Women's Integrated Care Hubs 1.0: Key Findings from a Historical Analysis of 2017-2021 Women's Recovery Services Data

Prepared by Wilder Research

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Overview: WIC Hubs 1.0

In winter 2022, the Minnesota Department of Human Services Behavioral Health Division (BHD) partnered with three Women's Recovery Services (WRS) grantees to pilot the Women's Integrated Care (WIC) Hubs 1.0 program. Grantees include Avivo, Ramsey County Community Human Services, and RS EDEN. The WIC Hubs 1.0 program allows grantees to expand the crisis services they offer and to enhance their culturally and linguistically responsive services. Specific WIC Hubs 1.0 activities vary by each grantee and include hiring a street outreach worker to connect women with crisis and longer-term services, offering Nurturing Parents courses, and providing staff with Intercultural Development Inventory assessments.

To learn more about the individuals served by the three WIC Hubs 1.0 grantees, Wilder Research conducted an analysis of data collected by the grantees from 2017-2021 through the Women's Recovery Services evaluation. The goals for reviewing historical WRS data are to:

- learn about the characteristics, strengths, and needs of individuals served by WIC Hubs grantees;
- describe the amount and types of services provided;
- understand the short and long-term impacts of the WIC Hubs 1.0 grantees on women at program exit and in the year following program exit (through follow-up interviews with women 1 month, 6 months, and 12 months after exit);
- explore how WIC Hubs 1.0 grantees impact women's quality of life.

Please note that the three WIC Hubs 1.0 grantees are all located in the Twin Cities metro area. Descriptions of women served and the results achieved through program participation may not be representative of all substance use programs across the state or all women experiencing substance use disorder in Minnesota.

WIC Hubs 1.0 grantees

Grantee	Program	# served by program: 2017-2021	# who exited the program: 2017-2021
Avivo	Mothers Achieving Recovery for Family Unity (MARFU)	268	239
Ramsey County Community Human Services	Mothers First	381	353
RS EDEN	Women and Children's Family Center	369	339
	TOTAL	**1,018**	**931**

Note: This table provides the numbers of women (and their children) who received services from a WIC Hubs 1.0 grantee through the Women's Recovery Services grant at any point from January 1, 2017 through January 31, 2021.

Historical analysis

Background on the Women's Recovery Services evaluation and methodology

The following data was initially gathered as a part of the 2017-2021 Women's Recovery Services evaluation. 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 at 11 different grantee sites, 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 satisfaction with the WRS program.

Please see Appendices A and B for additional information on the 2017-2021 Women's Recovery Services program, evaluation, and methodology.

Women served by WIC Hubs 1.0 grantees: 2017-2021

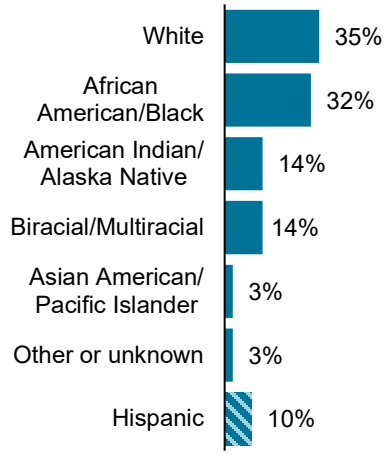
Women served	**Children** of women served	Median length of **participation**	Number of women who **exited**	Average **staff contact time** per woman
1,018	1,866	5.6 months	931	184 hours

Service areas of greatest client need: According to program staff, women needed the most help with mental health and counseling (67%), housing (44%), parenting (44%), and relationship issues (25%).

Most common service areas: Besides treatment and recovery support, program staff were most likely to work with women on mental health or counseling (78%), parenting (61%), housing (60%), physical/dental health (55%), public benefits (55%), relationship issues (55%), and transportation (50%).

Chemical dependency treatment: 70% of women were in treatment when they entered a WRS program – most often outpatient with housing (52%) or inpatient/residential (38%). Over a third (38%) of those who were in treatment during their program had successfully completed treatment by closing.

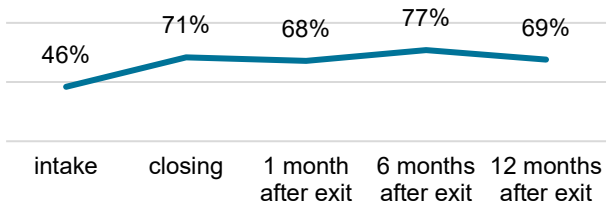
Racial background of women served (n=1,018)



Substance use and sobriety

Significant increases in sobriety are maintained after exit. Significantly more women were substance-free at closing (71%) when compared to intake (46%). These gains were mostly maintained or showed some improvement by the follow-up interviews 1 month (68%), 6 months (77%) and 12 months (69%) after exit.

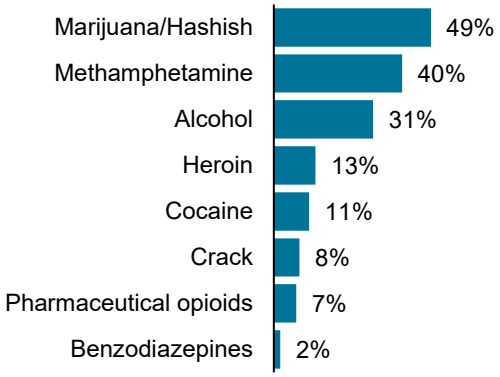
Sobriety at intake, closing, and follow-up (n=84)



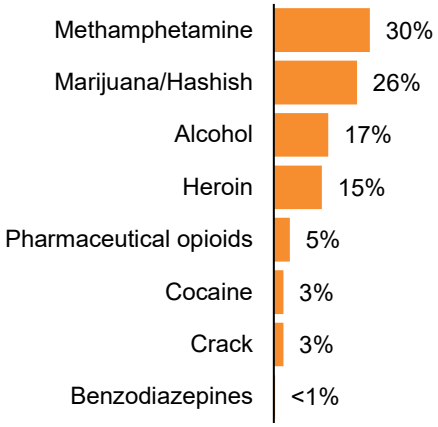
Marijuana is the most commonly used drug at intake; meth is the most commonly preferred. Marijuana was the most commonly *used* drug at intake among the 552 individuals (54%) reporting recent substance use. Methamphetamines were the most commonly *preferred* drug at intake among the 1,018 women served, followed by marijuana.

> *This program helped me provide stability for my family so I could stay and focus on my sobriety.*

Most commonly USED drugs at intake (n=552)



Most commonly PREFERRED drugs at intake (n=1,018)



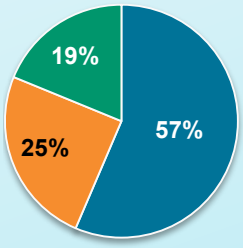
Many women report polysubstance use. Of those reporting substance use at intake (552 individuals), 44% had used two or more substances within the past month.

Infant health

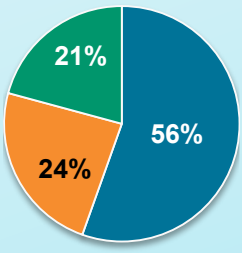
Most babies were born healthy. From 2017-2021, 252 babies were born to women served by WIC Hubs 1.0 grantees. Most babies were born full term (86%) and with a normal birth weight (79%).

