

What Works for Mothers in Recovery

Outcomes and Lessons learned from the
DHS Women's Recovery Services Initiative

Wilder Research

MHSUR 2020 Conference ~ October 28, 2020



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Agenda

- Overview of the initiative
 - Partners involved
 - Services provided
 - Methodology
- Description of women served
- Key outcomes (short-term and long-term)
 - Substance use, housing, employment, CP involvement, infant toxicology
 - Impact of dosage
- What works?

A quick poll...

- What is your role in the field?

Women's Recovery Services

BACKGROUND

July 2011 – June 2016

Women's Recovery Services initiative



Project partners

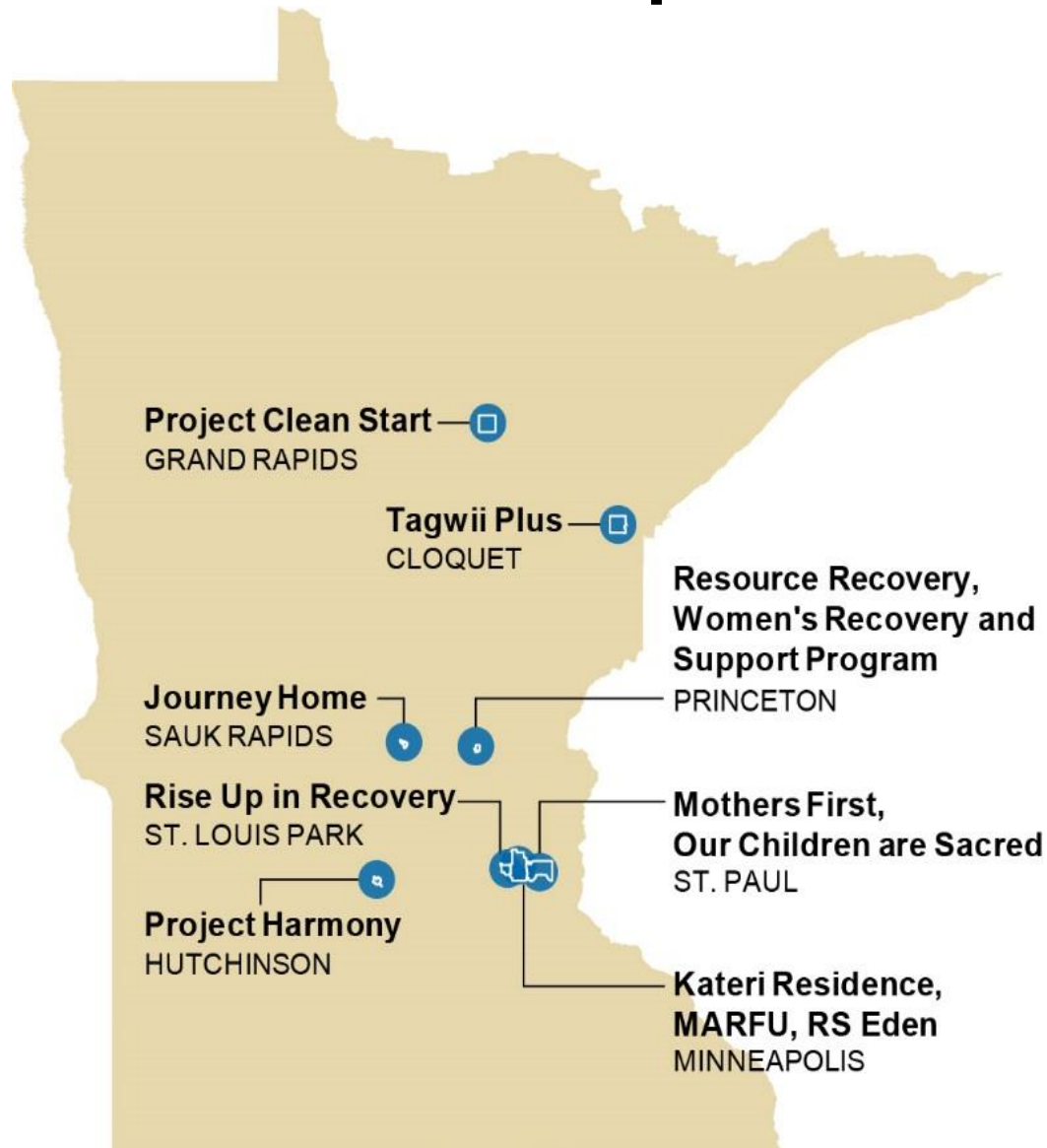


**12 treatment &
recovery service
providers**

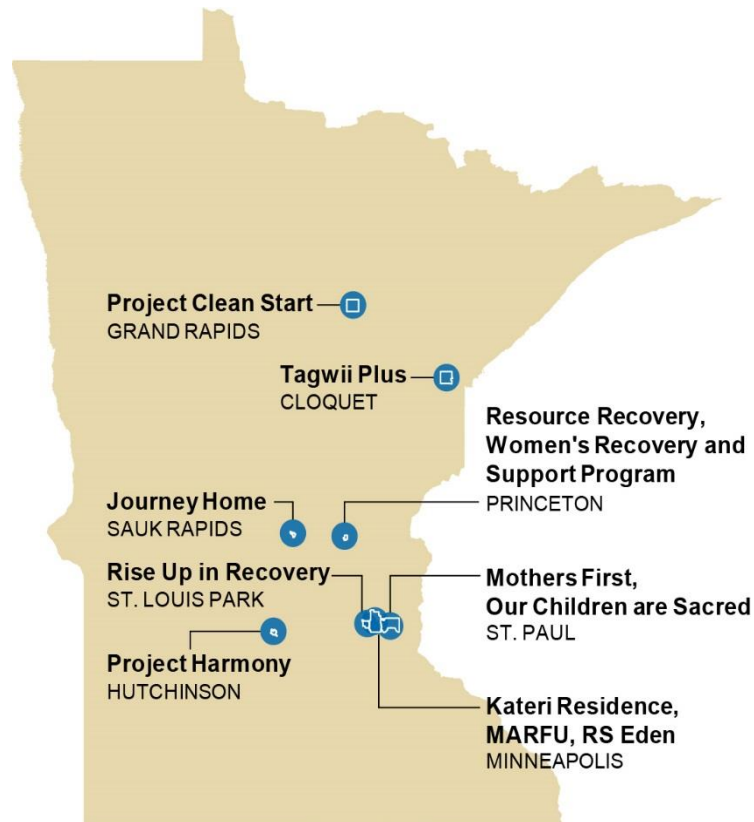


Wilder Research
Information. Insight. Impact.

