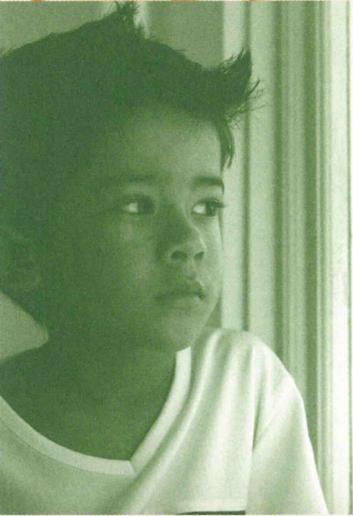


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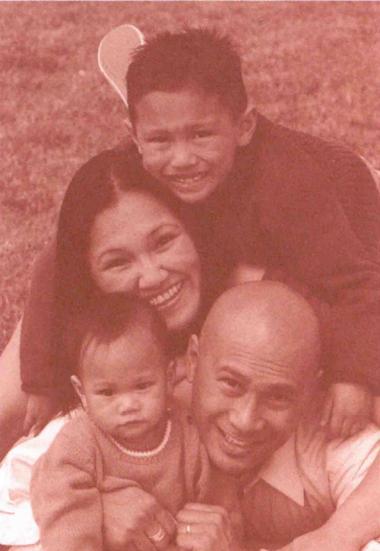


Women's Recovery Services in Minnesota: Year one findings

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



S E P T E M B E R 2 0 1 2



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September 2012

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Executive summary

In 2011, the Minnesota Department of Human Services Alcohol and Drug Abuse Division (ADAD) contracted with eleven grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families. Through this initiative, known as Women's Recovery Services, grantees provide comprehensive, gender-specific, family-centered services for the clients in their care. The initiative began in July 2011 and will continue through June 2016.

Wilder Research was contracted to conduct a comprehensive evaluation of this initiative, including a process evaluation (description of clients served and services provided) and an outcome evaluation (changes in clients' sobriety, basic needs, and health and well-being, as well as a cost-benefit analysis). The following is a summary of preliminary data from 9 of the 11 funded programs between July 2011 and May 2012 (two programs were excluded from the analyses due to data collection challenges).

Description of families served

A total of **484** clients and **943** children were served during the 2011-12 reporting period. Fewer than half of the clients (44%) were White, 23 percent were American Indian, and 22 percent were African American. Forty percent of children were living with their mothers at intake into the program. About one-third of women served (32%) were pregnant at intake into the program – of those, about one-third (34%) gave birth while enrolled in the program. Relatively few mothers (13%) and infants (12%) were positive for substances at birth.

Two-thirds of clients (67%) had at least a high school diploma at intake, and about half (55%) were unemployed and not looking for work at the time they enrolled. The majority of clients (93%) were living at or below the federal poverty guideline, and about half were receiving food support (54%) or MFIP (38%) at intake.

Nearly two-thirds of clients (63%) reported using substances within 30 days of intake; the most commonly used substances included alcohol, marijuana, methamphetamines, cocaine/crack, and heroin/opiates. Nearly 7 in 10 clients (68%) were in treatment at program enrollment. While nearly half (44%) had one to two prior treatment episodes, about one-quarter (24%) reported five or more treatment episodes in the past.

Just under half of clients served through the programs had some sort of systems involvement at program enrollment; 39 percent were involved with Child Protection, while 47 percent had criminal justice involvement.

Services provided

Clients received a wide variety of services and referrals through the nine programs. The most common types of services included parenting education (80%), transportation (78%), treatment (70%), and healthy relationship support (70%). The most common referrals were for substance use support groups (67%), mental health issues (54%), and physical health needs (43%). Clients were most likely to follow-up on referrals for credit repair (100%), recreational activities (97%), emergency household needs (96%), healthy relationship support (95%), and a recovery coach (95%), and least likely to follow-up on referrals for culturally-specific needs (39%), smoking cessation (50%), and Fetal Alcohol Spectrum Disorders (50%). Most parents (62-100%) tended to follow-up on referrals for their children.

Most clients (79%) served between January and May 2012 received at least one urinalysis test (UA); on average, clients received seven UAs during this period. More than one-quarter of clients (28%) who received a UA had at least one positive UA. Tests were positive for marijuana, heroin/opiates, cocaine, methamphetamine, alcohol, prescription drugs, and other amphetamines.

Preliminary outcomes

A total of **212** clients had their cases closed during the reporting period. Of those clients, staff reported that just over half (52%) were doing well at discharge, and slightly less than half (48%) were not doing well. One-quarter of clients (25%) met all of the key program criteria for the initiative established by the Alcohol and Drug Abuse Division of DHS, and nearly all of these were perceived to be doing well by staff at the time of closing.

Length of participation in the programs varied from less than one month to 21 months. Overall, clients were enrolled in the program for an average of six months; clients who met all of the program criteria were enrolled for longer – nine months on average.

Client stability at closing

Although a relatively high proportion of clients remained unemployed and were not looking for work at closing (45%), 21 percent were looking for work at the time they left the program. About four in 10 clients (41%) were living in their own home; 61 percent had living arrangements thought to be supportive to recovery, and 55 percent were in “stable” living arrangements at closing.

About one-third of the participants (34%) were involved in child protection at closing. More than two-thirds (69%) at least partially completed an evidence-based parenting

education program while participating in one of the grant-funded programs, with 40 percent fully completing the parenting education program.

Chemical use and treatment status at closing

Nearly half of the clients (51%) who were in treatment at some point during the program successfully completed Rule 31 treatment. One-quarter (24%) left treatment before completing it. At closing, about half of the clients (49%) were no longer using drugs or alcohol, although one-third (33%) had used within the previous 30 days.

About two-thirds of clients (68%) were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) during the 30 days prior to closing.

Maternal and child health at closing

Almost all clients (96%) had public medical insurance and a primary physician and/or clinic when they left the program. Participants also had a range of mental health diagnoses, but most (81%) were connected to a mental health provider at closing.

Fifty-two clients gave birth during the reporting period, and all received prenatal care. Most infants born to clients were full-term (94%) and of normal birth weight (75%).

Next steps

Future analyses that match clients' outcomes at closing to their status at intake will provide greater insight into the impact of the program. Also, the long-term impact of the program will be better understood when researchers follow-up with clients months after their cases are closed. Given that preliminary findings suggest positive outcomes for *some* clients, these additional analyses will provide more information about *why* some clients are more successful than others and what factors play a role in their success.

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

- **Database training and implementation.** Starting in July 2012, Wilder Research staff are conducting on-site visits with each grantee to train staff on the newly developed Women's Recovery Services database. This database can be used to track and record client and program-level information, and will streamline data collection processes and increase accuracy for program staff.
- **Simplified reporting for program administrators.** After the initial database training and implementation, Wilder Research will be working with the database vendor to

design several “push-button” reports, so that program administrators have easy access to their data and can generate site-level reports, as needed.

- **Site-specific evaluation activities.** Wilder Research staff will be working with each grantee program to design site-specific evaluation activities in Year Two, tailored to the priorities of each program.
- **Follow-up interviews with clients.** Beginning in Year Two, trained interviewers from Wilder Research will begin contacting past program participants to request their participation in a follow-up telephone interview. The purpose of the interview is learn directly from clients about their progress toward recovery, as well as measure progress in other key program outcome areas, such as housing, health, and systems involvement.
- **Additional evaluation planning and implementation.** In Year Two, it is expected that Wilder Research will continue to work with DHS staff to plan, design, and implement evaluation activities in a variety of other areas. These include evaluating consumer group activities, implementing a common assessment tool (a modified version of the “Strengths and Stressors” index) to be used to assess change in client and child well-being over time, and evaluating other specific initiatives such as the trauma-informed learning communities.

Project overview

In 2011, the Minnesota Department of Human Services Alcohol and Drug Abuse Division (ADAD) contracted with eleven grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families. Through this initiative, known as Women’s Recovery Services, grantees provide comprehensive, gender-specific, family-centered services for the clients in their care. The primary goals of the Women’s Recovery Services initiative are to help program participants remain alcohol and drug free, obtain or retain employment, remain out of the criminal justice system, find and secure stable housing, access physical and mental health services for themselves and their children, and deliver babies who test negative for substances at birth (if pregnant). In addition, the initiative aims to provide participants with information and support with regard to parenting.

The Women’s Recovery Services initiative began in July 2011 and will continue through June 2016. Funded grantees include the American Indian Family Center (Wakanyeja Kin Wakan Pi “Our Children are Sacred” Program), Fond du Lac Reservation (Tagwii Plus Women’s Recovery Program), St. Cloud Hospital Recovery Plus (Journey Home-Family Unity Program), Wayside House (Rise up in Recovery Program), RS Eden (Eden House), Meeker-McLeod-Sibley Community Health Services (Project Harmony), Ramsey County Community Human Services (Mothers First Program), Recovery Resource Center (Mothers Achieving Recovery for Family Unity MARFU Program), St. Stephens Human Services (Kateri Supportive Living Residence and Alumnae Program), Rum River Health Services (Women’s Recovery and Support Program), and Hope House of Itasca County (Project Clean Start).

Women’s Recovery Services grantee	Location
American Indian Family Center	St. Paul
Fond du Lac Reservation	Cloquet
St. Cloud Hospital Recovery Plus	Sauk Rapids
Wayside House	St. Louis Park
RS Eden	Minneapolis
Meeker-McLeod-Sibley Community Health Services	Hutchinson
Ramsey County Community Human Services	St. Paul
Recovery Resource Center	Minneapolis
St. Stephens Human Services	Minneapolis
Rum River Health Services	Princeton
Hope House of Itasca County	Grand Rapids

The Department of Human Services contracted with Wilder Research of St. Paul to conduct a comprehensive evaluation of these treatment support and recovery services. This report covers program activities from July 2011 (or the grantee's contract start date¹) through May 2012.

