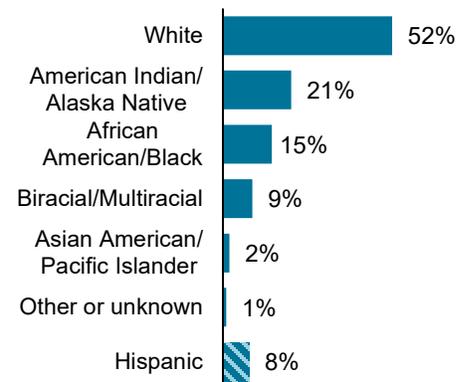
Women served	Children of women served	Median length of participation	Number of women who exited a WRS program	Average staff contact time per woman
3,433	6,583	3.5 months	3,168	219 hours

Service areas of greatest client need: According to program staff, women needed the most help with mental health and counseling (69%), parenting (56%), housing (44%), and relationship issues (27%).

Most common service areas: Besides treatment and recovery support, program staff were most likely to work with women on mental health or counseling (86%), parenting (80%), physical/dental health (70%), transportation (66%), relationship issues (65%), housing (64%), wellness or recreation (61%), and public benefits (57%).

Chemical dependency treatment: 85% of women were in treatment when they entered a WRS program – most often in inpatient/residential (58%). Over half (57%) of those who were in treatment during their program had successfully completed treatment by closing.

Racial background of women served (n=3,433)

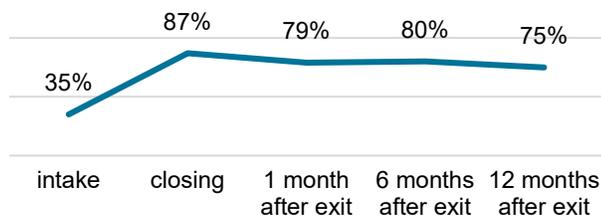


Outcomes for families: 2017-2021

► Substance use and sobriety

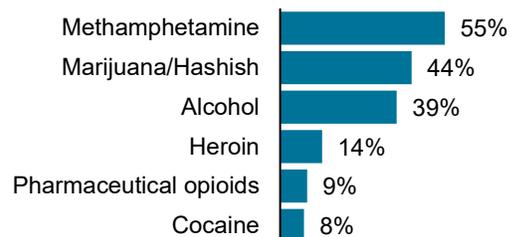
Significant increases in sobriety at closing lose some ground after exit. Significantly more women were substance-free at closing (87%) when compared to intake (35%), although some of these gains were lost by the follow-up interviews 1 month (79%), 6 months (80%) and 12 months (75%) after exit.

Sobriety at intake, closing, and follow-up (n=375)



Meth is the most commonly used and preferred drug at intake. Methamphetamine was the most commonly used drug at intake among the 1,983 women reporting recent substance use; it was also the most commonly preferred drug at intake among the 3,433 women served.

Most commonly used drugs at intake (n=1,983)

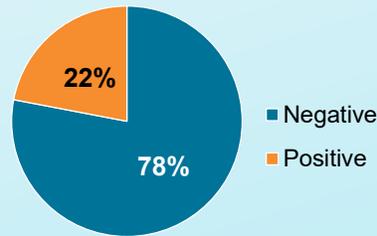


► Infant health

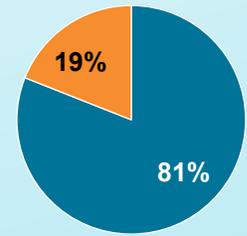
Most babies were born healthy. From 2017-2021, 475 babies were to women served by WRS programs. Most babies were born full term (87%) and with a normal birth weight (83%).

Most babies and moms had negative toxicology results. At birth, most babies (78%) and mothers (81%) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 18%-21% of women or babies.

Babies' toxicology at birth (N=398)



Women's toxicology at birth (N=382)



► Reunification

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

844 children were reunified with their mothers by closing

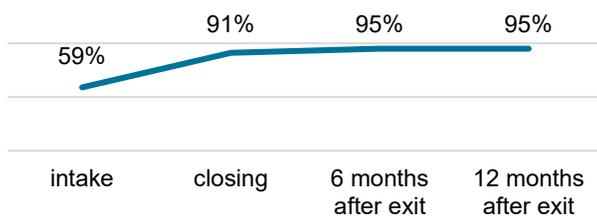
239 additional children were reunified with their mothers by the **6-month follow-up**

► Connection to recovery supports

Women were connected to multiple recovery supports at closing. By closing, women sought support primarily through AA or NA (66%), a faith-based support group (19%), a support group through their WRS program (15%), a culturally specific recovery support activity (13%), an unknown support group (10%), or aftercare (10%; N=3168).

Women maintain significant gains in recovery support participation in the months after exit. Significantly more women were participating in at least one recovery support activity by closing (91%) when compared with intake (59%). Connections to recovery support increased even more by the 6-month and 12-months follow-ups, with 95% of women reporting participation in at least one recovery support (n=337).

Recovery support participation over time (n=367)

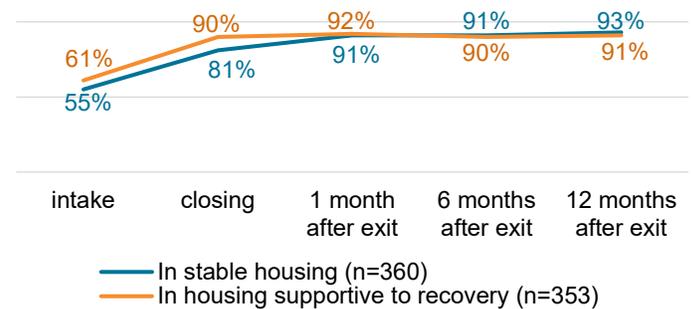


► Housing

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 or increased 1 month, 6 months, and 12 months after exiting a WRS program.

Percentage of women in stable or supportive housing over time



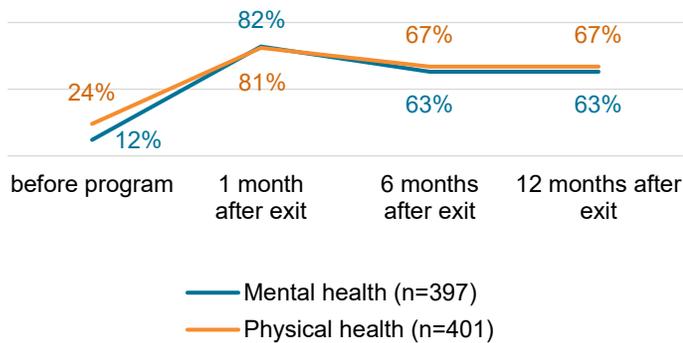
Many women participated in a coordinated assessment or were on a Section 8 waiting list by closing. While in a WRS program, 26% of women went through a coordinated assessment for housing, and 18% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 32%-37% 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 (86%) and depressive disorders (76%; n=2,783).

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 and 12-month follow-ups, significantly fewer women rated their mental or physical health as “good” or “excellent.”

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



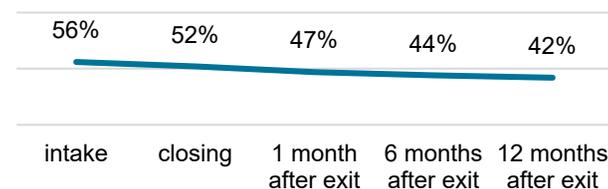
Parenting relationships and child protection

Improved relationships with children: 1 month, 6 months, and 12 months after program exit, significantly more women (94%-95%) described their relationship with their child as “good” or “excellent” when compared with intake (49%; n=229).

Most infants remained with their mothers after birth. From 2017-2021, 83% of babies born stayed with their mothers following birth; 14% were placed outside of the home following birth (N=475).

Significant decrease in child protection after exit: Significantly fewer women were involved with child protection at the 1-month follow-up (47%), 6-month follow-up (44%), and 12-month follow-up (42%) when compared to intake (56%) and, in some cases, when compared to closing as well (52%; n=372).

Percentage of women involved with child protection (n=372)

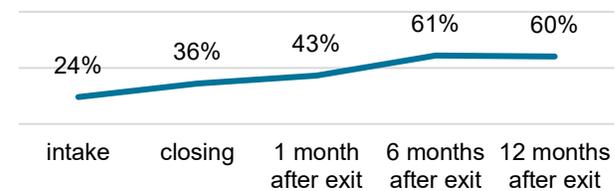


Employment and schooling

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 (43%), 6-month follow-up (61%), and 12-month follow-up (60%) when compared to intake (24%) or closing (36%; n=264). While relatively few women reported enrollment in school or a job training program, significantly more women were enrolled 6 months (29%) and 12 months (33%) after exit when compared with intake (3%) or closing (6%; n=392).

Overall, 72% of women were either employed or enrolled in school or job training 12 months after program exit (N=299).

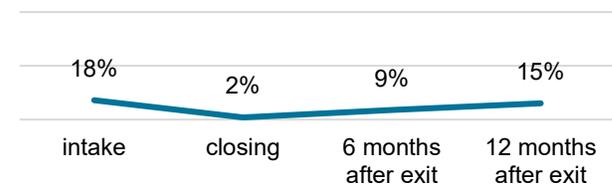
Percentage of women employed over time (n=264)



Criminal justice system involvement

Arrests declined during program involvement, but tick up in the months following closing. While 18% of women were arrested in the month prior to intake, significantly fewer women had been arrested in the month prior to closing (2%). However, 9% of women at the 6-month follow-up and 15% of women at the 12-month follow-up reported that they had been arrested since leaving a WRS program, representing a significant increase when compared to closing (n=383).

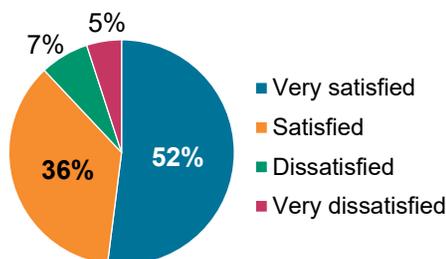
Percentage of women arrested (n=383)



► Program satisfaction

At follow-up, the majority of women (88%) were satisfied with their WRS program. In addition, most women agreed that staff helped them develop their goals (91%), understood their problems or concerns (91%), were sensitive to cultural issues (90%), and were available when needed (90%; n=1,088-1,116).

Most women were satisfied with their WRS program (n=1,116)



I never had people in my life I could count on. I knew that the staff there really cared about me and my life. I felt at home there.

They supported me in all areas in my life. They were good advocates in dealing with me and the legal system. They helped me with child protection service, and they never judged me as a bad person but rather helped me at every step of my recovery.

Anytime I needed to talk or had something going on, if the specific counselor for me was busy, other staff from the program would be there to support and just listen to you.

► Additional outcomes

Percentage of women . . .	Percentage of women . . .	Percentage of women . . .
who were engaged with program goals at exit	who participated in an evidence-based parenting program by closing	who were doing well at program exit according to program staff
71%	67%	62%

► 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.

Starting in July 2020, women who exited a WRS program were asked to provide feedback about their WRS program's PRS (n=272). Key findings include:

- 67%** of women utilized a PRS while in a WRS program. Of those that reported contact with a PRS, 57% interacted with them every day or almost every day; 36% were in contact with their PRS once a week
- 24%** were *still* in contact with their PRS after leaving their WRS program
- 95%** agreed their PRS listened to them and treated them with respect; 94% felt their PRS was there for them when needed
- 93%** agreed that with the help of their PRS, they felt emotionally supported throughout their recovery; 91%-92% had more confidence and motivation as a result of their PRS
- 90%** felt their PRS helped them to develop healthier habits and they were able to achieve their recovery goals with the help of their PRS
- 85%** agreed their PRS connected them to helpful resources in the community

In addition, 76% of women felt their PRS provided unique support that was different from other program staff. When asked to describe that unique support, women shared:

She didn't judge me. If I brought up that I was thinking of using, she would tell me that is normal. She would relate it back to her own life, so I would see that it wasn't just me.

They provided a listening ear and emotional support. They were caring, understanding and helped find solutions to problems— to go deeper into what was really going on and the core of problem.

► 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 – were more likely to:

- Be “doing well” at exit
- Be abstinent from substances at exit, 1-month follow-up, 6-month follow-up, and 12-month follow-up
- Have reduced their use of substances at exit, 1-month follow-up, 6-month follow-up, and 12-month follow-up
- Be reunified with their children at exit
- Have successfully completed treatment by exit
- Be employed either part time or full time by exit
- Be living in their own home or permanent supportive housing by exit
- Be in housing (not homeless) at 12-month follow-up
- Have participated in Alcoholics Anonymous or Narcotics Anonymous by exit
- Not be involved with child protect at exit
- Have achieved a longer period of sobriety at exit (median days)

I got a very good job after exiting the program, which I wouldn't have gotten if I wasn't sober. I get a paycheck, can pay bills, and finally have my own housing. I don't think I could have done this if I wasn't still sober.

► 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, 1-month follow-up, and 6-month follow-up
- Decreased substance use at exit and 1-month follow-up
- Successful completion of treatment at exit
- Lower likelihood of child protection involvement at exit
- Lower likelihood of infants being placed outside the home following birth

If I hadn't gotten sober and worked on my mental health, which the program helped me with, I wouldn't have gotten my children back.

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 and 1-month follow-up
- Decreased substance use at exit, 1-month follow-up, and 6-month follow-up
- Successful completion of treatment 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, 1 month follow-up, 6-month follow-up, and 12-month follow-up
- Have decreased substance use at exit, 1-month follow-up, 6-month follow-up, and 12-month follow-up
- Reunified with one or more children at exit
- Not involved with child protection at exit
- Living with their infants after birth (rather than an out-of-home placement)
- Negative for substances (mother and baby) at birth

I finally love the person that I look at in the mirror. I have hope and belief in myself that I'm worth it. I got sober before for my kids, my job, but that wasn't enough. Loving myself is enough for me to stay sober.

The likelihood of achieving positive outcomes differs by 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. 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 who are American Indian/Alaska Native and Black/African American.

I had to hit the reset button to realize that I'm worth it. Not just that I am a good mother, but that I am a good person myself, because I am when I am sober. That I deserve. The sober person is the real me.



Children served by WRS programs: 2017-2021

Total number of children . . .

of women who exited
a WRS program

6,076

who received services
from a WRS program

2,123^a

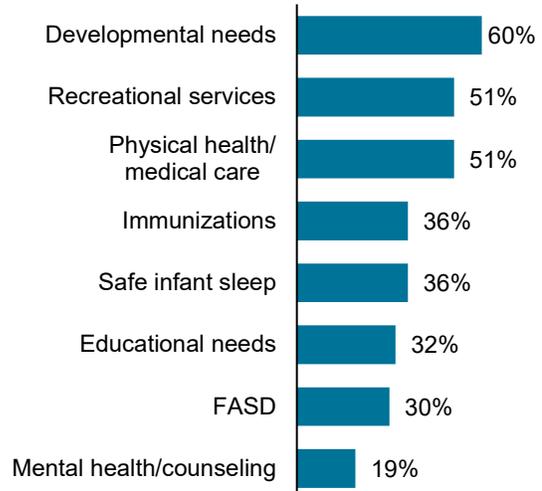
^a 35% of children of women who exited a WRS program from 2017-2021. Service data was missing for 43% of the 6,076 children of women who exited from 2017-2021.

Most common assessments received by children

served: Informal Fetal Alcohol Spectrum Disorders (FASD) screenings (44%) and developmental assessments (21%) were the most common assessments administered to children.

Child immunizations and medical insurance: Of the children with known information, 99% of children had medical insurance and were up-to-date on their immunizations at closing, although this information was unknown for 19%-22% of children.

Most common service areas that program staff worked on with children (n=2,123)



Methodology

In order to evaluate women’s progress and the effectiveness of the Women’s Recovery Services initiative at each site, 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 all five years, with the exception of some additional questions to select instruments. 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.

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, 6 months, 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.

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For more information

This summary presents highlights of *Women’s Recovery Services in Minnesota: Key Findings from 2017-2021*. For more information about this report, contact Jackie Aman at Wilder Research, 651-280-2669.

Author: Jackie Aman

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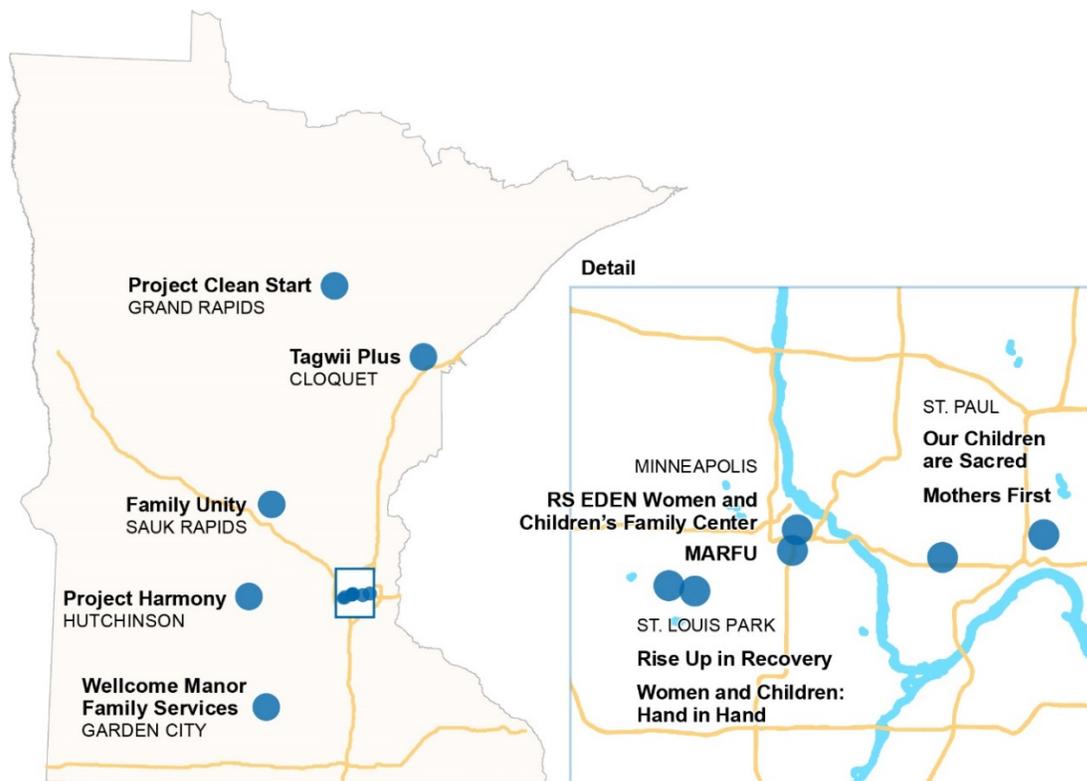
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Project overview

In October 2016, the Minnesota Department of Human Services Alcohol and Drug Abuse Division – which became the Behavioral Health Division (BHD) in fall 2018 – contracted with 12 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).¹ Through this initiative, known as Women’s Recovery Services (WRS), grantees provided comprehensive, gender-specific, family-centered services for the women in their care. Two grantees provided American Indian culturally specific services (Wakanyeja Kin Wakan Pi and Tagwii). 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 (2016-2021)



¹ While the Women’s Recovery Services initiative initially included 12 grantees, two grantees – St. Stephen’s Human Services (Kateri Residence) and St. Cloud Hospital Recovery Plus (Journey Home-Family Unity) – have since closed operations, bringing the total number of Women’s Recovery grantees to 10 as of July 1, 2020. All 12 original grantees are included in this cumulative report.