Most babies and moms had negative toxicology results. At birth, 57% of babies and 56% of mothers tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 19% of babies and 21% of women.

Babies' toxicology at birth (N=252)



Women's toxicology at birth (N=252)



Negative
Positive
Unknown

Reunification

After a formal out-of-home placement…

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

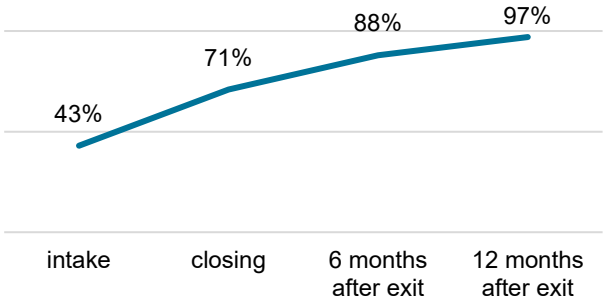
75 additional children were reunified with their mothers by the **6-month follow-up**

Connection to recovery supports

Women were connected to multiple recovery supports at closing. By closing, women sought support primarily through AA or NA (39%), a support group through their WRS program (27%), a faith-based support group (25%), an unknown support group (15%) or aftercare (13%; N=931).

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 (71%) when compared with intake (43%). Connections to recovery support increased even more by the 6-month and 12-months follow-ups, with 88% and 97% of women reporting participation in at least one recovery support (n=85).

Recovery support participation over time (n=85)

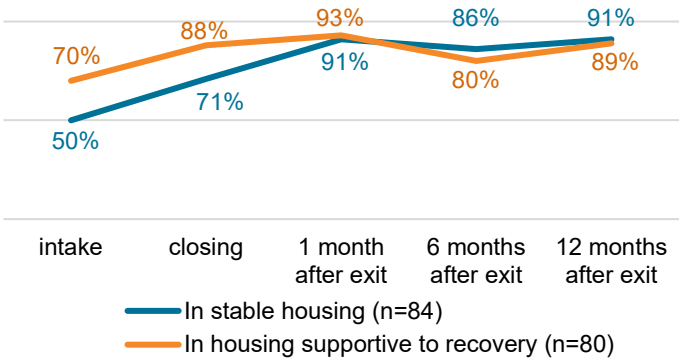


> *They helped me get out of a very tough time in my life, I will always be grateful to the program. Now I try to help others, and I would send them to this program if they needed it.*
>
> *I always knew I could do it but I needed someone to see something in me that I could advance towards a good life. It was very uplifting.*

Housing

Women experienced significant housing improvements at closing and beyond. Compared to intake, significantly more women were in housing supportive to recovery and in stable housing at closing; these gains fluctuated in the months following exit (including a significant dip in the percentage of women with housing supportive to their recovery between the 1-month and 6-month follow-up). However, women reported overall improvements in their housing by 12 months after program exit.

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, 17% of women went through a coordinated assessment for housing, and 17% were on a waiting list for Section 8 or other subsidized housing at exit (this information was unknown for 35%-40% of women at closing).

> *My counselor went to bat for me on housing, emotional support. I didn't have to walk on eggshells with her.*

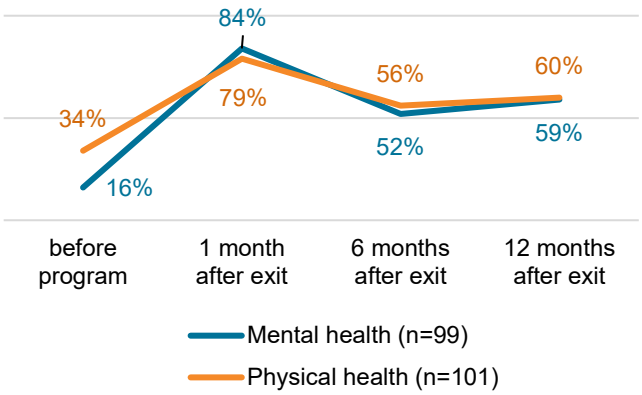
Health

Mental health diagnoses are common among women served by WRS programs. At intake, 78% of women had a mental health diagnosis. Among those with a diagnosis, the most common were anxiety disorders (84%) and depressive disorders (76%; n=789).

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"



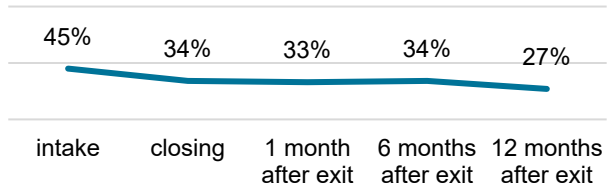
Parenting relationships and child protection

Women experience improved relationships with children after exit. 1 month, 6 months, and 12 months after program exit, significantly more women (89%-96%) described their relationship with their child as "good" or "excellent" when compared with intake (57%; n=54).

Most infants remained with their mothers after birth. From 2017-2021, 81% of babies born stayed with their mothers following birth; 15% were placed outside of their mother's care following birth (N=252).

Significant decrease in child protection involvement after exit. Significantly fewer women were involved with child protection at closing (34%), 1-month follow-up (33%), 6-month follow-up (33%), and 12-month follow-up (27%) when compared to intake (45%; n=85).

Percentage of women involved with child protection (n=85)

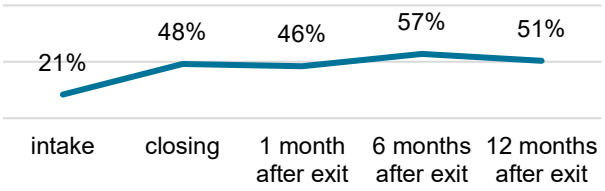


Employment and schooling

Employment and enrollment in school or job training significantly increased for women over time. Significantly more women were employed either full time or part time at the 1-month follow-up (46%), 6-month follow-up (57%), and 12-month follow-up (51%) when compared to intake (21%; N=61). While relatively few women reported enrollment in school or a job training program, significantly more women were enrolled at closing (17%), the 6-month follow-up (29%), and the 12-month follow-up (34%) when compared with intake (4%; n=91).

Overall, 70% of women were either employed or enrolled in school or job training 12 months after program exit (N=70).

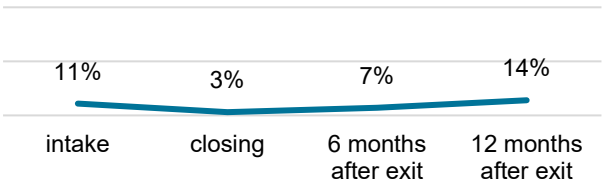
Percentage of women employed over time (n=61)



Criminal justice system involvement

Arrests declined during program involvement, but ticked up in the months following closing. While 11% of women were arrested in the month prior to intake, significantly fewer women had been arrested in the month prior to closing (3%). However, 14% 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 and the 6-month follow-up (n=90).

Percentage of women arrested (n=90)



> *This program basically helped motivate me to see the fact I'm capable of living beyond a certain situation, and that I do deserve better. They were able to talk about my emotions, their perspectives, and put themselves in my shoes and see what I was going through.*

Additional outcomes

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
58%	54%	50%

They are amazing, as far as taking people who have no hope left and letting them know that they still have hope for themselves. They also realize that not everyone's problems are the same. They don't categorize us, and they don't compare us to one another. They understand that everyone is different and that everyone has their own situation.