Program eligibility

In order to be eligible to receive grant-funded services from any of the participating providers, women must be pregnant or parenting dependent children under age 19. In addition, they must be enrolled in a substance abuse treatment program, have completed treatment within the 6 months prior to program enrollment, or commit to entering treatment within 3 months of program enrollment. Women who are pregnant and actively using alcohol or drugs are also eligible to receive program services, regardless of treatment status.

Program services

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

Treatment and recovery services and supports

- Ongoing case management (including home and office visits)
- Chemical dependency brief intervention, screening, assessment, and referrals for treatment
- Comprehensive needs assessments and individualized care plans
- Trauma-informed approaches to providing services
- Ongoing urinalyses (UAs)

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

- Housing
- Financial education
- Emergency funds

¹ Due to the State shutdown starting July 1, 2011, some grantee contracts had delayed start dates. Start dates ranged from July 2011 through December 2011.

- Transportation
- Job training
- Child care

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

- Medical and mental health assessments and services for women and children
- Fetal Alcohol Spectrum Disorders education and screening for children
- Prenatal and postnatal health care and nutrition consultation for pregnant women
- Toxicology testing for mothers and infants
- Safe sleep education for infants
- Monitoring immunization status for children
- Tobacco cessation services

Parenting services and supports

- Parenting education using an evidence-based parenting curriculum
- Parenting support
- Recreational activities for families
- Children's programming

Evaluation methods

Overview

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

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

Process evaluation

1. How many clients are referred to, opened, served, and closed by the program?
2. What are the characteristics of clients served?
3. What services and referrals are clients receiving through their participation in the program?
4. What are the main differences across programs?

Outcome evaluation

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

7. To what extent does participation in the program improve clients' (and clients' children) overall physical and mental health?
8. To what extent does participation in the program help clients improve their knowledge and skills related to parenting?
9. To what extent does participation in the program help pregnant clients deliver healthy, drug-free infants?
10. To what extent do Women's Recovery Services grant-funded programs result in a cost-savings or cost-benefit to the community/Minnesota?

Data collection instruments

Research staff, in partnership with ADAD, developed seven instruments in order to collect information about clients receiving program services. For the current evaluation year, all forms were available in paper format and were completed by program staff at each site. Online versions of all forms were in development at the end of this grant year, and will be made available to grantees during the 2012-2013 fiscal year. Data collection instruments are described in more detail below.

Client-level forms

Pre-intake form: This form is used to track all individuals who are referred for program services, regardless of whether they ultimately enroll in the program. The form helps track the total number of individuals referred for program services, and captures any pre-intake services the individual receives.

Intake form: Program staff complete a new intake form for each client who enters their program. This form collects basic demographic and other descriptive information about the client and her dependent children. It serves as a baseline for assessing changes over time in primary outcome areas of interest such as substance use, employment, housing, criminal justice involvement, child protection involvement, and physical and mental health.

Services and Referrals form: The Services and Referrals form is used to track direct services and referrals provided to clients and their children. It is completed once per client every six months. The form tracks information about services and referrals related to recovery support, physical and mental health, financial management, employment and education, housing, emergency needs, culturally-specific needs, and children's needs. This form also captures information about assessments completed for each client, tracks Urinalysis (UA) outcomes, and logs the amount of direct contact the client had with the program.

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

Closing form: Program staff complete a closing form for each client when they exit the program. The closing form gathers information about each client's maternal health data, child health data, use of services while enrolled, length of sobriety in the program, treatment status, program referrals, and closing status.

Program-level forms

Financial Support form: This form is completed once per grantee every 6 months and summarizes the amount of financial support provided directly to clients (in cash, gift cards, or other forms of payment). Expenditures are grouped by type of support into the following categories: housing, child care, transportation, emergency needs, and other costs.

Outreach form: Grantees complete one outreach form for their site every six months. This form captures information about outreach and community engagement activities completed by each grantee, including the date of the event, a brief description, the number of attendees, and whether the purpose of the event was general education/information, client recruitment, or both.

Analyses

For this report, Wilder Research conducted analysis of all data collection instruments completed by grantee staff and submitted to Wilder Research for activities that occurred through May 2012. Data were entered into the Women's Recovery Services database or directly into a spreadsheet. Wilder used these databases to conduct the analysis and checked analyses using statistical software (SPSS). Because this is the first year of the grant period, information is included about clients who entered the program, received services, and those whose cases were closed during the first grant year (through May 2012).

Most tables report frequencies (number of clients) and percentages. Future reports will include deeper analyses, such as examining differences between clients who complete the program model envisioned by DHS versus those who did not.

Limitations

Because this is the first year of the Women's Recovery Services grant, there are several limitations that should be considered when interpreting evaluation data.

Staggered implementation of programming

First, for most grantees, start dates were delayed due to the State government shut-down that occurred during July 2011. This shut-down causes a backlog in State contract initiation which also caused delays in initial grantee orientation, hiring of grantee staff, and implementing program activities.

Also, although most grantees had received funding in previous years to provide similar services to this client population, several new activities were rolled out during the first year of this grant cycle, such as the selection of evidence-based parenting curricula and an increased emphasis on case management services for participants' children. It takes time, in a new grant cycle, to fully implement the wide range of activities envisioned in the grant model. The next reporting year may show an increase in activities as grant models are fully implemented.

Evaluation design and data collection roll-out

The evaluation was designed during this grant year, at the same time most grantees were beginning to serve new clients. While this is fairly common in cross-site program evaluations of this size and scope, it can result in complications in data collection, especially during the first year.

Intake forms were first piloted in October and November 2011, and other tools were rolled-out as they were finalized in Spring 2012. Because Wilder did not obtain client-level information during the first six months of the grant, programs were responsible for completing their first semi-annual reports covering the period of July-December 2011. Each program used their own method for collecting and analyzing this program data, so it cannot be combined with data from the second half of the grant year.

In addition, because of the staggered implementation of data collection tools, some data were collected for only part of the grant year. This is true for data related to Services and Referrals which covers the period of January through May 2012. In addition, grantees were asked to use program records to complete Intake forms for clients who may have come into the grant program before the Intake forms were implemented. This means that there was some missing information, because retrospective client information was not available for every item included in the new Intake forms. Furthermore, decisions about

the type of information to be collected were continually refined with DHS staff throughout the year. Some of these decisions occurred late into the grant year, meaning these data will only be available beginning in year two. In other cases, information was collected at the family-level, rather than the child-level, due to the constraints of data collection on paper forms. The implementation of the Women's Recovery Services database in year two will facilitate the collection of more detailed information, such as child-specific data, in subsequent reporting years.

Because this is the first year of a new evaluation, it is expected that some information will be more complete as program staff become more comfortable with data collection forms, and forms and procedures are modified based on feedback from grantee staff, DHS staff, and evaluators. Evaluators also expect that there will be fewer missing items due to the use of the Women's Recovery Services database by grantees starting in July 2012. It is anticipated that the database will be easier to use than paper forms, remind users when there is missing information, and streamline the data cleaning process.

Interpreting data when there are small numbers of clients involved

In this report, it is important to use caution when interpreting data when there are small numbers of cases (small "N" sizes). Percentages are based on number of participants, and for many grantees, there are fewer than 100 participants to report. This is due to the previously mentioned delays in project start dates, evaluation roll-out, as well as the size of the program/number of case managers. Therefore, researchers recommend that tables be examined carefully, and the number of cases is kept in mind when interpreting results.

Results

The following report summarizes data from 9 of the 11 Women's Recovery Services grantees. The two grantees excluded from the current aggregate report are Wakanyeja Kin Wakan Pi, due to the limited data submitted to Wilder Research, and Journey Home/Recovery Plus, due to an evolving program model and data collection processes.

Overview

Women's Recovery Services grantees served a total of 484 clients and 943 children during the 2011-12 reporting period (Figures 1-2). Of these, 381 clients and 742 children enrolled since July 2011 or the contract start date for each program. Two-hundred and twelve women and their 450 children were discharged from the programs during the year.

The following section summarizes the characteristics of the women and children served by the grantees during the 2011-12 reporting period, participants' chemical use and treatment history, participants' pregnancy outcomes, program services, and preliminary outcomes for families.

1. Opened, served and closed clients this year

	N
Number of new clients opened this year	381
Number of clients served this year	484
Number of clients closed this year	212

2. Client's children at intake, served, and closing this year

	N
Number of children of clients opened this year	742
Number of children of clients served this year	943
Number of children of clients closed this year	450

Description of participants served

Demographic characteristics at intake

Women's Recovery Services grantees served a diverse client population during the reporting period. Just fewer than half of the clients (44%) were White, 23 percent were

American Indian, and 22 percent were African American. Few (7%) were Hispanic (Figure 3). Just over half of the clients (54%) were between the ages of 25 and 34; nearly half (45%) were between the ages of 18-24 (23%) and 35-48 (22%) (Figure 4). Two-thirds of clients (67%) had at least a high school diploma at intake, and few (4%) were enrolled in school or a career training program (Figures 5-6). About half (55%) were unemployed and not looking for work at the time they enrolled (Figure 7). Clients were most often living in a friend's or relative's home (32%), or their own home/apartment (29%) at intake. Just over half (55%) had a living arrangement that was supportive to recovery, while only 4 in 10 (39%) had stable living arrangements at the time of program enrollment (Figure 8).