2. Women’s Recovery Services grantees from 2017-2021

Grantee	Program	# of women served by the program	# of women who exited the program
American Indian Family Center	Wakanyeja Kin Wakan Pi “Our Children are Sacred”	49	40
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)	268	239
Fond du Lac Reservation	Tagwii	104	90
Hope House of Itasca County	Project Clean Start	131	117
Meeker-McLeod-Sibley Community Health Services	Project Harmony	101	88
Perspectives Inc.	Women and Children: Hand in Hand	117	79
Ramsey County Community Human Services	Mothers First	381	353
RS EDEN	Women and Children’s Family Center	369	339
St. Cloud Hospital Recovery Plus	Journey Home-Family Unity	731	731
St. Stephen’s Human Services	Kateri Residence	34	20
Wayside Recovery Center	Rise Up in Recovery	614	557
Wellcome Manor Family Services	Wellcome Manor Family Services	545	512
TOTAL		3,444	3,165

Note: This table provides the numbers of women (and their children) who received services from a WRS grantee at any point between January 1, 2017 through January 31, 2021. Due to differences in the timing of data pulls for individual WRS sites and continuous data entry by program staff, the total number of women served and exited as reflected in the aggregate report (3,433 served and 3,168 who exited) differs from the total number of women served when adding up the cumulative count from each program (3,444 served and 3,165 who exited).

Overview of report

This report presents findings across all 12 funded programs from January 1, 2017 through January 31, 2021 (years one through five 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 2017 - 2021, 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 five time points: at intake, closing, the 1-month follow-up interview, the 6-month follow-up interview, and the 12-month follow-up interview. 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 3,433 women² from January 1, 2017 – January 31, 2021 (271 of these women remained from a previous period, while 3,162 were new to the programs). A total of 3,168 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 (21%), African American/Black (15%), or multiracial (9%); 8% reported being of Hispanic origin.
- **Women’s age:** The majority of women served were age 25-48 (79%).
- **Pregnancy at intake:** 22% of women were pregnant at intake (80% of these women had at least one prior pregnancy).
- **Children of women served:** Women served had a total of 6,583 children, including 475 babies born while women were in a WRS program; 6,076 children exited from 2017-2021 (along with the 3,168 women reported above), and 35% of these children were reported to have received services in 2017-2021, although service information was missing for 43% of children.
- **Income and public benefits:** Most women served (92%) 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 (46%), MFIP cash assistance (27%), WIC (19%), and General Assistance (18%).
- **Educational background of women served:** The majority of women served had earned a high school diploma or GED (69%); 40% had completed some college or obtained a post-secondary degree.

² 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 3,168 women *who exited their program* in 2017-2021.

Program dosage

- **Average length of participation:** 5.3 months; median 3.5 months (range: <1 month to 7.6 years³)
- **Average number of contacts between program staff and women:** 223 contacts, among the 93% of women (n=2,936) who had a minimum level of contact with staff while in the program; 83% of women had at least one in-person contact with staff per month.

*Average number of **phone call** contacts: 19 contacts – 34% of women participated in a phone call with program staff*

*Average number of **one-on-one** contacts (in-person): 33 contacts – 92% of women participated in a one-on-one contact with program staff*

*Average number of **group** sessions (in-person): 173 contacts – 80% of women participated in a group session with program staff*

*Average number of **text message** contacts: 15 contacts – 14% of women texted with program staff*

- **Average number of hours program staff spent with women:** 219 hours (range: <1 hour to 1,331 hours) for the 3,002 women with recorded contact hours; 166 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.

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 (86%), parenting (80%), physical/dental health (70%), transportation (66%), relationship issues (65%), housing (64%), wellness or recreation (61%), and public benefits (57%).
- Service areas of highest need: Program staff reported that women needed the most help with mental health and counseling (69%), parenting (56%), housing (44%), and relationship issues (27%).

³ While length of participation varied by program and by person, 90% of women who closed in 2017-2021 participated for a year or less; 17 women (less than 1%) participated for 3 or more years.

- Assessments provided: From 2017-2021, women most commonly received a mental health assessment (71%), a physical health assessment (67%), a chemical health assessment (62%), a mental health screening (49%), or a Fetal Alcohol Spectrum Disorder (FASD) screening through informal questions (38%).
- Percentage of women who received urinalysis tests (UAs) while in a WRS program: 74% of all women who exited from 2017-2021.
- Average number of UAs provided to women during their program: 17 UAs; 56% of women provided with a UA had at least one positive UA, most commonly for methamphetamine (42%), marijuana (32%), other amphetamines (22%), other opiates (14%), alcohol (14%), benzodiazepines (12%), and cocaine powder (10%).
- Percentage of women who completed an evidence-based parenting program: 67% of women participated in an evidence-based program or curriculum while in a WRS program; 40% 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 January 1, 2017 – January 31, 2021. 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*. Please see Appendix D for additional details on women at both time points and overall outcomes.

► **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 2017-2021 (as described in the previous section).

Among all 12 WRS programs, between 1,441 and 2,842 women had matched information on key outcome areas available at both intake and closing, representing 45% - 90% of all women who exited WRS programs in 2017-2021. 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 3,168 women who exited a WRS program between 2017 and 2021.

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

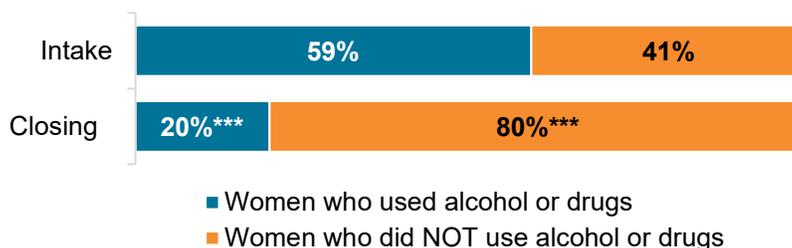
At intake (all women served between 2017 and 2021)

- **Substance use and sobriety:** At intake, 58% 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 1,429 women⁴ (42%) reporting no alcohol or drug use within 30 days of intake, their length of sobriety at intake ranged from 1 month to over 9 years, with an average of 4.5 months.
- **Primary drug of choice:** For the women served during 2017-2021, the primary drug of choice was most often methamphetamine (39%), followed by alcohol (19%), marijuana (17%), and heroin (14%).
- **Most common substances used:** Among those reporting substance use in the 30 days prior to intake, women were most likely to have used methamphetamine (55%), followed by marijuana (44%), alcohol (39%), heroin (14%), pharmaceutical opioids (9%), and cocaine (8%). The majority of women (85%) also reported recent tobacco use at intake.

At closing (women who exited a program between 2017 and 2021)

► **Matched analysis:** The number of women who reported recent substance use **significantly decreased** from intake to closing (Figure 3). While 59% of those with matched data had used substances in the month prior to intake, 20% 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=2592)



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

⁴ 1,429 women reported no recent alcohol or drug use at intake; however, information on length of sobriety was available for only 1,333 of those women. Only the duration of sobriety for those 1,333 women was used in the length of sobriety calculations.

Infant health

All babies born to women served between 2017 and 2021

- **Most babies were born healthy and stayed with their mother following birth.** Between 2017 and 2021, 475 babies were born to women served by a WRS program. Most babies were born full term (87%) and with a normal birth weight (83%). In addition, 22% of babies spent time in the NICU and 14% of babies were placed outside of the home following birth.
- **Infant toxicology:** Of infants tested, 22% of babies had positive toxicology results, most commonly for marijuana (61%).⁵ (18% 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 (54%) or a blood test (25%).
- **Mothers' toxicology:** While toxicology results were unknown or untested for 21% of women who gave birth from 2017-2021, 19% of women with available results tested positive for substances at birth, most commonly for marijuana (68%).⁶ Toxicology results for women were most commonly obtained through a urine test (68%).

Recovery support

At intake (all women served between 2017 and 2021)

- **Sources of recovery support:** Upon entering their Women's Recovery program, 46% of women were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Fewer women were connected to recovery support through faith-based groups (12%), culturally specific groups (6%), other community groups (5%), other recovery activities (4%), aftercare (2%), Al-Anon (2%), Recovery Community Organizations (RCOs; 2%), or an unknown recovery support activity (2%).

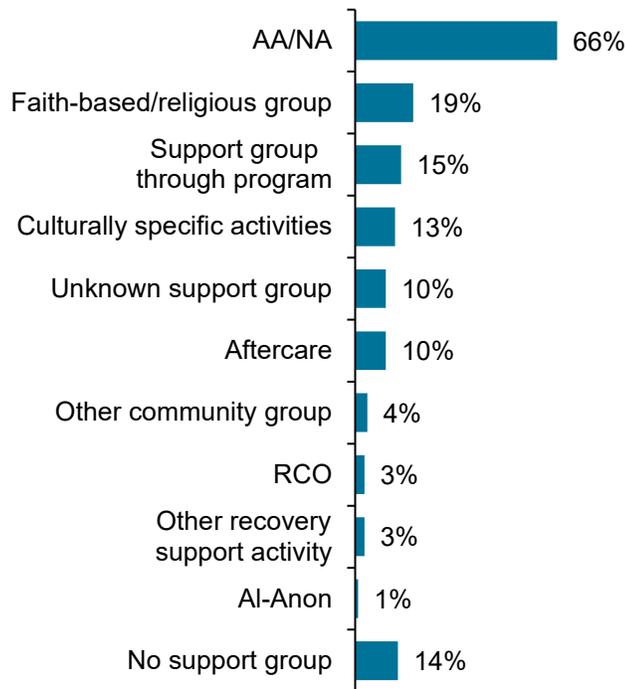
At closing (women who exited a program between 2017 and 2021)

- **Sources of recovery support:** By closing, women sought support primarily through AA or NA (66%), a faith-based support group (19%), a support group through their WRS program (15%), a culturally specific recovery support activity (13%), an unknown support group (10%), or aftercare (10%; Figure 4).

⁵ This excludes 20 babies who tested positive only for medications taken by the mother as directed.

⁶ This excludes 17 women who tested positive only for medications taken as directed.

4. Types of recovery support used by women at closing (n=3168)



► **Matched analysis:** Significantly more women were connected to recovery support activities at closing (84%) than at intake (57%), particularly to AA and/or NA (Figure 5).

5. Changes in recovery support participation from intake to closing

	Total n	Intake		Closing	
		n	%	n	%
Women involved in any form of recovery support	2522	1447	57%	2126	84%***
Women involved in AA and/or NA	2523	1292	51%	1954	77%***

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

System involvement

At intake (all women served between 2017 and 2021)

- **Child protection:** 54% of women were involved with child protection at intake and 19% had been referred to their program through that system.⁷
- **Criminal justice system:** 49% of women were involved with the criminal justice system and 16% had been arrested in the 30 days prior to program entry; 11% had been referred through corrections or drug court.

At closing (women who exited a program between 2017 and 2021)

- **Reunification:** 844 children were reunified with their mothers by closing (after a formal out-of-home placement).
- **Babies placed out of home:** 14% of the babies born to mothers served during 2017-2021 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 (4%) than in the 30 days prior to intake (17%). In addition, significantly fewer women were involved with child protection at closing when compared to intake, although this was only a 4 percentage point decrease. The percentage of women involved in the criminal justice system was similar from intake to closing (Figure 6).

6. Changes in system involvement from intake to closing

	Total n	Intake		Closing	
		n	%	n	%
Women arrested in the prior 30 days	2656	463	17%	92	4%***
Women involved in child protection	2842	1598	56%	1488	52%***
Women involved with the criminal justice system	2783	1412	51%	1396	50%

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

⁷ Child protection was among the top three referral sources for women entering their Women's Recovery program, as were treatment programs (21%) and self-referrals (19%).

Housing

At intake (all women served between 2017 and 2021)

- At intake, women were most likely to be living in a relative or friend’s home (32%), in their own house or apartment (24%), or in an inpatient treatment facility (19%).
- In addition, 13% 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” for 59% of women and “stable” for 52% of women.
- The majority of program participants (74%) had experienced homelessness at some point in their lives, with 80% having been homeless one to five times.

At closing (women who exited a program between 2017 and 2021)

- 26% of women went through a coordinated assessment for housing while in the program and 18% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 32%-37% 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 permanent supportive housing, in housing considered stable, and in housing supportive to their recovery (Figure 7). Please note that matched housing information was available for 45%-76% of women; therefore, these findings may not be representative of all women who exited a WRS program between 2017 and 2021.

7. Changes in housing from intake to closing

	Total n	Intake		Closing	
		n	%	n	%
Women in housing/not homeless ^a	1772	1499	85%	1679	95%***
Women in own home or permanent supportive housing ^b	1441	672	47%	810	56%***
Women in “stable” housing ^c	2403	1289	54%	1802	75%***
Women in housing “supportive to recovery” ^d	2308	1391	60%	1993	86%***

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*:** 85% of women were in treatment when they entered a WRS program; 58% were in inpatient/residential treatment, 28% were in outpatient treatment with housing, and 13% were in outpatient treatment without housing. Of those in treatment at intake, 19% had children living with them while in treatment.
- **Prior treatment participation:** The majority of women (79%) reported having been in treatment at some point prior to entering their current program, typically one to four times (73%).
- **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 2,827 women who were in treatment at some point during their time in a WRS program, their most recent treatment outcomes were as follows: 57% successfully completed Rule 31 treatment, 28% were noncompliant or left the program without staff approval, 8% had some “other” treatment outcome, 5% were still in treatment, and 2% had treatment outcomes that were missing or unknown.
- **Medication-assisted treatment and detox:** While in a WRS program, 17% of women received medication-assisted treatment (MAT), primarily suboxone and methadone (medications used to replace heroin or opioid addiction); 3% spent time in detox while in their program.

Health and safety

At intake (all women served between 2017 and 2021)

- **Physical health and access to care:** 45% of women reported having a severe or chronic physical health problem at intake. Among those with a health issue, the most common were chronic neck or back problems (29%), tooth and/or gum problems (22%), lung or respiratory illnesses (20%), migraines (16%), and arthritis or carpal tunnel (14%). In the 6 months prior to intake, 44% had been to the emergency room. The majority of women had medical insurance (92%), typically through a public option (e.g., MA, MNCare), and 73% had a primary care physician, clinic, or both.
- **Mental health diagnoses:** 81% 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 (86%) or depressive disorder (76%). In addition, 48% of all women had been diagnosed with Post-traumatic Stress Disorder (PTSD). A small proportion of women reported a diagnosed Traumatic Brain Injury (TBI; 6%) or Fetal Alcohol Spectrum Disorder (FASD; 2%).
- **Intimate partner violence:** When asked at program exit, 16% of women reported that, at intake, they were in a relationship with a partner who was physically or emotionally violent. (Data were unknown for 20% of women.)

At closing (women who exited a program between 2017 and 2021)

- **Mental health services:** By closing, 75% of women were receiving mental health services or were connected to a specific clinic or therapist if services were needed; however, this information was unknown for 17% of women.
 - **Intimate partner violence:** 70% of women who reported an abusive relationship at intake said that their personal safety had improved by closing. 17% of women reported that their personal safety stayed the same or worsened by closing; this information was missing for 12% of women.
- **Matched analysis:** Significantly more women had a primary care physician and/or clinic at closing (84%) when compared with intake (74%). While nearly all women had medical insurance at intake (92%), significantly more women had medical insurance by closing (99%), although this was only a 7 percentage point increase (Figure 8).

8. Changes in health care access from intake to closing

	Total n	Intake		Closing	
		n	%	n	%
Women with a primary care physician and/or clinic	2688	1984	74%	2257	84%***
Women with medical insurance	2812	2585	92%	2775	99%***

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

Education and employment

At intake (all women served between 2017 and 2021)

- **Education:** 69% of women had a high school diploma or GED at intake; 40% had completed some college or obtained a post-secondary degree.
- **Employment and career-training programs:** Most women (85%) were unemployed or not working at intake, with 21% of those actively looking for work. Fewer (15%) were employed either full time or part time, or involved in school or a career-training program (3%).

At closing (women who exited a program between 2017 and 2021)

► **Matched analysis:** Relatively few women were employed or involved in school or career-training programs at either intake or closing. However, there was a small but statistically significant increase in the proportion of those who were employed full time or part time by closing (22%) when compared to intake (16%). Similarly, more women were involved in a school or career-training program at closing (5%) compared to intake (3%), which was a small but statistically significant increase. Taken together, the percentage of women employed or enrolled in a school or career training program increased significantly from intake (19%) to closing (25%; Figure 9).

9. Changes in employment and schooling from intake to closing

	Total n	Intake		Closing	
		n	%	n	%
Women employed full time or part time	2582	411	16%	568	22%***
Women in school/career-training program	2828	92	3%	139	5%***
Women <u>either</u> employed OR enrolled in a school/career-training program	2572	476	19%	639	25%***

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

Additional outcomes

At closing (women who exited a program between 2017 and 2021)

- **Engagement in case plan and continuing care plan:** At the time of closing, 71% of women were at least somewhat engaged in carrying out their program goals and case plan (as reported by program staff); 65% 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 62% of women who exited a WRS program this past year were “doing well” at closing. Staff had too little contact with 5% of women to make this determination (Figure 10).