Children served by WIC Hubs 1.0 grantees: 2017-2021

Total number of children. . .

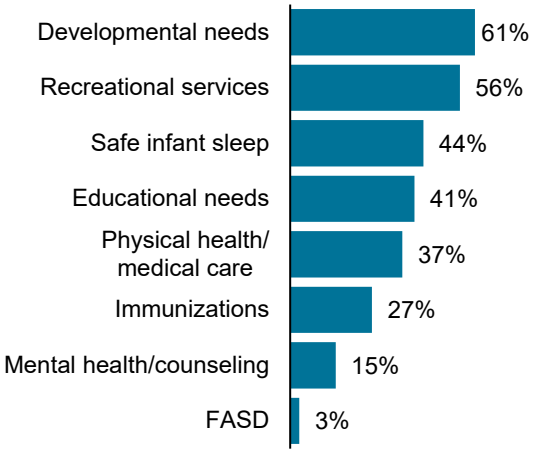
of women who exited a WIC Hubs 1.0 program	who received services from a WIC Hubs 1.0 program
1,702	435[a]

[a] 26% of children of women who exited on the WIC Hubs 1.0 programs from 2017-2021. Service data was missing for 47% of the 1,702 children of women who exited one of these 3 programs from 2017-2021.

Most common assessments received by children served: Developmental assessments (40%) and informal Fetal Alcohol Spectrum Disorders (FASD) screenings (34%) and 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 22% of children.

Most common service areas that program staff worked on with children (n=435)



This program turned my whole life around, so I appreciate it. I still talk with my counselor, I update [her] weekly. I love that place. I recommend it to people who aren't doing so great right now. A lot of the people I've hung out with in the past are there now and doing well. The team there are very supportive, encouraging, welcoming. They have helped me with EVERYTHING.

They have saved my life. They gave me a second chance. They have given me a different perspective on life. It really made a huge impact on my sobriety.

I would just say that the moment I walked in that place I was already six feet under, dead. They brought me back, they helped me build my confidence, they mended my heart so I consider them like my family.

Quality of life analysis

To learn more about the impact of WIC Hubs 1.0 grantee programs and to understand changes in the wellbeing of participants over time, Wilder Research conducted a Quality of life (QoL) analysis. The analysis used historical data collected by the three WIC Hubs 1.0 grantees as a part of the 2017-2021 Women's Recovery Services evaluation. Wilder compared the achievement of 11 different QoL criteria at two points of time – at program entry (through the intake form) and at six months after program exit (through follow-up interviews) – to learn about changes in quality of life for program participants.

How were the QoL criteria determined?

To create a set of QoL criteria, Wilder Research conducted a literature review of quality of life scales and definitions included in behavioral health studies, academic research around substance use treatment and recovery programs, and related fields. Wilder also conducted a focus group with WIC Hubs 1.0 grantee staff to learn about their definitions of and priority criteria for measuring quality of life of women in their programs. In addition, Wilder reviewed the criteria for "doing well" that is individually set by each Women's Recovery Services grantee, and used program definitions to inform the eventual set of criteria.

QoL information gathered through these sources was then compared with the data available through the historical data collected by the three WIC Hubs 1.0 grantees as a part of the 2017-2021, and resulted in the selection of 11 different criteria (Figure 1). For a more detailed description of each criteria, please see Appendix D.

What were the limitations of the QoL analysis?

Incomplete data limited the number of individuals included in QoL analysis. The QoL analysis is based on a matched-case analysis for women who participated in a WIC Hubs 1.0 grantee program for at least 15 days from January 1, 2017 through January 31, 2021. Only those women with *complete* information on all 11 indicators at both intake and the 6-month follow-up interview were included in order to identify any changes in quality of life between program intake and the 6-month follow-up interview. The total number of women who exited a WIC Hubs program from 2017 through 2021 (931 women) greatly exceeds the number of women who met this criteria (94 women). Thus, the results of the QoL analysis reflect changes observed among a more limited number of women.

Information is compared across multiple sources. Generally, information collected at intake was based on *staff* report, while information collected during the 6-month follow-up interview was based on *client* self-report. Collecting and comparing data from two different sources can impact the accuracy of the data.

1. Criteria and methods for determining participant quality of life (before and after programming)

Quality of life criteria	Definition
Housing	
Housed (not homeless)	Lived in own home, friend's or relative's home, transitional housing, permanent supportive housing, or a sober house
Stable housing	Answered "yes" to the question "Would you consider these living arrangements stable?" Stable housing includes permanency, affordability, safety, and adequacy of space/amenities
Housing supportive to recovery	Answered "yes," to the question, "Were these living arrangements supportive to your recovery?" Supportive to recovery includes safety, lack of proximity to others using alcohol or drugs, presence of supportive relationships
Financial security	
Employment	Employed full or part time
Able to afford basic living expenses	Could afford basic living expenses "most of the time" Affordability includes being able to pay rent, buy food, and have money for transportation or gas
Relationships and social support	
Supportive relationships with family/friends	Described relationship with friends and family as "very supportive"
Positive relationship with child(ren)	Described relationship with their child(ren) as "excellent" or "good"
Health and wellbeing	
Mental health	Described mental health as "excellent" or "good." Mental health includes: handling stress and managing challenges with stress or emotions
Physical health	Described physical health as "excellent" or "good"
Abstinence from substance use (sobriety)	No reported use of alcohol or other drugs, which excludes tobacco, Medication Assisted Treatment (MAT), and taking medicines as directed
Connection to recovery supports	Connected to at least one self-help/recovery support activity, including: Alcoholics Anonymous (AA) or Narcotics Anonymous (NA); Al Anon; culturally specific group (e.g., sweat lodge, talking circle); a Faith-based/religious group, not AA/NA; Aftercare; a Recovery Community Organization (RCO); other support group offered in the community; or other supports as described by participants

Who was included in the QoL analysis?

To increase the likelihood that any differences in a person's quality of life between intake and the 6-month follow-up could be attributed to the WIC Hubs 1.0 grantee program, we included individuals who had participated for at least 15 days in the program and had received services beyond intake. Participants also needed to have information available for each of the 11 criteria described above at both intake and at the 6-month follow-up interview in order to be included in the analysis. See Figure 2 for the number of individuals included in the analysis by program.

2. Number of individuals included in the QoL Analysis by program

Grantee / Program	# who exited the program: 2017-2021	# included in QoL analysis	% of QoL analysis participants represented by each program
Avivo/Mothers Achieving Recovery for Family Unity (MARFU)	239	9	10%
Ramsey County Community Human Services/Mothers First	353	53	56%
RS EDEN/Women and Children's Family Center	339	32	34%
TOTAL	**931**	**94**	**100%**

Please note that programs are not evenly represented in the QoL analysis results; these findings are therefore not equally representative of all programs.

