Iowa PPW

The Iowa Pregnant and Postpartum Women's Residential Treatment Program

THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

Iowa Pregnant and Postpartum Women
Annual Report
November 2016

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http://iconsortium.subst-abuse.uiowa.edu/

EXECUTIVE SUMMARY

The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) is under contract with the Iowa Department of Public Health (IDP) for evaluation of the Iowa Residential Treatment for Pregnant and Postpartum Women (PPW) Program. The PPW program is intended to expand the availability of comprehensive, residential substance abuse treatment, prevention and recovery support services for pregnant and post-partum women and their minor children, including services for non-residential family members of both the women and the children. The purpose of this report is to assess whether the Iowa PPW grant was used to implement an evidence-based program that provides recovery support services and addresses behavioral health disparities across three residential treatment sites from September 30, 2015 to September 30, 2016.

Key Findings

Program Implementation

- Each agency designated a therapist or counselor to lead Seeking Safety sessions and educate new trainers in the Seeking Safety evidence-based practice.

- Sixty pregnant or postpartum clients were admitted between February 2016 and September 2016. Forty-five of these clients were discharged and 34 were successfully discharged yielding a successful completion rate of 75.6%. The median length of stay was 90 days.

- Twenty-one supportive adults and 31 residential and non-residential children participated in PPW programming.

Service Provision

- Iowa PPW staff identified housing, extended child care, employment and finances as barriers to successful treatment completion. PPW staff reported successfully addressing barriers due to unhealthy relationships and transportation with clients.

- Agencies spent a total of $22,384.39 in recovery support services on the 60 clients.

- Clients participated in 18 evidence-based practices across the three PPW sites. Eight of these practices focused on improving parenting skills.

- All agencies report implementing at least four hours of weekend programming in which clients' children, family members and significant others participated in on and off-site activities including family meals and activities, spiritual classes, therapeutic sessions, community outings and seasonal events.

Behavioral Health Disparities

- Over four-fifths (86.7%) of PPW clients were diagnosed with a mental health disorder.

- Over three-fifths (61.7%) of PPW clients reported involvement in the child welfare system and 38.3% reported involvement in drug courts.

TABLE OF CONTENTS

OVERVIEW

Background

The Iowa Department of Public Health was awarded a three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The purpose of this grant is to expand the availability of comprehensive, residential substance abuse treatment, prevention and recovery support services for pregnant and post-partum women and their minor children, including services for non-residential family members of both the women and their children. Three established residential treatment programs in major cities throughout Iowa implemented the Iowa Pregnant and Postpartum Women's Residential Treatment Program (Iowa PPW): Area Substance Abuse Council in Cedar Rapids, Heartland Family Service in Council Bluffs and Jackson Recovery Centers in Sioux City.

The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation component of the project. The Consortium's evaluation involves the collection of outcome data to assess in determining the degree to which project goals and objectives are met. The evaluation includes data from The Government Performance and Results Act (GPRA), information collected from residential treatment providers and interviews with supervisory staff providing PPW services**.** This report provides data for clients admitted during year one of the grant period, September 30, 2015 to September 30, 2016.

Evaluation Questions

The central purpose of Iowa PPW is to expand the availability of comprehensive residential substance abuse treatment, prevention and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children.

The goals described in the Iowa PPW grant application are the benchmarks used to assess the success of the PPW program. Table 1 lists each goal described in the PPW grant application in the greyed rows. The first column of the table presents the questions used to examine the completion of these goals. The second column defines the indicators used to assess progress towards of goal completion. Finally, the third column lists the data sources used to measure the research question.

The evaluation focuses on three main topics tied to the Iowa PPW program goals:

- Program Implementation
- Service Provision
- Behavioral Health Disparities

Table 1. Program Goals, Questions and Data Sources for Evaluation

Program Goals and Question	Measures	Data Sources
Goal 1: Program Implementation--To implement an evidence-based program and increase the number of pregnant and postpartum women served with evidence-based programming at three Women and Children's Centers.		
a. Did Iowa initiate PPW services at three high volume community based substance abuse treatment facilities?	Earliest intake data by site; Estimate number of clients served at each site	GPRA Intake; Central Data Repository
b. Did Iowa provide training in Seeking Safety to staff at the three substance abuse treatment facilities?	Number and demographics of staff receiving Seeking Safety Training per site	Survey Care Coordinators and Therapists
c. Did each provider hire or appoint a Care Coordinator who works at least 20 hours a week on Iowa PPW?	Date Care Coordinator hired; Job description for Care Coordinator; Care Coordinator credentials	Job Description of Care Coordinator, Survey Care Coordinators
d. Does the Care Coordinator lead the Seeking Safety training and ensure program delivery to the target population?	Names of therapists/ counselors leading SS	Survey Care Coordinators and Therapists, Seeking Safety Provider Meeting Notes
Goal 2: Provide Recovery Support Services—To allow client choice in selecting recovery supports while focusing on gender specific issues for pregnant and postpartum women in residential treatment for substance use disorders.		
a. Did Iowa identify service gaps that hinder successful completion of substance abuse treatment by pregnant and postpartum women?	Identification of service gaps by agency staff; Clients' statement of needed services	Staff Survey; Client Satisfaction Survey; Interviews with Care Coordinators and supervisory staff
b. Did Iowa provide essential health and wellness services which improve safe and healthy pregnancies and improve health outcomes?	Number and description of services provided; comparison of number of preterm, low birth weight, and infant deaths between clients	Evidence Based Practices Tracking Form, Recovery and Support Services Tracking Form, Agency Intake Notifications, Agency Discharge Notifications, Peer-reviewed journal articles

Research Question	Measures	Data Sources
c. Did Iowa provide essential services which are focused on improving parenting skills, family functioning, economic stability and quality of life?	Number and description of services; number of clients experiencing improved quality of life	Staff Survey; GPRA Discharge Interview, GPRA Intake Interview; Recovery Support Services Tracking Form; Evidence Based Practices Tracking Form
d. Do providers offer at least four additional hours of weekend programming per month that increases extended family involvement?	Number of hours weekend programming per month offered; Description of weekend programming activities	Staff Survey; Interviews with Care Coordinators and supervisory staff
e. Do Care Coordinators develop and implement an extended recovery support services array that supports women, children and extended family members?	Number and amount of services offered by participant type; Description of agencies with which sites have MOAs/MOUs	Residential Treatment for Pregnant and Postpartum Women Survey; Recovery Support Services Tracking Form, Evidence Based Practices Tracking Form; Agency MOAs and MOUs
Goal 3: Address Behavioral Health Disparities— To reduce behavioral health disparities among pregnant and postpartum women who as a population tend toward a higher incidence of substance abuse and related problems.		
a. Do Care Coordinators develop comprehensive treatment plans for the women as well as a family treatment plan?	Description of methods used to develop treatment plans for clients and their families	Residential Treatment for Pregnant and Postpartum Women Survey; Interviews with Care Coordinators
b. Did Iowa increase and expand services to pregnant and postpartum women and their families involved in adult, juvenile and family drug court?	Describe changes in services to women and families involved in drug courts after PPW implementation	Residential Treatment for Pregnant and Postpartum Women Survey; Interviews with Care Coordinators
c. Did Iowa improve the treatment success rate by 5% at each center?	Number of clients completing treatment by site (baseline)	GPRA Discharge Interview

EVALUATION TOOLS

Participant Data Surveillance System

A system of data collection was developed to coordinate data collection efforts between agencies and evaluators at the Iowa Consortium. The following paragraphs will describe how the participant data surveillance system is implemented from a client's admission to her discharge and follow-up assessment.

Agencies have three days to decide whether a client that is admitted to treatment to their agency would benefit from inclusion in the Iowa PPW grant program. When clients are identified as clients who are able to actively participate in the PPW program, staff complete the Agency Notification of Intake. The Agency Notification of Intake Form supplements the GPRA intake interview by collecting information on clients' pregnant or postpartum status, birth outcomes of previous children and involvement in open child welfare cases and family drug court. Clients are also asked to identify children and supportive adults who the client anticipates may participate in the treatment program and provide their demographic information.