10. Staff perception of women’s status at closing (n=3,168)



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 (56%), they were not engaged in carrying out the goals of their case plan (46%), they were actively using substances (29%), they disappeared or could not be reached (19%), or because they were in crisis or experiencing a traumatic life event (10%).

Children of women served

Description of children

Women served by a WRS program between 2017 and 2021 had a total of 6,583 dependents at the time of intake. Key characteristics of these children include:

- **Children's race and ethnicity:** At intake, children were identified as White (39%), multiracial (22%), American Indian/Alaska Native (20%), African American/Black (14%), and Asian American/Pacific Islander (2%). In addition, 13% were identified as Hispanic.
- **Children's age:** The majority of children (81%) were under age 12.
- **Babies born:** A total of 475 babies were born to women served by a WRS program between 2017 and 2021. Babies were most commonly identified as White (31%), African American/Black (27%), multiracial (25%), American Indian/Alaska Native (11%), and Asian American/Pacific Islander (3%). In addition, 11% of babies born between 2017 and 2021 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 2,123 children, or 35% of the 6,076 children of women who exited a WRS program between 2017 and 2021. The following provides additional information about the services provided to these 2,123 children. (Service data was missing for 43% of 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 (60%), recreational services (51%), and physical health/medical care (51%). Children also received services related to immunizations (36%), safe infant sleep (36%), educational needs (32%), FASD (30%), and mental health/counseling (19%).
- **Assessments provided to children:** Children were most likely to receive a FASD screening through informal questions (44%) or a developmental assessment (21%); 43% 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 6,076 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 between 2017 and 2021, for whom data are available.

- **Custody status:** At closing, 47% of children were involved with child protection. Of those children, 57% had a formal out-of-home placement.
- **Medical insurance and immunizations by closing:** Of the children with known information, 99% of children had medical insurance and were up-to-date on their immunizations at closing, although this information was unknown for 19%-22% of children.
- **Mental health services at closing:** Of the children with known information, 18% of children were receiving mental health services at closing, although this information was unknown for 26% of children.
- **Participation in an evidence-based children’s program:** While this information was unknown or missing for 12% of children, 10% of children participated in an evidence-based program between 2017 and 2021 and fully completed the program; an additional 6% partially completed an evidence-based program.

Life after WRS programs

Follow-up interview results

Number of women who **exited**
from 2017-2021

3,168

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

924

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

753

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

594

Number of women with results
at **all 5 time points** (intake,
closing, 1-month follow-up,
6-month follow-up, and 12-
month follow-up)

191-392

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 924 1-month interviews, 753 6-month interviews, and 594 12-month interviews were completed with women in years two through five (no interviews were completed in year one as evaluation systems were still being finalized and built). The number of interviews completed by program can be found in Figure 11, and detailed responses from all women interviewed can be found in Appendix E (1-month follow-up data), Appendix F (6-month follow-up data), and Appendix G (12-month follow-up data).

To learn how changes from intake to closing are maintained after women leave the program,⁸ Wilder conducted an analysis of data at five time points – intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up. Because this analysis requires women to have information available at all five of these time points, the following results represent findings for 6%-12% of all 3,168 women who exited a WRS program between January 1, 2017 and January 31, 2021.⁹ Therefore, these findings are not representative of all women who exited a WRS program during these years.

⁸ 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.

⁹ 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, 88% of women included in the follow-up analysis participated in one of five 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=403)

Grantee	Number of women included in follow-up interview analysis	Proportion of women included in follow-up interview analysis
St. Cloud Hospital Recovery Plus	115	29%
Wellcome Manor Family Services	91	23%
Wayside House	67	17%
Ramsey County Community Human Services	45	11%
RS EDEN	37	9%
Avivo	19	5%
Hope House of Itasca County	16	4%
Meeker-McLeod-Sibley Community Health Services	5	1%
American Indian Family Center	3	1%
Fond du Lac Reservation	3	1%
Perspectives Inc.	1	<1%
St. Stephen's Human Services	1	<1%
Total	403	100%

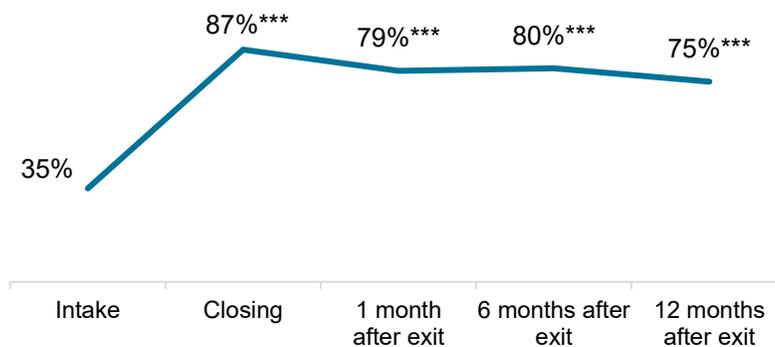
Note. Only women with information available at five time points – intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up – were included in the follow-up interview analysis. In addition, because the follow-up analysis includes women who exited a WRS program between 2017 and 2021, this includes women served by St. Stephen's Human Services (Kateri Residence) and St. Cloud Hospital Recovery Plus (Family Unity) who also completed follow-up interviews before the programs closed in July 2018 and July 2020, respectively. Thus, all 12 original WRS programs are represented in the follow-up analysis.

Substance use

Significant increases in sobriety by closing lost some ground after exit

After making significant gains in sobriety during their WRS program, women lose some of these gains in the months after closing (Figure 12). While significantly more women were sober at closing (87%) when compared to intake (35%), relatively fewer women reported sobriety at the 1-month follow-up (79%), 6-month follow-up (80%), and 12-month follow-up (75%) when compared to closing. This downward trend – particularly when comparing sobriety at closing and 12 months after exit – represents a significant decrease in sobriety, but still shows that significantly more women are sober in the months following program exit than at intake.

12. Percentage of women reporting sobriety (n=375)



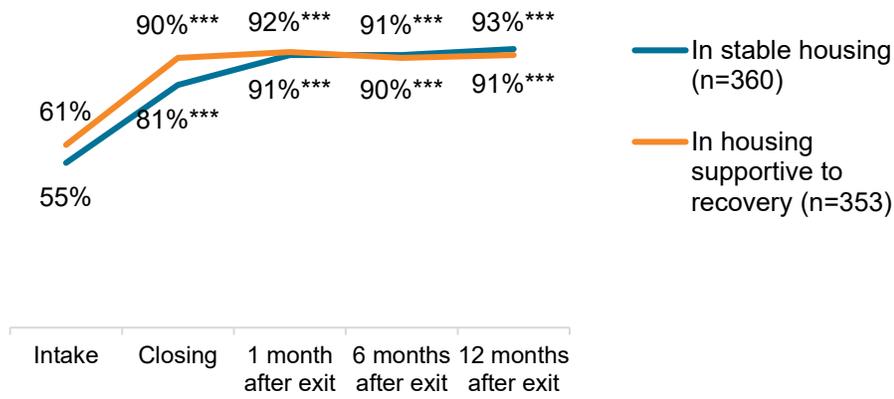
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$.

Housing

More women had stable and supportive housing after exit

Women’s housing situations continued to improve or stabilize in the months following program exit (Figure 13). Significantly more women were in stable housing at closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (between 81%-93% of women) when compared to intake (55%). Similarly, significantly more women were in housing considered supportive to their recovery at closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (between 90%-92%) when compared to intake (61%).

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

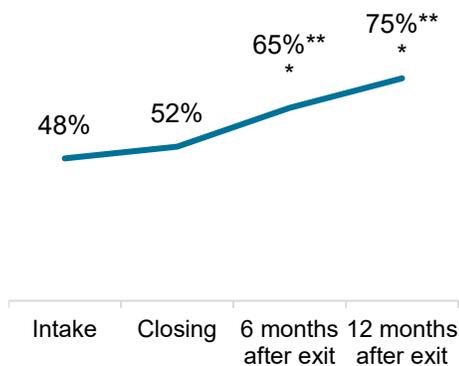


Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$.

Women were more likely to be living on their own in the months following exit

The percentage of women living in their own home or in permanent supportive housing increased significantly in the months following closing. Significantly more women were living in their own home or permanent supportive housing 6 months (65%) and 12 months (75%) after exiting a WRS program, when compared to intake (48%) and closing (52%; Figure 14). In addition, women were significantly more likely to be in housing (not homeless) at closing (95%), the 6-month follow-up (98%), and the 12-month follow-up (97%) when compared to intake (86%; not pictured in Figure 14). Please note that women were not asked to describe their housing arrangement at the 1-month follow-up; thus this information is only available at four points in time.

14. Percentage of women in their own housing or in permanent supportive housing (n=191)



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.

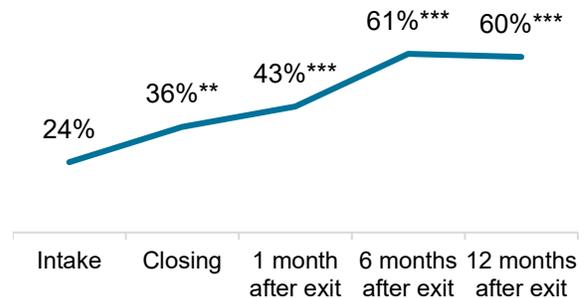
Employment, schooling, and job training

Significantly more women were employed or in training at follow-up

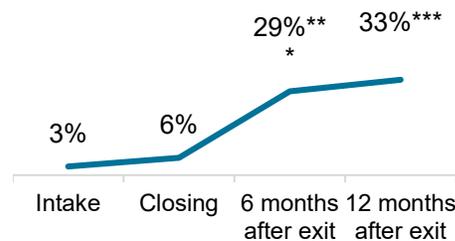
Women continue to see gains in employment and school/job training after participating in a WRS program (Figure 15). The percentage of women who were employed full or part time at intake increased significantly to 36% at closing, and continued to grow significantly to 43% at the 1-month follow-up, 61% at the 6-month follow-up, and 60% at the 12-month follow-up. In addition, significantly more women reported enrollment in school or a job training program at the 6-month follow-up (29% of women) and the 12-month follow-up (33%) when compared with intake or closing (Figure 16).

Overall, the percentage of women who were either employed or enrolled in a school or career training program increased significantly to 72% at the 12-month interview – up from 25% at intake, 36% at closing, and 70% at the 6-month follow-up (Figure 17). Please note that women were not asked about school/career training at the 1-month follow-up; thus this information is only available at four points in time.

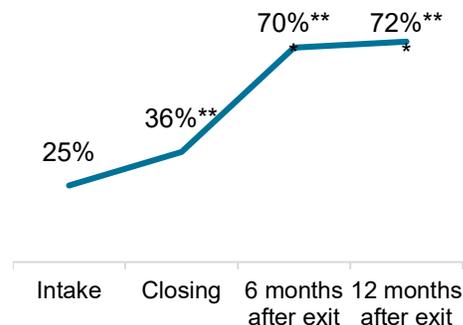
15. Percentage of women employed (n=264)



16. Percentage of women enrolled in school/a career training program (n=392)



17. Percentage of women either employed or enrolled in school/a career training program (n=299)



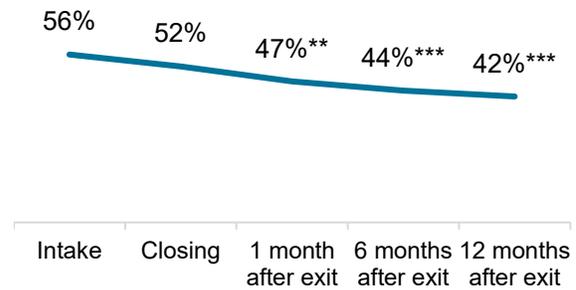
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: **p < .01 and ***p < .001.

Child protection

Child protection involvement steadily decreased over time

Significantly fewer women were involved with child protection at the 1-month follow-up (47%), 6-month follow-up (44%), and 12-month follow-up (42%) when compared to intake (56%) and in some cases, when compared to closing as well (52%; Figure 18). Overall, the percentage of women involved with child protection steadily decreases from intake through the 12-month follow-up.

18. Percentage of women involved with child protection (n=372)



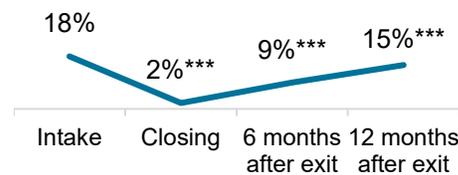
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: ** $p < .01$ and *** $p < .001$.

Criminal justice system

Arrests declined during program involvement, but ticked up in the months following closing

While 18% of women were arrested in the month prior to joining a WRS program, significantly fewer women had been arrested in the month prior to closing (2%; Figure 19). At both the 6-month and 12-month follow-ups, women are asked if they have been arrested for any reason since leaving their program; this percentage increased significantly to 9% and 15%, respectively. Please note that women were not asked about involvement in the criminal justice system at the 1-month follow-up; thus this information is only available at four points in time.

19. Percentage of women arrested (n=383)



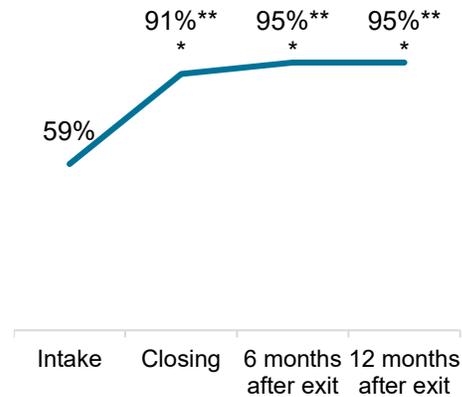
Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. See Appendix C for more detailed information. Differences are significant at: *** $p < .001$.

Recovery support

Women were significantly more likely to be connected to recovery support at exit and to maintain that connection in the months after exit

Significantly more women were connected to at least one recovery support by program exit (91%) when compared to intake (59%; Figure 20). These connections to recovery supports increased even more by the 6 month and 12 month follow-ups, as 95% of women reported being connected to at least one recovery support at these time points. Please note that women were not asked about recovery supports at the 1-month follow-up; thus this information is only available at four points in time.

20. Percentage of women connected to at least one recovery support (n=367)



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.

Quality of life

At their 1-month, 6-month, and 12-month follow-up interviews, women are asked to reflect back and rate various aspects of their life before they started the program, and to then rate those same aspects *currently*. Women reported significant improvements in many areas of their life (Figure 21), including:

- ✓ Better access to good advice from family and friends
- ✓ Better access to reliable transportation
- ✓ More supportive relationships with family and friends
- ✓ Improved relationships with their children
- ✓ Greater ability to afford basic living expenses
- ✓ More frequently making good parenting decisions, expressing love for their children, and otherwise being a more supportive parent

It should be noted that while women's ratings of their physical and mental health improved from before they entered a program to their 1-month follow-up, ratings for both significantly declined from 1-month follow-up to 6-month follow-up, and from the 1-month follow-up to the 12-month follow-up (Figure 22).

21. Quality of life before and after the program (n=209-402)

	Total n	Before program		At 1-mo follow-up		At 6-mo follow-up		At 12-mo follow-up	
		n	%	n	%	n	%	n	%
Women's mental health is "excellent" or "good"	397	48	12%	324	82%***	248	63%***	249	63%***
Women's physical health is "excellent" or "good"	401	97	24%	326	81%***	267	67%***	269	67%***
Women's family and friends give good advice "most of the time" or "some of the time"	402	230	57%	367	91%***	356	89%***	363	90%***
Women have access to reliable transportation "most of the time" or "some of the time"	399	308	77%	365	92%***	367	92%***	387	97%***
Women's relationships with family and friends are "very supportive" or "somewhat supportive"	401	278	69%	374	93%***	381	95%***	385	96%***
Women consider their relationship with their child(ren) to be "excellent" or "good"	229	111	49%	216	94%***	217	95%***	215	94%***
Women are able to afford basic living expenses "most of the time" or "some of the time"	394	224	57%	338	86%***	341	87%***	340	86%***
Women are making good parenting decisions "most of the time" or "some of the time"	209	141	68%	209	100%***	207	99%***	204	98%***

Note. Differences between time periods were tested using the Cochran's Q Test and follow-up pairwise comparisons, and are significant at *p < .05, ***p < .001, and are approaching significance at †p < .10. See detail below:

Relationships with family and friends are "very" or "somewhat supportive" – before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***

Family and friends give good advice in a crisis "most" or "some of the time" – before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***

Able to afford basic living expenses "most" or "some of the time" – before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***

Have access to reliable transportation "most" or "some of the time" – before program to 1-mo follow-up***, before program to 6-mo follow-up**, before program to 12-mo follow-up***, 1-mo follow-up to 12-mo follow-up*, and 6-mo follow-up to 12-mo follow-up†.

Making good parenting decisions "most" or "some of the time" – before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***

Physical health is "excellent" or "good" – before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***, 1-mo follow-up to 6-mo follow-up***, 1-mo follow-up to 12-mo follow-up***.

Mental health (which includes handling stress and managing challenges with stress or emotions) is "excellent" or "good" – before program to 1-mo follow-up***, before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***, 1-mo follow-up to 6-mo follow-up***, 1-mo follow-up to 12-mo follow-up***.