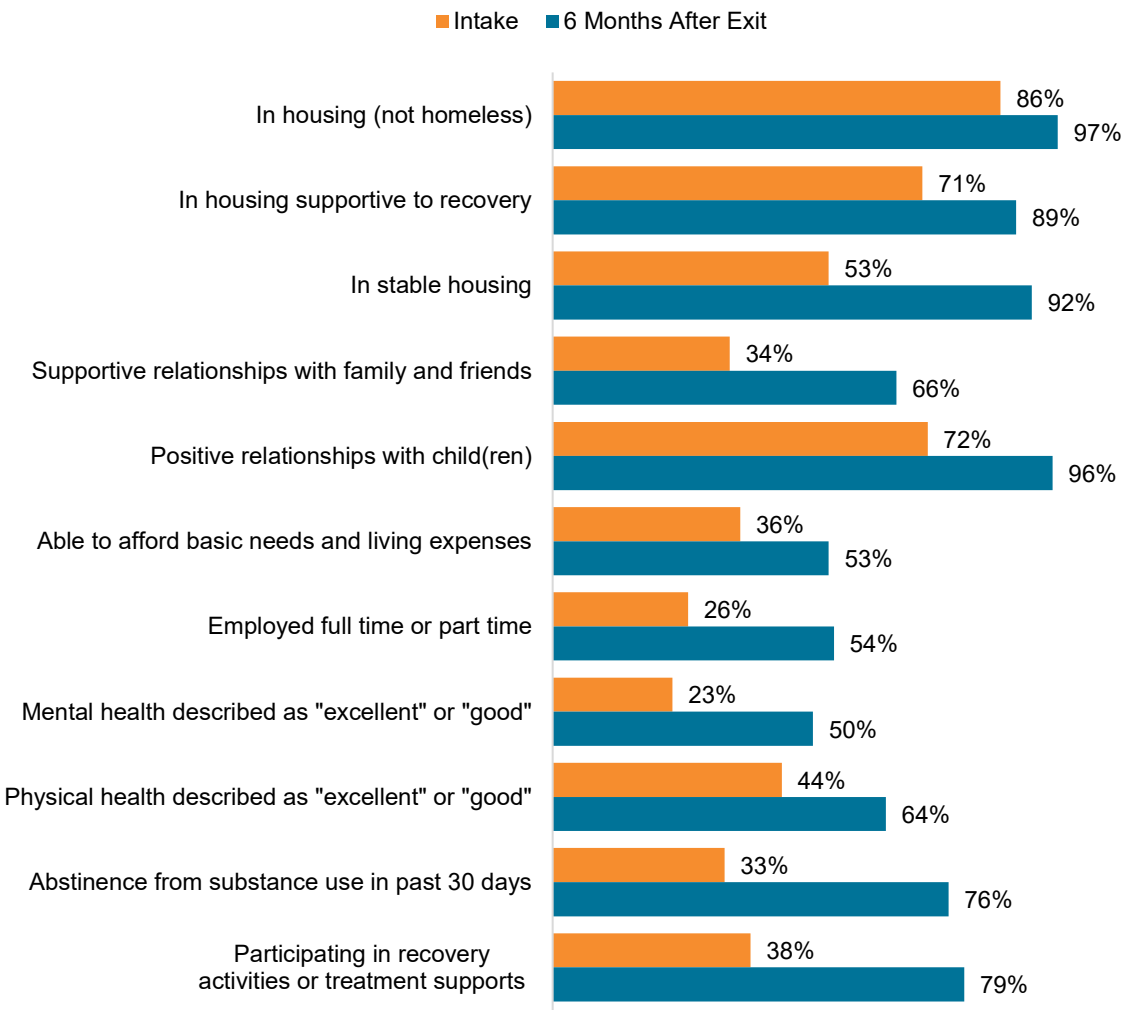
When comparing the characteristics of participants included in the QoL analysis to all participants served by a Hubs 1.0 grantee, many characteristics looked similar in both groups, including: race, the likelihood of being pregnant at intake, the types of drugs used at intake, treatment participation, and the likelihood of having a mental health diagnosis (Appendix Table D13). However, participants included in the QoL analysis were less likely to be sober at intake (33%) when compare to all Hubs 1.0 participants (46%).

In addition, participants included in the QoL analysis were more likely to have successfully completed treatment (59% of those who participated in treatment) when compared to all Hubs 1.0 participants (38% of those who participated in treatment during the program). A greater likelihood of completing treatment may increase a participant's likelihood of achieving the QoL indicators included in the analysis; therefore, QoL results may not be representative of the outcomes achieved by all Hubs 1.0 participants.

In-depth results: Individual quality of life indicators

Figure 3 presents the percentages of women who had achieved each QoL indicator at intake and/or 6-months after exit. While the percentages of women achieving each QoL indicator increased between intake and the 6-month follow-up, some of the largest percentage point gains were in abstinence from alcohol and other drugs (a 43% point increase), connection to recovery supports (a 41% point increase), stable housing (a 39% point increase), and supportive relationships with family and friends (a 32% point increase). Indicators related to mental health and the ability to afford basic living expenses remained relatively low at both time points when compared to other QoL indicators, with 50%-53% of individuals achieving these indicators by the 6-month interview.

3. Percentage of participants who achieved each QoL indicator at intake and/or 6-months after program exit (N=94)



Notes. See Figure 1 for more information on the definitions for each criteria.

Looking across quality of life indicators

On average, women had achieved more QoL indicators six months after program exit (8 indicators) when compared to intake (5 indicators; Figure 4). Out of the 94 women included in the QoL analysis, 14% had achieved all 11 indicators by six months after exit (Figure 5).

4. Average number of indicators achieved at either intake or by six months after program exit (N=94)

Time point	Average # of QoL indicators achieved	Minimum # of QoL indicators achieved	Maximum # of QoL indicators achieved
Intake	5	1	10
Six months after program exit	8	2	11

5. Individuals who achieved different QoL indicators at intake and at six months after exit (N=94)

	Intake		6-month follow-up	
Number of women who achieved QoL indicators	N	%	N	%
11 indicators	0	0%	13	14%
10 indicators	1	1%	18	19%
9 indicators	8	9%	18	19%
8 indicators	9	10%	12	13%
7 indicators	13	14%	13	14%
6 indicators	8	9%	5	5%
5 indicators	19	20%	7	7%
4 indicators	10	11%	6	6%
3 indicators	12	13%	1	1%
2 indicators	8	9%	1	1%
1 indicator	6	6%	0	0%