Grantees: Direct-service providers



Services and supports provided



- Treatment and recovery
- Basic needs and daily living
- Mental and physical health
- Parenting

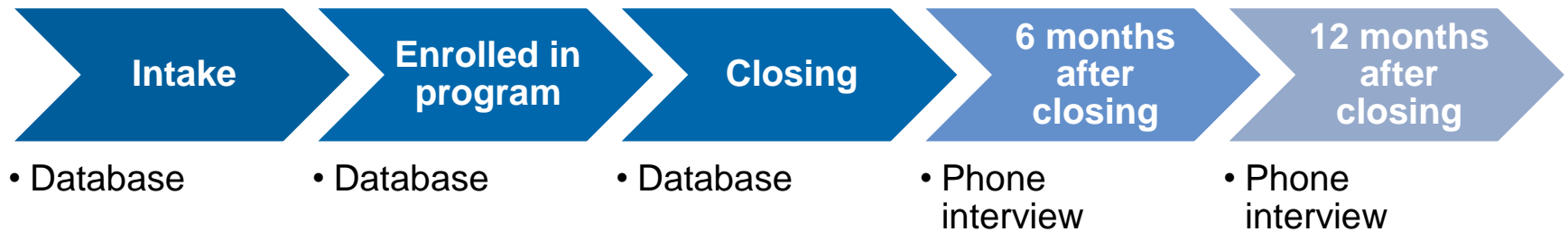
Wilder Research's role



Cross-site evaluator

- Process & outcome evaluation
- Data collection
- Technical assistance
- Reports
- Return on Investment

Methods: Data collection

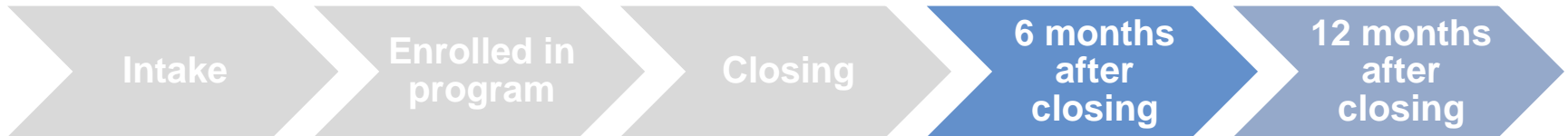


Methods: Data collection



- Intake & closing
- Service needs
- Screenings & assessments
- Comprehensive family assessment
- Contacts and UAs

Methods: Data collection



- Phone interviews
 - \$25 incentive
 - 45 minutes – 1 hour
- 6 months
 - 427 interviews, 30% response rate
- 12 months
 - 278 interviews, 23% response rate

Limitations

- Data quality
- Program model variation
- Interviewed *versus* not interviewed differences

Substance use at closing

Interviewed
19% used

Not interviewed
29% used

Stable housing at closing

Interviewed
75% in stable housing

Not interviewed
67% in stable housing

Women's Recovery Services

ABOUT THE WOMEN SERVED



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A quick poll...

- About how many women were served during the 5-year grant period?