Relationships with their children are "excellent" or "good" – before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***

Make good parenting decisions "most" or "some of the time" – before program to 1-mo follow-up***, before program to 6-mo follow-up***, before program to 12-mo follow-up***

21. Quality of life before and after the program (n=209-402) (continued)

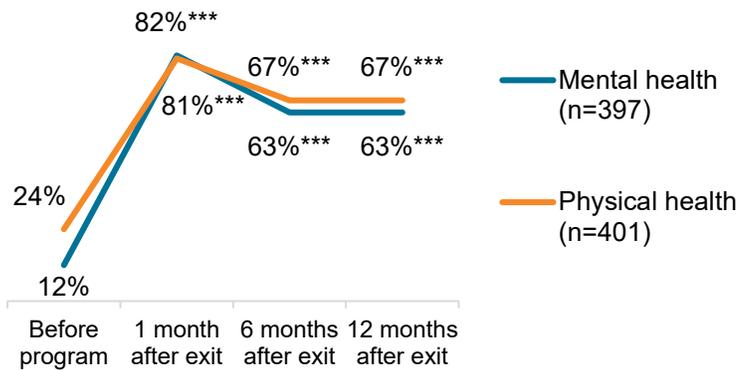
	Total n	Before program		At 1-mo follow-up	At 6-mo follow-up		At 12-mo follow-up	
		n	%		n	%	n	%
Women are able to control their anger and frustration with their children “most of the time” or “some of the time”	273	232	85%	<i>Most parenting questions are only asked at the 6-month and 12-month follow-ups (not at the 1-month follow-up)</i>	271	99%***	269	99%***
Women show their children love and affection “most of the time” or “some of the time”	273	251	92%		273	100%***	272	99%***
Women consistently set limits and provided appropriate consequences for their children “most of the time” or “some of the time”	266	178	67%		260	98%***	257	97%***
Women try to understand what is going on with their children when they are upset or stressed out “most of the time” or “some of the time”	269	229	85%		268	99%***	268	99%***
Women tell their children they are proud of them when they do something well “most of the time” or “some of the time”	273	248	91%		273	100%***	273	100%***
Women can name several good qualities their children have “most of the time” or “some of the time”	275	255	93%		275	100%***	274	99%***
Women are positive about being a parent “most of the time” or “some of the time”	281	184	66%		279	99%***	276	98%***

Note. Differences between the three time periods were tested using the Cochran's Q Test and follow-up pairwise comparisons; differences between two time points use McNemar's Test. The following differences are significant at ***p < .001: between the “before the program” rating and the “6-month follow-up” rating, and between the “before the program” rating and the “12-month follow-up” rating. In addition, parenting questions are only asked at the 6-month follow-up and at the 12-month follow-up; therefore, comparisons for parenting questions are available at three time points (before the program, at the 6-month follow-up, and at the 12-month follow-up).

Significant health gains made during the program lose ground by 6-month follow-up and 12-month follow-up

While women reported significant improvements in their physical and mental health by the 1-month follow-up, some of these gains were lost by the 6-month and 12-month follow-ups (Figure 22). When asked to reflect back on their health before entering a WRS program, 12-24% of women rated their physical or mental health as “good” or “excellent.” The percentage of women reporting their health as “good or “excellent” increased significantly 1 month after exit to 81%-82%. However, by the 6-month and 12-month follow-ups, significantly fewer women rated their physical or mental health highly (63%-67%) when compared to the 1-month follow-up. Please note that women were not asked about their mental and physical health at closing; thus this information is only available at four points in time.

22. Percentage of women who rated their health “good” or “excellent” (n=397-401)



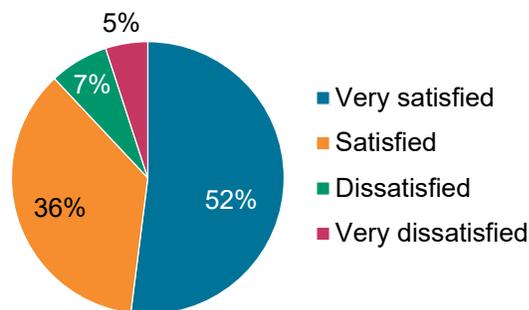
Note. Differences between the three time periods were tested using the Cochran's Q Test and follow-up pairwise comparisons; differences between two time points use McNemar's Test. The following differences are significant at *** $p < .001$: between the “before the program” rating and the “1-month follow-up” rating, between the “before the program” rating and the “6-month follow-up” rating, between the “before the program” rating and the “12-month follow-up” rating, between the “1-month follow-up” rating and the “6-month follow-up rating,” and between the “1-month follow-up” rating and the “12-month follow-up rating,

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 (88%) were “very satisfied” or “satisfied” with their WRS program and would recommend the program to women like themselves (Figure 23).

23. Program satisfaction (n=1,116)



Note. Data were gathered at either the 1-month, 6-month, or 12-month follow-up and are aggregated in the table above; therefore, the n-size (n=1,116) is higher than in previous tables.

- **Women gave high ratings to program staff.** When asked about specific program elements, the majority of women agreed that program staff helped them develop their goals (91%), understood their problems or concerns (91%), were sensitive to cultural issues (90%), and were available when support was needed (90%).
- **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 (90%), and that this was the most helpful support to them and their children while in the program (31%). Programs also provided the majority of women with emotional support (90%), addressed physical or mental health needs (82%), helped with parenting (78%), and helped women to find a support network of people to help them stay sober (69%).
- **Women needed more help with housing and basic needs.** At least a quarter of women did not receive help but needed assistance with housing (33%), and basic needs such as transportation and paying the bills (25%).

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. 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.

Starting in July 2020, women were asked to provide feedback about their program's PRS in follow-up interviews. PRS questions were asked in the first follow-up interview that a woman completed (at the 1-month, 6-month, or 12-month follow-up). The results below reflect the experiences of 272 women who provided feedback on their PRS. Please see Appendix E for more information on women's experiences with peer supports.

Peer supports make a difference

- **67% of women utilized a Peer Recovery Support Specialist while in the program.** Of those that reported contact with a PRS, 57% interacted with them every day or almost every day; 36% were in contact with their PSS once a week. Fewer (24%) were in contact with their PRS *after* leaving the program.
- **Working with a Peer Recovery Support Specialist increased the likelihood of sobriety or decreased substance use, and increased 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 that worked with a PRS were more likely to: achieve sobriety at closing and at the 1-month follow-up; show decreased substance use at closing; and 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.** At least 9 in 10 women felt that their PRS listened to them and treated them with respect (95%), were there for women when needed (94%), and helped them to develop healthier habits (90%; Figure 24). In addition, women felt that, with the help of their PRS, they felt emotionally supported throughout their recovery (93%), had more confidence in themselves (92%), felt more motivated (91%), and achieved their recovery goals (90%).

24. Feedback on Peer Recovery Support Specialists (n=176-177)



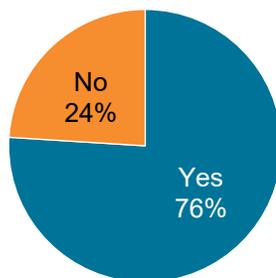
At least 9 out of 10 women agreed that...

- 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 were able to achieve their recovery goals with the help of their PRS

Peer supports provide unique recovery support

- **3 out of 4 women felt their Peer Recovery Support Specialist provided unique support.** On follow-up interviews, 76% 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=174)



When asked to describe that unique support, women most commonly shared that their PRS truly cared about them, made time for them, and provided a distinctive emotional connection; that their PRS was relatable and open about their own recovery journey; and connected them with needed resources (such as transportation, community recovery supports, housing, and household items such as clothing or baby supplies). Open-ended responses to this question include:

Hearing their story and knowing long-term recovery was possible. She got me more in touch with the recovery community, meetings, and the sober community.

Just that she was in recovery herself and it made it easier to talk to her and to know that someone else understood, and was able to succeed. So she had more tools and education about things than other people would have.

She actually cared. When I got placed in the program, she came to visit me at the hospital. She would stay with me and check up with me to see that I was okay or needed anything.

I absolutely loved the PRS I worked with. I want to go to school to be a recovery coach, because I want to do for others what she did for me.

Just the way she reached out to us because she had been through addiction herself in the past. Her drive was always positive and that encouraged me to keep plugging away.

She came to my home, got to know my family. It was more personal and a lot better than in-patient. It's definitely different and definitely better.

She didn't judge me. If I brought up that I was thinking of using, she would tell me that is normal. She would relate it back to her own life, so I would see that it wasn't just me.

They were there for me at a really, really tough time in my life.

Everything [was unique support from my PRS]. The conversations, resources, and even family meetings. Every day she helped me.

I felt I could turn to her when I couldn't turn to other people for support, and not just about sobriety.

She helped me understand myself because she's a lot like me. She helped me to find meetings in the community and to understand my court process, and supported me through the whole process.

Women's motivations and challenges to long-term sobriety

At the 6-month and 12-month follow-up interviews, women are asked several open-ended questions about their motivations for staying sober and the challenges to achieving (and maintaining) sobriety. The following section details common themes among the responses shared by women.

Motivation for staying sober

Women who had maintained their sobriety since program exit were asked to identify the one thing that most motivates them to remain sober. The most common response was wanting to take good care of their children, followed by regaining/retaining custody of their children (Figure 26). Many women also mentioned their values around parenting and wanting to be a sober parent as key motivators in their sobriety.

My son. He is my biggest motivator...just looking at his face; he's such a good kid and he loves me unconditionally. He deserves to have his mommy there whenever he needs me and I want to be present.

My daughter and myself. I had to hit the reset button to believe in myself and that I'm worth it. Not just that I am a good mother, but that I am a good person myself, because I am when I am sober. The sober person is the real me.

My children – I want to be with them. I love my children so much. I came to realize that family is the most important thing to me. I put my children before anything else. I want to be myself and the true me. I am not, when I am using. [My WRS program] really helped me to love myself.

Improving their quality of life and achieving well-being were also common responses. In addition, women were motivated to stay sober in order to rebuild relationships with their family. Avoidance of returning to a harmful lifestyle of substance use or incarceration were also named as motivators, as well as women's religion or work.

Myself. I motivate myself because I finally love the person that I look at in the mirror. The person I am today has given me hope and belief in myself that I'm worth it. I got sober before for my kids, my job, but that wasn't enough. Loving myself is enough for me to stay sober.

I'm doing it for myself; my physical and emotional health. I don't want to go back there ever again.

My family motivates me. They are more proud of me now, they express it more. They are more involved with my personal life, my day to day living.

26. Motivation to stay sober

Motivating factors	Number of responses (n=1,355)
Children (taking care of them)	825
Custody-related (to regain custody/not lose custody)	243
To have quality of life (life is good, to be responsible, to be successful, to do the right things)	226
Being there for family (rebuild/improve relationships)	130
To keep/improve my own health/mental health	121
Values around parenting	101
Being a sober parent	89
Avoid returning to using drugs or alcohol (i.e., a harmful lifestyle)	60
Receiving family support	60
For my personal well-being	37
Religion/faith	23
My work	20
To avoid incarceration	19
Support networks outside of family (WRS programs, aftercare, sponsors)	18
Alcoholics Anonymous/Narcotics Anonymous	10

Note: Open-ended responses were coded into the above themes. Some responses were coded into more than one theme. Responses provided at the 6-month and the 12-month follow-ups were combined in this table and analysis.

Barriers to sobriety

Those who had used substances since leaving the program were asked about barriers to their sobriety. Often, women mentioned multiple factors that made it hard for them to stay sober.

The influence of friends, family, and others around them who use alcohol or drugs was the most common barrier (Figure 27). Relatedly, women also mentioned the lack of family support, unstable relationships, and the loss of a relationship – such as breaking up with a significant other or a death in the family – as challenges to sobriety.

I think going back around people I previously used drugs with and seeing people use drugs is really, really hard.

The stressors of my family situation, contributing factors of my mental health. I'm using substances to help me cope.

Stress – general worry or feeling overwhelmed – was the second most common barrier to sobriety. Women also mentioned anxiety, depression, and mental health issues as challenges to their sobriety. The desire to escape, boredom, loneliness, and traumatic life events were also identified.

My anxiety gets out of control and severe at times, and drugs help me calm it down.

My mental health. I get really overwhelmed. I've never been this depressed before.

Issues related to basic needs also emerged as barriers to sobriety. Housing issues – both in terms of being homeless/in a shelter and the stress of living in housing that is unstable and not supportive of recovery – were other factors mentioned by women, as well as a lack of money or employment.

Not having stable housing. Having to worry at night and to depend on other people. Having to quiet my kids down because we are not in our own house.

I think not having a stable environment or place to live and strong support.

Because when I was homeless, I'd go everywhere and started using again.

Having a stable environment is a big reason for me.

I lost a really good job that I had and relapsed after I lost my job.

Women also felt that losing custody of their kids, child protection services, and the stress of taking care of their kids made sobriety a challenge.

Being a newly single parent and dealing with recovery – the mental aspects of all that.

My mental health and not having custody of my son. The lack of family support during this time.

I think I get lonely, and also my kid's dad not living with us. The feeling of being a single mom and everything that comes with that.

Other prevalent barriers to sobriety included lacking the mindset needed to stay sober or personal accountability, not going to meetings that support sobriety, having drugs around, and COVID-related stress.

I don't know. It's me I guess. I guess that's what I am used [to]. When things go bad or a celebration, you know, I've been using drugs and alcohol since I was a teenager.

Probably having no accountability (how has that made it difficult?). Not being involved in a program where you get tested and have continual support. When it's me alone, it gets a lot harder to be accountable.

COVID-19 – it's cutting me off from better support systems. It's made me feel very alone. I can't go to a meeting when I need to. It's made me feel disconnected.

27. Barriers to staying sober

Barriers	Number of responses (n=586)
Influence of friends/family/people using alcohol or drugs	105
Stress (worry, feel overwhelmed)	85
Lost custody (can't see kids)	46
Housing issues (stress about housing, not stable, not supportive)	45
Not having support (e.g. lack of family support, supportive people)	45
Difficult, unstable relationships; family problems	34
Homelessness (losing housing, living in a shelter)	30
Anxiety	30
Loss of relationship (e.g. broke up with significant other, death in the family)	28
Depression	27
Mental health (general)	23
Want an escape (to feel normal, want altered state)	23
Taking care of children	22
Lack of money/employment	20
Not adopting the needed mindset/lack of personal accountability	19
Boredom	18
Traumatic life event (e.g. sexual assault; serious illness in family; car theft)	16
Loneliness	16
Not going to meetings	15
Having drugs around	15
Child Protective Services	14
COVID-related stress	11
Other mental health disorder	10
No reason specified	24

Note: Open-ended responses were coded into the above themes. Some responses were coded into more than one theme. Responses provided at the 6-month and the 12-month follow-ups were combined in this table and analysis.

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 12 grant-funded programs from 2017-2021, length of participation ranged from less than a month to more than seven years, while the amount of contact staff had with women ranged from less than one hour to 1,330 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 January 1, 2017 through January 31, 2021. Figure 28 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. In past years, the dosage analysis also included criteria that required women to have received at least 12 hours of in-person contact time to be considered “high dosage.” However, given COVID-19 and the decision of many program staff to change their service delivery to reduce in-person contacts (and increase phone contacts) in order to protect the safety of staff and participants, the dosage analysis does not include criteria around in-person contacts.

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.

28. 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

Using these criteria, two groups were created: a high-dosage group of 995 women across nine programs and a low-dosage group of 734 women across 12 programs.¹⁰ Together, the 1,729 women included in the dosage analysis represent 55% of women whose cases closed between 2017-2021. The number of women by program represented within each group is illustrated in Figure 29. Only women who had matched information available

¹⁰ Because the dosage analysis includes women who exited a WRS program at any point between January 1, 2017 and January 31, 2021, this includes women served by Kateri Residence and Family Unity who also completed follow-up interviews before the programs closed. Thus, all 12 original WRS programs are represented in the dosage analysis.

(intake to closing, and in some cases, 1-month, 6-month, and 12-month follow-up data as well) and had data available for both criteria (i.e., no missing data) are included in these counts and in the subsequent analysis.

29. Number of women in high- and low-dosage groups by program (n=1,729)

Women’s Recovery Services grantee	Number of women in high-dosage group	Number of women in low-dosage group
Wellcome Manor Family Services	344	76
St. Cloud Hospital Recovery Plus	205	305
RS EDEN	162	81
Wayside House	141	101
Avivo	97	49
Fond Du Lac Reservation	25	29
Perspectives	13	0
St. Stephen’s Human Services	4	4
Ramsey County Community Human Services	0	48
American Indian Family Center	0	10
Hope House of Itasca County	3	15
Meeker-McLeod-Sibley Community Health Services	1	16
Total	995	734

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, at 1-month follow-up, at 6-month follow-up, and at 12-month follow-up*
- Have reduced their use of substances *at exit, at 1-month follow-up, at 6-month follow-up, and at 12-month follow-up*
- Be reunified with their children *at exit*
- Have successfully completed 245G treatment *by exit*
- Be employed either part time or full time *by exit*
- Live in their own home or permanent supportive housing *by exit*
- Be in housing (not homeless) *at 12-month follow-up*
- Participate in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) *by exit*
- *Not* be 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 substance use or reduced use of substances at exit, 1-month follow-up, and 6-month follow-up (Figure 30). 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 living on their own, to have successfully completed treatment, to be employed, to be reunited with their children, and to be involved in AA or NA at exit. In addition, those in the high-dosage group were more likely to be in housing (not homeless) at the 12-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 (157 days) when compared to the number of days sober for women in the low-dosage group (59 days).

30. Outcomes significantly linked to a high dosage of services

Outcome	Total n	Proportion of women in <u>high dosage group</u>	Proportion of women in <u>low dosage group</u>
“Doing well” at exit	1,677	78%***	49%
Abstinent at exit	1,596	86%***	72%
Abstinent at 1-month follow-up	586	82%**	72%
Abstinent at 6-month follow-up	460	69%**	53%
Abstinent at 12-month follow-up	371	58%**	40%
Abstinent or using less at exit	1,587	96%***	90%
Abstinent or using less at 1-month follow-up	584	97%*	93%
Abstinent or using less at 6-month follow-up	460	94%†	89%
Abstinent or using less at 12-month follow-up	369	94%***	81%
Not involved with child protection at exit	1,686	40%*	46%
Median length of sobriety at exit	1,255	157 days***	59 days
Reunified with one or more children at exit ^a	774	58%***	15%
Involved in AA/NA at exit	1,582	88%***	80%
Successfully completed treatment by exit	1,460	83%***	46%
Employed at exit	1,607	22%***	12%
In housing (not homeless) at 12-month follow-up	349	97%†	93%
In own home or permanent supportive housing at exit	1,266	56%***	44%

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, and approached significance at †p < .10

^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.

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. When comparing outcomes of women who received a high dosage of services and those who received a low dosage, at program exit, there were no significant differences in whether or not women had positive toxicology results for themselves or their babies at birth. There were also no significant differences between groups in terms of women who were: involved with the criminal justice system at exit; employed at the 1-month and at the 6-month follow-up; in housing (not homeless) at the 1-month and 6-month follow-up; or living in their own home or permanent supportive housing at the 6-month follow-up (Figure 31).

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

Outcome	Total n	Proportion of women in <u>high dosage group</u>	Proportion of women in <u>low dosage group</u>
Negative toxicology results for babies	139	87%	89%
Negative toxicology results for mothers	135	94%	87%
<i>Not</i> involved with the criminal justice system at exit	1,667	45%	48%
Employment at 1-month follow-up	494	35%	35%
Employment at 6-month follow-up	385	54%	57%
In housing (not homeless) at exit	1,375	91%	93%
In housing (not homeless) at 6-month follow-up	437	96%	95%
In own home or permanent supportive housing at 6-month follow-up	417	64%	59%
In own home or permanent supportive housing at 12-month follow-up	335	75%	70%

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.