Appendix

A. Project background: Women's Recovery Services

B. Evaluation methods

C. Additional data tables

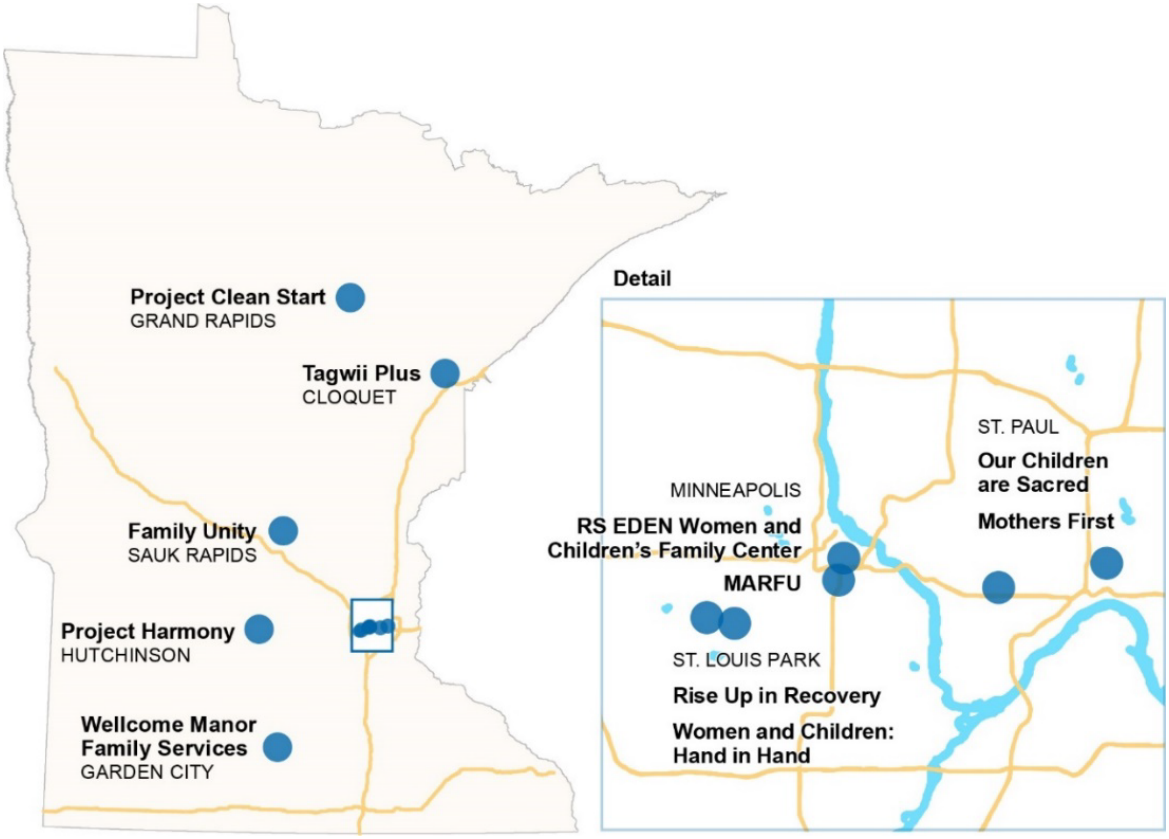
D. Quality of Life Indicators and Additional Data Tables

A. Background on Women's Recovery Services and evaluation

In October 2016, the Minnesota Department of Human Services Alcohol and Drug Abuse Division – which became the Behavioral Health Division (BHD) in fall 2018 – contracted with 12 grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families (Figures 1 and 2). Through this initiative, known as Women's Recovery Services (WRS), grantees provided comprehensive, gender-specific, family-centered services for the women in their care. Two grantees provided American Indian culturally specific services (Wakanyeja Kin Wakan Pi and Tagwii). See Appendix A for more grant information.

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

A1. Map of Women's Recovery Services grantees (2017-2021)



A2. Women's Recovery Services grantees from 2017-2021

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

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

Eligibility guidelines for the grant

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

Program services

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

Treatment and recovery services and supports

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

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

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

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

This included: medical and mental health assessments and services for women and children; Fetal Alcohol Spectrum Disorders education and screening for children; prenatal and postnatal health care and nutrition consultation for pregnant women; toxicology testing for mothers and infants; safe sleep education for infants; monitoring immunization status for children; and tobacco cessation services.

Parenting services and supports

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

B. Evaluation methods: Women's Recovery Services 2017-2021

Overview

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

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

Process evaluation

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

Outcome evaluation

5. To what extent does participation in the program result in women reducing their use of drugs and alcohol, or maintaining their sobriety?
6. To what extent does participation in the program increase women's access to community resources to meet their (and their children's) basic needs?
7. To what extent does participation in the program help women meet their (and their children's) basic needs?
8. To what extent does participation in the program help women find/maintain stable housing?
9. To what extent does participation in the program help women obtain or maintain employment?
10. To what extent does participation in the program help women stay out of the criminal justice system?
11. To what extent does participation in the program improve women's (and their children's) overall physical and mental health?
12. To what extent does participation in the program help women improve their knowledge and skills related to parenting?
13. To what extent does participation in the program help pregnant women deliver healthy, drug-free infants?
14. To what extent do Women's Recovery Services grant-funded programs result in a cost-savings or cost-benefit to the community/Minnesota?

Data collection instruments

Research staff, in partnership with BHD, developed seven instruments in order to collect information about women receiving program services. All forms were available in paper format as well as in a web-based database, into which all data were ultimately entered. Data collection instruments generally remained the same across all five years, with the exception of some additional questions to select instruments. Data collection instruments are described in more detail below.

Client-level forms

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

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

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

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

Follow-up interviews

In order to track the progress of women and the maintenance of their goals, follow-up interviews were conducted with women 1 month, 6 months, and 12 months after they left a WRS program. Wilder Research began conducting interviews by telephone in year two (fall 2017) and continued

through March 1, 2021. Interviewers asked women about their access to social support, education and employment, housing, transportation, physical and mental health, substance use, involvement with the criminal justice and child protection systems, self-efficacy, parenting and their relationship with their child(ren), children's health and well-being, and their satisfaction with the WRS program. To learn how changes from intake to closing were maintained after women leave a WRS program, Wilder conducted an analysis of data at five time points – intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up. Because this analysis requires women to have information available at all five time points, the results in this report reflect a smaller group of women than those who had exited a WRS program from 2017-2021. Generally, information collected at intake and closing was based on staff report, while information collected during the follow-up interviews was based on client self-report (see "Limitations" section below).

Technical assistance

Throughout the grant period, Wilder Research provided programs with evaluation technical assistance (TA) as requested.

Data analysis

For this report, Wilder Research conducted analysis of the data described above, entered by program staff into the Women's Recovery Services database, for activities that occurred from January 1, 2017, through January 31, 2021. Wilder used the database to conduct basic analysis such as frequencies (number of women in the program) and percentages. Additional analyses (e.g., chi-square tests, McNemar's tests) were conducted using statistical software (SPSS) in order to assess changes in outcomes over time. This includes pretest/posttest matched analysis, which reflects women whose cases were closed during the grant cycle and who had matching data available at intake and closing. Women who were served less than 15 days in a WRS program were excluded from outcome analyses, as it is not expected that women with such limited program exposure will benefit from programs to the same degree as those involved for a longer term.

Statistical significance

Wilder used statistical analysis when looking at differences in outcomes between intake, closing, and follow-up interviews. Statistical software was used to determine whether a difference detected was "real" and more than likely not due to chance. When the report uses the term "significant" to describe change over time, this means the statistical test indicated that we can be confident that actual change occurred from intake to closing in a given outcome area. While a statistical analysis may reveal that a change is statistically significant, the meaningfulness of these differences should be examined further. Relatively small differences between time points or groups sometimes emerge as "statistically significant" because the large number of women yields more "power" in the analysis to detect even small differences. The extent to which this statistical difference suggests

a meaningful difference for women from one time to another should be considered for each individual outcome and the broader context in which they occur. For example, a difference of 3 or 5 percentage points, even if statistically significant, is not necessarily practically significant and should not be overemphasized; in contrast, a difference of 10 or more percentage points suggests a more meaningful difference.

Limitations

The following summarizes limitations that should be considered when interpreting evaluation data for 2017-21.