2,955 clients

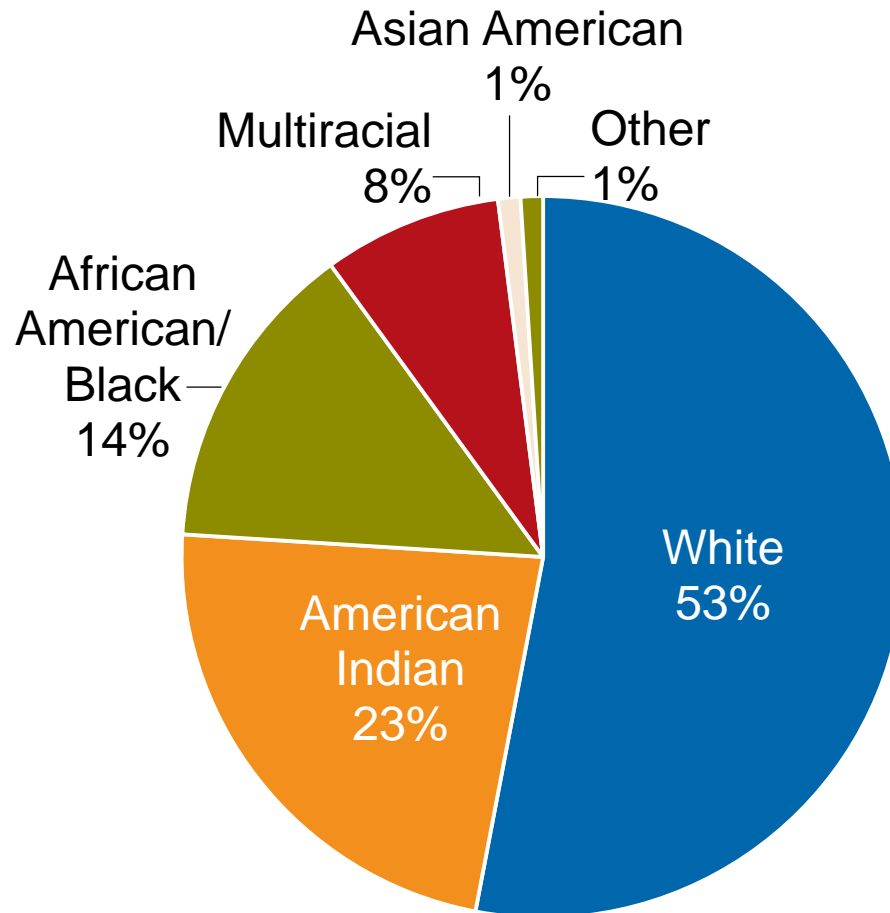
6,051 children

47% living with mom, dad, both parents

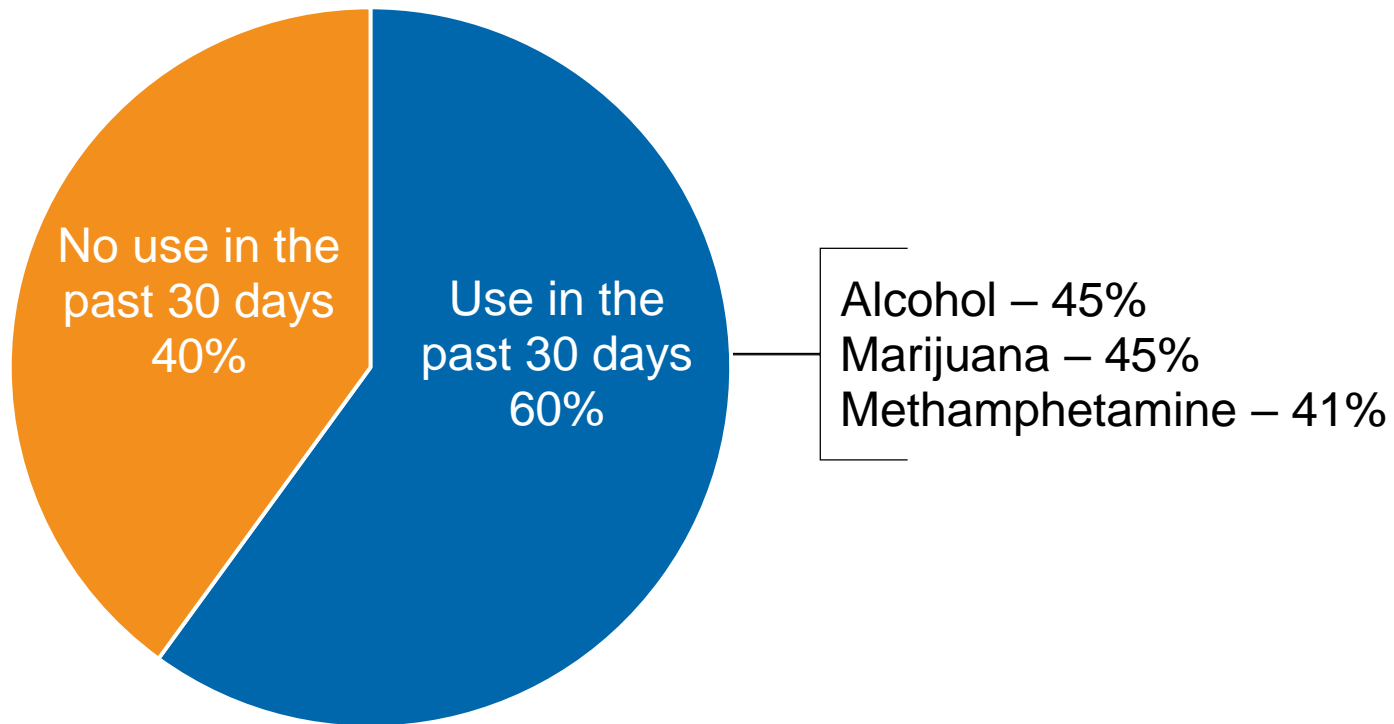
29% living with other family or friends

16% living in non-kinship setting

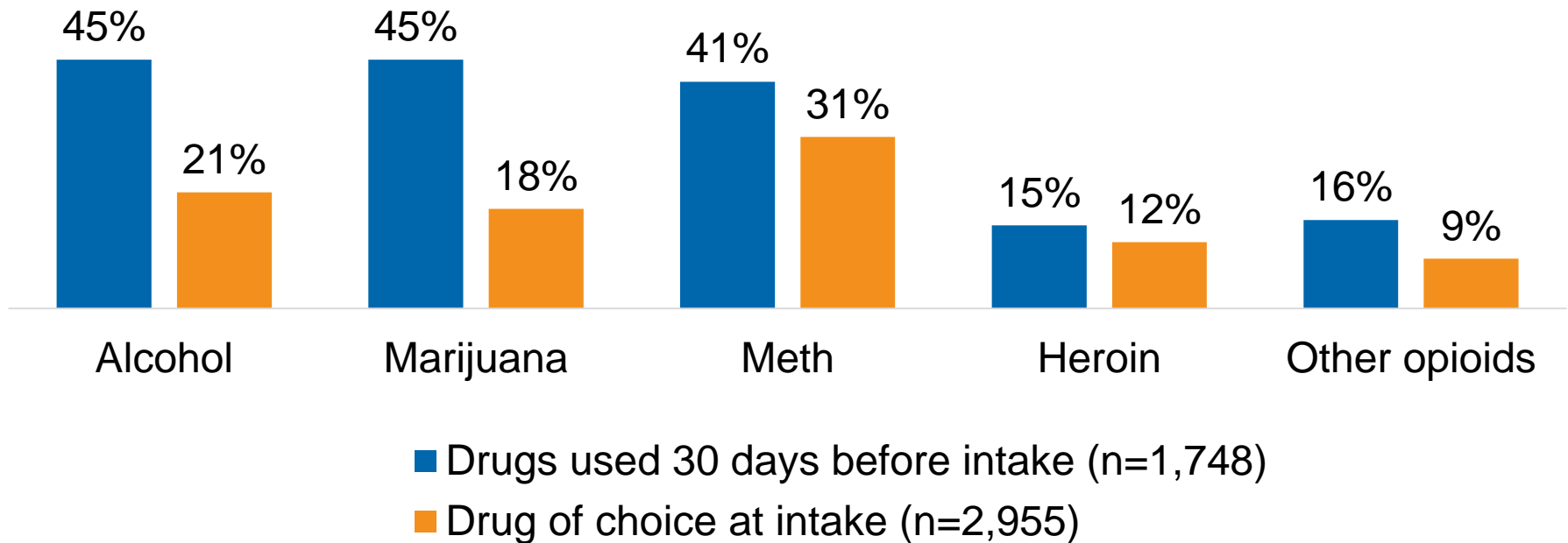
Race and ethnicity of women served (N=2,955)



Substance use 30-days prior to intake (N=1,748)



Recent substance use and preference



Program eligibility

Currently in treatment

Completed treatment in the past 6 months

Planning to enter treatment within 3 months

Pregnant and using

Program eligibility

77% Currently in treatment

Program eligibility

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12% Completed treatment in the past 6 months