Overall, the most substantial, longest-lasting impact of receiving a “high dosage” of services can be seen in women’s abstinence from substance use. A significantly higher proportion of women in the “high dosage” group reported abstinence from substances at exit, 1-month follow-up, 6-month follow-up, and 12-month follow-up when compared to the proportion of women in the “low dosage” group – at least a 10 percentage point difference at each time point.

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 the past five years of this initiative, we examined potential factors influencing positive outcomes 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
- 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)
- 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, or heroin/opiates as the primary drug of choice
- Race
- Being involved in child protection at intake
- Being connected with a Peer Recovery Support Specialist (PRS) 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 a number of positive outcomes, including:

- Sobriety at *exit*, *1-month follow-up*, and *6-month follow-up*
- Decreased substance use *at exit* and *1-month follow-up*
- Successful completion of treatment *at exit*
- Lower likelihood of infants being placed outside the home following birth
- Lower likelihood of child protection involvement *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.

Connections to mental health services are linked to sobriety and reunification by closing. While having a mental health diagnosis is significantly associated with a number of poor outcomes for women – specifically, an increased likelihood of substance use at closing and at the 6-month follow-up, and of infants being placed outside of the home following birth – connections to mental health services are significantly linked to several positive outcomes for women, including:

- Sobriety *at exit* and *1-month follow-up*
- Decreased substance use *at exit*, *1-month follow-up*, and *6-month follow-up*
- Successful completion of treatment *at exit*
- Reunification with one or more children *at exit*

Successfully completing treatment increases the likelihood of achieving 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*, *1-month follow-up*, *6-month follow-up*, and *12-month follow-up*
- Decreased substance use *at exit*, *1-month follow-up*, *6-month follow-up*, and *12-month follow-up*
- Lower likelihood of infants being placed outside the home following birth
- Lower likelihood of child protection involvement *at exit*
- Reunification with one or more children *at exit*
- Negative for substances (mom and baby) at birth

White women are more likely to achieve 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 to achieve the following positive outcomes:

- Sobriety *at exit* and *1-month follow-up*
- Decreased substance *at exit* and *1-month follow-up*
- Negative for substances (mom and baby) at birth
- Successful completion of treatment *at exit*

Overall, results show that women who identify as American Indian or Alaska Native are *less* likely to achieve positive outcomes through WRS programs. As Figure 32 shows, women who identify as American Indian or Alaska Native are significantly *less* likely to achieve a number of outcomes when compared to women of all other races, specifically:

- Less likely to achieve sobriety *at exit*, *1-month follow-up*, and *12-month follow-up*
- Less likely to show decreased substance use *at exit*
- Less likely to have successfully completed treatment *at exit*
- More likely to be involved with child protection *at exit*

In addition, women who identify as Black or African American are less likely to achieve a number of positive outcomes when compared to women of all other races, including:

- Less likely to achieve sobriety *at exit*
- Less likely to show decreased substance use *at exit*
- More likely to test positive for substances (mom and baby) at birth
- Less likely to successfully complete treatment *by exit*

However, Black or African American women are less likely to be involved with child protection *at exit* and less likely to have their baby placed outside of the home after birth when compared to women of all other races.

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

32. The likelihood of achieving certain outcomes varies by race

Outcomes	n	Percentage of women who achieved each outcome		
		White (n=160-1,487)	American Indian/Alaska Native (n=56-525)	African American/Black (n=90-320)
No substance use at exit	2,593	84%***	73%***	70%***
No substance use at 1-mo follow-up	911	81%*	71%*	74%
No substance use at 6-mo follow-up	735	79%	76%	75%
No substance use at 12-mo follow-up	577	77%	32%†	81%
Decreased substance use at exit	2,596	95%***	90%**	91%†
Decreased substance use at 1-mo follow-up	909	96%*	92%	93%
Decreased substance use at 6-mo follow-up	731	91%	94%	87%
Decreased substance use at 12-mo follow-up	575	89%	84%	87%
Negative toxicology results for mothers	369	90%***	83%	68%***
Negative toxicology results for infants	382	89%***	73%	67%**
Successfully completed Rule 31 treatment by exit	2,595	68%***	51%***	52%***
Baby not placed outside of home following birth	439	83%	89%	89%†
Not involved with child protection at exit, among those involved with child protect at intake	1,595	17%	13%*	25%**
Child(ren) reunified with mother	1,200	42%	38%	34%

Note. Analyses were conducted to identify whether there were significant differences in the achievement of positive outcomes among women of particular racial groups – specifically White, American Indian/Alaska Native, and African American/Black women – when compared with all other races. Any racial group found to be significantly more or less likely to achieve an outcome in comparison with all other racial groups is denoted with an asterisk, where *p < .05, **p < .01, ***p < .001, and approaching significance at †p < .10.

Outcomes differ by drug of choice. When looking at positive outcomes by a woman’s primary drug of choice, those who prefer methamphetamine are significantly more likely to achieve a number of positive outcomes at closing and follow-up, including:

- Sobriety *at exit*, *1-month follow-up*, *6-month follow-up*, and *12-month follow-up*
- Decreased substance use *at exit*, *1-month follow-up*, *6-month follow-up*, and *12-month follow-up*
- Negative for substances (mom and baby) at birth
- Successful completion of treatment *at exit*
- Lower likelihood of child protection involvement *at exit*

Women who prefer alcohol, heroin/opiates, pharmaceutical opioids, and/or marijuana are significantly more likely to report (or for staff to report) *negative outcomes* by program exit and at follow-up. For example:

- Women who prefer **alcohol** are significantly less likely to be abstinent from substance use at closing, 6-month follow-up, and 12-month follow-up, and less likely to show decreased substance use at closing.
- Women who prefer **heroin/opiates** are less likely to be abstinent from substance use at closing, less likely to show decreased substance use at 12-month follow-up, and less likely to have successfully completed treatment at closing.
- Women who prefer **pharmaceutical opioids** are less likely to be abstinent from substance use at closing and less likely to show decreased use of substances at the 6-month follow-up. However, they were more likely to be substance free at 12-month follow-up
- Women who prefer **marijuana** are less likely to be sober at the 6-month or 12-month follow-up, less likely to show reduced substance use at the 6-month follow-up, and more likely to have positive toxicology results for themselves and their infants at birth. However, a preference for marijuana was also linked to a number of positive outcomes, including a lower likelihood of infants placed outside of the home following birth and a lower likelihood of child protection involvement at closing.

It should be noted that differences in drug of choice (and drug of use) often vary by race, geographical location, and a number of other individual factors. More research is needed to learn how individual characteristics and other factors confound the statistical links seen between certain drugs and the likelihood of achieving positive outcomes.

Other contributors:

Systems involvement is associated with several positive outcomes. Women's involvement in the criminal justice system or child protection at intake is significantly associated with a number of positive outcomes.

Involvement with **child protection** is linked to:

- Sobriety *at exit* and *6-month follow-up*
- Negative for substances (mom and baby) at birth
- Successful completion of treatment *at exit*
- Reunification with one or more children *a at exit*

Involvement with the **criminal justice system** is linked to:

- Sobriety at *6-month follow-up*
- Decreased substance use *at exit* and *6-month follow-up*
- Negative for substances (mom and baby) at birth

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 achieve several positive outcomes, including:

- Sobriety *at exit* and *1-month follow-up*
- Decreased substance use *at exit* and *1-month follow-up*
- Successful completion of treatment *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 October 2016, the Minnesota Department of Human Services Behavioral Health Division (BHD) contracted with 12 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 of the Women’s Recovery Services initiative began July 1, 2016 and ended June 30, 2021.

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 January 1, 2017 through January 31, 2021 (years one through five of the grant). While the Women’s Recovery Services initiative included 12 grantees initially in 2016, two grantees – St. Stephens Human Services (Kateri Residence) and St. Cloud Hospital Recovery Plus (Journey Home-Family Unity) – closed operations before the end of the 5-year grant cycle. All 12 original grantees are listed below:

Grantee	Program
American Indian Family Center	Wakanyeja Kin Wakan Pi “Our Children are Sacred”
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)
Fond du Lac Reservation	Tagwii
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 Community Human Services	Mothers First
RS EDEN	Women and Children’s Family Center
St. Cloud Hospital Recovery Plus	Journey Home-Family Unity – closed
St. Stephens Human Services	Kateri Residence – closed
Wayside Recovery Center	Rise Up in Recovery
Wellcome Manor Family Services	Wellcome Manor Family Services

Eligibility guidelines for the grant

BHD provided a number of eligibility guidelines for providing grant-funded services, including that women must be pregnant or parenting dependent children under age 19. In addition, they must have been enrolled in a substance abuse treatment program, have completed treatment within six months prior to program enrollment, or committed to entering treatment within three months of program enrollment. Women who were pregnant and actively using alcohol or drugs were also eligible to receive program services, regardless of treatment status.

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 child care.

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?
4. What are the main differences across programs?

Outcome evaluation

5. To what extent does participation in the program result in women reducing their use of drugs and alcohol, or maintaining their sobriety?
6. To what extent does participation in the program increase women's access to community resources to meet their (and their children's) basic needs?
7. To what extent does participation in the program help women meet their (and their children's) basic needs?
8. To what extent does participation in the program help women find/maintain stable housing?
9. To what extent does participation in the program help women obtain or maintain employment?
10. To what extent does participation in the program help women stay out of the criminal justice system?
11. To what extent does participation in the program improve women's (and their children's) overall physical and mental health?
12. To what extent does participation in the program help women improve their knowledge and skills related to parenting?

13. To what extent does participation in the program help pregnant women deliver healthy, drug-free infants?
14. To what extent do Women's Recovery Services grant-funded programs result in a cost-savings or cost-benefit to the community/Minnesota?

Data collection instruments

Research staff, in partnership with 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 all five years, with the exception of some additional questions to select instruments. 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.

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, 6 months, and 12 months after they left a WRS program. Wilder Research began conducting interviews by telephone in year two (Fall 2017) and continued through March 1, 2021. 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 five time points – intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up. Because this analysis requires women to have information available at all five time points, the results in this report reflect a smaller group of women than those who had exited a WRS program from 2017-2021. 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.

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 January 1, 2017, through January 31, 2021. 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 limitations that should be considered when interpreting evaluation data for 2017-21.

COVID-19

It is important to note that the global COVID-19 pandemic began during this grant cycle. Women’s Recovery grantees experienced a wide array of challenges because of the pandemic; in some cases, programs had to halt or slow services, staff hours may have been reduced, and in-person visits may have moved to virtual, telehealth appointments.

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. The COVID-19 pandemic (as mentioned above) has also forced many programs to pause data entry and focus on the more important task of serving women in treatment and recovery.

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 or previous reporting periods.

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 between 2017 and 2021 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=3168)

Not using substances at closing	n	%
No change: not using drugs/alcohol at intake or closing	638	20%
Decreased use: not using drugs/alcohol at closing	1575	50%
Using substances at closing		
Decreased use: using drugs/alcohol <u>less</u> at closing	343	11%
No change: using drugs/alcohol at same level at intake and closing	77	2%
Increased use: using drugs/alcohol <u>more</u> at closing	133	4%
Substance use unknown	402	13%

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

	Total n	Intake		Closing	
		n	%	n	%
Abstinence from alcohol or drug use within 30 days prior to intake/closing	2592	1054	41%	2063	80%***
Abstinence from tobacco use within 30 days prior to intake/closing	2660	362	14%	386	15%†
Involvement in AA and/or NA	2523	1292	51%	1954	77%***
Involvement in any form of recovery support ^a	2522	1447	57%	2126	84%***
Involvement with child protection	2842	1598	56%	1488	52%***
Involvement with the criminal justice system	2783	1412	51%	1396	50%
Arrested in the 30 days prior to intake/closing	2656	463	17%	92	4%***
In housing/not homeless ^b	1772	1499	85%	1679	95%***
In own home or permanent supportive housing ^c	1441	672	47%	810	56%***
In housing supportive to recovery ^d	2308	1391	60%	1993	86%***
In stable housing ^e	2403	1289	54%	1802	75%***
Has medical insurance	2812	2585	92%	2775	99%***
Has a primary care physician and/or clinic	2688	1984	74%	2257	84%***
Employed full or part time	2582	411	16%	568	22%***
In school or a career-training program	2828	92	3%	139	5%***
Employed full or part time OR In school or a career-training program	2572	476	19%	639	25%***

Note. Differences between intake and closing were tested using the McNemar's test and are significant at ***p < .001 and approaching significance at †p < .10.

^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: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=375)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
Sobriety at intake compared to closing	131	35%	327	87%***						
Sobriety at intake compared to 1-month follow-up	131	35%			297	79%***				
Sobriety at intake compared to 6-month follow-up	131	35%					298	80%***		
Sobriety at intake compared to 12-month follow-up	131	35%							280	75%***
Sobriety at closing compared to 1-month follow-up			327	87%	297	79%				
Sobriety at closing compared to 6-month follow-up			327	87%			298	80%		
Sobriety at closing compared to 12-month follow-up			327	87%					280	75%**
Sobriety at 1-month follow-up compared to 6-month follow-up					297	79%	298	80%		
Sobriety at 1-month follow-up compared to 12-month follow-up					297	79%			280	75%
Sobriety at 6-month follow-up compared to 12-month follow-up							298	80%	280	75%

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 and **p < .01.

C4. Living arrangements supportive to recovery: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=353)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
In housing supportive to recovery at intake compared to closing	216	61%	318	90%***						
In housing supportive to recovery at intake compared to 1-month follow-up	216	61%			326	92%***				
In housing supportive to recovery at intake compared to 6-month follow-up	216	61%					316	90%***		
In housing supportive to recovery at intake compared to 12-month follow-up	216	61%							322	91%***
In housing supportive to recovery at closing compared to 1-month follow-up			318	90%	326	92%				
In housing supportive to recovery at closing compared to 6-month follow-up			318	90%			316	90%		
In housing supportive to recovery at closing compared to 12-month follow-up			318	90%					322	91%
In housing supportive to recovery at 1-month follow-up compared to 6-month follow-up					326	92%	316	90%		
In housing supportive to recovery at 1-month follow-up compared to 12-month follow-up					326	92%			322	91%
In housing supportive to recovery at 6-month follow-up compared to 12-month follow-up							316	90%	322	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 < .001.

C5. Stable living arrangements: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=360)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
In stable housing at intake compared to closing	198	55%	292	81%***						
In stable housing at intake compared to 1-month follow-up	198	55%			326	91%***				
In stable housing at intake compared to 6-month follow-up	198	55%					329	91%***		
In stable housing at intake compared to 12-month follow-up	198	55%							335	93%***
In stable housing at closing compared to 1-month follow-up			292	81%	326	91%**				
In stable housing at closing compared to 6-month follow-up			292	81%			329	91%**		
In stable housing at closing compared to 12-month follow-up			292	81%					335	93%***
In stable housing at 1-month follow-up compared to 6-month follow-up					326	91%	329	91%		
In stable housing at 1-month follow-up compared to 12-month follow-up					326	91%			335	93%
In stable housing at 6-month follow-up compared to 12-month follow-up							329	91%	335	93%

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 and **p < .01.

C6. In housing (not homeless): 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=240)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
In housing (not homeless) at intake compared to closing	207	86%	227	95%**				
In housing (not homeless) at intake compared to 6-month follow-up	207	86%			234	98%***		
In housing (not homeless) at intake compared to 12-month follow-up	207	86%					233	97%***
In housing (not homeless) at closing compared to 6-month follow-up			227	95%	234	98%		
In housing (not homeless) at closing compared to 12-month follow-up			227	95%			233	97%
In housing (not homeless) at 6-month follow-up compared to 12-month follow-up					234	98%	233	97%

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 and **p < .01. Please note that women were not asked about the type of housing that they are occupying in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C7. In own home or permanent supportive housing: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=191)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
In own home or permanent supportive housing) at intake compared to closing	92	48%	100	52%				
In own home or permanent supportive housing at intake compared to 6-month follow-up	92	48%			125	65%***		
In own home or permanent supportive housing at intake compared to 12-month follow-up	92	48%					144	75%***
In own home or permanent supportive housing at closing compared to 6-month follow-up			100	52%	125	65%**		
In own home or permanent supportive housing at closing compared to 12-month follow-up			100	52%			144	75%***
In own home or permanent supportive housing at 6-month follow-up compared to 12-month follow-up					125	65%	144	75%†

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, **p < .01, and approaching significance at †p < .10. Please note that women were not asked about the type of housing that they are occupying in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C8. Employment: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=264)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
Employed full or part time at intake compared to closing	62	24%	96	36%**						
Employed full or part time at intake compared to 1-month follow-up	62	24%			114	43%***				
Employed full or part time at intake compared to 6-month follow-up	62	24%					162	61%***		
Employed full or part time at intake compared to 12-month follow-up	62	24%							157	60%***
Employed full or part time at closing compared to 1-month follow-up			96	36%	114	43%				
Employed full or part time at closing compared to 6-month follow-up			96	36%			162	61%***		
Employed full or part time at closing compared to 12-month follow-up			96	36%					157	60%***
Employed full or part time at 1-month follow-up compared to 6-month follow-up					114	43%	162	61%***		
Employed full or part time at 1-month follow-up compared to 12-month follow-up					114	43%			157	60%***
Employed full or part time at 6-month follow-up compared to 12-month follow-up							162	61%	157	60%

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 and **p < .01.