3. Race and ethnicity of new clients (N=484)

	N	%
Race		
African American/Black	108	22%
American Indian/Alaskan Native	110	23%
Asian American	9	2%
White	213	44%
Biracial/Multiracial	37	8%
Other	7	1%
Unknown	0	0%
Other (summary provided by grantees): client did not specify (n=1), Hispanic (n=1), Latino (n=1), Somali (n=1)		
Ethnicity		
Hispanic origin	32	7%
Non-Hispanic origin	449	93%
Hispanic origin unknown	3	1%

4. Clients age at intake (N=484)

	N	%
Clients under 18	3	1%
Clients 18 – 24	113	23%
Clients 25 – 34	263	54%
Clients 35 – 48	104	22%
Clients 49+	1	<1%

5. Highest level of education completed (N=484)

	N	%
No school	0	0%
Some school, but no HS diploma or GED	157	32%
High school diploma or GED	145	30%
Vocational certificate, Associates degree, or some college but no degree	165	34%
College, graduate, or professional degree	15	3%
Unknown	2	<1%

6. Participation in school/career training program (full or part-time) at intake (N=484)

	N	%
Yes, participating	21	4%
No, not participating	461	95%
Unknown	2	>1%

7. Employment at intake (N=484)

	N	%
Employed full or part time	37	8%
Unable to work/disabled	57	12%
Unemployed – looking for work	88	18%
Unemployed – not looking for work	268	55%
Unemployed – on maternity leave (within 3 months of birth)	0%	0%
Other	20	4%
Unknown	14	3%

Other employment arrangements noted: In school or career training program (n=3), In workhouse (n=1), incarcerated (n=3), LOA until April (n=1), medical leave (n=1), RSDI (n=1), Self-employment (n=1), taking care of sick father (n=1), tx (n=1)

8. Living arrangements at intake (N=484)

	N	%
In own house/apartment	142	29%
In relative or friend's home	157	32%
Transitional housing and/or GRH	21	4%
Sober house/halfway house	6	1%
Shelter or motel (using a voucher)	34	7%
No home at present and not in shelter	35	7%
Correctional facility	43	9%
Other	43	9%
Unknown	3	1%

Other living arrangements noted: adult foster care (n=1), Batter Women's shelter (n=1), car (n=1), CD treatment (n=3), couch hopping (n=1), hospital (n=5), hotel (n=2), in other treatment facility (n=1), Margarets House (n=1), New Foundations (n=1), Perspective long term transitional housing (n=1), primary treatment (n=1), rented room (n=1), Renting house (n=1), residential treatment (n=2), St. Joe's treatment facility (n=1), Tapestry (n=1), treatment (n=8), treatment at Meadow Creek (n=1), tx (n=6)

Living arrangements supportive to recovery?

Yes	265	55%
No	212	44%
Unknown	7	1%

Living arrangements stable?

Yes	190	39%
No	289	60%
Unknown	5	1%

Health status at intake

Clients reported multiple physical and mental health challenges at intake. About one-third (32%) indicated various chronic physical and cognitive health issues, while 74 percent had at least one mental health diagnosis, the most common being anxiety disorders (49%) and depressive disorders (44%) (Figure 9). About 1 in 10 clients (11%) reported that they were currently in a relationship with a partner who was physically or emotionally violent (Figure 10). Most said they had public medical insurance (90%) and a primary physician and/or clinic (81%) when they enrolled in the program (Figures 11-12).

9. Physical and mental health at intake (N=484)

	N	%
Health problems		
Severe or chronic health problems	153	32%
Severe or chronic health problems listed: asthma (n=21), arthritis (n=8), back/neck injury/pain (n=22), chronic pain (n=3), cirrhosis (n=2), diabetes (n=5), eating disorder (n=1), endometriosis (n=3), epilepsy (n=2), gastrointestinal concerns (n=8), headaches (n=1), cardiac concerns (n=3), HIV (n=3), other infectious disease (n=6), high risk pregnancy (n=1), hypertension (n=7), lupus/multiple sclerosis (n=2) thyroid concerns (n=3), kidney concerns (n=4), scoliosis (n=4), TBI (n=3)		
No severe or chronic health problems	322	67%
Unknown if severe or chronic health problems	9	2%
Mental health diagnosis		
Mental health diagnosis	358	74%
Diagnosis: Depressive Disorder	215	44%
Diagnosis: Bi-Polar/Manic Depression	106	22%
Diagnosis: Anxiety Disorder	235	49%
Diagnosis: Attention-Deficit and Disruptive Behavior Disorder	38	8%
Diagnosis: Personality Disorder	51	11%
Diagnosis: Schizophrenia/other psychotic disorder	14	3%
Diagnosis: Other	35	7%
Diagnosis: Unknown	4	<1%
Other mental health diagnoses listed: adjustment disorder (n=2), agoraphobia (n=1), borderline (n=1), clinical depression/depression (n=15), cognitive disorder (n=1), hostility disorder (n=1), learning disorder (n=1), memory loss (n=1), mood disorder (n=1), ODD (n=2), panic disorder (n=1), postpartum depression (n=1), PTSD (n=1), seasonal affective disorder (n=1), schizo/affective disorder (n=1), insomnia (n=2), social phobia (n=1)		
No mental health diagnosis	119	25%
Unknown if mental health diagnosis	7	1%
FASD diagnosis		
FASD diagnosis	<i>Data not available until Year 2</i>	
No FASD diagnosis		
Unknown if FASD diagnosis		

10. Intimate partner violence at intake (N=484)

	N	%
Intimate partner violence	53	11%
No intimate partner violence	421	87%
Unknown	10	2%

11. Medical insurance at intake (N=484)

	N	%
Medical insurance – Public (MA, PMAP, MNCare)	436	90%
Medical insurance – Private	12	3%
No medical insurance	29	6%
Unknown	7	1%

12. Primary physician or clinic at intake (N=484)

	N	%
Primary physician and/or clinic	391	81%
No primary physician or clinic	77	16%
Unknown	16	3%

Resources at intake

The majority of clients (93%) had incomes at or below the federal poverty line (Figure 13). At intake, more than half (56%) were receiving food support, and one-quarter (25%) were receiving WIC. Nearly 4 in 10 (38%) were receiving MFIP, and 21 percent were receiving General Assistance. Thirteen percent of clients were not receiving any of the listed public benefits at intake (Figure 14).

13. Poverty status (N=484)

	N	%
Income at or below poverty line	452	93%
Income above poverty line	24	5%
Unknown	8	2%

**14. Connections to public benefits and community resources at intake
(N=484)**

	N	%
MFIP cash assistance	182	38%
WIC	119	25%
Food support/SNAP/food stamps	272	56%
General Assistance	101	21%
Subsidized Housing	61	13%
Childcare assistance	17	4%
Child support	34	7%
Social Security	1	<1%
SSI/SSDI	60	12%
Unemployment benefits	10	2%
Veterans Benefits	1	<1%
Tribal Per Capita Payments	11	2%
Tribal lease Payments	1	<1%
None of these	63	13%

Systems involvement at intake

Just under half of clients (39-47%) served through the programs had some sort of systems involvement at program enrollment; 39 percent were involved with Child Protection, while 47 percent had criminal justice involvement. A few clients (9%) reported an arrest in the 30 days prior to intake (Figures 15-16).

15. Child protection involvement (N=484)

	N	%
Child protection involvement	188	39%
No child protection involvement	193	61%
Unknown	3	1%

16. Criminal justice system involvement and arrests at intake (N=484)

	N	%
Criminal justice system involvement	225	47%
No criminal justice system involvement	253	52%
Criminal justice system involvement unknown	6	1%
Arrested during 30 days prior to intake	45	9%
Not arrested during 30 days prior to intake	436	90%
Unknown if arrested 30 days prior to intake	3	1%

Pregnancy status at intake

A total of 154 women (32% of those served) were pregnant at intake. It was the first pregnancy for about one-quarter (23%) of those women (Figure 17).

17. Pregnancy status at intake (N=484)

	N	%
Pregnant at intake	154	32%
Not pregnant at intake	329	68%
Unknown if pregnant at intake	1	<1%
Of those who are pregnant (N=154)...		
First pregnancy	36	23%
Not first pregnancy	116	75%
Unknown if first pregnancy	2	1%
Length of pregnancy at intake: 1-3 months	44	29%
Length of pregnancy at intake: 4-6 months	63	41%
Length of pregnancy at intake: 7-9 months	43	28%
Length of pregnancy: Unknown	4	2%

Description of participants' children**Demographic characteristics at intake**

A total of 885 children of clients were served by the programs during the 2011-12 reporting period. Although race/ethnicity information for children was not tracked this year, other data were available. The age of children varied, from infants/toddlers to teenagers. Nearly two-thirds (65%) were between the ages of 2 and 11 (Figure 19). An

equal number of boys and girls were served (Figure 20). Forty percent of children were living with their mother at intake, and 56 percent had contact with their father (Figure 21).

18. Race and ethnicity of children at intake

	N	%
Race		
African American/Black	<i>Data not available until Year 2</i>	
American Indian/Alaskan Native		
Asian American		
White		
Biracial/Multiracial		
Other		
Unknown		
Ethnicity		
Hispanic origin	<i>Data not available until Year 2</i>	
Non-Hispanic origin		
Hispanic origin unknown		

Note: Race and ethnicity of children were not collected during the current reporting period.

19. Age of children at intake (N=885)

	N	%
Children under 2 years of age	143	16%
Children age 2 – 4	224	25%
Children 5 – 11	356	40%
Children 12 – 18	117	13%
Adult	2	<1%
Unknown	43	5%

20. Gender of children at intake (N=885)

	N	%
Children's gender		
Male	438	50%
Female	442	50%
Gender unknown	5	1%

21. Children’s connection to parents at intake (N=885)

	N	%
Connection to mother		
Living with mother	357	40%
Not living with mother	513	58%
Unknown if living with mother	15	2%
Connection to father		
Contact with father	494	56%
No contact with father	269	30%
Unknown if contact with father	122	14%

Health status of children at intake

Data for the following section about children’s health information were not collected during the current reporting period, but will be available in subsequent reports.