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Program eligibility

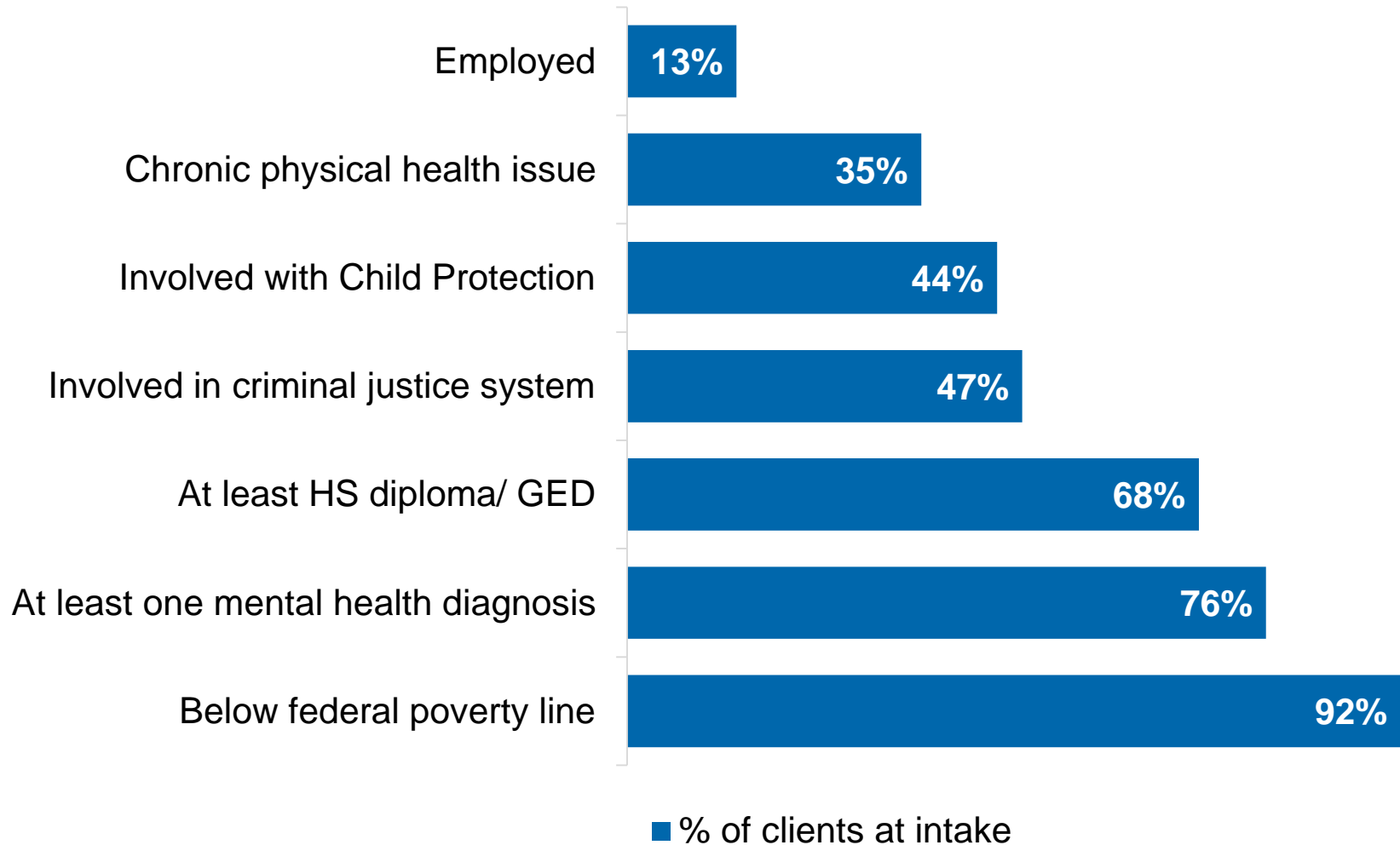
77% Currently in treatment

12% Completed treatment in the past 6 months

9% Planning to enter treatment within 3 months

12% Pregnant and using

General health and well-being at intake (N=2,955)



Length and amount of participation

Program participation:

- Range: <1 to 34 months
- Average among all clients: 5 months

Contact with program staff:

- 67 contacts (80 hours) on average
- 87% had at least one in-person contact per month