COVID-19

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

Completeness of data

All information included in this report is based upon data entered into the Women's Recovery Services database, which is completed by program staff. Program staff were trained how to use and administer the data collection forms and enter data into the database. Due to the high demands on program staff and issues of staff turnover, it is possible that errors were introduced into the database or that some participant or program information was not entered and is unaccounted for in the findings reported here. The COVID-19 pandemic (as mentioned above) forced many programs to pause data entry and focus on the more important task of serving women in treatment and recovery.

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

In addition, much of the outcome analysis included in this report is based on a matched-case analysis for women who participated in a WRS program for at least 15 days. Only those women with complete information at both intake and closing (for the pre/post comparative analysis) were included to determine if statistically significant changes occurred during their participation in a WRS program. Often, the total number of women who were served or who exited the program between 2017 and 2021 exceeds the number of women who met these criteria. Thus, the results of the outcome analysis reflect changes observed among a more limited number of women.

Comparing information collected from multiple sources

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

C. Additional data tables

C1. Sobriety: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=84)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
Sobriety at **intake** compared to **closing**	39	46%	60	71%***						
Sobriety at **intake** compared to **1-month follow-up**	39	46%			57	68%**				
Sobriety at **intake** compared to **6-month follow-up**	39	46%					65	77%***		
Sobriety at **intake** compared to **12-month follow-up**	39	46%							58	69%***
Sobriety at **closing** compared to **1-month follow-up**			60	71%	57	68%				
Sobriety at **closing** compared to **6-month follow-up**			60	71%			65	77%		
Sobriety at **closing** compared to **12-month follow-up**			60	71%					58	69%
Sobriety at **1-month follow-up** compared to **6-month follow-up**					57	68%	65	77%		
Sobriety at **1-month follow-up** compared to **12-month follow-up**					57	68%			58	69%
Sobriety at **6-month follow-up** compared to **12-month follow-up**							65	77%	58	69%

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

C2. Living arrangements supportive to recovery: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=80)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
In housing supportive to recovery at **intake** compared to **closing**	56	70%	70	88%**						
In housing supportive to recovery at **intake** compared to **1-month follow-up**	56	70%			74	93%***				
In housing supportive to recovery at **intake** compared to **6-month follow-up**	56	70%					64	80%		
In housing supportive to recovery at **intake** compared to **12-month follow-up**	56	70%							71	89%**
In housing supportive to recovery at **closing** compared to **1-month follow-up**			70	88%	74	93%				
In housing supportive to recovery at **closing** compared to **6-month follow-up**			70	88%			64	80%		
In housing supportive to recovery at **closing** compared to **12-month follow-up**			70	88%					71	89%
In housing supportive to recovery at **1-month follow-up** compared to **6-month follow-up**					74	93%	64	80%*		
In housing supportive to recovery at **1-month follow-up** compared to **12-month follow-up**					74	93%			71	89%
In housing supportive to recovery at **6-month follow-up** compared to **12-month follow-up**							64	80%	71	89%

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

C3. Stable living arrangements: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=84)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
In stable housing at **intake** compared to **closing**	42	50%	60	71%***						
In stable housing at **intake** compared to **1-month follow-up**	42	50%			76	91%***				
In stable housing at **intake** compared to **6-month follow-up**	42	50%					72	86%***		
In stable housing at **intake** compared to **12-month follow-up**	42	50%							76	91%***
In stable housing at **closing** compared to **1-month follow-up**			60	71%	76	91%**				
In stable housing at **closing** compared to **6-month follow-up**			60	71%			72	86%*		
In stable housing at **closing** compared to **12-month follow-up**			60	71%					76	91%**
In stable housing at **1-month follow-up** compared to **6-month follow-up**					76	91%	72	86%		
In stable housing at **1-month follow-up** compared to **12-month follow-up**					76	91%			76	91%
In stable housing at **6-month follow-up** compared to **12-month follow-up**							72	86%	76	91%

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

C4. In housing (not homeless): 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=63

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
In housing (not homeless) at **intake** compared to **closing**	54	86%	60	95%*				
In housing (not homeless) at **intake** compared to **6-month follow-up**	54	86%			61	97%**		
In housing (not homeless) at **intake** compared to **12-month follow-up**	54	86%					61	97%**
In housing (not homeless) at **closing** compared to **6-month follow-up**			60	95%	61	97%		
In housing (not homeless) at **closing** compared to **12-month follow-up**			60	95%			61	97%
In housing (not homeless) at **6-month follow-up** compared to **12-month follow-up**					61	97%	61	97%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: **p < .01 and **p < .01. Please note that women were not asked about the type of housing that they were occupying in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C5. In own home or permanent supportive housing: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=50)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
In own home or permanent supportive housing) at **intake** compared to **closing**	23	46%	27	54%				
In own home or permanent supportive housing at **intake** compared to **6-month follow-up**	23	46%			30	60%		
In own home or permanent supportive housing at **intake** compared to **12-month follow-up**	23	46%					33	66%
In own home or permanent supportive housing at **closing** compared to **6-month follow-up**			27	54%	30	60%		
In own home or permanent supportive housing at **closing** compared to **12-month follow-up**			27	54%			33	66%
In own home or permanent supportive housing at **6-month follow-up** compared to **12-month follow-up**					30	60%	33	66%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons; differences were not statistically significant. Please note that women were not asked about the type of housing that they were occupying in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C6. Employment: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=61)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
Employed full or part time at **intake** compared to **closing**	13	21%	29	48%***						
Employed full or part time at **intake** compared to **1-month follow-up**	13	21%			28	46%**				
Employed full or part time at **intake** compared to **6-month follow-up**	13	21%					35	57%***		
Employed full or part time at **intake** compared to **12-month follow-up**	13	21%							31	51%***
Employed full or part time at **closing** compared to **1-month follow-up**			29	48%	28	46%				
Employed full or part time at **closing** compared to **6-month follow-up**			29	48%			35	57%		
Employed full or part time at **closing** compared to **12-month follow-up**			29	48%					31	51%
Employed full or part time at **1-month follow-up** compared to **6-month follow-up**					28	46%	35	57%		
Employed full or part time at **1-month follow-up** compared to **12-month follow-up**					28	46%			31	51%
Employed full or part time at **6-month follow-up** compared to **12-month follow-up**							35	57%	31	51%

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

C7. Enrolled in school or a career-training program: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=91)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Enrolled in school/career training at **intake** compared to **closing**	4	4%	15	17%*				
Enrolled in school/career training at **intake** compared to **6-month follow-up**	4	4%			26	29%***		
Enrolled in school/career training at **intake** compared to **12-month follow-up**	4	4%					31	34%***
Enrolled in school/career training at **closing** compared to **6-month follow-up**			15	17%	26	29%*		
Enrolled in school/career training at **closing** compared to **12-month follow-up**			15	17%			31	34%**
Enrolled in school/career training at **6-month follow-up** compared to **12-month follow-up**					26	29%	31	34%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05. Please note that women were not asked about enrollment in school or a career-training program in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C8. Employed OR enrolled in school OR a career-training program: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=70)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Employed OR enrolled in school/career training at **intake** compared to **closing**	15	21%	36	51%**				
Employed OR enrolled in school/career training at **intake** compared to **6-month follow-up**	15	21%			52	74%***		
Employed OR enrolled in school/career training at **intake** compared to **12-month follow-up**	15	21%					49	70%***
Employed OR enrolled in school/career training at **closing** compared to **6-month follow-up**			36	51%	52	74%*		
Employed OR enrolled in school/career training at **closing** compared to **12-month follow-up**			36	51%			49	70%
Employed OR enrolled in school/career training at **6-month follow-up** compared to **12-month follow-up**					52	74%	49	70%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001, **p < .01, and *p < .05. Please note that women were not asked about their enrollment in school or a career-training program in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C9. Child protection involvement: 5-point matched analysis results from intake, closing, 1-month follow-up, 6-month follow-up, and 12-month follow-up (n=85)