22. Children’s health information at intake

	N	%
FASD		
FASD diagnosis		
No FASD diagnosis		
Unknown if FASD diagnosis		
Mental health services		
Children seeing a therapist or receiving other mental health services		
Children not receiving mental health services		
Unknown if receiving mental health services		
Immunization status		
Immunizations up to date		
Immunizations not up to date		
Unknown if immunizations up to date		
Medical insurance/coverage		
Children with public medical insurance/coverage		
Children with private medical insurance/coverage		
Children without medical insurance/coverage		
Unknown if medical/insurance coverage		

Data not available until Year 2

23. Clients with children with health risks

	N	%
Total number of new clients opened this year		
Clients with at least on child with an FASD diagnosis		
Clients with at least one child with immunizations not up to date		
Clients with at least one child seeing a therapist or receiving other mental health services		

Data not available until Year 2

Participants' chemical use and treatment

Chemical use at intake

Two-thirds of clients (68%) used tobacco at intake (Figure 24), and nearly two-thirds (63%) reported using alcohol or other drugs during the 30 days prior to program enrollment. Among those using alcohol or other drugs, the most common substances being used included marijuana (51%), alcohol (50%), methamphetamines (27%), cocaine/crack (24%), and heroin/other opiates (21%) (Figure 25). Among the 36 percent of clients not using substances in the 30 days prior to intake, length of sobriety ranged from 30 to 517 days. On average, these clients reported almost four months of sobriety (Figure 25).

Clients' primary drug of choice at intake was typically alcohol (24%), methamphetamines (22%), or marijuana (21%), while their secondary drug of choice was marijuana (20%) or alcohol (19%). More than one-quarter of clients (27%) did not report a secondary drug of choice (Figure 26).

24. Tobacco use at intake (N=484)

	N	%
Tobacco use within 30 days of intake	330	68%
No tobacco use within 30 days of intake	154	32%
Unknown	0	0%

25. Chemical use at intake (N=484)

	N	%
Alcohol or other drug use within 30 days of intake	303	63%
No alcohol or drug use within 30 days of intake	174	36%
Unknown	7	1%

25. Chemical use at intake (N=484) (continued)

	N	%	
Clients reporting ANY use of the following chemicals during past 30 days* (N=301)			
Alcohol	152	50%	
Marijuana	155	51%	
Methamphetamines	81	27%	
Other amphetamines	4	1%	
Cocaine/Crack	71	24%	
Heroin/opiates	62	21%	
Hallucinogens	0	0%	
Prescription drugs (misuse)	34	11%	
Other-the-counter medications (misuse)	2	1%	
Methadone (not prescribed)	6	2%	
Other drugs	9	3%	
For clients with no use in past 30 days (N=174)...	Minimum	Maximum	Average
Length of sobriety in days	30	517	116

* Some substances (such as prescription drugs) may fall into multiple categories and may not be uniformly categorized or may have been classified in more than one category at a time.

26. Drug of choice* (N=484)

	Primary drug of choice		Secondary drug of choice	
	N	%	N	%
Alcohol	115	24%	89	19%
Marijuana	99	21%	95	20%
Methamphetamines	106	22%	33	7%
Other amphetamines	1	<1%	2	<1%
Cocaine/Crack	61	13%	34	7%
Heroin/opiates	79	16%	21	4%
Hallucinogens	0	0%	0	0%
Prescription drugs (misuse)	16	3%	19	4%
Other-the-counter medications (misuse)	1	<1%	0	0%
Methadone (not prescribed)	1	<1%	2	<1%
Other drugs	1	<1%	1	<1%
None	-	-	133	27%

* Some substances (such as prescription drugs) may fall into multiple categories and may not be uniformly categorized or may have been classified in more than one category at a time.

Treatment status at intake

About two-thirds of all clients served (68%) were in treatment at program enrollment. It should be noted that five of the nine programs included in this report are treatment programs, and participation in treatment is generally the way in which clients access program services. About half (51%) were in outpatient treatment, and 47 percent were in inpatient/residential treatment. Clients had a range of experience with treatment. While nearly half (44%) had one to two prior treatment episodes, about one-quarter (24%) reported five or more treatment episodes in the past (Figure 27). Ten percent of clients in treatment at intake had one or more children living with them in inpatient/residential treatment (Figure 28).

27. Treatment status at intake (N= 484)

	N	%
Clients in treatment at intake (N=329)	329	68%
Inpatient/residential	155	47%
Outpatient with housing	0	0%
Outpatient	169	51%
Type of treatment facility unknown	5	2%
Clients not in treatment at intake	155	32%
Unknown if in treatment at intake	0	0%
Clients with at least one prior treatment episode (N=384)		
Clients with 1-2 prior treatment episode(s)	170	44%
Clients with 3-4 prior treatment episodes	123	32%
Clients with 5 or more prior treatment episodes	90	24%

28. Children living with client in treatment at intake (N=32)

	N	%
Clients with one or more children living with them in treatment (inpatient/residential or outpatient with housing)	32	100%
Clients with at least one child living with her in outpatient with housing	0	0%
Clients with at least one child living with her in inpatient/residential	32	100%
Children living with client in treatment	35	--
Children living with client in outpatient with housing	0	--
Children living with client in inpatient/residential	36	--

Pregnancy outcomes for participants

Fifty-two clients gave birth during the reporting period, and all received prenatal care (Figures 29-30).

29. Birth outcomes (N=56)

	N	%
Live births, child living	52	93%
Live births, child died	0	0%
Stillbirths	1	2%
Other pregnancy outcomes (miscarriages and abortions)	3	5%

30. Prenatal care (N=52)

	N	%
Client received prenatal care	52	100%
Client did not receive prenatal care	0	0%
Unknown if client received prenatal care	0	0%

Note: Percentages are calculated out of the total number of women who had a live birth outcome this period (not total number of women served)

Demographic characteristics of infants

Nearly half (44%) of babies born were White; 21 percent were African American, 15 percent were Biracial, and 12 percent were American Indian. Four babies (8%) were Hispanic (Figure 31). Five infants (10%) were low birth weight, although the birth weight was unknown for eight infants (15%). Most babies (94%) were born full-term, and 15 percent required intensive care at birth (Figure 32). Seven children (14%) were placed outside of the home following birth (Figure 33).

31. Description of babies born (N=52)

	N	%
Race of babies born		
African American/Black	11	21%
American Indian/Alaskan Native	6	12%
Asian/Asian American	2	4%
White	23	44%

31. Description of babies born (N=52) (continued)

	N	%
Race of babies born		
Biracial/multiracial	8	15%
Other/N/A	2	4%
Race unknown	0	0%
Ethnicity of babies born		
Hispanic	4	8%
Non-Hispanic	48	92%
Unknown if Hispanic	0	0%

Health and well-being of infants

32. Health of infants at delivery (N=52)

	N	%	
Weight			
Low birth-weight (<5lbs, 8oz)	5	10%	
Normal birth-weight (> or = to 5lbs, 8oz)	39	75%	
Birth weight unknown	8	15%	
Gestation			
Babies born full-term (37+ weeks gestation)	49	94%	
Babies born pre-mature	3	6%	
32-36 weeks	2	67%	
26-31 weeks	1	33%	
<25 weeks	0	0%	
Number of weeks unknown	0	0%	
Intensive care needed			
NICU at birth	8	15%	
No NICU at birth	43	83%	
Unknown	1	2%	
	Minimum	Maximum	Average
Number of days spent in NICU	2	30	8.4

33. Placement at birth (N=52)

	N	%
Placed outside the home following birth	7	14%
Not placed outside the home following birth	45	87%
Unknown	0	0%

Toxicology results

Following birth, six infants (12%) and seven mothers (13%) tested positive for substances at birth. Babies and mothers tested positive for methamphetamine, marijuana, alcohol, crack/cocaine, and heroin (Figure 34).

34. Toxicology results for infants and clients

Toxicology outcomes for infants (N=52)	N	%
Infants testing positive for substances at birth	6	12%
Infants testing negative for substances at birth	38	73%
Infants not tested	7	13%
Unknown if infant tested	1	2%

Note: Percentages above for infant toxicology outcomes and tests are calculated out of the total number of live births, infants who died, and stillbirths

Type of toxicology test for infants (Total may exceed 100% if infant was tested with multiple methods)	N	%
Blood test	16	31%
Meconium test	28	54%
Urine test	25	48%

Toxicology outcomes for mothers (N=56)	N	%
Mothers testing positive for substances at birth	7	13%
Mothers testing negative for substances at birth	37	66%
Mothers not tested	11	20%
Unknown if mother tested	1	2%

Type of toxicology test for mothers	N	%
Blood test	9	16%
Urine test	37	66%
Type of test unknown	10	18%

Services provided to participants and children²

Clients received a wide variety of services and referrals through the nine programs. The most common types of services included parenting education (80%), transportation (78%), treatment (70%), and healthy relationship support (70%). The most common referrals were for substance use support groups (67%), mental health issues (54%), and physical health needs (43%). Clients were most likely to follow-up on referrals for credit repair (100%), recreational activities (97%), emergency household needs (96%), healthy relationship support (95%), and a recovery coach (95%), and least likely to follow-up on referrals for culturally-specific needs (39%), smoking cessation (50%), and FASD (50%) (Figure A7). Meanwhile, the most common services provided to children related to issues of safe sleep (18%) and developmental needs (18%), while the most common referrals were for physical health needs (20%) and early childhood education (20%). Most parents (62-100%) tended to follow-up on referrals for their children (Figure A8). See the Appendix for more information about services and referrals provided to families.

Various screenings and assessments were administered to clients and their children between January and May 2012. More than half of the clients served during this time period received a mental health screening (72%) and a physical health assessment (55%). Fourteen percent of clients' children received a developmental assessment, 5 percent received a screening for prenatal alcohol exposure, and 5 percent an informal FASD screening (Figure 35).