Key outcome areas

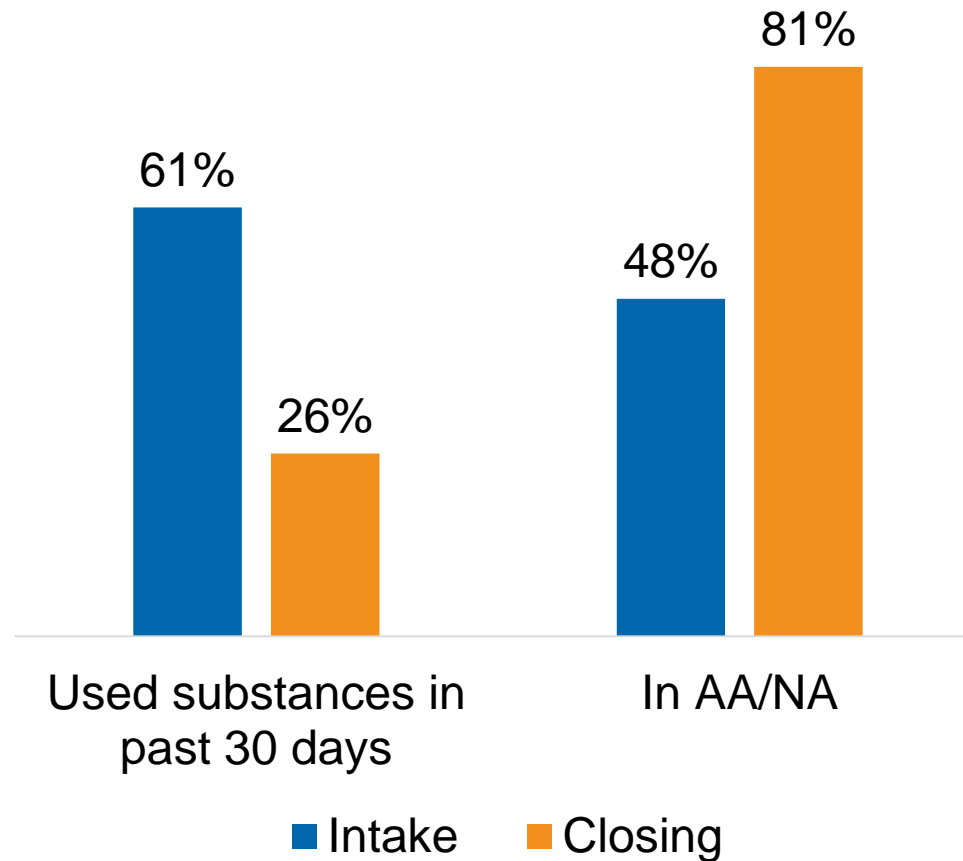


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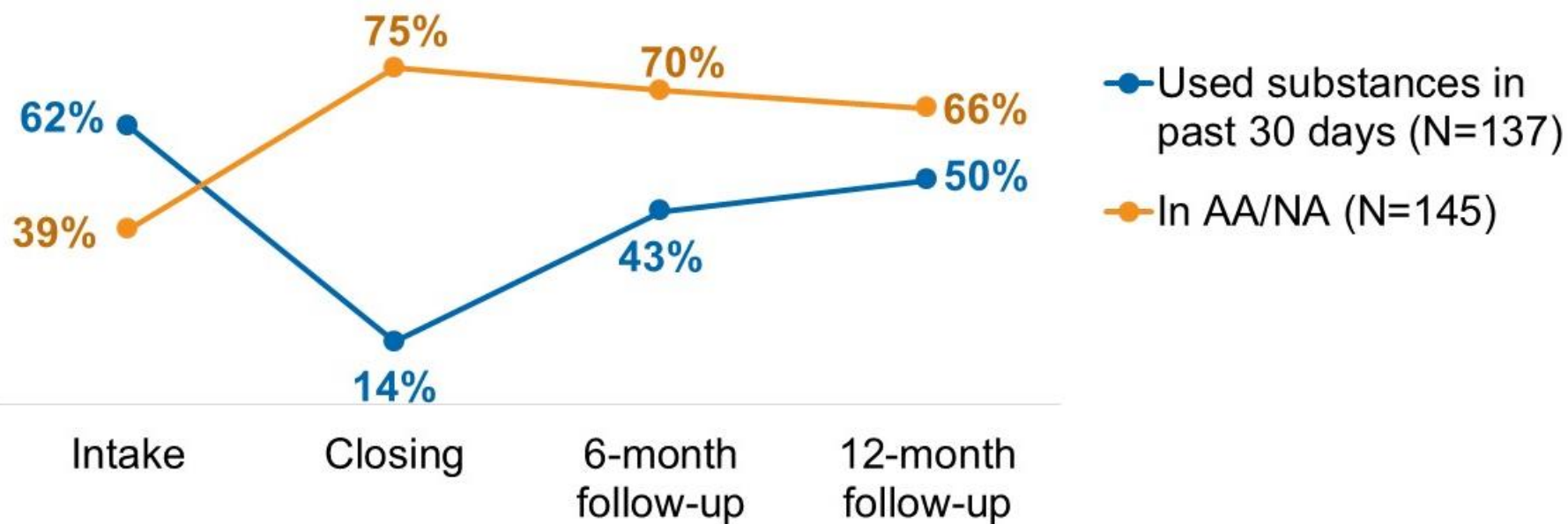
Substance use & sobriety

Intake → Closing (N=2,079)



Substance use & sobriety

Intake → 12-month follow-up



At 12-month follow-up:

- Factors making it **most difficult** to stay sober:
 - The influence of people who are using (16%)
 - Lack of money/employment (13%)
 - Stress (12%)

A quick poll...

- What did women say most motivated them to stay sober?

- 41% of women said that **their children most motivated** them to stay sober



Substance use & sobriety

Motivation: “My children”

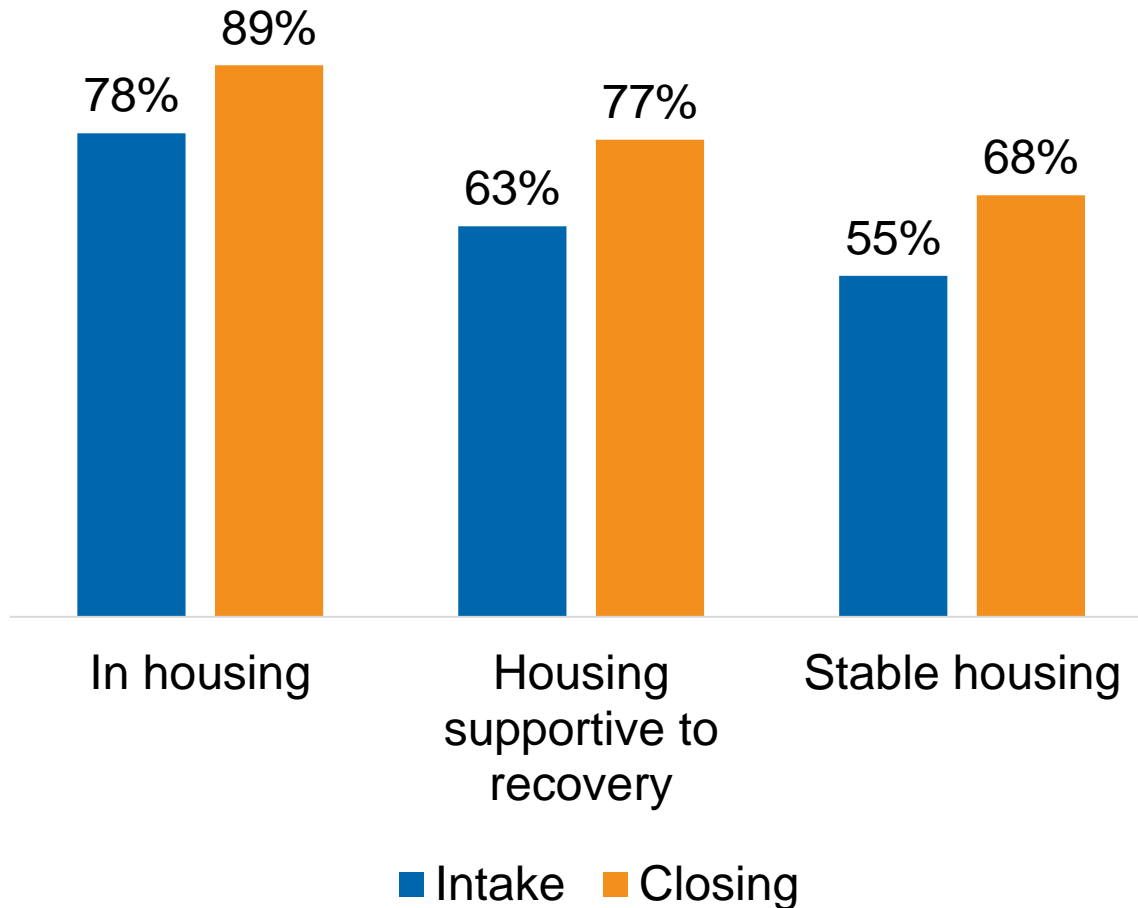
“Taking care of my kids...providing them with a stable home. Not being like my mom. I want to be there for them when they need me. My mother left me in foster care...and that really sucked, so I want them to feel that they are loved and wanted by me. They are the most important thing for me in this world.”