C9. Enrolled in school or a career-training program: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=392)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Enrolled in school/career training at intake compared to closing	13	3%	22	6%				
Enrolled in school/career training at intake compared to 6-month follow-up	13	3%			114	29%***		
Enrolled in school/career training at intake compared to 12-month follow-up	13	3%					131	33%***
Enrolled in school/career training at closing compared to 6-month follow-up			22	6%	114	29%***		
Enrolled in school/career training at closing compared to 12-month follow-up			22	6%			131	33%***
Enrolled in school/career training at 6-month follow-up compared to 12-month follow-up					114	29%	131	33%

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. Please note that women were not asked about enrollment in school or a career-training program in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C10. Employed OR enrolled in school OR a career-training program: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=299)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Employed OR enrolled in school/career training at intake compared to closing	75	25%	107	36%*				
Employed OR enrolled in school/career training at intake compared to 6-month follow-up	75	25%			210	70%***		
Employed OR enrolled in school/career training at intake compared to 12-month follow-up	75	25%					215	72%***
Employed OR enrolled in school/career training at closing compared to 6-month follow-up			107	36%	210	70%***		
Employed OR enrolled in school/career training at closing compared to 12-month follow-up			107	36%			215	72%***
Employed OR enrolled in school/career training at 6-month follow-up compared to 12-month follow-up					210	70%	215	72%

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 and *p < .05. Please note that women were not asked about their enrollment in school or a career-training program in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C11. Child protection involvement: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=372)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
Involvement with child protection at intake compared to closing	207	56%	193	52%						
Involvement with child protection at intake compared to 1-month follow-up	207	56%			174	47%**				
Involvement with child protection at intake compared to 6-month follow-up	207	56%					162	44%***		
Involvement with child protection at intake compared to 12-month follow-up	207	56%							156	42%***
Involvement with child protection at closing compared to 1-month follow-up			193	52%	174	47%				
Involvement with child protection at closing compared to 6-month follow-up			193	52%			162	44%**		
Involvement with child protection at closing compared to 12-month follow-up			193	52%					156	42%***
Involvement with child protection at 1-month follow-up compared to 6-month follow-up					174	47%	162	44%		
Involvement with child protection at 1-month follow-up compared to 12-month follow-up					174	47%			156	42%
Involvement with child protection at 6-month follow-up compared to 12-month follow-up							162	44%	156	42%

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 and **p < .01.

C12. Arrested in the past 30 days: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=383)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Arrested at intake compared to closing	69	18%	7	2%***				
Arrested at intake compared to 6-month follow-up	69	18%			35	9%***		
Arrested at intake compared to 12-month follow-up	69	18%					57	15%
Arrested at closing compared to 6-month follow-up			7	2%	35	9%**		
Arrested at closing compared to 12-month follow-up			7	2%			57	15%***
Arrested at 6-month follow-up compared to 12-month follow-up					35	9%	57	15%**

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, **p < .01, and *p < .05. Please note that women were not asked about recent arrests in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C13. Connected to at least one recovery support: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=367)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Connected to a recovery support at intake compared to closing	215	59%	332	91%***				
Connected to a recovery support at intake compared to 6-month follow-up	215	59%			349	95%***		
Connected to a recovery support at intake compared to 12-month follow-up	215	59%					350	95%***
Connected to a recovery support at closing compared to 6-month follow-up			332	91%	349	95%		
Connected to a recovery support at closing compared to 12-month follow-up			332	91%			350	95%
Connected to a recovery support at 6-month follow-up compared to 12-month follow-up					349	95%	350	95%

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. Please note that women were not asked about connections to recovery supports in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C14. Contributors to positive outcomes: Pregnancy at intake

Women who were pregnant at intake were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at 1-month follow-up	.037*	+7%	905	Women who were pregnant at intake were more likely to be sober at the 1-month follow-up (84%) compared to those who were not pregnant at intake (77%)
Less likely	Sober at 12-month follow-up	.095†	-7%	577	Women who were pregnant at intake were less likely to be sober at the 12-month follow-up (71%) compared to those who were not pregnant at intake (78%)

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 approached significance at †p < .10.

C15. 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***	+40%	2,405	Women who successfully completed Tx were more likely to be sober at closing (95%) compared to those who did not successfully complete Tx (55%)
More likely	Sober at 1-month follow-up	0.000***	+21%	821	Women who successfully completed Tx were more likely to be sober at the 1-month follow-up (85%) compared to those who did not successfully complete Tx (64%)
More likely	Sober at 6-month follow-up	0.000***	+13%	663	Women who successfully completed Tx were more likely to be sober at the 6-month follow-up (82%) compared to those who did not successfully complete Tx (69%)
More likely	Sober at 12-month follow-up	0.037*	+8%	519	Women who successfully completed Tx were more likely to be sober at the 12-month follow-up (79%) compared to those who did not successfully complete Tx (71%)

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 < .001, and approached significance at †p < .10.

C15. Contributors to positive outcomes: Successfully completed treatment by exit (continued)

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

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Using less <u>or</u> no substances at closing	0.000***	+15%	2,400	Women who successfully completed Tx were more likely to be using less / no substances at closing (99%) compared to those who did not successfully complete Tx (84%)
More likely	Using less <u>or</u> no substances at 1-month follow-up	0.000***	+8%	819	Women who successfully completed Tx were more likely to be using less / no substances at the 1-month follow-up (98%) compared to those who did not successfully complete Tx (90%)
More likely	Using less <u>or</u> no substances at 6-month follow-up	0.019*	+6%	661	Women who successfully completed Tx were more likely to be using less / no substances at the 6-month follow-up (93%) compared to those who did not successfully complete Tx (87%)
More likely	Using less <u>or</u> no substances at 12-month follow-up	0.015*	+7%	517	Women who successfully completed Tx were more likely to be using less / no substances at the 12-month follow-up (91%) compared to those who did not successfully complete Tx (84%)
Less likely	Baby placed outside of the home after birth	0.067†	-9%	310	Women who successfully completed Tx were less likely to have their babies placed outside the home (16%) compared to those who did not successfully complete Tx (25%)
More likely	<i>Mom</i> with negative toxicology results at birth	0.000***	+21%	267	Women who successfully completed Tx were more likely to test negative for substances at birth (97%) compared to those who did not successfully complete Tx (76%)
More likely	<i>Baby</i> with negative toxicology results at birth	0.000***	+23%	278	Women who successfully completed Tx were more likely to give birth to babies who test negative for substances (92%) compared to those who did not successfully complete Tx (69%)

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 < .001, and approached significance at †p < .10.

C15. Contributors to positive outcomes: Successfully completed treatment by exit (continued)

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

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Involved with child protection at closing	0.000***	-11%	1,474	Women who successfully completed Tx were less likely to be involved with child protection at closing (81%) when compared to those who did not successfully complete Tx (92%).
More likely	Reunified with one or more child at closing	0.000***	+23%	1,130	Women who successfully completed Tx were more likely to be reunified with one or more children at closing (54%) compared to those who did not successfully complete Tx (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 < .05 and ***p < .001, and approached significance at †p < .10.

C16. Contributors to positive outcomes: Alcohol as primary drug of choice

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

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at 1-month follow-up	0.000***	-14%	912	Women who reported alcohol as their primary drug of choice were less likely to be sober at the 1-month follow-up (67%) compared to those who preferred other drugs (81%)
Less likely	Sober at 6-month follow-up	0.007**	-11%	735	Women who reported alcohol as their primary drug of choice were less likely to be sober at the 6-month follow-up (68%) compared to those who preferred other drugs (79%)
Less likely	Sober at 12-month follow-up	0.049*	-8%	577	Women who reported alcohol as their primary drug of choice were less likely to be sober at the 12-month follow-up (68%) compared to those who preferred other drugs (78%)
Less likely	Using less or no substances at closing	0.094†	-2%	2,596	Women who reported alcohol as their primary drug of choice were less likely to be using less or no substances at closing (93%) compared to those who preferred other drugs (91%)

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, and approached significance at †p < .10.

C17. Contributors to positive outcomes: Heroin, opiates, or non-prescription methadone as primary drug of choice

Women who reported heroin, opiates, or non-prescription methadone as their primary drug of choice were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at closing	0.019*	-5%	2,594	Women who reported heroin, opiates, or non-prescription methadone as their primary drug of choice were less likely to be sober at closing (76%) when compared to those who preferred other drugs (81%)
Less likely	Using less <u>or</u> no substances at 12-month follow-up	0.043*	-8%	575	Women who reported heroin, opiates, or non-prescription methadone as their primary drug of choice were less likely to be using less or no substances at the 12-month follow-up (82%) when compared to those who preferred other drugs (90%)
Less likely	Successfully completed Tx by closing	0.077†	-4%	2,597	Women who reported heroin, opiates, or non-prescription methadone as their primary drug of choice were less likely to have successfully completed Tx by closing (58%) when compared to those who preferred other drugs (62%)

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 approached significance at †p < .10.

C18. Contributors to positive outcomes: Methamphetamine as primary drug of choice

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

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Sober at closing	0.000***	+9%	2,594	Women who reported meth as their primary drug of choice were more likely to be sober at closing (85%) when compared to those who preferred other drugs (76%)
More likely	Sober at 1-month follow-up	0.002**	+8%	912	Women who reported meth as their primary drug of choice were more likely to be sober at the 1-month follow-up (83%) when compared to those who preferred other drugs (75%)
More likely	Sober at 6-month follow-up	0.003**	+10%	735	Women who reported meth as their primary drug of choice were more likely to be sober at the 6-month follow-up (83%) when compared to those who preferred other drugs (73%)
More likely	Sober at 12-month follow-up	0.027*	+8%	577	Women who reported meth as their primary drug of choice were more likely to be sober at the 12-month follow-up (81%) when compared to those who preferred other drugs (73%)
More likely	Using less <u>or</u> no substances at closing	0.054†	+2%	2,596	Women who reported meth as their primary drug of choice were more likely to be using less or no substances at closing (94%) when compared to those who preferred other drugs (92%)
More likely	Using less <u>or</u> no substances at 1-month follow-up	0.014*	+4%	910	Women who reported meth as their primary drug of choice were more likely to be using less or no substances at the 1-month follow-up (97%) when compared to those who preferred other drugs (93%)
More likely	Using less <u>or</u> no substances at 6-month follow-up	0.021*	+5%	731	Women who reported meth as their primary drug of choice were more likely to be using less or no substances at the 6-month follow-up (93%) when compared to those who preferred other drugs (88%)

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, and approached significance at †p < .10.

C18. Contributors to positive outcomes: Methamphetamine as primary drug of choice (continued)

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

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Using less <u>or</u> no substances at 12-month follow-up	0.020*	+6%	575	Women who reported meth as their primary drug of choice were more likely to be using less or no substances at the 12-month follow-up (92%) when compared to those who preferred other drugs (86%)
More likely	Mom with negative toxicology results at birth	0.000***	+17%	368	Women who reported meth as their primary drug of choice were more likely to test negative for substances at birth (93%) when compared to those who preferred other drugs (76%)
More likely	Baby with negative toxicology results at birth	0.000***	+18%	381	Women who reported meth as their primary drug of choice were more likely to give birth to babies who tested negative for substances at birth (90%) when compared to the babies of women who preferred other drugs (72%)
More likely	Successfully completed Tx by closing	0.013*	+5%	2,597	Women who reported meth as their primary drug of choice were more likely have successfully completed Tx by closing (64%) when compared to who preferred other drugs (59%)
Less likely	Involved with child protection at closing	0.021*	-4%	1,596	Women who reported meth as their primary drug of choice were less likely to be involved with child protection at closing (15%) compared to those who preferred other drugs (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 < .05, **p < .01, and ***p < .001, and approached significance at †p < .10.

C19. Contributors to positive outcomes: Pharmaceutical opioids as primary drug of choice

Women who reported pharmaceutical opioids as their primary drug of choice were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at closing	0.014*	-9%	2,594	Women who reported pharmaceutical opioids as their primary drug of choice were less likely to be sober at closing (71%) when compared to those who preferred other drugs (80%)
More likely	Sober at 12-month follow-up	0.058†	+20%	577	Women who reported pharmaceutical opioids as their primary drug of choice were more likely to be sober at the 12-month follow-up (95%) when compared to those who preferred other drugs (75%)
Less likely	Using less <u>or</u> no substances at 6-month follow-up	0.070†	-12%	731	Women who reported pharmaceutical opioids as their primary drug of choice were less likely to be using less or no substances at the 6-month follow-up (79%) when compared to those who preferred other drugs (91%)

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 approached significance at †p < .10

C20. Contributors to positive outcomes: Marijuana as primary drug of choice

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

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at 6-month follow-up	0.083†	-7%	735	Women who reported marijuana as their primary drug of choice were less likely to be sober at the 6-month follow-up (71%) when compared to those who preferred other drugs (78%)
Less likely	Sober at 12-month follow-up	0.065†	-9%	577	Women who reported marijuana as their primary drug of choice were less likely to be sober at the 12-month follow-up (69%) when compared to those who preferred other drugs (78%)
Less likely	Using less or no substances at 6-month follow-up	0.031*	-7%	731	Women who reported marijuana as their primary drug of choice were less likely to be using less or no substances at the 6-month follow-up (85%) when compared to those who preferred other drugs (92%)
Less likely	Baby placed outside of the home after birth	0.026*	-9%	438	Women who reported marijuana as their primary drug of choice were less likely to have their babies placed outside the home (10%) when compared to those who preferred other drugs (19%)
Less likely	Mom with negative toxicology results at birth	0.000***	-21%	368	Women who reported marijuana as their primary drug of choice were less likely to test negative for substances at birth (67%) when compared to those who preferred other drugs (88%)
Less likely	Baby with negative toxicology results at birth	0.000***	-16%	381	Women who reported marijuana as their primary drug of choice were less likely to give birth to babies who tested negative for substances at birth (67%) when compared to the babies of women who preferred other drugs (83%)
Less likely	Involved with child protection at closing	0.034*	-5%	1,596	Women who reported marijuana as their primary drug of choice were less likely to be involved with child protection at closing (79%) when compared to those who preferred other drugs (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 < .05 and ***p < .001, and approached significance at †p < .10

C21. Contributors to positive outcomes: Participation in Medication Assisted Treatment (MAT) while in a WRS program

Women who participated in Medication Assisted Treatment (MAT) while in a WRS program were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at closing	0.001**	-7%	2,570	Women who participated in MAT while in a WRS program were less likely to be sober at closing (74%) when compared to those who did not participate in MAT (81%)
Less likely	Using less <u>or</u> no substances at 6-month follow-up	0.048*	-6%	725	Women who participated in MAT while in a WRS program were less likely to be using less or no substances at the 6-month follow-up (86%) when compared to those who did not participate in MAT (92%)
Less likely	Successfully completed Tx by closing	0.029*	-5%	2,558	Women who participated in MAT while in a WRS program were less likely to have successfully completed Tx by closing (57%) when compared to those who did not participate in MAT (62%)

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.

C22. 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***	+30%	2,227	Women who were living in stable and supportive housing at closing were more likely to be sober at closing (91%) when compared to those who were not in stable and supportive housing at closing (61%)
More likely	Sober at 1-month follow-up	0.000***	+14%	795	Women who were living in stable and supportive housing at closing were more likely to be sober at the 1-month follow-up (83%) when compared to those who were not in stable and supportive housing at closing (69%)
More likely	Sober at 6-month follow-up	0.087†	+7%	637	Women who were living in stable and supportive housing at closing were more likely to be sober at the 6-month follow-up (80%) when compared to those who were not in stable and supportive housing at closing (73%)
More likely	Using less or no substances at closing	0.000***	+12%	2,242	Women who were living in stable and supportive housing at closing were more likely to be using less or no substances at closing (97%) when compared to those who were not in stable and supportive housing at closing (85%)
More likely	Using less or no substances at 1-month follow-up	0.011*	+5%	793	Women who were living in stable and supportive housing at closing were more likely to be using less or no substances at the 1-month follow-up (96%) when compared to those who were not in stable and supportive housing at closing (91%)
Less likely	Baby placed outside of the home after birth	0.005**	-12%	376	Women who were living in stable and supportive housing at closing were less likely to have their babies placed outside the home (12%) when compared to those who were not in stable and supportive housing at closing (24%)

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, and approached significance at †p < .10

C22. Contributors to positive outcomes: In stable and supportive housing at closing (continued)

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	Successfully completed Tx by closing	0.000***	+49%	2,152	Women who were living in stable and supportive housing at closing were more likely to have successfully completed Tx by closing (84%) when compared to those who were not in stable and supportive housing at closing (35%)
Less likely	Involved with child protection at closing	0.000***	-9%	1,312	Women who were living in stable and supportive housing at closing were less likely to be involved with child protection at closing (80%) when compared to those who were not in stable and supportive housing at closing (89%)

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, and approached significance at †p < .10

C23. 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***	+10%	2,593	White women were more likely to be sober at closing (84%) when compared to women of all other races (74%)
More likely	Sober at 1-month follow-up	0.017*	+7%	911	White women were more likely to be sober at the 1-month follow-up (81%) when compared to women of all other races (74%)
More likely	Using less <u>or</u> no substances at closing	0.000***	+4%	2,596	White women were more likely to be using less or no substances at closing (95%) when compared to women of all other races (91%)
More likely	Using less <u>or</u> no substances at 1-month follow-up	0.017*	+7%	911	White women were more likely to be using less or no substances at the 1-month follow-up (81%) when compared to women of all other races (74%)
More likely	<i>Mom</i> with negative toxicology results at birth	0.000***	+15%	369	White women were more likely to test negative for substances at birth (90%) when compared to women of all other races (75%)
More likely	<i>Baby</i> with negative toxicology results at birth	0.000***	+19%	382	White women were more likely to give birth to babies who tested negative for substances at birth (89%) when compared to the babies of women of all other races (70%)
More likely	Successfully completed Tx by closing	0.000***	+16%	2,595	White women were more likely to have successfully completed Tx by closing (68%) when compared women of all other races (52%)

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 < .001.