35. Screenings and assessments for clients and children (January – May 2012)

	N	%
Screenings and assessments for clients (N=425)		
Rule 25 chemical health assessment	174	41%
Mental health screening	306	72%
Mental health assessment	132	31%
Physical health assessment	232	55%
Prenatal assessment	78	18%
FASD screening (informal)	69	16%
FASD assessment (formal)	1	<1%
Nutritional assessment	184	43%
Other	179	42%
List of other screenings and assessments for <u>clients</u> : AAPI (N=17); health history (N=1); history		

² Service information (services and referrals, screening and assessments, urinalysis tests, and contact information) is only available for the January-May 2012 period this year, due to delays in State contracts and subsequent delays in the implementation of the evaluation.

(N=6); parenting (N=30); parenting inventory (N=4); postnatal (N=1)

35. Screenings and assessments for clients and children (January – May 2012) (continued)

Screenings and assessments for children* (N=425)

Developmental assessment	61	14%
Screening for prenatal alcohol exposure	23	5%
FASD screening (informal)	23	5%
FASD assessment (formal)	1	<1%
Other	15	4%

List of other screenings and assessments for children: parenting assessment (N=5); parenting screening (N=1); child wellbeing tool (N=1); Family (N=1); Family assessment (N=1); health assessment (N=2);

* Calculations are based on the number of clients/families rather than the number of children

Overall, clients had an average of 38 contacts with program staff between January and May 2012. This included an average of 22 group contacts, 16 in-person contacts, and nine phone contacts. Most clients (87%) served during this period had at least one in-person contact per month, and many (73%) had at least two contacts per month (Figure 36).

36. Client contacts (N=425) (January – May 2012)

	Mean
Average number of <u>in person</u> contacts (Total number of in person contacts/total number of women served)	16
Average number of <u>phone</u> contacts (Total number of phone contacts/total number of women served)	9
Average number of <u>group</u> contacts (Total number of group contacts/total number of women served)	22
Average number of contacts overall (of any type)	38
Number of clients with average of at least 1 in person contact per month	371 (87%)
Number of clients with average of at least 2 in person contacts per month	311 (73%)

Most clients (79%) served between January and May 2012 received at least one urinalysis test (UA); on average, clients received seven UAs during this period. More than one-quarter of clients (28%) who received a UA had at least one positive UA. Tests were positive for marijuana, heroin/opiates, cocaine, methamphetamine, alcohol, prescription drugs, and other amphetamines (Figure 37).

37. Urinalysis (UAs) (N=425) (January – May 2012)

	N	%
Total clients served between January-May 2012	425	100%
Total clients who received at least one UA this period	337	79%
Average number of UAs conducted per client this period	7	-
Clients with at least one positive UA this year (of those tested)	108	28%
UAs conducted this period	2,458	-
Total number of positive UAs	184	7%
Total number of negative UAs	2,274	93%
<i>Positive UAs by substance (by client, N=108)</i>		
Alcohol	15	14%
Marijuana/THC	45	42%
Methamphetamines	12	11%
Other amphetamines	5	4%
Cocaine	22	20%
Heroin/Opiates	28	26%
Hallucinogens	0	0%
Prescription drugs	14	13%
Other	5	4%
List of other drugs: Synthetic marijuana (n=3), Spice (n=3)		

Preliminary outcomes

The following summarizes the status of clients and children at program closing. While some comparisons will be drawn between the circumstances of families at intake and closing to illustrate possible changes over time, it is important to note that the sample of families at each time point is *not* the same. Therefore, one must not draw firm conclusions about perceived changes from intake to closing. A matched client analysis will be conducted in future evaluation reports.

Program completion and status at closing

A total of 212 clients had their cases closed during the reporting period. Of those clients, staff reported that just over half (52%) were doing well at discharge, and slightly less than half (48%) were not doing well (Figure 38). One-quarter of clients (25%) met all of the key program criteria for the initiative established by the Alcohol and Drug Abuse Division of DHS. The majority of clients (91%) met the criterion of developing a care

plan and treatment plan with staff, and nearly two-thirds (65%) were abstinent from drugs and alcohol at exit. About half (47-48%) met the other program criteria. Twenty-four percent of clients met all of the program criteria and were also perceived to be doing well by staff at the time of closing (Figure 39).

Length of participation in the programs varied from less than one month to 21 months. Overall, clients were enrolled in the program for an average of six months; clients who met all of the program criteria were enrolled for longer – nine months on average (Figure 40).

38. Closing status (N=212)

	N	%
Doing well at exit	110	52%
Not doing well at exit	102	48%

39. Program criteria met (N=212)

	N	%
Enrolled for 6+ months	102	48%
Completed a minimum of 20 hours of parenting education*	99	47%
Abstinent from drugs/alcohol at exit	138	65%
Developed care plan and treatment plan with staff	193	91%
Met all program criteria above	53	25%
Met all program criteria above AND doing well	50	24%
None of the above	4	2%

* This criterion will change in future reporting periods to "client completed an evidence-based parenting program".

40. Length of participation in program

	All participants served (N= 212)			Women who met all program criteria (N=53)			Women who did not meet all program criteria (N=159)		
	Min	Max	Avg	Min	Max	Avg	Min	Max	Avg
Number of months enrolled in program	<1	21	6	2	20	9	0	21	5

Educational and employment outcomes at closing

At closing, 1 in 8 clients (12%) were enrolled in school or a career training program, and a few (4%) had completed job training while in the program (Figure 41). Although a relatively high proportion of clients remained unemployed and were not looking for work at closing (45%), 21 percent were looking for work at the time they left the program (Figure 42).

41. School status and education outcomes at closing (N=212)

	N	%
Client in school or career training program	26	12%
Client not in school or career training program	179	84%
Unknown if client in school or career training program	7	3%
Educational outcomes		
Client completed GED or received HS diploma while in the program	3	1%
Client completed additional education beyond High School while in the program	6	3%
Client completed vocational/job training while in the program	8	4%
Client obtained or reactivated a vocational license or certificate while in the program	2	<1%
Client did not achieve any of the above school/employment outcomes while in the program	192	91%
Unknown if client achieved the above school/employment outcomes while in the program	3	1%

42. Employment status at closing (N=212)

	N	%
Employed full-time or part-time	20	9%
Unable to work/disabled	24	11%
Unemployed – looking for work	44	21%
Unemployed – not looking for work	95	45%
Unemployed – on maternity leave (within 3 months following birth of infant)	1	1%
Other	2	1%
Other (describe):incarcerated (n=1), plans to go to school in the fall (n=1)		
Unknown	26	12%

Housing stability at closing

Results suggest a possible increase in housing stabilization for some clients between intake and closing. At closing, four in 10 (41%) were living in their own home, compared to 29 percent at intake. Twelve clients (4%) were known to be homeless at closing, compared to 35 clients (7%) at intake, although it is important to note that the living arrangements for 29 clients were unknown at closing. For many clients (61%), living arrangements at closing were thought to be supportive to recovery, compared to 55 percent at intake. Furthermore, 53 percent of clients had “stable” living arrangements at closing, compared to 39 percent of clients at intake (Figure 43).

43. Living arrangements at closing (N=212)

	N	%	
In own house/apartment	86	41%	
In relative or friend's home	39	18%	
Transitional housing and/or GRH	22	10%	
Sober house/halfway house	3	1%	
Shelter or motel (using a voucher)	4	2%	
No home at present and not in shelter	8	4%	
Correctional facility	7	3%	
Other	8	4%	
Unknown	29	14%	
<i>Other living arrangements noted: GRH demo project (n=1), hospital (n=1), journey home (n=1), permanent supportive housing (n=4), regional treatment center (n=1)</i>			
Living arrangements supportive to recovery?			
Yes	130	61%	
No	45	21%	
Unknown	37	18%	
Living arrangements stable?			
Yes	113	53%	
No	64	30%	
Unknown	35	17%	
Length of time in current location			
Less than 6 months	128	60%	
6 months to less than 12 months	32	15%	
1 year or more	20	9%	
Unknown	32	15%	
Less than six months in current location			
	Minimum	Maximum	Average
Number of days	1	160	33

Health outcomes at closing

Clients had a range of mental health diagnoses, the most common being Anxiety Disorders (56%) and Depressive Disorders (48%), and 30 clients (14%) had at least one new diagnosis since intake (Figure 44). Most clients (81%) were connected to a mental health provider at closing. Sixty percent were receiving mental health services at closing, and another 21 percent were connected to a provider should the need for mental health services arise (Figure 45). Most clients (96%) also had public medical insurance and a primary physician and/or clinic at closing (see Appendix).

Very few clients (3%) had a FASD diagnosis at closing (Figure 46). The majority of clients (83%) were not experiencing intimate partner violence (IPV) at closing, although IPV was unknown for 10 percent of clients (Figure 47).

44. Mental health diagnosis (N=212)

	N	%
New diagnosis since intake	30	14%
No new diagnosis since intake	182	86%
Unknown if new diagnosis since intake	0	0%
Mental health diagnosis (intake and closing combined)		
Diagnosis: Depressive Disorder	102	48%
Diagnosis: Bi-Polar/Manic Depression	58	27%
Diagnosis: Anxiety Disorder	119	56%
Diagnosis: Attention-Deficit and Disruptive Behavior Disorder	19	9%
Diagnosis: Personality Disorder	30	14%
Diagnosis: Schizophrenia/other psychotic disorder	7	3%
Diagnosis: Other	20	9%
Diagnosis: Unknown	7	3%
Other diagnoses listed: adjustment disorder (n=5), mental retardation (n=1), mood disorder (n=1), social phobia (n=1)		

45. Mental health services at closing (N=212)

	N	%
Client is receiving mental health services at closing	127	60%
Not receiving services, but connected to provider in case services are needed	45	21%
Needs mental health services but is not connected to a provider	17	8%
Client does not need mental health services	11	5%
Unknown	12	6%

46. FASD diagnosis at closing – Clients (N=212)

	N	%
Client was diagnosed with FASD before entering the program	3	1%
Client was diagnosed with FASD while in the program	0	0%
Client does not have an FASD diagnosis	197	93%
Unknown	12	6%

47. Intimate partner violence at closing (N=212)

	N	%
Intimate partner violence	17	8%
No intimate partner violence	175	83%
Unknown	20	10%

System involvement at closing

About one-third of the participants (34%) were involved in child protection at closing, similar to the proportion at intake (39%) (Figure 48). About half of the clients (46%) were also involved with the criminal justice system (again similar to the proportion at intake), and seven percent had been arrested in the 30 days prior to closing (Figure 50).