“My children, my health...because [my children] look up to mommy to be there. Everything don't work if you are using. I feel much better and look much better when I am clean.”

“My children...just being able to interact with them. Seeing how happy they are when I am sober.”

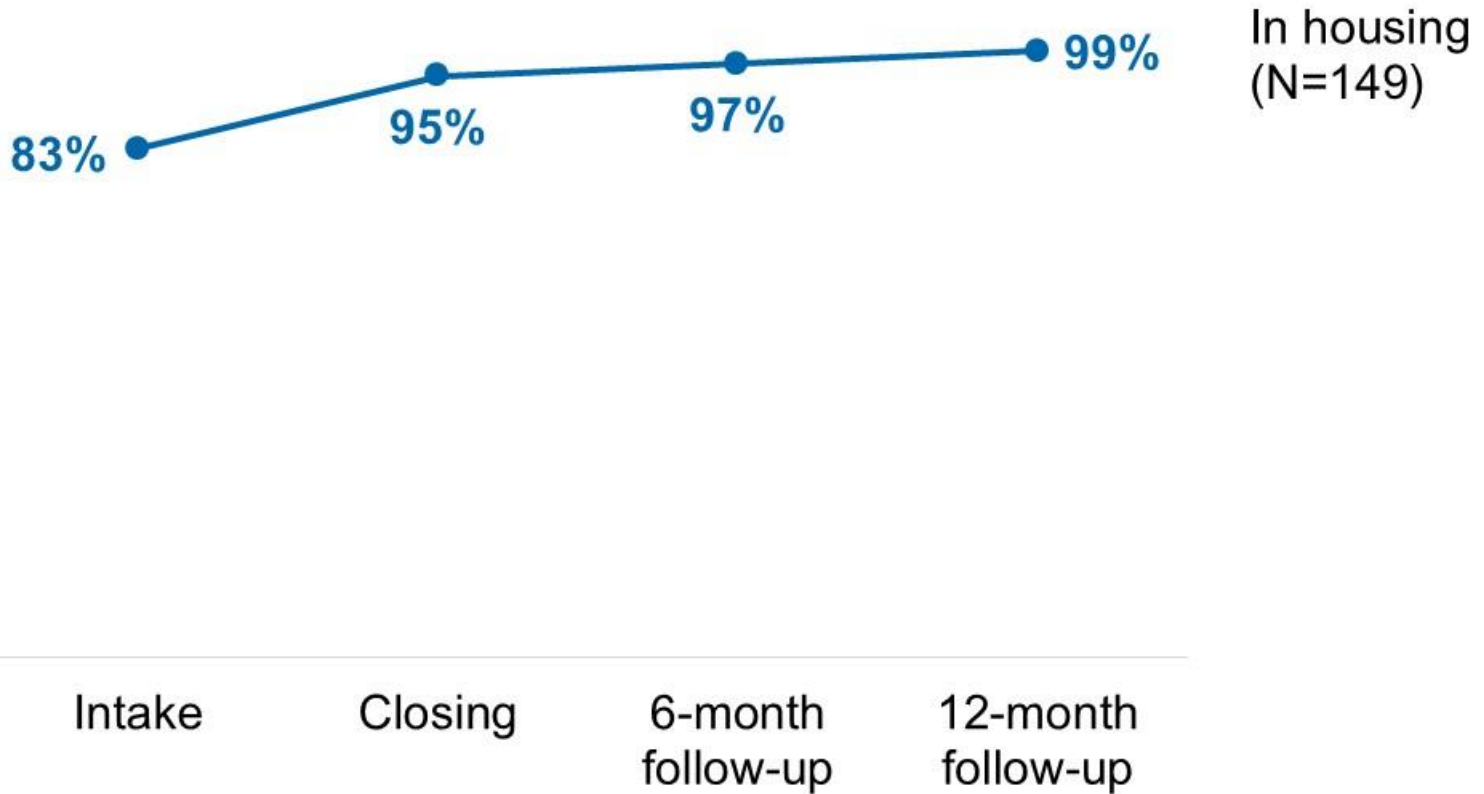


Intake → Closing (N=2,049)





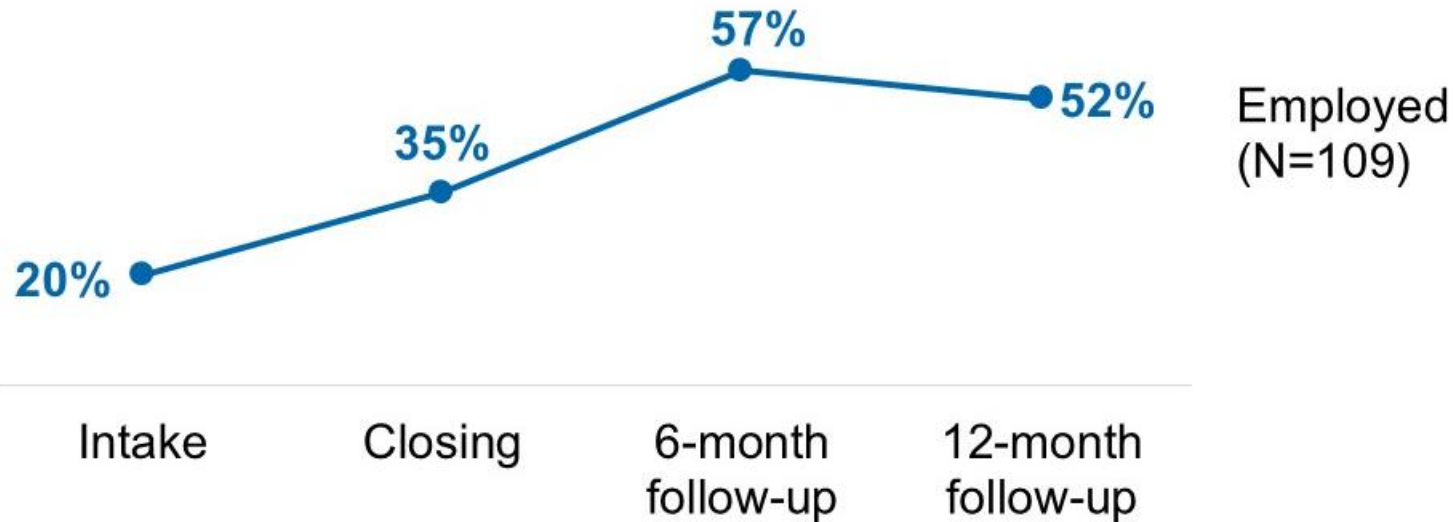
Intake → 12-month follow-up





Employment

- Compared to entry, at exit clients (N=2,084) were:
 - More likely to be employed (21% vs. 14%)
 - Although employment was quite low at both time points
- Over time (intake to 12-month follow-up):