C24. 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/Alaska Native women were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at closing	0.000***	-8%	2,593	American Indian/Alaska Native women were less likely to be sober at closing (73%) when compared to women of all other races (81%)
Less likely	Sober at 1-month follow-up	0.015*	-9%	911	American Indian/Alaska Native women were less likely to be sober at the 1-month follow-up (71%) when compared to women of all other races (80%)
Less likely	Sober at 12-month follow-up	0.063†	-9%	577	American Indian/Alaska Native women were less likely to be sober at the 12-month follow-up (68%) when compared to women of all other races (77%)
Less likely	Using less <u>or</u> no substances at closing	0.002**	-4%	2,596	American Indian/Alaska Native women were less likely to be using less or no substances at closing (90%) when compared to women of all other races (94%)
Less likely	Successfully completed Tx by closing	0.000***	-13%	2,595	American Indian/Alaska Native women were less likely to have successfully completed Tx by closing (51%) when compared women of all other races (64%)
More likely	Involved with child protection at closing	0.014*	+5%	1,595	American Indian/Alaska Native women were more likely to be involved with child protection at closing (87%) when compared to those who were not in stable and supportive housing at closing (82%)

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, and approached significance at †p < .10

C25. 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***	-11%	2,593	African American/Black women were less likely to be sober at closing (70%) when compared to women of all other races (81%)
Less likely	Using less or no substances at closing	0.083†	-2%	2,596	African American/Black women were less likely to be using less or no substances at closing (91%) when compared to women of all other races (93%)
Less likely	Baby placed outside of the home after birth	0.080†	-7%	439	African American/Black women were less likely to have their babies placed outside the home (11%) when compared to women of all other races (18%)
Less likely	Mom with negative toxicology results at birth	0.000***	-18%	369	African American/Black women were less likely to test negative for substances at birth (68%) when compared to women of all other races (86%)
Less likely	Baby with negative toxicology results at birth	0.002**	-15%	382	African American/Black women were less likely to give birth to babies who tested negative for substances at birth (67%) when compared to the babies of women of all other races (82%)
Less likely	Successfully completed Tx by closing	0.000***	-10%	2,595	African American/Black women were less likely to have successfully completed Tx by closing (52%) when compared to women of all other races (62%)
Less likely	Involved with child protection at closing	0.005**	-9%	1,595	African American/Black women were less likely to be involved with child protection at closing (75%) when compared to women of all other races (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 and ***p < .001, and approached significance at †p < .10

C26. 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	Sober at closing	0.051†	+3%	2,589	Women who were involved with child protection at intake were more likely to be sober at closing (81%) when compared to women who were not involved with child protection at intake (78%)
More likely	Sober at 6-month follow-up	0.033*	+6%	736	Women who were involved with child protection at intake were more likely to be sober at the 6-month follow-up (80%) when compared to women who were not involved with child protection at intake (74%)
More likely	Baby placed outside of the home after birth	0.004**	+11%	438	Women who were involved with child protection at intake were more likely to have their babies placed outside the home (23%) when compared to women who were not involved with child protection at intake (12%)
More likely	Mom with negative toxicology results at birth	0.000***	+16%	368	Women who were involved with child protection at intake were more likely to test negative for substances at birth (92%) when compared to women who were not involved with child protection at intake (76%)
More likely	Baby with negative toxicology results at birth	0.002**	+14%	381	Women who were involved with child protection at intake were more likely to give birth to babies who tested negative for substances at birth (87%) when compared to the babies of women who were not involved with child protection at intake (73%)
More likely	Successfully completed Tx by closing	0.065†	+4%	2,591	Women who were involved with child protection at intake were more likely to have successfully completed Tx by closing (63%) when compared to women who were not involved with child protection at intake (59%)
More likely	Reunified with one or more child at closing	0.082†	+9%	1,200	Women who were involved with child protection at intake were more likely to have been reunified with one or more children by closing (41%) when compared to women who were not involved with child protection at intake (32%)

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, and approached significance at †p < .10

C27. 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 6-month follow-up	0.087†	+6%	736	Women who were involved with the criminal justice system at intake were more likely to be sober at the 6-month follow-up (80%) when compared to women who were not involved with the criminal justice system at intake (74%)
More likely	Using less <u>or</u> no substances at closing	0.032*	+2%	2,591	Women who were involved with the criminal justice system at intake were more likely to be using less or no substances at closing (94%) when compared to women not involved with the criminal justice system at intake (92%)
More likely	Using less <u>or</u> no substances at 6-month follow-up	0.021*	+5%	732	Women who were involved with the criminal justice system at intake were more likely to be using less or no substances at the 6-month follow-up (93%) when compared to women not involved with the criminal justice system at intake (88%)
More likely	<i>Mom</i> with negative toxicology results at birth	0.001**	+13%	369	Women who were involved with the criminal justice system at intake were more likely to test negative for substances at birth (89%) when compared to women who were not involved with the criminal justice system at intake (76%)
More likely	<i>Baby</i> with negative toxicology results at birth	0.001**	+14%	382	Women who were involved with the criminal justice system at intake were more likely to give birth to babies who tested negative for substances at birth (86%) when compared to the babies of women who were not involved with the criminal justice system at intake (72%)

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, and approached significance at †p < .10

C28. Contributors to positive outcomes: Mental health diagnosis at intake

Women with a mental health diagnosis at intake were...

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
Less likely	Sober at closing	0.002**	-6%	2,572	Women with a mental health diagnosis at intake were less likely to be sober at closing (79%) when compared to women without a mental health diagnosis at intake (85%)
Less likely	Sober at 6-month follow-up	0.029*	-9%	730	Women with a mental health diagnosis at intake were less likely to be sober at the 6-month follow-up (76%) when compared to women without a mental health diagnosis at intake (85%)
Less likely	Using less or no substances at closing	0.004**	-4%	2,572	Women with a mental health diagnosis at intake were less likely to be using less or no substances at closing (92%) when compared to women without a mental health diagnosis at intake (96%)
More likely	Baby placed outside of the home after birth	0.050†	+8%	435	Women with a mental health diagnosis at intake were more likely to have their babies placed outside the home (18%) when compared to women without a mental health diagnosis at intake (10%)

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, and approached significance at †p < .10

C29. 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***	+20%	2,150	Women who were connected to mental health services at closing were more likely to be sober at closing (84%) when compared to women who were not connected to mental health services at closing (64%)
More likely	Sober at 1-month follow-up	0.080†	+7%	749	Women who were connected to mental health services at closing were more likely to be sober at the 1-month follow-up (80%) when compared to women who were not connected to mental health services at closing (73%)
More likely	Using less <u>or</u> no substances at closing	0.000***	+9%	2,151	Women who were connected to mental health services at closing were more likely to be using less or no substances at closing (95%) when compared to women who were not connected to mental health services at closing (86%)
More likely	Using less <u>or</u> no substances at 1-month follow-up	0.002**	+8%	747	Women who were connected to mental health services at closing were more likely to be using less or no substances at the 1-month follow-up (96%) when compared to women who were not connected to mental health services at closing (88%)
More likely	Using less <u>or</u> no substances at 6-month follow-up	0.086†	+6%	592	Women who were connected to mental health services at closing were more likely to be using less or no substances at the 6-month follow-up (92%) when compared to women who were not connected to mental health services at closing (86%)
More likely	Successfully completed Tx by closing	0.000***	+43%	2,115	Women who were connected to mental health services at closing were more likely to have successfully completed Tx by closing (73%) when compared to women who were not connected to mental health services at closing (30%)

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, and approached significance at †p < .10

C29. Contributors to positive outcomes: Connected to mental health services at closing (continued)

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

Correlation direction	Positive outcome	P-Value	% point difference	n	General terms
More likely	Reunified with one or more child at closing	0.000***	+24%	1,014	Women who were connected to mental health services at closing were more likely to have been reunified with one or more children by closing (46%) when compared to women who were not connected to mental health services at closing (22%)

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, and approached significance at †p < .10

C30. 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	Sober at closing	0.091†	+8%	238	Women who worked with a PRS while in the program were more likely to be sober at closing (88%) when compared to women who did not work with a PRS while in the program (80%)
More likely	Sober at 1-month follow-up	0.042*	+11%	233	Women who worked with a PRS while in the program were more likely to be sober at the 1-month follow-up (84%) when compared to women who did not work with a PRS while in the program (73%)
Less likely	Using less <u>or</u> no substances at closing	0.045*	-5%	240	Women who worked with a PRS while in the program were less likely to be using less or no substances at closing (95%) when compared to women who did not work with a PRS while in the program (100%)
More likely	Using less <u>or</u> no substances at 1-month follow-up	0.019*	+8%	231	Women who worked with a PRS while in the program were more likely to be using less or no substances at the 1-month follow-up (98%) when compared to women who did not work with a PRS while in the program (90%)
More likely	Successfully completed Tx by closing	0.000***	+26%	226	Women who worked with a PRS while in the program were more likely to have successfully completed Tx by closing (78%) when compared to women who did not work with a PRS while in the program (52%)

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 < .001, and approached significance at †p < .10.

D. Evaluation tables (from database)

[Link to evaluation tables](#)

E. 1-month follow-up interview tables

E1. Women’s satisfaction with program (n=1088-1117)

	Total n	Percentage who agree or strongly agree	Percentage who disagree or strongly disagree
The staff were available when you needed their support.	1114	90%	10%
The staff understood your problems or concerns.	1116	91%	9%
You would recommend this program to women like yourself.	1117	89%	12%
You and the staff worked together to develop your goals for you and your family.	1115	91%	9%
The staff were sensitive to cultural issues.	1088	90%	10%
The services you received through the program met your expectations.	1116	84%	16%
You feel you got the right level of support from the program.	1117	84%	16%
The staff knew a lot about services and programs in the community that could help you and your family.	1108	82%	18%

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=1116)

Did you participate in a parenting program while you were in the program?	n	%
Yes	892	80%
No	224	20%

Note. Cumulative percentages may vary from 100% due to rounding. Women were asked about their parenting program participation 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. Of the 224 respondents who answered “No,” to this question, 17 respondents did not have any children.

E3. Parenting program impact (n=885-886)

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?	451	51%	324	37%	85	10%	25	3%
The parenting program you participated in helped you learn more about child development and what to expect of children at different ages?	426	48%	346	39%	99	11%	15	2%

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

E4. Overall satisfaction with program (n=1116)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Overall, how satisfied were you with the services you received through the program?	52%	36%	7%	5%

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.

E5. Types of support obtained through the program (n=1096-1112)

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=1090)
Get or stay sober?	90%	5%	4%	31%
With parenting?	80%	7%	13%	11%
By just being there to provide emotional support or encouragement?	90%	8%	2%	26%
Address your physical or mental health needs?	83%	12%	5%	14%
Find a support network of people who could help you stay sober?	70%	16%	15%	7%
With things like housing, transportation, or paying bills?	51%	25%	24%	5%
With getting benefits like MFIP or WIC?	53%	11%	36%	4%
Find housing?	30%	33%	37%	4%

Note. Cumulative percentages may vary from 100% due to rounding. Information on the types of support provided through the program was collected 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.

E6. Use of Peer Recovery Support while in program (n=265)

While in the program, did you have a Peer Recovery Specialist or Recovery Coach?	n	%
Yes	177	67%
No	88	33%
How often were you in contact with your Peer Recovery Specialist while in the program? (n=177)		
Every day or almost every day	101	57%
Once a week	63	36%
Every couple of weeks	6	3%
Once a month	3	2%
Every couple of months	2	1%
Once or twice a year	2	1%

Note. Cumulative percentages may vary from 100% due to rounding. Information on peer recovery support was collected 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. Questions on peer recovery support were added to follow-up interviews in July 2020.

E7. Use of Peer Recovery Support after leaving the program (n=177)

Are you still in contact with your Peer Recovery Specialist?	n	%
Yes	43	24%
No	134	76%
Since leaving the program, how often are you in contact with your Peer Recovery Specialist? (n=43)		
Once a week	12	28%
Every couple of weeks	13	30%
Once a month	7	16%
Every couple of months	6	14%
Once or twice a year	3	7%
Don't know	2	5%

Note. Cumulative percentages may vary from 100% due to rounding. Information on peer recovery was collected 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. Questions on peer recovery support were added to follow-up interviews in July 2020.

E8. Impact of Peer Support Specialist (n=175-177)

	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	89	50%	70	40%	13	7%	5	3%
I have felt emotionally supported throughout my recovery	102	58%	62	35%	8	5%	5	3%
I better understand my addiction and behavior	82	47%	74	42%	14	8%	5	3%
I have more confidence in myself	93	53%	69	39%	11	6%	3	2%
I feel more motivated	82	46%	79	45%	12	7%	4	2%
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	76	43%	74	42%	23	13%	4	2%
My Peer Recovery Specialist helped me establish healthier habits	73	41%	87	49%	14	8%	3	2%
My Peer Recovery Specialist listened to me and treated me with respect	129	73%	40	23%	6	3%	2	1%
My Peer Recovery Specialist was there for me when I needed them	107	61%	59	33%	7	4%	4	2%

Note. Cumulative percentages may vary from 100% due to rounding. Information on peer recovery support was collected 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. Questions on peer recovery support were added to follow-up interviews in July 2020.

E9. Uniqueness of Peer Recovery Support (n=174)

Did your Peer Recovery Specialist provide unique help or support that was different from other program staff?	n	%
Yes	133	76%
No	41	24%

Note. Cumulative percentages may vary from 100% due to rounding. Information on peer recovery support was collected 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. Questions on peer recovery support were added to follow-up interviews in July 2020.

E10. Participation of American Indian culturally specific programming while in program (n=41)

While in the program, did you participate in cultural education, ceremonies, groups, or other events?	n	%
Yes	27	66%
No	14	34%

How many activities did you participate in? (n=27)		
1 or 2 activities	4	15%
3 or more activities	23	85%

Note. Cumulative percentages may vary from 100% due to rounding. Questions on American Indian culturally specific programming were only asked of women who identified as American Indian. Information on American Indian culturally specific programming was collected 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. Questions on American Indian culturally specific programming were added to follow-up interviews in July 2020.

E11. Participation of American Indian culturally specific programming while in program (n=27)

Because of your involvement in the program, do you feel more connected to your Native American culture?	n	%
Yes	22	82%
No	5	19%

Note. Cumulative percentages may vary from 100% due to rounding. This question was only asked of women who identified as American Indian and who reported that they participated in cultural education, ceremonies, groups, or other events related to their American Indian heritage. Information on American Indian culturally specific programming was collected 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. Questions on American Indian culturally specific programming were added to follow-up interviews in July 2020.

E12. Women’s well-being before and 1 month after the program (n=914-917)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	Before starting program	At 1-month follow-up						
Your physical health	7%	32%	23%	50%	32%	15%	38%	3%
Your mental health	3%	29%	11%	50%	23%	16%	63%	4%

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.

E13. Relationship with child before and 1 month after the program (n=858-890)

	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
<u>Before entering the program</u> , how would you describe your relationship with your child?	161	19%	241	28%	256	30%	200	23%
<u>Since you left the program</u> , how would you describe your relationship with your child?	555	62%	240	27%	63	7%	32	4%

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.

E14. Use of alcohol and other drugs at 1-month follow-up (n=914)

Have you used alcohol, marijuana, or other drugs since leaving the program?	n	%
Yes	200	22%
No	714	78%
Change in substance use among those who have used (n=198):		
Using more at follow-up	22	11%
Using about the same amount at follow-up	30	15%
Using less at follow-up	146	74%
Frequency of substance use since leaving the program (n=199)		
1 time	48	24%
2 or 3 times	55	28%
More than 3 times	96	48%

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

E15. Types of substances used by 1-month follow-up (n=192-199)

Substances used:	n	%
Alcohol	127	64%
Marijuana/pot/weed/hashish	87	44%
Methamphetamine (meth)	74	37%
Heroin	20	10%
Other opioids	16	8%
Crack/cocaine	16	8%

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.

E16. Length of sobriety at 1-month follow-up (n=694)

How long have you been abstinent/clean/sober?	n	%
Less than 6 months	299	43%
6-11 months	252	36%
12-18 months	85	12%
More than 18 months	58	8%
Average (mean) length of sobriety: 8.9 months		
Median length of sobriety: 6.6 months		

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

E17. Supportiveness and stability of living situation at 1-month follow-up (n=912-913)

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?	71%	21%	4%	4%
How stable to recovery is your current living situation?	62%	28%	6%	4%

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

E18. Employment situation at 1-month follow-up (n=912)

Current employment situation at 1-month follow-up	n	%
Employed full time or part time	287	32%
Unable to work due to a disability	101	11%
Unemployed, and looking for work	259	28%
Unemployed, and not currently looking for work, including those in school	208	23%
Something else	57	6%

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

E19. Financial situation and access to transportation before and 1 month after the program (n=907-914)

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						
Afford basic living expenses (rent, food, etc.)	35%	67%	24%	18%	27%	11%	14%	4%
Access reliable transportation	54%	72%	23%	19%	17%	7%	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.

E20. Number of children living with you at 1-month follow-up (n=914)

How many children are you currently living with or parenting at least half of the time?	n	%
No children	262	29%
1 child	317	34%
2 children	171	19%
3 children	106	12%
4 or more children	58	6%

Average (mean) number of children among women living with children (n=652): 2 children

Median number of children among women living with children (n=652): 2 children

Note. Cumulative percentages may vary from 100% due to rounding. The category of “No children” includes 28 women who do not have children.

E21. Parenting decisions before and 1 month after the program (n=638-652)

	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?	183	29%	253	40%	155	24%	47	7%
<u>Since you left the program</u> , how often did you feel you were making good parenting decisions?	603	93%	45	7%	4	1%	-	-

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.

E22. Involvement with Child Protection, children removed or reunified by 1-month follow-up (n=884)

Since you left the program...	Yes		No	
	n	%	n	%
Have you had any involvement with Child Protection?	396	45%	488	55%
Of those involved with Child Protection (n=396)				
Have any of your children been removed from your care?	57	14%	341	86%
Have any of your children been reunited with you?	116	29%	280	71%

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 232 children had been reunified with their mother.

E23. Relationships with family and friends before and 1 month after the program (n=911-913)

	Very supportive		Somewhat supportive		Not at all supportive	
	n	%	n	%	n	%
Before entering the program, how would you describe your relationship with family and friends?	244	27%	400	44%	269	30%
Since you left the program, how would you describe your relationship with family and friends?	626	69%	223	25%	62	7%

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.

E24. Access to good advice before and 1 month after the program (n=912-913)

	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	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?	299	33%	237	26%	266	29%	110	12%
Since you left the program, how often did you have friends or family available to give you good advice when you were facing a crisis?	625	69%	187	21%	67	7%	34	4%

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.

F. 6-month follow-up interview data tables

F1. Relationships with family and friends at 6-month follow-up (n=736)

	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?	546	74%	156	21%	34	5%

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

F2. Access to good advice at 6-month follow-up (n=738)

	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
In the <u>past month</u> , how often did you have friends or family available to give you good advice when you were facing a crisis?	543	74%	116	16%	60	8%	19	3%

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

F3. Participation in schooling or job training since leaving the program (n=738)

	n	%
Number of women who have participated in any additional schooling or job training since leaving the program	192	26%
Of those who participated in schooling or job training since leaving program (n=192)		
GED/High school	35	18%
Credential, license, or certificate	22	12%
Associate's or vocational college	22	12%
College degree/four-year college	12	6%
Graduate/professional school	-	-
Other job training	111	58%

F4. Employment situation at 6-month follow-up (n=737)

Current employment situation at 6-month follow-up	n	%
Employed full time or part time	328	45%
Unable to work due to a disability	93	13%
Unemployed, and looking for work	150	20%
Unemployed, and not currently looking for work, including those in school	130	18%
Something else	36	5%

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

F5. Financial situation and access to transportation at 6-month follow-up (n=735-737)

In the past month, how often have you been able to...	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
Afford basic living expenses (rent, food, etc.)?	425	58%	191	26%	93	13%	26	4%
Access reliable transportation?	548	74%	124	17%	53	7%	12	2%

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

F6. Frequency of housing transitions since leaving the program (n=736)

	Range	Mean
How many times have you moved since leaving the program (six months ago)?	1-25	2

Note. The range and mean exclude the 265 families who did not move during the follow-up period.