48. Child protection involvement at closing (N=212)

	N	%
Child protection involvement	73	34%
No child protection involvement	129	61%
Unknown	10	5%

49. Child protection status at closing

	N	%
Total number of clients with children at closing		
Clients with at least one child reunified		
Clients with at least one child still in placement		
Clients with at least one child for whom parental rights were terminated (TPR)		
Clients with at least one child for whom legal custody was transferred (TLC)		

Data not available until Year 2

49. Child protection status at closing (continued)

	N	%
Total number of children at closing (N=)		
Children reunified		
Children in out-of-home placement (not reunified)		
Children with parental rights terminated (TPR)		
Children with legal custody transferred (TLC)		
Children involved with child protection but no change in custody		
Children with none of these outcomes		
Children with unknown child protection outcome		

Data not available until Year 2

50. Criminal justice system involvement and arrests at closing (N=212)

	N	%
Criminal justice system involvement	97	46%
No criminal justice system involvement	110	52%
Criminal justice system involvement unknown	5	2%
Arrested during 30 days prior to closing	14	7%
Not arrested during 30 days prior to closing	186	88%
Unknown if arrested 30 days prior to closing	12	6%

Children's health and well-being at closing

At closing, one-fifth of clients (21%) had at least one child receiving mental health services, and at least 69 children were receiving mental health services at closing (Figure 51). [Note: due to missing information, it was not possible to calculate the exact number of children who received services/diagnoses, only the minimum number of children]. Three children were diagnosed with Fetal Alcohol Spectrum Disorder (FASD), either before entering or while enrolled in the program (Figure 52). Immunizations were up to date for at least 337 children (Figure 53).

51. Children's mental health services at closing

	N	%
Total number of children at closing (N=450)*		
Children receiving mental health services at closing	69	-
Children not receiving mental health services at closing	129	-
Children whose participation in mental health services at closing is unknown	35	-
Total number of clients with children at closing (N=212)		
Clients with at least one child receiving mental health services at closing	44	21%

* Due to missing information, the exact number of children who did or did not receive mental health services at closing is underreported. The above represents the minimum number of children in each category. As a result, the number of children across categories does not equal the total number of children at closing.

52. Child FASD diagnosis at closing

	N	%
Total number of children at closing (N=450)*		
Children diagnosed with FASD before entering the program	1	-
Children diagnosed with FASD while in the program	2	-
Children without an FASD diagnosis	187	-
Children with FASD diagnosis unknown	19	-
Total number of clients with children at closing (N=212)		
Clients with at least one child diagnosed with FASD (prior to or while enrolled in program)	3	1%

* Due to missing information, the exact number of children who did or did not receive a FASD diagnosis is underreported. The above represents the minimum number of children in each category. As a result, the number of children across categories does not equal the total number of children at closing.

53. Child immunization status at closing

	N	%
Total number of children at closing (N=450)*		
Immunizations up to date	337	--
Immunizations not up to date	1	--
Unknown if immunizations up to date	74	--
Total number of clients with children at closing (N=212)		
Clients with at least one child with immunizations not up to date	1	<1%

* Due to missing information, the exact number of children who do or do not have up to date immunizations at closing is underreported. The above represents the minimum number of children in each category. As a result, the number of children across categories does not equal the total number of children at closing.

Chemical use at closing

At closing, one-third of the program participants (33%) had used alcohol and/or drugs within the prior 30 days (Figure 54), compared to 63 percent of clients at intake. The most common substances used in the 30 days prior to closing included alcohol (36%), marijuana (30%), cocaine/crack (22%), and heroin/opiates (19%) (Figure 54). Half of clients (49%) were reportedly no longer using alcohol or drugs at closing. However, nine percent were using alcohol and/or drugs “at the same level”, and eight percent were using substances “more” than at intake (Figure 55). Among the 62 percent of clients who had not used substances in the 30 days prior to closing, length of sobriety ranged from about one month to two years; the average length of sobriety was 217 days, or about seven months.

About 6 in 10 (59%) reported using tobacco at closing (Figure 56), slightly less than the proportion of clients using tobacco at intake (68%). Two-thirds of participants (67%) were using tobacco “at the same level” as at intake (Figure 57).

54. Chemical use at closing (N=212)

	N	%	
Alcohol and/or drug use within 30 days of closing	69	33%	
No alcohol or drug use within 30 days of closing	131	62%	
Unknown if alcohol or drug use within 30 days of closing	12	6%	
Clients reporting ANY use of the following chemicals during past 30 days* (N=69)			
Alcohol	25	36%	
Marijuana	21	30%	
Methamphetamines	4	6%	
Other amphetamines	0	0%	
Cocaine/Crack	15	22%	
Heroin/opiates	13	19%	
Hallucinogens	0	0%	
Prescription drugs (misuse)	0	0%	
Other-the-counter medications (misuse)	0	0%	
Methadone (not prescribed)	1	1%	
Other drugs	7	10%	
For clients with no use in past 30 days...	Minimum	Maximum	Average
Length of sobriety in days	30	730	217

* Some substances (such as prescription drugs) may fall into multiple categories and may not be uniformly categorized or may have been classified in more than one category at a time.

55. Change in alcohol and drug use from entry to closing (N=212)

	N	%
Increased use: using drugs/alcohol more	17	8%
No change: using drugs/alcohol at the same level	19	9%
No change: not using drugs/alcohol at intake or case closing	33	15%
Decreased use: still using drugs/alcohol but using less	30	14%
Decreased use: not using drugs/alcohol at all	102	49%
Drug/alcohol use unknown	11	5%

56. Tobacco use at closing (N=212)

	N	%
Tobacco use within 30 days of closing	124	59%
No tobacco use within 30 days of closing	80	38%
Unknown if tobacco use within 30 days of closing	8	4%

57. Change in tobacco use from entry to closing (N=212)

	N	%
Increased use: using tobacco more	0	0%
No change: using tobacco at the same level	142	67%
No change: not using tobacco at intake or case closing	28	13%
Decreased use: still using tobacco but using less	18	9%
Decreased use: not using tobacco at all	10	5%
Tobacco use unknown	14	7%

Treatment participation and status at closing

Nearly half of the clients (51%) who were in treatment at some point during the program successfully completed Rule 31 treatment. One-quarter (24%) left treatment before completing it (Figure 58). One-third (33%) of clients with at least one treatment episode had one or more children living with them in inpatient/residential or outpatient (with housing) treatment (Figure 59).

About two-thirds of clients (68%) were participating in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) during the 30 days prior to closing (see Appendix).

58. Treatment status at closing (for most recent episode) (N=186)

	N	%
Successfully completed Rule 31 treatment	95	51%
Left treatment without staff approval/non-compliant	44	24%
In treatment at closing	4	2%
Other	40	22%
Other (describe): asked to leave (n=2), client completed a Rule 31 treatment center then relapsed in December of 2011 (n=1), client d/c at staff request (n=1), client has not completed any treatment plan or program (n=1)		
Unknown	3	2%

59. Children living with client in most recent treatment episode

	N	%
Clients with 1 or more treatment episodes while in the program (N=178)		
Clients with one or more children living with them in treatment (inpatient/residential or outpatient with housing)	58	33%
Clients with at least one child living with her in outpatient with housing	37	63%
Clients with at least one child living with her in inpatient/residential	21	36%
Children living with client in treatment		
Children living with client in outpatient with housing	62	--
Children living with client in inpatient/residential	34	--

Participation in parent education

About two-thirds of participants (69%) at least partially completed an evidence-based parenting education program while participating in one of the grant-funded programs, with 40 percent fully completing the parenting education program (Figure 60).

60. Parent education while in the program (N=212)

	N	%
Evidence-based parenting education		
Client completed an evidence-based parenting education program	85	40%
Client partially completed an evidence-based parenting education program	62	29%
Client did not participate in an evidence-based parenting education program	49	23%
Unknown if client participated in an evidence-based parenting education program	16	8%

60. Parent education while in the program (N=212) (continued)

	N	%
Other parenting education		
Client participated in other parenting education	8	4%
Client did not participate in other parenting education	2	1%
Unknown if client participated in other parenting education	202	95%

Participant engagement

Almost all clients (96%) completed a case plan while in the program (Figure 61). According to staff, 71 percent of clients were at least “somewhat engaged” in carrying out their goals and case plan (Figure 62), and many (70%) had a continuing care/discharge plan in place at closing (Figure 63).

61. Case plan while in program (N=212)

	N	%
Client completed a case plan while in program	204	96%
Client did not complete a case plan while in program	8	4%
Unknown	0	0

62. Engagement in carrying out goals/case plan while in program (N=203)

	N	%
Client was very engaged in carrying out goals/case plan	61	30%
Client was somewhat engaged in carrying out goals/case plan	84	41%
Client was somewhat disengaged in carrying out goals/case plan	41	20%
Client was very disengaged in carrying out goals/case plan	17	8%
Unknown	0	0%

63. Continuing care plan at closing (N=212)

	N	%
Client had a continuing care/discharge plan in place at closing	149	70%
Client did not have a continuing care/discharge plan in place at closing	61	29%
Unknown	2	1%

Summary and conclusions

The nine Women's Recovery Services' programs summarized in this report served a total of 484 clients and 943 children during the 2011-12 reporting period. Participants possessed a number of strengths and challenges when they initially enrolled in the programs. For example, at intake, most clients had at least a high school diploma or GED, had some form of medical insurance, were connected to a primary physician and/or clinic, and were not experiencing intimate partner violence. Yet, the majority of clients were also: using substances; at or below the federal poverty line; unemployed; in an unstable living situation; not living with their child(ren); and living with at least one mental health diagnosis. Furthermore, more than one-third was involved in the child protection and/or criminal justice systems at intake.