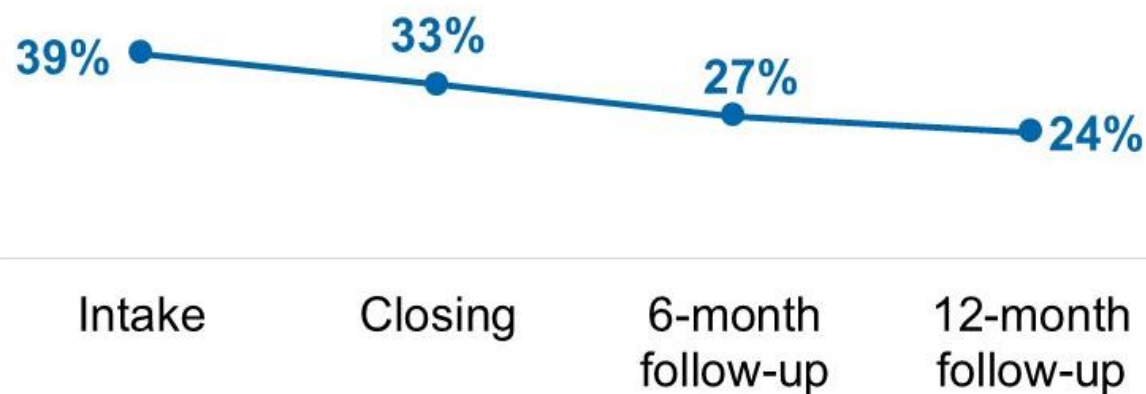


Child protection involvement

Intake → Closing (N=2,355)

- Less likely to be involved in Child Protection (43% vs. 39%)

Intake → 12 month follow-up



In Child Protection
(N=165)



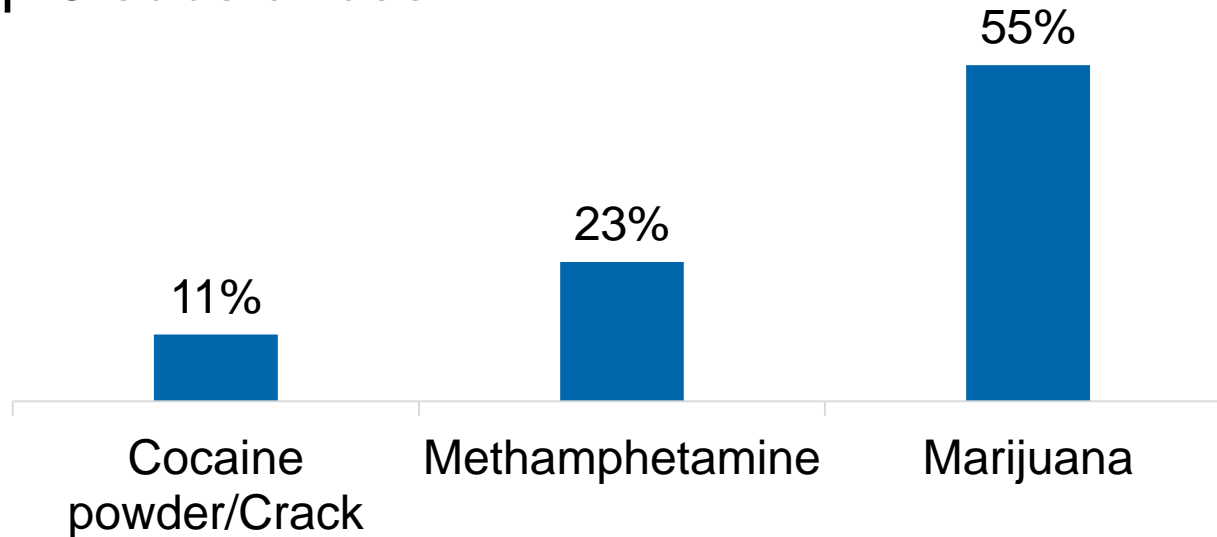
Infant toxicology (N=550)

Infants with a negative toxicology test

84%

Of those who tested positive (16%):

- Top 3 substances



How are women doing long-term?

Perceived well-being at follow-up



Compared to before you started the program, would you say your...	6-month follow-up (N=411-419)			12-month follow-up (N=270-272)		
	Better now	About the same now	Worse now	Better now	About the same now	Worse now
Relationships with friends/family	70%	22%	7%	66%	28%	5%
Financial situation	57%	24%	19%	57%	25%	17%
Employment situation	45%	42%	13%	46%	44%	10%
Living situation	71%	19%	9%	72%	18%	9%
Physical health	58%	28%	15%	54%	25%	20%
Mental/emotional health	68%	18%	14%	64%	20%	17%

Program services

(Asked at 6-month follow-up) Did the program help the client... (N=493-497)	Yes, program helped with this	No, but client <u>needed</u> this type of help	No, and client <u>did not need</u> this type of help	Percentage who felt this was <u>most helpful</u> to them or children
By just being there to provide emotional support or encouragement	87%	10%	3%	38%
Get or stay sober	82%	10%	7%	27%
With parenting	77%	8%	14%	15%
Find a support network of people who could help them stay sober	71%	15%	14%	8%
With things like housing, transportation, or paying bills	55%	28%	17%	9%
With getting benefits like MFIP or WIC	49%	10%	41%	3%

Program services (cont.)

- Most often, women felt that “staff support” was the most positive service they received from their program
 - General support (18%) and emotional support (16%)

“The staff are wonderful. They are helpful, understanding, and non-judgmental.”

