

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

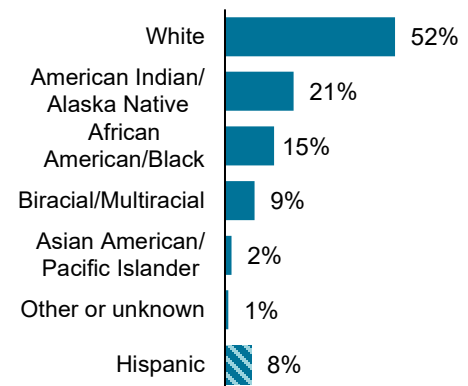
Women served	Children of women served	Median length of participation	Number of women who exited a WRS program	Average staff contact time per woman
3,433	6,583	3.5 months	3,168	219 hours

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)

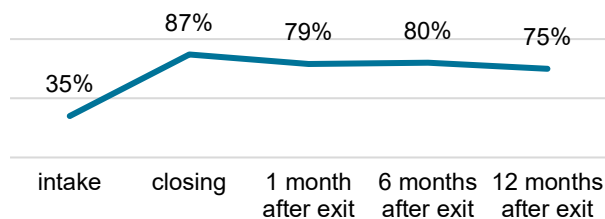


Outcomes for families: 2017-2021

► Substance use and sobriety

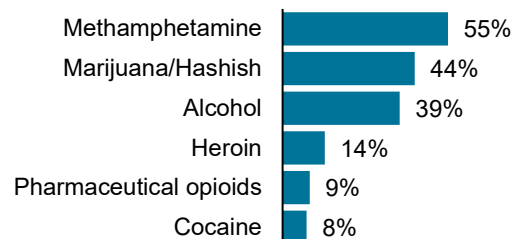
Significant increases in sobriety at closing lose some ground after exit. Significantly more women were substance-free at closing (87%) when compared to intake (35%), although some of these gains were lost by the follow-up interviews 1 month (79%), 6 months (80%) and 12 months (75%) after exit.

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)

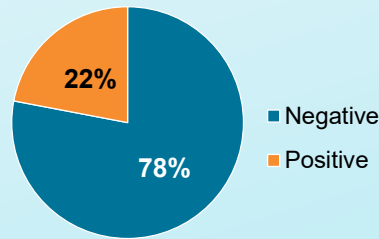


► Infant health

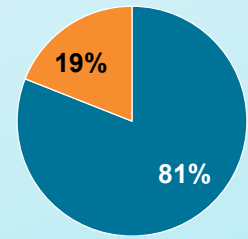
Most babies were born healthy. From 2017-2021, 475 babies were to women served by WRS programs. Most babies were born full term (87%) and with a normal birth weight (83%).

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

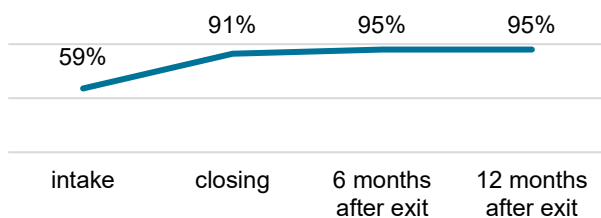
239 additional children were reunified with their mothers by the **6-month follow-up**

► 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)