Throughout the clients' participation in the program, agency staff submit monthly summaries of recovery support services and evidence based practices provided to each client. At discharge, agency staff complete the Agency Notification of Discharge which supplements the GPRA Discharge Interview by including information such as client's pregnant or postpartum status, birth outcomes of children born in treatment, health screenings and referrals to services outside the treatment agency. In addition, demographic information of children and supportive adult participants in the PPW program as well as the number of family program participants who were screened for substance use, Fetal Alcohol Spectrum Disorder, and learning and developmental disorders.

Clients are then contacted six months post admission to conduct a GPRA Follow-Up Interview. For this first year's evaluation report, follow-up information will be omitted since valid GPRA Follow-Up Interview were available in the I-Smart system for only two clients as of September 30, 2016.

Qualitative Data

Survey Monkey Questionnaire

Supervisory staff and PPW care coordinators at each agency participated in a questionnaire administered through Survey Monkey in January 2016 prior to admission of clients to the PPW program. One questionnaire was given to each agency resulting in three completed surveys. Agencies were asked to provide responses to questions that directly addressed Iowa PPW program goals such as asking respondents to describe their bed capacity, services provision and partnerships with other organizations.

Semi-structured Interviews

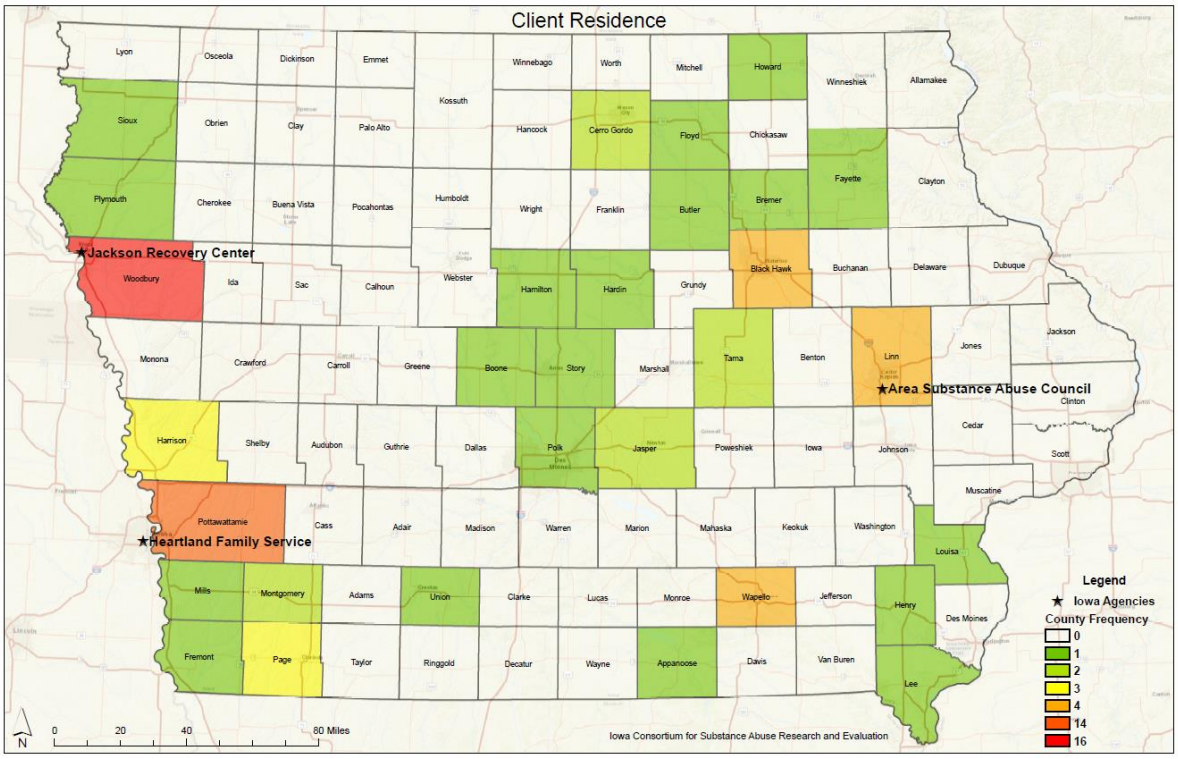
Following the conclusion of the first fiscal year of the Iowa PPW program, care coordinators and supervisory staff were invited to participate in a semi-structured interview to discuss barriers and facilitators of the PPW program. A total of seven staff were interviewed. Findings from these interviews will be discussed throughout the report in conjunction with quantitative findings to elaborate quantitative findings. Furthermore, specific findings related to staff's perceived barriers to clients' successful completion of treatment are presented at the end of the report.

Site Descriptions

Did Iowa initiate PPW services at three high volume community based substance abuse treatment facilities?

Figure 1 displays the geographical location of Area Substance Abuse Council (ASAC), Heartland Family Service (HFS) and Jackson Recovery Center (JRC) within the state of Iowa. Each PPW site is located in a highly populated area of Iowa. ASAC is located in Eastern Iowa while both JRC and HFS are located in Western Iowa.

Figure 1. Map of Program Sites and Client County of Residence



Area Substance Abuse Council. ASAC is located in Cedar Rapids, Iowa, the second largest city in Iowa as of 2015, with approximately 126,326 residents[1]. Cedar Rapids is located in Linn County. ASAC has locations in five different counties throughout Iowa and has served over 33,000 lives from July 1, 2014 to June 30, 2015. Heart of Iowa is the residential Women and Children's program that is housed within ASAC. Heart of Iowa's residential services include a primary residential treatment center, a halfway house, and family living in furnished on-site apartments. Heart of Iowa can house 36 residential women. More than 36 residential women can be housed by temporarily placing two women in one unit until another unit is open. ASAC admitted their first pregnant or postpartum client into the PPW program on February 10, 2016.*Heartland Family Service*. HFS is located in Council Bluffs, Iowa, the seventh largest city

[1] U.S. Census Bureau. (2015). *State & county Quick Facts: Cedar Rapids, Iowa.* Retrieved November 2, 2016, from http://quickfacts.census.gov.

in Iowa as of 2015, with approximately 62,597 residents[2]. Council Bluffs is in Pottawattamie County and borders Nebraska. HFS Family Service serves over 50,000 infants, youth and adults with 17 locations. HFS offers over fifty programs focusing on children and the family unit, counseling and prevention, and housing and financial stability. Iowa Family Works houses the residential Women and Children's program at HFS. This program can house ten to twelve women. Women who are unable to be immediately housed receive services in the center's Intensive Outpatient Program. HFS admitted their first pregnant or postpartum client into the PPW program on February 12, 2016.

Jackson Recovery Centers. JRC is located in Sioux City, the fourth largest city in Iowa as of 2015, with approximately 82,821 residents[3]. Sioux City, Iowa is located in Woodbury and Plymouth counties and borders South Dakota. In 2014, JRC served over 5,000 patients including 304 patients at the Women and Children's Center. JRC's Women and Children's residential program can house thirty women. Women who are unable to be immediately housed are provided with services in the Intensive Outpatient Program. JRC admitted their first pregnant or postpartum client into the PPW program on February 24, 2016.

All agencies began providing PPW services in their respective residential programs by February 26, 2016 at high volume clinics. Services offered were available either on-site or in the surrounding community.

County Residence of Clients

Figure 1 also shows the distribution of clients throughout the State of Iowa. Clients are primarily concentrated in Woodbury and Pottawattamie Counties. Sixteen clients resided in Woodbury County and 14 clients resided in Pottawattamie County at admission, representing one-third of Iowa PPW program participants.

PPW clients often need to cross county borders to participate in the PPW program. Over four in five ASAC clients (85.7%) reside in a county outside of Linn County. For HFS and JRC clients, 54.5% and 38.1% of clients reside in a county outside of the agency's home county, respectively.

Did Iowa PPW provide training in Seeking Safety to staff at the three substance abuse treatment facilities?

Seeking Safety was chosen as the evidence based practice that is used by all agencies implementing the Iowa PPW program. Seeking Safety is an evidence-based practice counseling model that is designed to assist people in acquiring safety in their personal relationships, thinking, behavior and emotions. In addition, Seeking Safety is intended to help clients address traumatic experiences and addiction without the necessity of revisiting traumatic experiences.