The preliminary data suggest some positive outcomes for clients at closing, particularly for women who were pregnant while in the program. All pregnant women served through the nine programs received prenatal care and most gave birth to healthy, chemical-free infants. At closing, most women overall were connected to a mental health provider, had medical insurance and a primary physician and/or clinic, and were participating in recovery support activities like AA or NA. About half were no longer using drugs or alcohol when they left the program. Yet, a number of clients still appear to struggle with some significant issues at closing, such as substance use, unemployment, housing, and involvement with systems such as child protection or criminal justice. These mixed findings reflect staff's overall assessment of clients' well-being at closing, as staff reported about half (52%) were doing well at discharge.

Future analyses that match clients over time will provide greater insight into the impact of the program on clients, as will the long-term follow-up information to be gathered directly from clients after program discharge. Given that preliminary findings suggest positive outcomes for some clients, these additional analyses will provide more information about *why* some clients are more successful than others and what factors play a role in their success.

Next steps

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

- **Database training and implementation.** Starting in July 2012, Wilder Research staff are conducting on-site visits with each grantee to train staff on the newly developed Women’s Recovery Services database. This database can be used to track and record client and program-level information, instead of the paper forms that were developed in Year One. Some grantees may choose to continue collecting information on paper forms, but all information will be entered into the secure database. During site visits and subsequent follow-up, Wilder Research will be gathering feedback about the database to make sure it is as straightforward as possible.
- **Simplified reporting for program administrators.** After the initial database training and implementation, Wilder Research will be working with the database vendor to design several “push-button” reports, so that program administrators have easy access to their data and can generate site-level reports, as needed. It is anticipated that program administrators and other identified staff will receive instructions on how to access these reports by midway through the next grant year.
- **Site-specific evaluation activities.** Wilder Research staff will be working with each grantee program to design site-specific evaluation activities in Year Two. Site specific activities will vary, but may include additional qualitative data collection (such as focus groups with participants or key informant interviews with consumer advisors) or specific quantitative analysis (such as analyzing a site-specific parenting tool). Evaluation activities will be tailored to the priorities of each program.
- **Follow-up interviews with clients.** Beginning in Year Two, trained interviewers from Wilder Research will begin contacting past program participants to request their participation in a follow up telephone interview. The purpose of the interview is learn directly from clients about their progress toward recovery, as well as measure progress in other key program outcome areas, such as housing, health, and systems involvement. The interview tool is already developed and was reviewed by grantee evaluation advisors and DHS staff and approved by the Wilder Research Institutional Review Board (IRB). Interviews are expected to begin in the Fall 2012.
- **Additional evaluation planning and implementation.** In Year Two it is expected that Wilder Research will continue to work with DHS staff to plan, design, and implement evaluation activities in a variety of other areas. These include evaluating

consumer group activities, implementing a common assessment tool (a modified version of the “Strengths and Stressors” index) to be used to assess change in client and child well-being over time, and evaluating other specific initiatives such as the trauma-informed learning communities. Wilder Research will continue to refine data collection methods that were rolled out during Year One. In addition, Wilder Research will begin to assess DHS and grantee satisfaction with evaluation technical assistance received. Finally, Wilder Research economists will be designing a framework to conduct a Return-on-Investment (ROI) study in Year Three.

Appendix

Data tables

Data collection forms

Intake form

Services and Referral log

Pregnancy outcome form

Closing form

Pre-intake form

Outreach form

Logic model

Referrals to program

A1. Women referred to the program between January – May 2012

	N
Number of women referred to the program between January – May 2012	394
Number of women referred who entered program between January – May 2012	160

** Number based on the data reported on the Pre-Intake Form and may be an undercount of the actual number of women referred who went on to enroll as clients in the program*

A2. Referral sources

	Referral source for women referred to the program (N=394)		Referral source for all clients served (N=160)	
	N	%	N	%
Child Protection	14	4%	9	6%
Treatment	133	34%	58	36%
Corrections	39	10%	22	14%
Clinic/hospital	46	12%	15	9%
Community program	17	4%	6	4%
Mental health center	4	1%	2	1%
Family/friends	25	6%	4	3%
Self-referral	50	13%	17	11%
Other	66	17%	27	17%

Other (describe): Anonymous (n=1), commitment (n=3), county (n=9), ICWA attorney (n=2), jail nurse (n=1), mother's first (n=1), pregnancy testing (n=1), public health (n=4), RCAD unite (n=1), Rule 25, (n=30), school (n=1), shelter (n=4), social services (n=1), tribal office (n=1), unknown (n=2), WIC (n=3)

A3. Pre-intake services provided to women referred to the program (N=394)

	N	%
Screening	259	66%
Brief intervention	150	38%
Referral for services	159	40%
Program referral	22	6%
None	119	30%
Other	0	0%

A4. Final status of referrals (N=394)

	N	%
Entered program	160	41%
Refused services	25	6%
Ineligible for services	45	11%
Never reached	14	4%
Pending	143	36%
Unknown	7	2%

Participants' involvement in recovery support activities

A5. Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) at intake (N=484)

	N	%
Client participated in AA or NA during 30 days prior to intake	217	45%
Client did not participate in AA or NA during 30 days prior to intake	261	54%
Unknown	6	1%

A6. Participation in other recovery support activities at intake (N=484)

	N	%
Treatment	279	58%
Support group offered through this program	38	8%
Support group offered in the community	6	1%
Faith-based/religious group	2	<1%
Support from family/friends	2	<1%
Al-Anon	3	<1%
Other	57	12%
Other (describe): Church (n=5), anger management (n=2), another self-help group (n=2), parenting class/group (n=6), sponsor (n=4), Soberon (n=1), support from family/friends (n=3), therapy/mental health supports (n=7), domestic violence support group/class (n=4), drug court (n=1),		
Unknown	21	4%

Services provided to participants and children

A7. Services and referrals received by clients served

									N	%	
Total number of clients served this year										425*	100%
Service area	Clients who received this service from program		Clients referred elsewhere for this service		Of clients referred for this service...				% of all clients who received service from referral (out of total N served)		
	N	%	N	%	Number of clients who followed-up on this referral		Number of clients who received this service				
	N	%	N	%	N	%	N	%			
Health-related											
Mental health/counseling	169	40%	228	54%	173	76%	175	77%	41%		
Physical health/medical care	177	42%	184	43%	146	79%	160	87%	38%		
Dental care	22	5%	116	27%	87	75%	90	78%	21%		
FASD	136	32%	10	2%	5	50%	4	40%	1%		
Nutrition	280	66%	34	8%	28	82%	31	91%	7%		
Prenatal care	55	13%	44	10%	34	77%	40	91%	9%		
Postnatal care	23	5%	38	9%	24	63%	33	87%	8%		
Treatment/treatment support											
Treatment	299	70%	111	26%	89	80%	92	83%	22%		
Recovery coach	251	59%	41	10%	39	95%	40	98%	9%		
Substance use support group	195	46%	284	67%	240	85%	250	88%	59%		
Smoking cessation	114	27%	8	2%	4	50%	4	50%	1%		

* Service and referral information was available for 425 clients served between Jan-May 2012, so analyses are based upon 425 clients.

A7. Services and referrals received by clients served (continued)

Service area	Clients who received this service from program		Clients referred elsewhere for this service		Of clients referred for this service...				% of all clients who received service from referral (out of total N served)
	N	%	N	%	Number of clients who followed-up on this referral		Number of clients who received this service		
					N	%	N	%	
Basic needs									
Housing information and support	307	72%	129	30%	114	88%	64	50%	15%
Housing	158	37%	67	16%	59	88%	55	82%	13%
Emergency household needs	149	35%	25	6%	24	96%	15	60%	4%
Transportation	330	78%	51	12%	46	90%	47	92%	11%
Childcare	140	33%	78	18%	70	90%	71	91%	17%
MFIP	68	16%	111	26%	86	77%	99	89%	23%
WIC	61	14%	97	23%	61	63%	76	78%	18%
Other public benefits	44	10%	102	24%	85	83%	92	90%	22%
Life skills									
Financial management/budgeting	201	47%	19	4%	16	84%	11	58%	3%
Credit repair	126	30%	4	1%	4	100%	4	100%	1%
Education/job training	167	39%	44	10%	29	66%	34	77%	8%
Job search assistance	181	43%	30	7%	23	77%	26	87%	6%
Parenting-related services									
Parenting education	340	80%	71	17%	57	80%	66	93%	16%
Breastfeeding	31	7%	19	4%	16	84%	13	68%	3%
Family planning	173	41%	44	10%	40	91%	39	89%	9%

* Service and referral information was available for 425 clients served between Jan-May 2012, so analyses are based upon 425 clients

A7. Services and referrals received by clients served (continued)

Service area	Clients who received this service from program		Clients referred elsewhere for this service		Of clients referred for this service...				
	N	%	N	%	Number of clients who followed-up on this referral		Number of clients who received this service		% of all clients who received service from referral (out of total N served)
	N	%	N	%	N	%	N	%	%
Relationships									
Healthy relationships	299	70%	75	18%	71	95%	66	88%	16%
Domestic/family violence	133	31%	58	14%	48	83%	41	71%	10%
Miscellaneous services									
Legal issues	72	17%	28	7%	17	61%	13	46%	3%
Individual or family recreational activities	221	52%	31	7%	30	97%	30	97%	7%
Culturally-specific needs	62	15%	38	9%	15	39%	14	37%	3%
Other services	18	4%	15	4%	13	87%	11	73%	3%