“Everyone I worked with [was] very relationship based. They [were] friendly and [built] a positive relationship and got to know you on a personal level, which in turn could help you better.”

“The time they took to work with us individually – there was no rush to get us in and out...These ladies [were] caring and I still see them occasionally...the support is ongoing.”

Dosage

Do outcomes differ based on the amount or intensity of service clients received?

Impact of service intensity or “dosage”

Dosage criteria	High dosage	Low dosage
Length of program participation	90 days or more	Less than 90 days
Total contact hours with staff	40 hours or more	Less than 40 hours
Total in-person hours with staff	12 hours or more	Less than 12 hours
Number of clients	885	708

Outcomes impacted by dosage

High-dosage clients *more likely to achieve positive outcomes:*

- Sobriety at closing, 6-months, & 12-months post-exit
- “Doing well” at closing
- Successful completion of treatment at closing
- Negative toxicology of mothers and babies at birth
- Employment at closing
- Improved family stability at closing
- In own home/permanent supportive housing at closing
- No involvement with criminal justice system at closing

Contributors to positive outcomes

All women served

*What client characteristics or other factors
contribute to positive outcomes?*



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Contributors to sobriety

At closing

- Engaged with case plan or goals
- In housing supportive to recovery
- Participation in AA/NA
- Receiving mental health services
- Pregnant at intake

6-month follow-up

- Engaged with case plan or goals
- Housing (various factors)
- Participation in AA/NA
- Receiving mental health services
- High dosage
- Days in program

12-month follow-up

- Engaged with case plan or goals
- In housing supportive to recovery
- Participation in AA/NA
- High dosage
- Employed
- In treatment during program
- Primary drug of choice

So...what have we learned?



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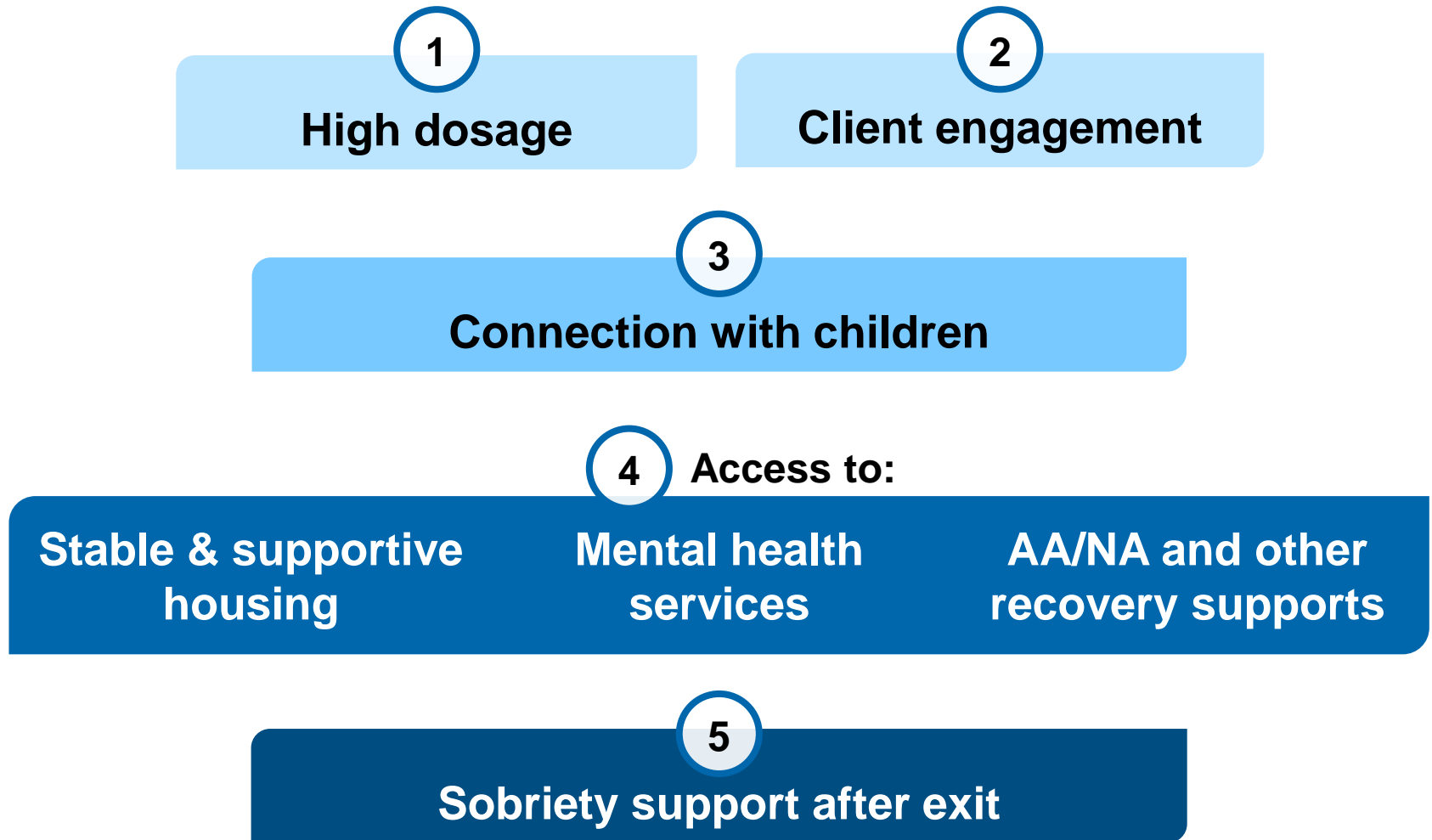
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Ongoing challenges



- Substance use after closing
- Physical health
- Finding affordable housing
- Employment and income

What works for women overall



Ongoing evaluation

- Currently evaluating next 5-year MN DHS grant (July 2016 – June 2021)
 - Findings look similar although Meth has become the primary drug of choice and most commonly used drug (rather than alcohol)
 - In this cycle, we explore how outcomes vary by race, as well as the impacts of Peer Recovery Specialists, culturally-specific programming, and COVID-19
 - Next 5-year report due out in the summer of 2021

Discussion questions

- How do we best serve the diverse and individualistic needs of women in recovery?
- What are some examples that you have about effective treatment approaches, particularly for Native Americans and people of color?
- Do the contributors to positive outcomes that emerged in our research fit with your experience?

Contact us



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www.wilderresearch.org

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