Sixteen agency staff across all three sites implementing PPW were trained in Seeking Safety. Table 2 describes the characteristics of staff trained in Seeking Safety at each agency. Both ASAC and HFS trained five staff in Seeking Safety (one trained staff member at ASAC is no longer at the agency) and JRC trained six staff members. Fourteen of the sixteen staff were women and all but one staff member was White or Caucasian. Table 2 also presents the varying counseling and social work licenses staff held at the time of the training. Staff at HFS

[2] U.S. Census Bureau. (2015). *State & county Quick Facts: Council Bluffs, Iowa.* Retrieved November 2, 2016, from http://quickfacts.census.gov.

[3] U.S. Census Bureau. (2015). *State & county Quick Facts: Sioux City, Iowa.* Retrieved November 2, 2016, from http://quickfacts.census.gov.

and JRC completed SS training in January 2016 while ASAC staff completed their training a month later in February 2016.

Table 2. Staff Trained in Seeking Safety

	ASAC[4]	HFS	JRC
Number of Staff Trained	5	5	6
Gender			
Female	4	4	6
Male	1	1	0
Race			
White/Caucasian	3	5	6
African American/Black	1	0	0
Ethnicity			
Hispanic or Latino	0	0	0
Not Hispanic/Latino	4	5	6
Professional Licenses			
Certified Alcohol and Drug Counselor	2	0	1
International Alcohol and Drug Counselor	1	2	1
Licensed Marriage and Family Therapist	0	1	0
Licensed Master Social Worker	0	1	0
Licensed Mental Health Counselor	0	3	0
Licensed Mental Health Practitioner	0	1	0
Date of Seeking Safety Training Completion	February 2016	January 2016	January 2016

Iowa PPW provided Seeking Safety training to sixteen staff members across the three PPW implementation sites. Seeking Safety training was completed by all sixteen staff by February 2016.

[4] One of the five staff were trained in Seeking Safety at ASAC is no longer with the agency. The race/ethnicity and professional licensure of this staff member was not provided and is missing from this table.

Does the Care Coordinator lead Seeking Safety training and ensure program delivery to the target population?

Therapists and counselors, rather than Care Coordinators, lead Seeking Safety sessions with PPW clients. Each agency has designated a therapist or counselor who leads Seeking Safety sessions with clients. In addition, each agency identified one staff member who, as a Site Trainer, is responsible for training future staff members in Seeking Safety to improve program sustainability after grant funding ends.

Therapists and counselors that implement Seeking Safety across other programs participate in a monthly Seeking Safety provider conference call. These calls discuss Seeking Safety implementation methods in detail and share how Seeking Safety is implemented across programs with varying client demographics and needs.

Topics of Seeking Safety Provider calls include:

- Reviewing components of Seeking Safety
- Examining barriers to Seeking Safety implementation
- Expanding Seeking Safety to other populations
- Identifying Site Trainers to assist with program sustainability
- Discuss agency uses of recovery support services
- Explore additional screening tools

Therapists and counselors, rather than Care Coordinators, across Iowa PPW sites lead Seeking Safety training to the target population. In addition, each agency has identified an on-site Seeking Safety trainer to aid in program stability over time.

Did each provider hire or appoint a Care Coordinator who works at least 20 hours a week on Iowa PPW?

Each agency hired or appointed a Care Coordinator who works at least 20 hours a week on PPW tasks. More specifically, Care Coordinators across all three agencies reported working 40 hours a week on Iowa PPW. However, Care Coordinators do not lead Seeking Safety sessions. Care Coordinators vary by type of professional license or educational credential and date of hire.

The PPW Care Coordinator for ASAC holds a Bachelor's of Arts in Criminal Justice and was hired in July 2016. HFS recently hired a Licensed Master Social Worker as a Care Coordinator on June 20, 2016. The PPW Care Coordinator for JRC was hired to work for the agency in 2009 but was transferred to the position of PPW Care Coordinator in January 2016. The JRC Care Coordinator holds a Master of Science in Education.

EVALUATION RESULTS

Admissions

Projected and Actual Admissions

The PPW program aimed to provide direct services to 120 pregnant or postpartum clients within the first year of implementation. However, agencies did not begin admitting clients into the

program until February 2016. This evaluation report covers eight months of program admissions from February 1, 2016 to September 30, 2016.

Due to the delayed start in program delivery, the admission goal of 120 clients within the first year was reduced so that agencies were expected to admit 90 pregnant or postpartum clients within the first year. As a result, each agency was anticipated to admit 30 clients by the end of September. Figure 2 illustrates the number of clients admitted to the program by agency throughout the first year of the PPW program.

A total of 84 clients were admitted to the program by September 30, 2016 nearing the revised goal of ninety clients. However, sixteen clients were identified as being neither pregnant nor postpartum. These sixteen clients are omitted from the analysis of this report. In addition, records for eight clients were omitted because their data were not entered into I-Smart by September 30, 2016. This report describes the remaining 60 clients admitted from February 1, 206 to September 30, 2016 who were identified as pregnant or postpartum at admission and could be identified across multiple data sources.

Figure 2 shows the number of clients admitted to ASAC, HFS and JRC within the first year of the PPW program. The x-axis presents the month that clients were admitted (February 2016 to September 2016). The y-axis present the total number of clients admitted in 2016. Figure 2 illustrates that admissions peaked at the beginning of the program and decreased sharply afterwards. From February to March 2016 nearly half (48.3%) of the total number of pregnant or postpartum clients were admitted. In April, only two clients were admitted. Total client admissions ranged from five to eight clients per month from May to September.

Figure 2. Number of Clients Admitted to PPW Program by Agency and Month

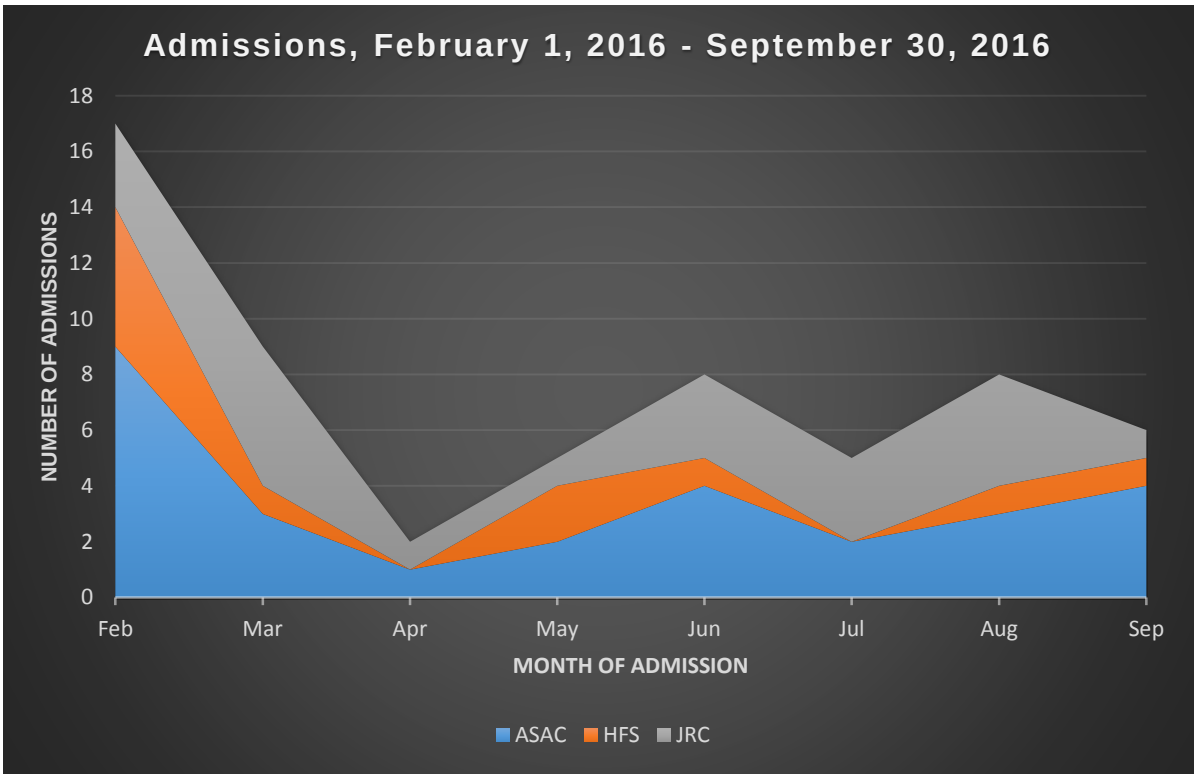


Table 3 presents the program goals for client admission counts and demographics that were identified in the Iowa PPW grant proposal. The first column of Table 3 displays racial/ethnic categories. The second column shows the targeted number of clients expected to receive services by race and ethnicity and the third column of the table displays the actual number of clients admitted to the program by race and ethnicity within the first year of program implementation. Columns two and three reflect the revised target admission goal of 90 clients.