	Intake		Closing		1-month follow-up		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%	n	%
Involvement with child protection at **intake** compared to **closing**	38	45%	29	34%*						
Involvement with child protection at **intake** compared to **1-month follow-up**	38	45%			28	33%*				
Involvement with child protection at **intake** compared to **6-month follow-up**	38	45%					29	34%*		
Involvement with child protection at **intake** compared to **12-month follow-up**	38	45%							23	27%**
Involvement with child protection at **closing** compared to **1-month follow-up**			29	34%	28	33%				
Involvement with child protection at **closing** compared to **6-month follow-up**			29	34%			29	34%		
Involvement with child protection at **closing** compared to **12-month follow-up**			29	34%					23	27%
Involvement with child protection at **1-month follow-up** compared to **6-month follow-up**					28	33%	29	34%		
Involvement with child protection at **1-month follow-up** compared to **12-month follow-up**					28	33%			23	27%
Involvement with child protection at **6-month follow-up** compared to **12-month follow-up**							29	34%	23	27%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at **p < .01 and *p < .05.

C10. Arrested in the past 30 days: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=90)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Arrested at **intake** compared to **closing**	10	11%	3	3%*				
Arrested at **intake** compared to **6-month follow-up**	10	11%			6	7%		
Arrested at **intake** compared to **12-month follow-up**	10	11%					13	14%
Arrested at **closing** compared to **6-month follow-up**			3	3%	6	7%		
Arrested at **closing** compared to **12-month follow-up**			3	3%			13	14%**
Arrested at **6-month follow-up** compared to **12-month follow-up**					6	7%	13	14%*

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: $p < .01$ and $*p < .05$. Please note that women were not asked about recent arrests in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C11. Connected to at least one recovery support: 4-point matched analysis results from intake, closing, 6-month follow-up, and 12-month follow-up (n=85)

	Intake		Closing		6-month follow-up		12-month follow-up	
	n	%	n	%	n	%	n	%
Connected to a recovery support at **intake** compared to **closing**	37	44%	60	71%***				
Connected to a recovery support at **intake** compared to **6-month follow-up**	37	44%			75	88%***		
Connected to a recovery support at **intake** compared to **12-month follow-up**	37	44%					82	97%***
Connected to a recovery support at **closing** compared to **6-month follow-up**			60	71%	75	88%**		
Connected to a recovery support at **closing** compared to **12-month follow-up**			60	71%			82	97%***
Connected to a recovery support at **6-month follow-up** compared to **12-month follow-up**					75	88%	82	97%

Note. Differences between each point in time were tested using Cochran's Q Test and follow-up pairwise comparisons. Differences are significant at: ***p < .001 and **p < .01. Please note that women were not asked about connections to recovery supports in the 1-month interview; therefore, this data is only available for 4 time points (intake, closing, 6-month follow-up, and 12-month follow-up).

C12. Quality of life before and after the program (n=53-101)

	Total n	Before program		At 1-mo follow-up		At 6-mo follow-up		At 12-mo follow-up	
		n	%	n	%	n	%	n	%
Women's **mental** health is "excellent" or "good"	99	16	16%	83	84%***	51	52%***	58	59%***
Women's **physical** health is "excellent" or "good"	101	34	34%	80	79%***	57	57%***	61	60%***
Women's family and friends give good advice "most of the time" or "some of the time"	100	58	58%	87	87%***	84	84%***	85	85%***
Women have access to reliable transportation "most of the time" or "some of the time"	99	76	77%	91	92%***	90	91%***	94	95%***
Women's relationships with family and friends are "very supportive" or "somewhat supportive"	100	77	77%	91	91%***	90	90%**	94	94%***
Women consider their relationship with their child(ren) to be "excellent" or "good"	54	31	57%	52	96%***	48	89%***	50	93%***
Women are able to afford basic living expenses "most of the time" or "some of the time"	99	62	63%	84	85%***	80	81%**	76	77%*
Women are making good parenting decisions "most of the time" or "some of the time"	53	41	77%	53	100%***	53	100%**	52	98%***

Note. Differences between time periods were tested using the Cochran's Q Test and follow-up pairwise comparisons, and are significant at ***p < .001, **p < .01, and *p < .05. See detail below:

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

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

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

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

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

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

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

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

D. Quality of life indicators

D1. Definitions: Quality of life criteria

Criteria	Intake criteria	6-month follow-up criteria
Being housed (not homeless)	**Program staff** indicated that the participant was living in their own home, a friend's/ relative's home, transitional housing, permanent supportive housing, or a sober house, rather than no home (homeless, a shelter or motel, or a correctional facility) in the 30 days prior to intake.	**Participant** reported living in their own home, a friend's/relative's home, transitional housing, permanent supportive housing, or a sober house, rather than no home (homeless, a shelter or motel, or a correctional facility) at the 6-month interview.
Having stable[a] housing	**Program staff** answered "yes," to the intake form question, "Would you consider these living arrangements stable?"	**Participant** answered "yes," to the 6-month interview question, "Would you consider these living arrangements stable?"
Having housing supportive to recovery[b]	**Program staff** answered "yes," to the intake question, "Were these living arrangements supportive to your recovery?"	**Participant** answered "yes," to the 6-month interview question, "Were these living arrangements supportive to your recovery?"
Having supportive relationships with family and friends	On the retrospective survey[c] the **participant** described their relationship with friends and family before entering the program as "very supportive."	At the 6-month interview, the **participant** described their relationship with friends and family before entering the program as "very supportive."
Having a positive relationship with one's child(ren)	On the retrospective survey[c] the **participant** described their relationship with their child(ren) before entering the program as "excellent" or "good."	At the 6-month interview, the **participant** describes their relationship with their children in the past month as "excellent" or "good."
Able to afford basic living expenses	On the retrospective survey[c] the **participant** responded that they could afford basic living expenses[d] "most of the time" before entering the program.	At the 6-month interview, the **participant** responded that they can afford basic living expenses[d] "most of the time" in the past month.
Employed full time or part time	**Program staff** indicated that the participant was employed full time or part time in the 30 days prior to intake.	**Participant** indicated that they are currently employed full time or part time at the 6-month interview.
Mental health	On the retrospective survey[c] the **participant** described their mental health[e] as "excellent" or "good" before entering the program.	At the 6-month interview, the **participant** described their mental health[e] as "excellent" or "good" in the past month.
Physical health	On the retrospective survey[c] the **participant** described their physical health as "excellent" or "good" before entering the program.	At the 6-month interview, the **participant** described their physical health as "excellent" or "good" in the past month.