F7. Living arrangements at 6-month follow-up (n=737)

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	347	47%
Staying with a relative or friend on a temporary basis	143	19%
Permanent housing program with services to help you keep your housing, either on-site services or services that come to you	53	7%
Staying with a relative or friend on a long-term basis	59	8%
Transitional housing program	44	6%
Residential drug or alcohol treatment facility	18	2%
Emergency shelter	21	3%
Halfway house for people in recovery	24	3%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	12	2%
Some other place	16	2%

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

F8. Supportiveness and stability of living situation at 6-month follow-up (n=736-737)

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?	72%	18%	5%	5%
How stable to recovery is your current living situation?	68%	23%	4%	5%

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

F9. Women's well-being at 6-month follow-up (n=735-737)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
Your physical health	175	24%	329	45%	181	25%	52	7%
Your mental health	135	18%	316	43%	229	31%	55	8%

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

F10. Women's use of emergency room since leaving the program (n=736)

Since leaving the program, have you been to the emergency room for any reason related to your own health?	n	%
Yes	262	36%
No	474	64%
Of those who visited the emergency room (n=262):	Range	Median
Number of visits	1-25	2

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

F11. Mental health concerns since leaving the program (n=697-736)

Since leaving the program, have you...	n	%
Had concerns related to anxiety, depression, or other mental health concerns?		
Yes	439	60%
No	297	40%
Received help at a clinic, or from a therapist, psychiatrist, or other mental health provider?		
Yes	512	74%
No	185	27%

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

F12. Arrests since leaving the program (n=737)

Since leaving the program, have you been arrested for any reason?	n	%
Yes	79	11%
No	658	89%
Of those arrested (n=78):	Range	Mean
Number of times arrested	1-4	1.27

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

F13. Charged with crimes since leaving the program (n=737)

Have you been charged with any crimes or violations of a law since leaving the program?	n	%
Yes	70	10%
No	666	90%
Of those charged (n=70):	Range	Mean
Number of times charged	1-3	1.22

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

F14. Incarcerated since leaving the program (n=737)

Have you been incarcerated for any reason since leaving the program?	n	%
Yes	67	9%
No	669	91%
Of those incarcerated (n=67):	Range	Median
Time spent incarcerated (days)	0-183	6

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

F15. Detox since leaving the program (n=737)

Have you been in detox since leaving the program?	n	%
Yes	23	3%
No	714	97%
Of those who spent time in detox (n=23):	Range	Median
Number of times in detox	1-4	1.3

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

F16. Use of tobacco at 6-month follow-up (n=736)

Have you smoked cigarettes or used tobacco products since leaving the program?	n	%
Yes	647	88%
No	89	12%

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.

F17. Use of alcohol and other drugs at 6-month follow-up (n=737)

Have you used alcohol, marijuana, or other drugs since leaving the program?	n	%
Yes	291	40%
No	446	61%

Change in substance use among those who have used (n=287):

Using more at follow-up	34	12%
Using about the same amount at follow-up	36	13%
Using less at follow-up	217	76%

Frequency of substance use in the past 30 days (n=141):

1 time	23	16%
2 or 3 times	38	27%
More than 3 times	80	57%

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

F18. Types of substances used since leaving the program (n=278-290)

Substances used:	n	%	Of those who have used, women who used this substance in the past 30 days	
			n	%
Methamphetamine (meth)	111	38%	47	42%
Alcohol	211	73%	111	53%
Marijuana/pot/weed/hashish	152	53%	97	63%
Other opioids	34	12%	10	31%
Crack/cocaine	27	9%	10	37%
Heroin	41	14%	15	37%
Non-prescription methadone	3	1%	2	67%
Other substances	18	7%	9	50%

F19. Length of sobriety at 6-month follow-up (n=426)

How long have you been abstinent/clean/sober?	n	%
Less than 6 months	12	3%
6-11 months	203	48%
12-18 months	145	34%
More than 18 months	66	16%
Average (mean) length of sobriety: 13.3 months		
Median length of sobriety: 11 months		

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

F20. Participation in drug or alcohol treatment programs since leaving program (n=736)

Since leaving the program, have you entered any other drug or alcohol treatment programs?	n	%
Yes	279	38%
No	457	62%

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

F21. Participation in other recovery support activities since leaving program (n=619-736)

Participation in the following activities as part of recovery support since leaving the program:	n	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	535	73%
Aftercare	367	50%
A faith-based or religious group	282	38%
Support from a recovery coach or peer recovery specialist	214	35%
Another support group offered in the community	182	25%
A culturally specific group like a sweat lodge or talking circle	123	17%
A Recovery Community Organization (RCO)	138	19%
Al-Anon	87	12%
Other things to support recovery	421	59%

F22. Sponsor at 6-month follow-up (n=736)

Do you have a sponsor?	n	%
Yes	268	36%
No	468	64%

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

F23. Participation in Medication Assisted Treatments (MAT) since leaving program (n=727)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	n	%
Yes	112	15%
No	615	85%

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

F24. Helpfulness of Medication Assisted Treatments (MAT) (n=111)

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?	81%	17%	1%	1%

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

F25. Self-efficacy at 6-month follow-up (n=731-735)

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	442	60%	276	38%	16	2%	1	0%
When you set goals for yourself, you have a hard time following through	54	7%	198	27%	327	45%	154	21%
You stay calm when facing difficulties	180	25%	409	56%	109	15%	33	5%
You can usually handle whatever comes your way	256	35%	429	59%	38	5%	9	1%
You often feel overwhelmed by all of the challenges in your life	107	15%	286	39%	280	38%	63	9%

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

F26. Number of children living with women at 6-month follow-up (n=734)

How many children are you currently living with or parenting at least half of the time?	n	%
No children	176	24%
1 child	272	37%
2 children	152	21%
3 children	77	10%
4 children	42	6%
5 children	8	1%
6 children	7	1%

Average (mean) number of children among women living with children (n=558): 2 children

Median number of children among women living with children (n=558): 2 children

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

F27. Interactions with children at 6-month follow-up (n=479-481)

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	474	99%	6	1%	1	0%	-	-
When your children did something well, you let them know that you were proud of them	473	98%	8	2%	-	-	-	-
You could name several good qualities your children have	465	97%	16	3%	-	-	-	-
You feel positive about being a parent	414	86%	60	13%	4	1%	2	<1%
You make good parenting decisions	423	88%	51	11%	5	1%	1	<1%
You consistently set limits and provided appropriate consequences	375	78%	94	20%	10	2%	-	-
When your children were upset or stressed out, you tried to understand what was going on with them	460	96%	17	4%	2	0%	1	0%
You were able to control your anger and frustration with your children	428	89%	50	10%	3	1%	-	-

Note. Cumulative percentages may vary from 100% due to rounding. These questions were asked of the 483 women living with and/or parenting children age 1 year or older.

F28. Relationship with child at 6-month follow-up (n=480)

In the past month, how would you describe your relationship with your child?	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
In the past month, how would you describe your relationship with your child?	347	72%	108	23%	24	5%	1	0%

Note. Cumulative percentages may vary from 100% due to rounding. This question were asked of the 483 women living with and/or parenting children age 1 year or older.

F29. Involvement with Child Protection, children removed or reunified by 6-month follow-up (n=718)

Since leaving the program ...	Yes		No	
	n	%	n	%
Have you had any involvement with Child Protection?	313	44%	405	56%
Of those involved with Child Protection (n=311-313)				
Have any of your children been removed from your care?	83	27%	228	73%
Have any of your children been reunited with you?	120	38%	193	62%

Note. Cumulative percentages may vary from 100% due to rounding. By the 6-month follow-up, a total of 164 children were removed from their mother's care and 239 children had been reunified with their mother.

G. 12-month follow-up interview data tables

G1. Relationships with family and friends at 12-month follow-up (n=580)

	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?	439	76%	117	20%	24	4%

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

G2. Access to good advice at 12-month follow-up (n=580)

	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
<u>In the past month</u> , how often did you have friends or family available to give you good advice when you were facing a crisis?	444	77%	81	14%	42	7%	13	2%

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

G3. Participation in schooling or job training since leaving the program (n=580)

	n	%
Number of women who have participated in any additional schooling or job training since leaving the program	184	32%
Of those who participated in schooling or job training since leaving program (n=186)		
GED/High school	27	15%
Credential, license, or certificate	24	13%
Associate's or vocational college	42	23%
College degree/four year college	10	5%
Graduate/professional school	-	-
Other job training	99	53%

G4. Employment situation at 12-month follow-up (n=579)

Current employment situation at 12-month follow-up	n	%
Employed full time or part time	273	47%
Unable to work due to a disability	69	12%
Unemployed, and looking for work	116	20%
Unemployed, and not currently looking for work, including those in school	96	17%
Something else	25	4%

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

G5. Financial situation and access to transportation at 12-month follow-up (n=578)

In the past month, how often have you been able to...	Most of the time		Some of the time		Rarely		Never	
	n	%	n	%	n	%	n	%
Afford basic living expenses (rent, food, etc.)	353	61%	137	24%	75	13%	12	2%
Access reliable transportation	486	84%	70	12%	17	3%	5	1%

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

G6. Quality of life at the 12-month follow-up compared with life before the program (n=402-579)

When considering your life <u>now</u> and <u>before you started the program</u>, what would you say about your...	A lot better now than before		A little better now than before		About the same now as it was before		A little worse now		A lot worse now	
	n	%	n	%	n	%	n	%	n	%
Financial situation	261	45%	133	23%	115	20%	40	7%	30	5%
Employment situation	228	40%	94	16%	189	33%	49	9%	16	3%
Living situation	350	61%	93	16%	94	16%	18	3%	23	4%
Access to reliable transportation	262	45%	89	15%	200	35%	19	3%	7	1%
Physical health	242	42%	143	25%	134	23%	45	8%	14	2%
Mental or emotional health	281	49%	160	28%	83	14%	38	7%	14	2%
Relationship with your child(ren)	267	66%	77	19%	56	14%	2	1%	-	-

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

G7. Frequency of housing transitions since leaving the program (n=575)

	Range	Mean
Number of times women moved since leaving the program (12 months ago)	1-12	2

Note. These numbers exclude 158 families who did not move during the follow-up period.

G8. Living arrangements at 12-month follow-up (n=579)

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	329	59%
Staying with a relative or friend on a temporary basis	68	12%
Permanent housing program with services to help you keep your housing, either on-site services or services that come to you	43	7%
Staying with a relative or friend on a long-term basis	44	8%
Transitional housing program	35	6%
Residential drug or alcohol treatment facility	14	2%
Emergency shelter	9	2%
Halfway house for people in recovery	11	2%
No home at present, such as staying on the streets, car, or other places not meant for human habitation	11	2%
Some other place	15	3%

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

G9. Supportiveness and stability of living situation at 12-month follow-up (n=579)

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?	71%	21%	4%	5%
How stable to recovery is your current living situation?	69%	22%	5%	4%

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

G10. Women's well-being at 12-month follow-up (n=577-578)

How would you describe the following areas of your life?	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
Your physical health	137	24%	249	43%	151	26%	41	7%
Your mental health	107	19%	262	45%	161	28%	47	8%

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

G11. Women's use of emergency room and hospitalization since leaving the program (n=576)

Since leaving the program, have you been to the emergency room for any reason related to your own health	n	%
Yes	254	44%
No	322	56%
Of those who visited the emergency room (n=251):	Range	Mean
Number of visits	1-21	2

G12. Mental health concerns since leaving the program (n=578)

Since leaving the program, have you...	n	%
Had concerns related to anxiety, depression, or other mental health concerns?		
Yes	346	60%
No	232	40%
Received help at a clinic, or from a therapist, psychiatrist, or other mental health provider? (n=576)		
Yes	435	76%
No	141	25%

G13. Arrests since leaving the program (n=577)

Since leaving the program, have you been arrested for any reason?	n	%
Yes	103	18%
No	474	82%
Of those arrested (n=):	Range	Median
Number of times arrested	1-15	1

G14. Charged with crimes since leaving the program (n=576)

Since leaving the program, have you been charged with any crimes or violations of a law since leaving the program	n	%
Yes	85	15%
No	491	85%
Of those charged (n=85):	Range	Mean
Number of times charged	1-11	2

G15. Incarceration since leaving the program (n=577)

Since leaving the program, have you been incarcerated for any reason?	n	%
Yes	89	15%
No	488	85%
Of those incarcerated (n=87)	Range	Median
Time spent incarcerated (days)	1-304	7

G16. Detox since leaving the program (n=577)

Since leaving the program, have you been in detox?	n	%
Yes	33	6%
No	544	94%
Of those in detox (n=33):	Range	Mean
Number of times in detox	1-3	1

G17. Use of tobacco at 12-month follow-up (n=577)

Since leaving the program, have you smoked cigarettes or used tobacco products?	n	%
Yes	514	89%
No	63	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.

G18. Use of alcohol and other drugs at 12-month follow-up (n=578)

Have you used alcohol, marijuana, or other drugs since leaving the program?	n	%
Yes	284	49%
No	294	51%
Change in substance use among those who have used (n=282):		
Using more at follow-up	30	11%
Using about the same amount at follow-up	37	13%
Using less at follow-up	215	76%
Frequency of substance use in the past 30 days (n=138)		
1 time	15	11%
2 or 3 times	42	30%
More than 3 times	81	59%

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

G19. Types of substances used since leaving the program (n=275-283)

Substances used among those reporting drug usage:	n	%	Of those who have used, women who used this substance in the past 30 days	
			n	%
Methamphetamines (meth)	139	49%	36	26%
Alcohol	212	75%	90	43%
Marijuana/pot/weed/hashish	162	57%	69	43%
Other opioids	30	11%	6	20%
Crack/cocaine	36	13%	13	36%
Heroin	46	16%	12	26%
Non-prescription methadone	4	1%	-	-
Other substances	22	8%	4	18%

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

G20. Length of sobriety at 12-month follow-up (n=278)

How long have you been abstinent/clean/sober?	n	%
Less than 6 months	9	3%
6-11 months	14	5%
12-18 months	156	56%
More than 18 months	99	36%
Average (mean) length of sobriety: 18 months		
Median length of sobriety: 17 months		

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

G21. Participation in drug or alcohol treatment programs since leaving program (n=578)

Since leaving the program, have you entered any other drug or alcohol treatment programs?	n	%
Yes	224	39%
No	354	61%

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

G22. Participation in other recovery support activities since leaving program (n=464-577)

Participation in the following activities as part of recovery support since leaving the program:	n	%
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)	425	74%
Aftercare	296	51%
A faith-based or religious group	216	38%
Support from a recovery coach or peer recovery specialist	168	36%
Another support group offered in the community	182	32%
A culturally specific group like a sweat lodge or talking circle	102	18%
A Recovery Community Organization (RCO)	124	22%
Al-Anon	62	11%
Other things to support recovery	333	58%

G23. Sponsor at 12-month follow-up (n=576)

Do you have a sponsor?	n	%
Yes	202	35%
No	374	65%

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

G24. Participation in Medication Assisted Treatments (MAT) since leaving program (n=577)

Since leaving the program, have you received any MAT or opioid maintenance therapy?	n	%
Yes	101	18%
No	476	83%

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

G25. Helpfulness of Medication Assisted Treatments (MAT) (n=101)

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?	83%	14%	1%	2%

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

G26. Self-efficacy at 12-month follow-up (n=574-577)

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	345	60%	218	38%	11	2%	1	0%
When you set goals for yourself, you have a hard time following through	41	7%	166	29%	257	45%	110	19%
You stay calm when facing difficulties	139	24%	327	57%	91	16%	20	4%
You can usually handle whatever comes your way	215	37%	312	54%	46	8%	4	1%
You often feel overwhelmed by all of the challenges in your life	90	16%	211	37%	210	37%	65	11%

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

G27. Number of children living with women at 12-month follow-up (n=578)

How many children are you currently living with or parenting at least half of the time?	n	%
No children	150	26%
1 child	196	34%
2 children	128	22%
3 children	66	11%
4 or more children	38	7%

Average (mean) number of children among women living with children (n=428): 2 children

Median number of children among women living with children (n=428): 2 children

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

G28. Interactions with children at 12-month follow-up (n=408-410)

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	401	98%	5	1%	3	1%	-	-
When your children did something well, you let them know that you were proud of them	400	98%	9	2%	-	-	-	-
You could name several good qualities your children have	396	97%	12	3%	-	-	-	-
You feel positive about being a parent	343	84%	59	14%	7	2%	-	-
You make good parenting decisions	323	79%	80	20%	5	1%	-	-
You consistently set limits and provided appropriate consequences	282	69%	111	27%	14	3%	1	0%
When your children were upset or stressed out, you tried to understand what was going on with them	379	93%	29	7%	1	0%	-	-
You were able to control your anger and frustration with your children	346	85%	57	14%	5	1%	1	0%

Note. Cumulative percentages may vary from 100% due to rounding. These questions were asked of 410 women living with and/or parenting children age 1 year or older.

G29. Relationship with child at 12-month follow-up (n=409)

In the past month, how would you describe your relationship with your child?	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
In the past month, how would you describe your relationship with your child?	271	66%	117	29%	20	5%	1	0%

Note. Cumulative percentages may vary from 100% due to rounding. This question was asked of 410 women living with and/or parenting children age 1 year or older.

G30. Involvement with Child Protection, children removed or reunified by 12-month follow-up (n=556)

Since leaving the program...	Yes		No	
	n	%	n	%
Have you had any involvement with Child Protection?	233	42%	323	58%
Of those involved with Child Protection (n=233)				
Have any of your children been removed from your care?	83	36%	148	64%
Have any of your children been reunited with you?	91	39%	142	61%

Note. Cumulative percentages may vary from 100% due to rounding. By the 12-month follow-up, a total of 152 children were removed from their mother's care and 173 children had been reunified with their mother.

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