Within the first fiscal year, Iowa PPW achieved two-thirds of the expected number of pregnant or postpartum clients to be admitted to the program. Ninety clients were expected to be admitted to the program and seventy-five were actually admitted.

Concerning racial/ethnic identification of clients, 75 of the 90 clients (83.3%) were projected to be White/Caucasian while the remaining clients were expected to consist of clients who are from non-White racial groups. The three agencies enrolled a higher percentage of racial minorities compared to goal estimates. Forty-six of the sixty (76.7%) pregnant or postpartum clients admitted to the program were White/Caucasian representing approximately three-quarters of program participants.

The Iowa PPW program tripled the goal for the number of American Indian/Alaska Native clients and doubled the admission goal for clients who report more than one race. However, agencies attained 50% of the goal for the number of admitted African American/Black and Hispanic or Latino clients.

Table 3. Program Goals for Client Admission

	FY 1 Goal n (%)	FY 1 Actual n (%)
Total number of admitted clients	90	60
Race		
White/Caucasian	75 (83.3%)	46 (76.7%)
African American/Black	8 (8.9%)	4 (6.7%)
American Indian/Alaska Native	1 (1.1%)	3 (5.0%)
Asian	1 (1.1%)	0 (0.0%)
Hawaiian or Pacific Islander	0 (0.0%)	0 (0.0%)
Two or more races	3 (3.3%)	6 (10.0%)
Ethnicity		
Hispanic/Latino	2 (2.2%)	1 (1.7%)

Client Characteristics

The following section provides a summary of client demographics, pregnant or postpartum status, housing arrangements, substance use and involvement in the criminal justice system at the clients' admission. All characteristics are presented in tables and figures by agency.

Demographics

Table 4 displays age, race and ethnicity of clients admitted to each of the three agencies in the first year of the PPW program. ASAC admitted the most clients with 28 pregnant or postpartum clients followed by JRC with 21 clients. HFS admitted the lowest number of pregnant or postpartum clients with 11 clients within the first fiscal year of the PPW program.

The median age of all clients entering residential treatment at the three agencies was 27 years old. The youngest client was 19 years old and the oldest client was 38 years old. Four out of five clients identified as Caucasian/white. Caucasian/white race was reported by 100% of HFS Family Service clients, and over 70% of ASAC and JRC clients. Two or more races was the second most common reported race for PPW clients. One in ten (10.2%) of all clients reported two or more races while 18.5% of ASAC clients and 4.8% of JRC clients reported two or more races. African American/black race was self-reported by four clients; one client at ASAC and three clients at JRC Recovery Services. Three clients self-reported American Indian. One client at ASAC identified as Hispanic/Latino.

Table 4. Client Demographics at Admission by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
Age				
Mean age	25.7	28.1	26.8	27.0
Age range	19 – 35	21 – 35	19 – 38	19 – 38
Race				
White/Caucasian	71.4%	100.0%	71.4%	76.7%
African American/Black	3.6%	0.0%	14.3%	6.7%
American Indian/Alaska Native	3.6%	0.0%	9.5%	5.0%
Asian	0.0%	0.0%	0.0%	0.0%
Hawaiian or Pacific Islander	0.0%	0.0%	0.0%	0.0%
Two or more races	17.9%	0.0%	4.8%	10.0%
Missing	3.6%	0.0%	0.0%	1.7%
Ethnicity				
Hispanic or Latin	3.6%	0.0%	0.0%	1.7%
Not Hispanic or Latino	96.4%	100.0%	100.0%	98.3%

Client Pregnant or Postpartum Status and Number of Children at Admission

Table 5 presents clients' pregnancy status and the number of children reported at admission. Half of all clients were pregnant at the time of admission. ASAC had the largest proportion of pregnant clients. Nearly two-thirds (64.3%) of ASAC clients were pregnant at admission compared to 38.1% of JRC clients and 36.4% of HFS clients.

The median number of weeks pregnant for admitted clients was 19.5 weeks. HFS clients were farther along in their pregnancy with a median of 25 weeks.

Over half of all pregnant clients (53.3%) were in their second trimester of pregnancy. One-fifth were in their first trimester and 26.7% were in their third trimester. HFS and JRC had identical percentages of pregnant clients in their first (0.0%), second (75.0%) and third (75.0%) trimesters. While HFS and JRC had no pregnant clients in their first trimester, one-third of pregnant ASAC clients were in their first trimester. Among all clients who were pregnant at admission, only five out of thirty (16.7%) had not previously given birth to other children.

Half of all clients were postpartum at the time of admission. Nearly two-thirds of clients at HFS Family Service (63.6%) and JRC Recovery (61.9%) were postpartum at the time of admission compared to 35.7% of ASAC clients.

Prior to admission, over 90% of clients reported giving birth to at least one child. All HFS clients reported giving birth to at least one child at admission. Among clients who had previously given birth, nearly one-quarter (23.6%) had lost custody of at least one child.

Clients reported giving birth to a median of two children at admission. HFS and JRC clients reported more children than ASAC clients. HFS and JRC clients report a median of three children while ASAC clients report a median of two children. The largest number of children reported is seven. Five clients were pregnant with their first child at admission.

Table 5. Client Pregnant or Post-Partum Status at Admission by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
Pregnant	64.3%	36.4%	38.1%	50.0%
Weeks pregnant (median)	20.2	26.75	20.6	21.2
First trimester	33.3%	0.0%	0.0%	20.0%
Second trimester	38.9%	75.0%	75.0%	53.3%
Third trimester	27.8%	25.0%	25.%	26.7%
Postpartum	35.7%	63.6%	61.9%	50.0%
Prior children	89.3%	100.0%	90.5%	91.7%
Lost child custody	14.3%	27.3%	31.6%	23.6%
Number of children (median)	2.0	3.0	3.0	2.0
Number of children (range)	1 – 5	1 – 5	1 – 7	1 - 7

Client Education and Wages

Figure 3 displays the highest level of education clients reported attaining at admission. Nearly two out of five (38.3%) reported the completion of high school as their highest level of education completed and 30.0% of clients reported that they had not completed high school. Nearly one-third of clients (31.7%) reported having at least some college education.

When assessing educational attainment by agency, educational attainment was lowest among HFS clients. More clients at HFS reported high school incompletion has their highest level of education than any other educational category. Among ASAC clients, over half (51.9%) reported high school as their highest level of education completed. For JRC Recovery, one-third of client reported less than high school, one-third reported high school, and one-third reported at least having some college.