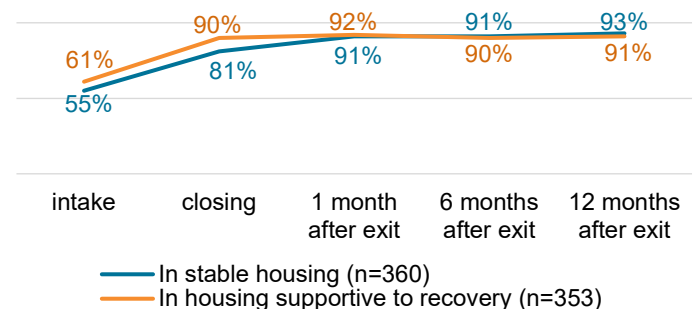


► Housing

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



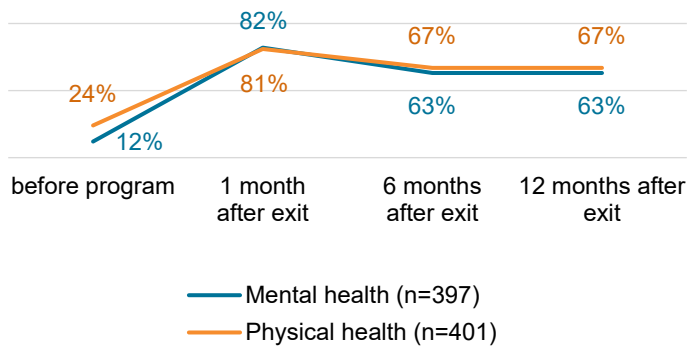
Many women participated in a coordinated assessment or were on a Section 8 waiting list by closing. While in a WRS program, 26% of women went through a coordinated assessment for housing, and 18% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 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”



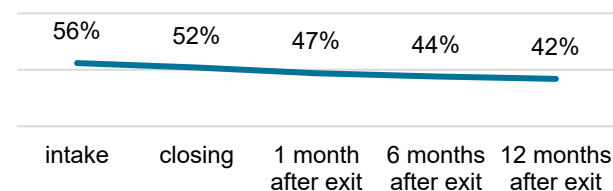
► **Parenting relationships and child protection**

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)

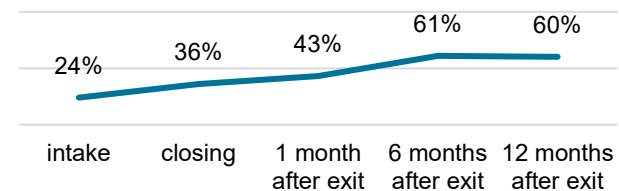


► **Employment and schooling**

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).

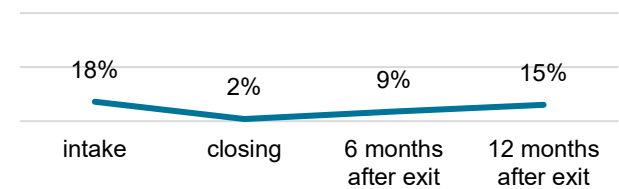
Percentage of women employed over time (n=264)



► **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).

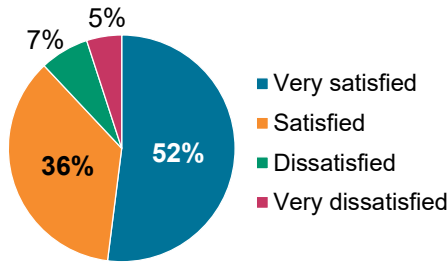
Percentage of women arrested (n=383)



► 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

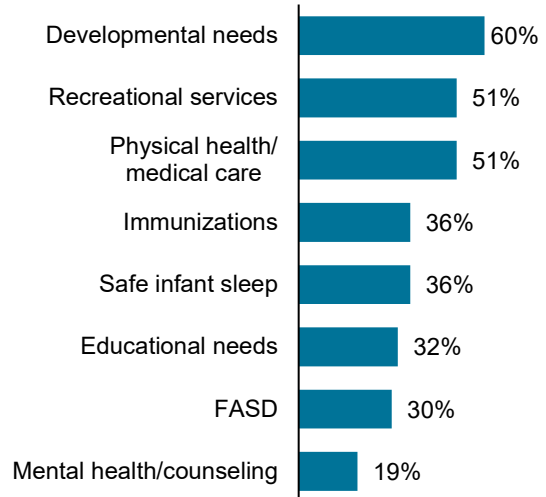
^a 35% of children of women who exited a WRS program from 2017-2021. Service data was missing for 43% of the 6,076 children of women who exited from 2017-2021.

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.

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