List of other services: transportation (unknown if service or referral). anger management (N=1); case management (N=1); circles of support sharing fund (N=1); clothing (N=2); crisis intervention (N=1); disability specialist (N=2); domestic abuse counseling (N=1); eating disorder treatment (N=2); family counseling (N=6); family therapy (N=2); gamblers anonymous (N=1); gambling addiction assessor (N=1); healthy start (N=1); HEPC support (N=1); identification documents (N=1); ILS/housekeeping (N=1); individual parenting worker (N=1); post-prostitution support (N=1); legal rights with child visitation (N=1); referral for eating treatment (N=1); medical equipment (N=1); moving/storage (N=1); North Homes adoption agency (N=1); Project Child of Hennepin County (N=1); referred to dietician (N=1); phone (N=1);

* Service and referral information was available for 425 clients served between Jan-May 2012, so analyses are based upon 425 clients

A8. Services and referrals received by children of clients served

								N	%
Total number of children served this year								943*	100%
Service area	Children who received this service		Children referred elsewhere for this service		Of children referred for this service...				
	N	%	N	%	Children whose parent followed up on this referral		Children who received this service		% of all children receiving a service from a referral
	N	%	N	%	N	%	N	%	%
Health-related									
Mental health/counseling	37	9%	43	10%	34	79%	31	72%	7%
Immunizations	13	3%	74	17%	58	78%	67	91%	16%
Physical health/medical	16	4%	87	20%	73	84%	81	93%	19%
Dental care	6	1%	46	11%	40	87%	43	93%	10%
FASD	34	8%	8	2%	7	88%	4	50%	1%
Developmental needs	75	18%	43	10%	37	86%	40	93%	9%
Safe sleep	78	18%	14	3%	13	93%	11	79%	3%
Miscellaneous services									
Early childhood education	59	14%	83	20%	71	86%	67	81%	16%
School-age education	23	5%	33	8%	27	82%	30	91%	7%
Child/youth support groups	12	3%	2	<1%	2	100%	2	100%	0%
Culturally specific needs	19	4%	8	2%	5	62%	6	75%	1%
Other services	26	6%	13	3%	11	85%	8	62%	2%

List of other services: transportation (N=5); baby supplies (N=1); baby steps vouchers (N=1); behavioral assessment (N=1); Boys & Girls club (N=1); Bridges (N=1); Celebrating Families (N=1); community support (N=2); crisis nursery (N=1); family activities (N=1); family counseling (N=1); MFIP (N=1); music therapy (N=1); play therapy (N=1); public health (N=1); REACH at the Family Partnership (N=1); referral for assessment at Emily Project (N=1); visits (N=2)

* We will not be able to provide this information at the child level for the FY12 report. The current version of the form collects this information at the family level (number of clients with at least one child served). Information will be collected at the child level starting June 2012, so subsequent reports will include this information.

A9. Services provided to fathers

	N	%
Total number of fathers served this year	22	-

Fathers who received this service from program or were referred elsewhere for this service

Service area	N	%
Health-related	2	9%
Treatment/treatment support	6	27%
Basic needs	4	18%
Life skills	4	18%
Parenting-related services	10	45%
Relationships	2	9%
Miscellaneous services	0	0%
Other services	8	36%

List of other services provided to fathers: Advocacy, help filling out forms, and encouragement (N=1); Leaf Program at Work Force Center (N=3); Legal referrals (N=1); North Homes adoption agency (N=1); space for family meetings and child visits (N=1); YMCA family pass (N=1)

* Service areas were determined based upon the open-ended responses provided on the Services and Referrals Log completed for the Jan-May 2012 period.

A10. Transferred to additional recovery-related case management services at closing (N=212)

	N	%
Transferred to another WRS grant-funded program at closing	16	8
Transferred to another recovery-related case management program not WRS grant-funded at closing	72	34
Not receiving recovery-related case management services at closing	100	47%
Unknown	24	11%

Health outcomes at closing

A11. Medical insurance at closing (N= 212)

	N	%
Medical insurance – Public (MA, PMAP, MNCare)	205	96%
Medical insurance – Private	4	2%
No medical insurance	1	1%
Unknown	2	1%

A12. Primary physician or clinic at closing (N=212)

	N	%
Primary physician and/or clinic	203	96%
No primary physician or clinic	4	2%
Unknown	5	2%

Treatment participation and status at closing

A13. Treatment status at closing (N=208)

	N	%	
Clients never in treatment at any time during the program	24	12%	
Clients with 1 or more treatment episodes while in the program	184	88%	
	Minimum	Maximum	Average
Number of treatment episodes	1	3	1

A14. Treatment type for most recent treatment episode (N=185)

	N	%
Clients with 1 or more treatment episodes while in the program (from above)		
Outpatient	52	28%
Outpatient with housing	64	35%
Inpatient/residential	67	36%
Unknown	2	1%

A15. Medication-assisted chemical health treatment (MAT) while in the program (N=212)

	N	%
Client received medication-assisted treatment while in program	19	9%
Type of treatment (describe): Methadone (n=14), Suboxone (n=5)		
Client did not receive medication-assisted treatment while in program	191	90%
Unknown	2	1%

A16. Detox while in program (N=212)

	N	%
Client was in detox at least once while in the program	6	3%
Client was not in detox while in the program	204	96%
Unknown	2	1%

Participation in recovery support activities at closing

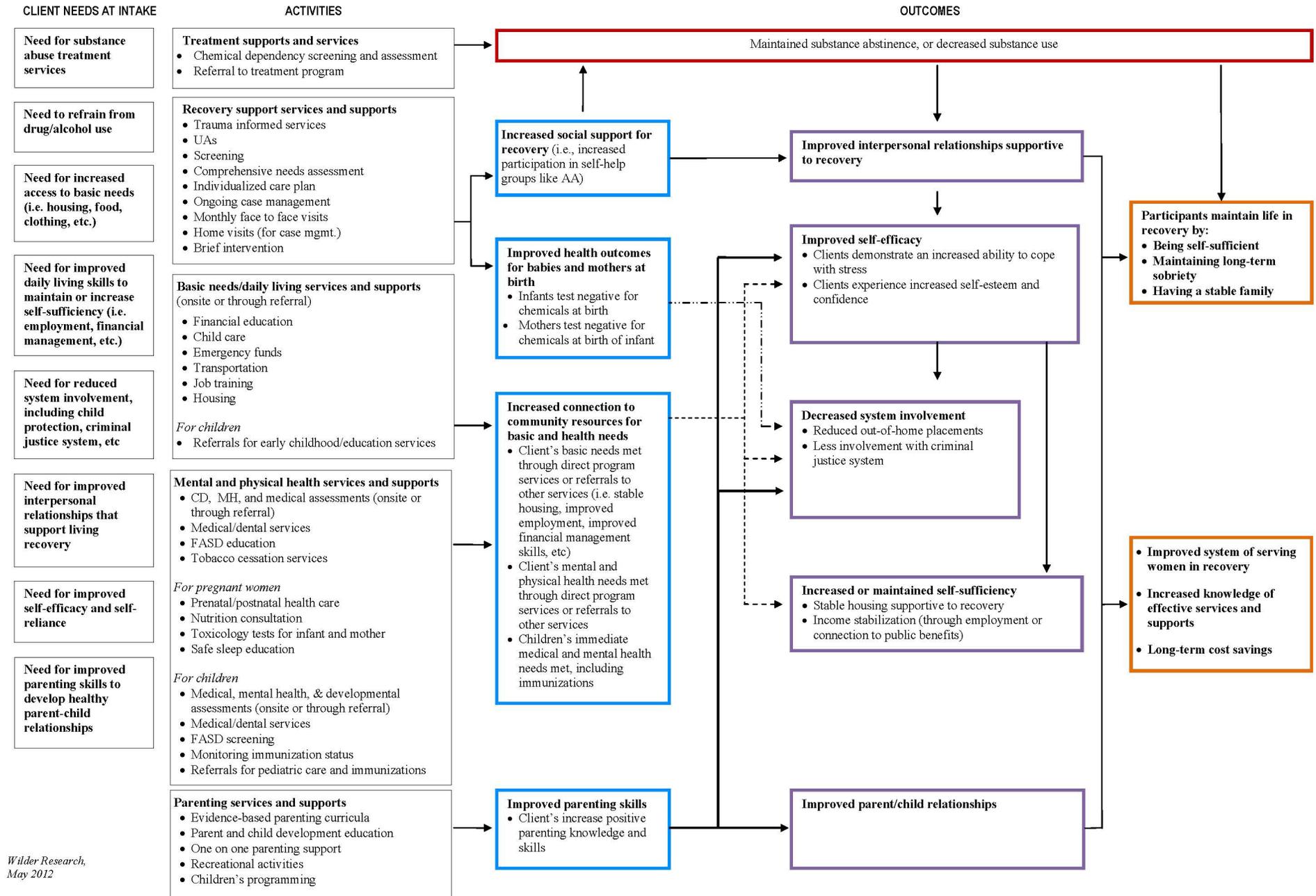
A17. Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) (N=212)

	N	%
Client participated in AA or NA during 30 days prior to exit	145	68%
Client did not participate in AA or NA during 30 days prior to exit	52	25%
Unknown	15	7%

A18. Participation in other recovery support activities at closing (N=212)

	N	%
Treatment	178	84%
Support group offered through this program	20	9%
Support group offered in the community	2	<1%
Faith-based/religious group	1	<1%
Support from family/friends	0	0%
Al-Anon	0	0%
Other	24	11%
Other (describe): aftercare/day treatment (n=1), therapy/mental health services (n=10), drug court (n=2), recovery support group (n=5), methadone treatment (n=1)		
Unknown	78	37%

DHS Women's Recovery Services Program Logic Model – REVISED



Wilder Research,
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