Figure 3. Educational Attainment at Admission by Agency

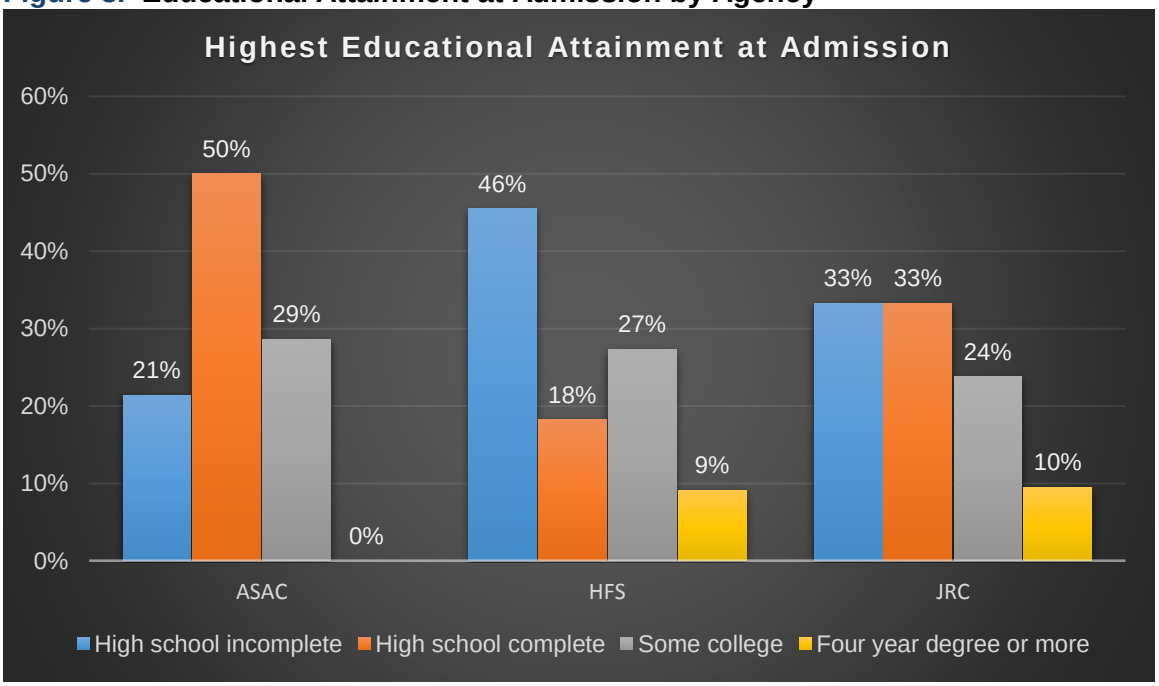


Table 6 displays the median and range of monthly wages reported by clients at admission. The median amount of total wages all clients reported in the 30 days prior to admission was $200. Reported monthly wages ranged from zero to $3,267. ASAC clients reported a higher median monthly wage than HFS or JRC clients. More JRC clients reported no wages than ASAC or HFS clients.

Table 6. Total Monthly Wages at Admission by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
Monthly Wages				
Monthly wages (median)	$300	$190	$0	$200
Monthly wages (range)	$90 - $3,267	$0 - $650	$0 - $738	$0 - $3,267

Table 7 presents clients' reported relationship status and living arrangements at admission. Nearly two-thirds of all clients reported being single and never married at the time of admission. Being single and never married was the most common relationship status for all three agencies. One in ten clients reported being married; however, no JRC clients reported that they were married at admission. Nearly one in five (17.8%) of ASAC clients were divorced or separated compared to less than one in ten of HFS or JRC clients.

Within the 30 days prior to admission, 30.0% of all clients were homeless. More clients at ASAC reported being homeless than HFS or JRC clients. Two in five (42.9%) ASAC clients and nearly 20% of HFS and JRC clients reported homelessness at the time of admission into the PPW program. Twenty percent of clients reported living with significant others and approximately one in ten clients reported living with their parents. Eight clients (13.3%) reported residing with other adults that were not family members or significant others.

Nearly one in three (30.0%) of clients reported homelessness 30 days prior to admission to PPW.

Several clients were residing in institutions or living alone when they were admitted to the program. One in ten clients were incarcerated, 5.0% resided in a shelter or halfway house and one client entered treatment from the hospital. Five clients reported living alone prior to entering the PPW program. Of these clients living alone, three were living alone with their child(ren).

Table 7. Client Relationship Status and Living Arrangements at Admission by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
Relationship Status				
Single, never married	64.3%	63.6%	71.4%	66.1%
Married	14.3%	18.2%	0.0%	10.2%
Divorced	7.1%	9.1%	9.5%	8.3%
Cohabiting	3.6%	9.1%	9.5%	6.7%
Separated	10.7%	0.0%	0.0%	5.1%
Living Arrangements				
Homeless	42.9%	18.2%	19.1%	30.0%

Significant others	25.0%	9.1%	19.0%	20.0%
Other Adults	3.6%	18.2%	23.8%	13.3%
Parents	10.7%	18.2%	9.5%	11.7%
Jail/Correctional facility	10.7%	18.2%	4.8%	10.0%
Alone with child(ren)	0.0%	9.1%	9.5%	5.0%
Shelter / Halfway house	3.6%	9.1%	4.8%	5.0%
Alone	3.6%	0.0%	4.8%	3.3%
Hospital	0.0%	0.0%	4.8%	1.7%

Client Substance Use at Admission

Table 8 presents clients reported primary substance of use at admission. The most common primary substance for PPW clients at admission was methamphetamine. Over two-thirds (68.3%) of clients reported using methamphetamine as their primary substance at the time of admission. This finding is true for all three PPW sites. The second most common primary substance, marijuana/hashish, was reported by 15.0% of clients. Three clients at ASAC and two clients at JRC Recovery Services reported other opiates or synthetics as their primary substance. Two clients at ASAC and one client at HFS reported alcohol as their primary substance. One client reported cocaine and one client reported other sedatives or hypnotics as their primary substance of use. No other primary substances were reported.

At admission, 43.3% of clients reported using their self-reported primary substance one or more times a day. Using the primary substance at least once a day was the most common category of frequency of use. A similar percentage of clients reported using a primary substance one to three times per week (16.7%) and no use in the past month (15.0%). The least common category of frequency of use is “no use in the past six months”. Only two clients indicated that they had not used their primary substance within the last six months.

Seventy percent of all clients reported smoking cigarettes daily at admission.

Table 8. Primary Substance Use at Admission by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
Primary Substance				
Alcohol	7.1%	9.1%	0.0%	5.0%
Cocaine	0.0%	0.0%	4.8%	1.7%
Marijuana/hashish	14.3%	18.2%	14.3%	15.0%
Methamphetamine	67.9%	63.6%	71.4%	68.3%
Other opiates/synthetics	10.7%	0.0%	9.5%	8.3%
Other sedatives/hypnotics	0.0%	9.1%	0.0%	1.7%
Frequency of Primary Substance				
One or more times a day	57.1%	54.5%	19.0%	43.3%
One to three times per month	10.7%	27.3%	28.6%	16.7%
No use in past month	3.6%	18.2%	28.6%	15.0%
No use in past six months	3.6%	0.0%	4.8%	3.3%

Table 9 shows that seventy percent of all clients smoked at least half a pack of cigarettes a day at the time of admission. An equal percentage of clients smoked half a pack to one pack a day (30.0%) and less than half a pack a day (30.0%). One in ten clients reported smoking more than one pack a day.

Table 9. Client Cigarette Use at Admission by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
More than one pack a day	17.9%	0.0%	4.8%	10.0%
Half a pack to one pack a day	32.1%	36.4%	23.8%	30.0%
Less than half a pack a day	25.0%	45.5%	28.6%	30.0%
No Cigarette Use	25.0%	18.9%	42.9%	30.0%

Client Involvement in Criminal Justice and Child Welfare Systems at Admission

Figure 4 shows the percent of clients who were awaiting trial or were on parole or probation at the time of admission. Twenty of the sixty clients (33%) reported being on parole or probation at the time of admission to the PPW program. Ten clients (16.7%) were awaiting trial at admission.

Compared to ASAC and JRC clients, a smaller percentage of HFS clients reported that they were awaiting trial or on parole or probation. Nearly two-fifths (38.1%) of ASAC and JRC clients reported being on parole or probation at admission while 18.2% of HFS clients reported being on parole or probation. Furthermore, while 21.4% of ASAC clients and 23.8% of JRC clients reported that they were awaiting trial at admission, no Heartland clients indicated that they were awaiting trial at admission.