Criteria	Intake criteria	6-month follow-up criteria
Abstinence from substance use (sobriety)	On the intake form, **program staff** indicated that the participant has not used any alcohol or other drugs[f] in the 30 days prior to intake	**Participant** responded that they have not used any alcohol or other drugs [f] in the 30 days prior to the 6-month interview.
Connection to recovery supports	On the intake form, **program staff** indicated that the participant is connected to at least one self-help/recovery support activity[g] in the 30 days prior to intake.	**Participant** responded that they have participated in at least one self-help/recovery support activity[g] since leaving the program.

[a] Factors considered in the determination of **stable** housing are the permanency of arrangements, affordability, safety, and adequacy of space and amenities.

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

[c] Retrospective surveys are administered to participants at the 1-month interview, asking women to reflect back on their physical and mental health, relationships, ability to afford living expenses, and other facets of their quality of life *before* participating in the program (a retrospective rating) and then described these facets of their quality of life since leaving the program.

[d] **Ability to afford basic living expenses** includes being able to pay rent, buy food, and have money for transportation/gas.

[e] **Mental health** includes handling stress and managing challenges with stress or emotions.

[f] **Abstinence from alcohol and other drugs** excludes tobacco, Medication Assisted Treatment (MAT), or taking other medicine as prescribed.

[g] **Self-help/recovery supports** include: Alcoholics Anonymous (AA) or Narcotics Anonymous (NA); Al Anon; culturally specific group (e.g., sweat lodge, talking circle); a faith-based/religious group, not AA/NA; Aftercare; a Recovery Community Organization (RCO); other support group offered in the community; and/or other supports as described by participants.

D2. Participation in recovery activities or treatment supports (N=94)

Individuals who participated in any recovery activity or treatment support	N	%
At intake	36	38%
6 months after exit	74	79%

Note. This table combines information provided by program staff at intake with information provided by program participants at the 6-month follow-up interview. Self-help/recovery supports include: Alcoholics Anonymous (AA) or Narcotics Anonymous (NA); Al Anon; culturally specific group (e.g., sweat lodge, talking circle); a Faith-based/religious group, not AA/NA; Aftercare; a Recovery Community Organization (RCO); other support group offered in the community; and/or other supports as described by participants.

D3. Housed (not homeless; N=94)

Individuals who were in housing (not homeless)	N	%
At intake	81	86%
6 months after exit	97	97%

Note. This table combines information provided by program staff at intake with information provided by program participants at the 6-month follow-up interview. Being housed is defined as participants living in their own home, a friend's/relative's home, transitional housing, permanent supportive housing, or a sober house, rather than no home (homeless, a shelter or motel, or a correctional facility).

D4. Housing supportive to recovery (N=94)

Individuals with housing considered to be ***supportive to their recovery***	N	%
At intake	67	71%
6 months after exit	84	89%

Note. This table combines information provided by program staff at intake with information provided by program participants at the 6-month follow-up interview. Factors considered in the determination of living arrangements being supportive to recovery are woman's safety, proximity to others who are using alcohol or drugs, presence of supportive relationships, and access to alcohol or drugs.

D5. Stable housing (N=94)

Individuals with housing considered to be ***stable***	N	%
At intake	50	53%
6 months after exit	86	92%

Note. This table combines information provided by program staff at intake with information provided by program participants at the 6-month follow-up interview. Factors considered in the determination of **stable** housing are the permanency of arrangements, affordability, safety, and adequacy of space and amenities.

D6. Employment (N=94)

Individuals who were employed full or part time	N	%
At intake	24	26%
6 months after exit	51	54%

Note. This table combines information provided by program staff at intake with information provided by program participants at the 6-month follow-up interview.

D7. Ability to afford basic needs and living expenses (N=94)

Individuals who were able to afford basic living expenses (rent, food, gas/transportation)	N	%
At intake	34	36%
6-months after exit	50	53%

Note. At the 1-month interview, women reflected back on their ability to afford basic needs and living expenses before participating in the program (a retrospective rating), and were asked again to describe their current ability to afford basic needs and living expenses at the 6-month interview. Ability to afford basic living expenses includes being able to pay rent, buy food, and have money for transportation/gas.

D8. Supportive relationships with family and friends (N=94)

Individuals who describe their relationship with family and friends as *supportive*	N	%
At intake	32	34%
6 months after exit	62	66%

Note. At the 1-month interview, women reflected back on their relationships with family and friends before participating in the program (a retrospective rating), and were asked again to describe their current relationships with family and friends at the 6-month interview.

D9. Positive relationships with their children (N=94)

Individuals who describe their relationship with their children as "excellent" or "good"	N	%
At intake	68	72%
6 months after exit	90	96%

Note. At the 1-month interview, women reflected back on their relationships with their children before participating in the program (a retrospective rating), and were asked again to describe their current relationships with their children at the 6-month interview.

D10. Mental health (N=94)

Individuals who describe their mental health as "excellent" or "good"	N	%
At intake	22	23%
6 months after exit	47	50%

Note. At the 1-month interview, women reflected back on their mental health before participating in the program (a retrospective rating), and were asked again to describe their mental health at the 6-month interview. Mental health includes handling stress and managing challenges with stress or emotions.

D11. Physical health (N=94)

Individuals who describe their physical health as "excellent" or "good"	N	%
At intake	41	44%
6 months after exit	60	64%

Note. At the 1-month interview, women reflected back on their physical health before participating in the program (a retrospective rating), and were asked again to describe their physical health at the 6-month interview.

D12. Abstinence from substance use (N=94)

Individuals who reported *sobriety* (no substance use) within 30 days of each time point	N	%
At intake	31	33%
6 months after exit	71	76%

Note. This table combines information provided by program staff at intake with information provided by program participants at the 6-month follow-up interview. Abstinence from alcohol and other drugs excludes tobacco, Medication Assisted Treatment (MAT), or taking other medicine as prescribed.

D13. Demographics of participants included in the QoL study compared with all participants served by the Hubs 1.0 grantees

	QOL Participants (N=94)		All Participants (N=1,018)	
	N	%	N	%
Race				
White	34	36%	357	35%
African American/Black	30	32%	321	32%
Biracial/Multiracial	11	12%	141	14%
American Indian/Alaska Native	11	12%	139	14%
Other or unknown race	5	5%	28	3%
Asian American/Pacific Islander	3	3%	32	3%
Pregnant at intake or at any point during program				
Yes	36	38%	347	34%
No	58	62%	671	66%
Sober at intake (no drug use within 30 days of intake)				
Yes	31	33%	466	46%
No	63	67%	552	54%
Type(s) of drugs *used* within 30 days of intake				
Marijuana	37	39%	271	49%
Methamphetamine	25	27%	222	40%
Alcohol	17	18%	171	31%
Heroin	8	9%	71	13%
Cocaine	7	7%	62	11%
Crack	5	5%	46	8%
Pharmaceutical Opioids	2	2%	38	7%
Treatment participation at any point during program				
Yes	61	65%	729	72%
No or unknown	33	35%	309	30%
Most recent treatment outcome				
Successfully completed treatment	36	59%	274	38%
Noncompliant/left without staff approval	16	26%	313	43%
Mental health diagnosis at intake				
Yes	74	79%	789	78%
No or unknown	19	20%	229	22%

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

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DEPARTMENT OF HUMAN SERVICES