Figure 4. Client Involvement in Criminal Justice System at Admission by Agency

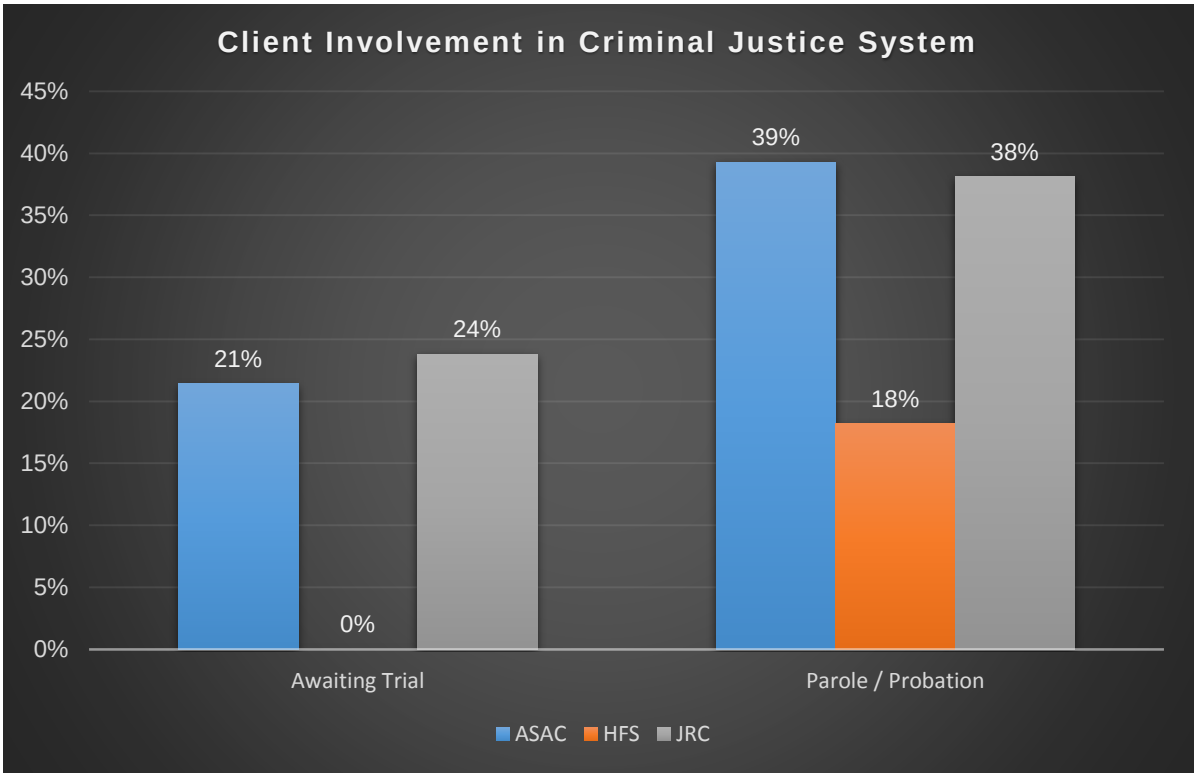


Table 10 shows the percent of clients who reported involvement in child welfare or drug court at admission. Thirty-seven clients (61.7%) were involved with child welfare and 38.3% clients were involved in drug court at the time of admission.

Over half of the clients at each agency reported child welfare involvement. However, the percentage of clients in drug court was not equal across agencies. Half of all ASAC clients and 54.5% of all HFS clients were involved in drug courts compared to 14.3% of JRC clients.

A quarter of all clients were involved in both child welfare and drug court. Three JRC clients were involved in both child welfare and drug court compared to six clients each at ASAC and HFS.

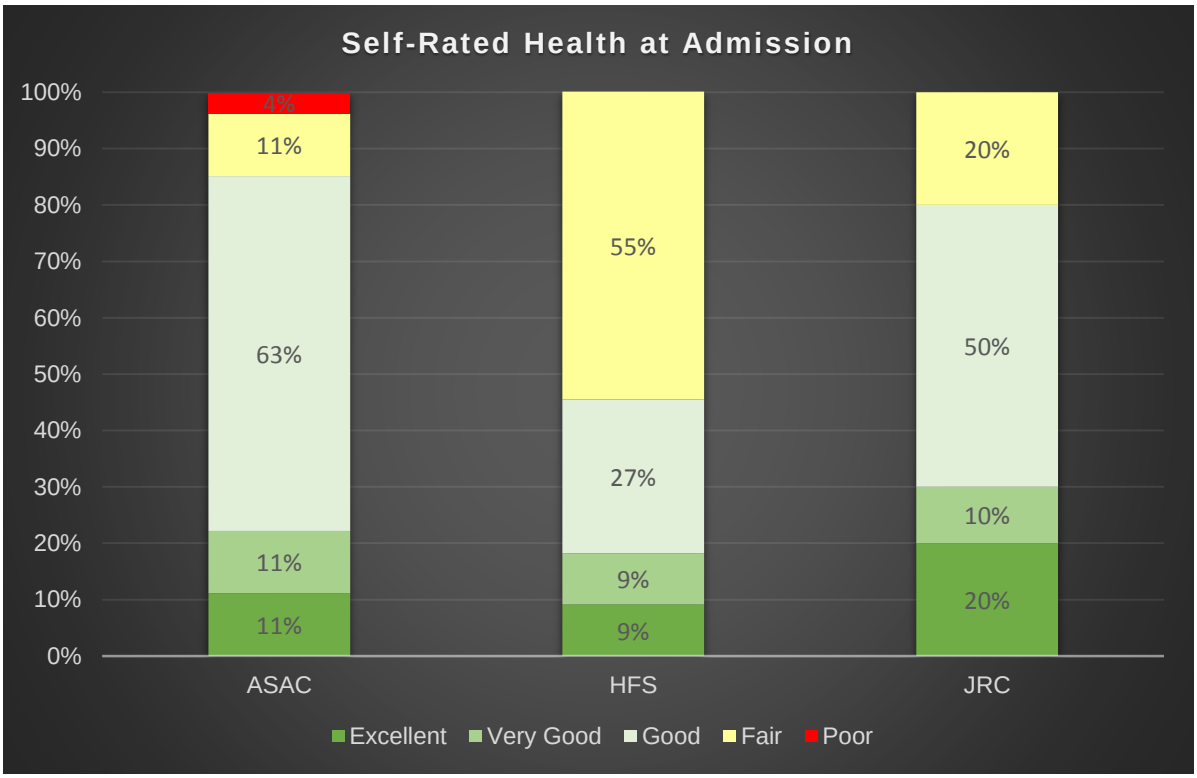
Table 10. Client involvement in Child Welfare and Drug Courts at Admission by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
Child welfare involvement	57.1%	63.6%	66.7%	61.7%
Drug court involvement	50.0%	54.5%	14.3%	38.3%
Child welfare & Drug court involvement	21.4%	54.5%	14.3%	25.0%

Indicators of Client Health at Admission

Self-Rated Health. Figure 5 shows the percent of clients who rated their health as excellent, very good, good, fair or poor at admission. Four out of five (80.0%) of JRC clients and 85.1% of ASAC clients reported that their health was excellent, very good, or good. In contrast, only 45.5% of HFS clients reported that their health was excellent, very good, or good. Over half (54.6%) of HFS clients reported their health as fair. Only one client, who was admitted at JRC, reported poor health.

Figure 5. Client Self-Reported Health at Admission by Agency



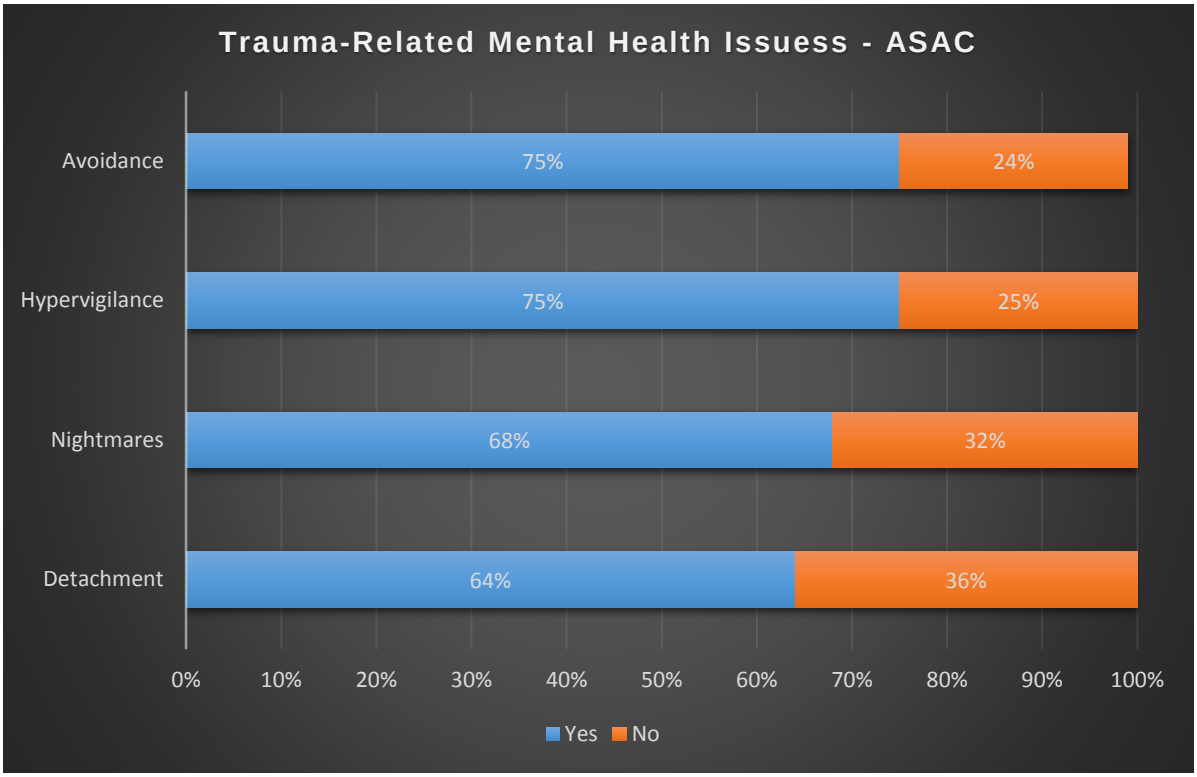
Trauma-Related Mental Health Issues. Figures 6 through 8 illustrate the distribution of mental health indicators related to the experience of violence and trauma for clients reported at admission. All clients were asked if they had experienced violence or trauma in any setting

Fifty-six of the sixty PPW participants (93.3%) reported that they had encountered a traumatic experience within their lifetime.

including community or school violence, domestic violence, physical, psychological or sexual maltreatment/assault within or outside of the family, natural disaster, terrorism, neglect or traumatic grief. Fifty-six of the sixty clients (93.3%) indicated that they had encountered a traumatic experience within their lifetime. If respondents indicated that they had experienced trauma in their lifetime, then they were asked whether they 1) had nightmares about the traumatic incident ("nightmares") 2) avoided thinking about and engaging in situations that remind them of the incident ("avoidance") 3) were consistently on guard ("hypervigilance") and 4) felt numb and detached from other activities and surroundings("detachment"). Not all program participants replied to all of the questions, so sample sizes may differ my question.

Figure 6 shows the percent of ASAC clients who reported trauma-related health issues at admission. Nearly nine in ten (89.2%) ASAC clients reported experiencing at least one traumatic experience. Of these women, three-quarters reported avoided thinking about or engaging in situations that reminded them of the incident(s) and being on constant guard as a result of the incident(s). Two-thirds of ASAC clients reported experiencing nightmares about the traumatic incident(s) and 64% reported feelings of numbness and detachment from other activities and surroundings as a result of the traumatic experience(s).

Figure 6. Trauma-Related Health Indicators at Admission - ASAC[5]



[5] These percentages do not reflect the responses from all ASAC clients. The percentages in the graph represent 25 of the 28 ASAC clients who reported experiencing at least one traumatic event in their lifetime. Three ASAC clients did not report ever experiencing at least one traumatic experience.

Figure 7 shows the percent of HFS clients who reported trauma-related health issues at admission. Ten of the eleven HFS clients reported experiencing at least one traumatic experience in their lifetime. Of these ten women, as a result of the traumatic incident(s), all reported avoiding thinking or engaging in situations that reminded them of the incident(s), being on constant guard, experiencing nightmares related to the traumatic event and experiencing feelings of numbness and detachment from other activities and surroundings.

Figure 7. Trauma-Related Health Indicators at Admission - HFS[6]

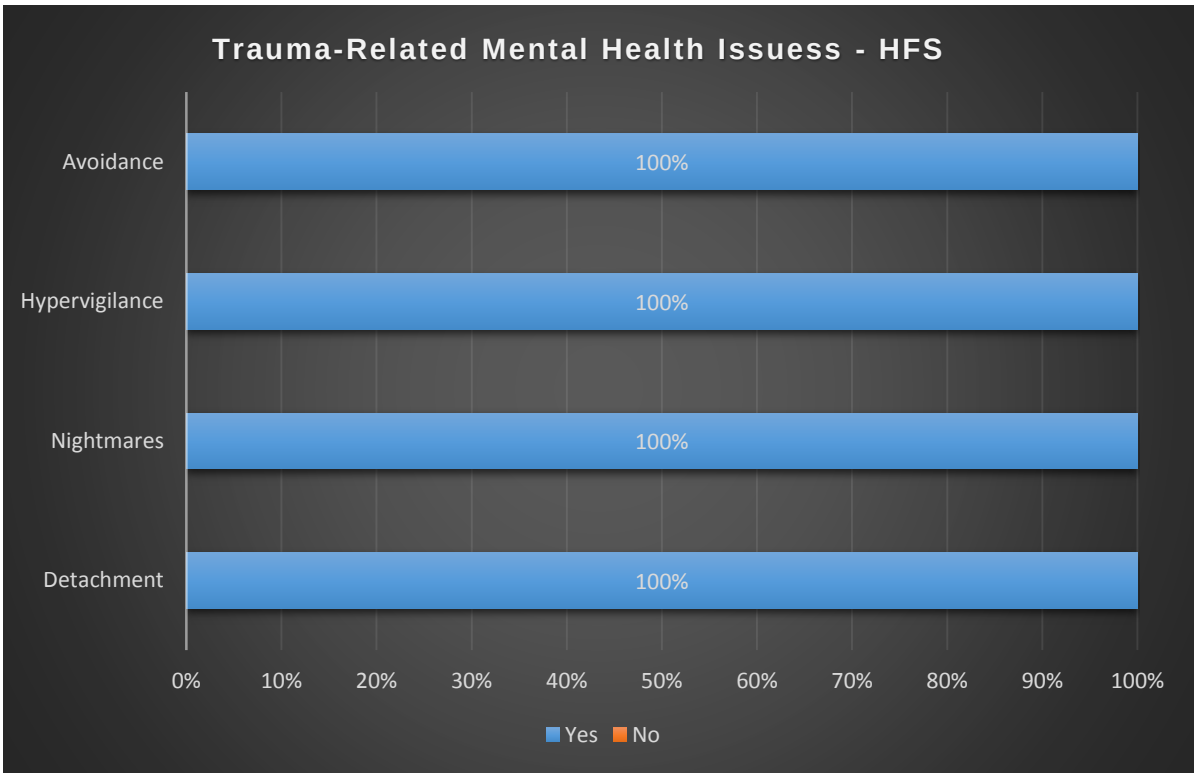
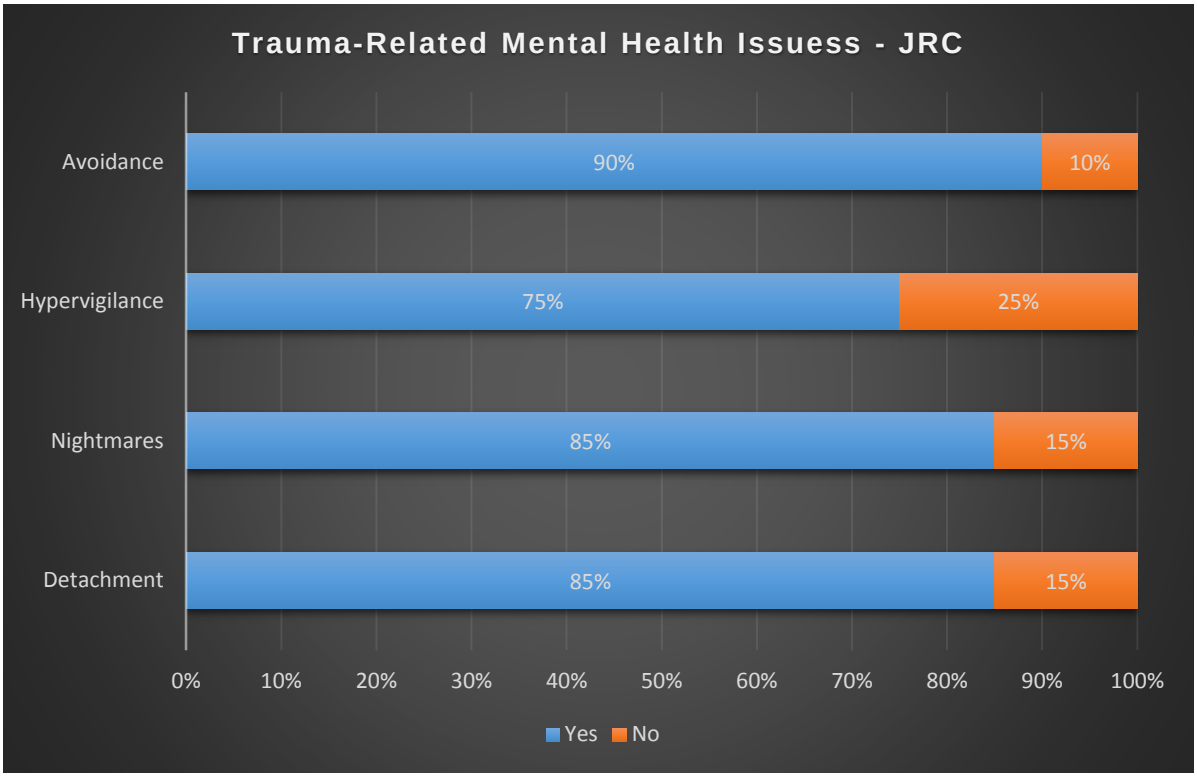


Figure 8 shows the percent of JRC clients who reported trauma-related health issues at admission All JRC clients reported experiencing at least one traumatic experience in their lifetime. Of these twenty-one women, 19 reported avoiding situations that reminded them of the traumatic experience(s). Over four in five (85.7%) clients reported both experiencing nightmares and feelings of numbness and detachment to activities and surroundings. Approximately three-quarters of JRC clients reported being on constant guard as a result of the traumatic experience(s).

[6] These percentages do not reflect the responses from all HFS clients. The percentages in the graph represent the 10 of the 11 HFS clients who reported experiencing at least one traumatic event in their lifetime. One client did not report ever experiencing a traumatic event.

Figure 8. Trauma-Related Health Indicators at Admission - JRC[7]



Sexual Health. More than two-fifths (43.3%) of all clients reported engaging in sexual activity in the 30 days prior to their admission. Over half (57.1%) of ASAC clients and 45.5% of HFS clients reported at least one unprotected sexual encounter within the past 30 days. One-third of JRC clients reported at least one sexual encounter in the past 30 days. Furthermore, nearly two-thirds (64%) of all clients who reported at least one incidence of unprotected sexual encounters reported having unprotected sex while high. One in five clients who reported having unprotected sex had sex with an individual that injects drugs.

Figure 9 illustrates the distribution of the number of unprotected sexual encounters clients reported in the 30 days prior to admission. In Figure 9, there is a separate box plot for each agency displaying the distribution of the number of unprotected sexual encounters clients reported among the 43.3% of clients who reported at least one unprotected sexual encounter in the last 30 days.

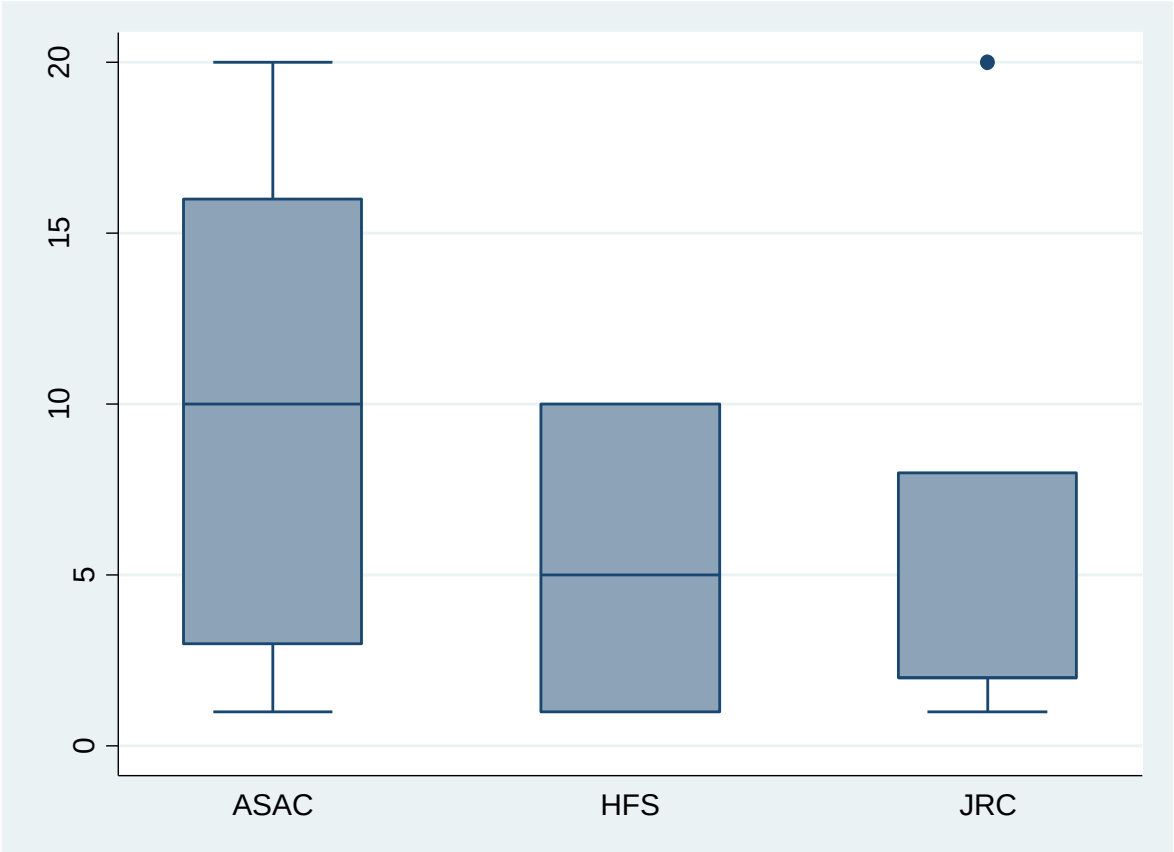
The boxplot breaks up the distribution of data into quartiles by lining up responses from the lowest to highest responses and dividing them into quarters. The box represents the middle 50% of the responses. The upper and lower lines (whiskers) represent the highest and lowest quartiles. The line in the middle of each box represents the median, or the response that is in the middle of the distribution. The median reported count of unprotected sexual encounters within the last 30 days was ten for ASAC clients, five for HFS and two for JRC clients.

[7] These percentages do not reflect the responses from all JRC clients. The percentages in the graph represent 20 of the 21 JRC clients who reported experiencing at least one traumatic event in their lifetime. One client did not give a response to this question.

Using the box plot for ASAC as an example, the median number of unprotected sexual encounters of clients in the past 30 days among ASAC clients who had sex in the past 30 days is ten. This means that 50% of respondents reported fewer than ten unprotected sexual encounters and 50% of respondents reported more than ten unprotected sexual encounters. The area in the box shows that 50% of clients report approximately three to sixteen instances of unprotected sex.

The "whiskers" represent the values that are higher (above the box) and lower (below the box) than the three to sixteen instances of unprotected sex. For ASAC, the lowest number of sexual encounters is one, represented by the horizontal line that ends the whisker. Outlier values are indicated by a dot. For JRC, the dot representing 20 unprotected sexual encounters is an outlier. One data point that represented 300 sexual encounters from ASAC was omitted from the results of the figures since its inclusion distorted the display of the data across agencies. Even with this outlier excluded from the box plot, the wider range of numbers of reported unprotected sexual encounters is illustrated by the long box and whiskers for ASAC compared to the box plots for HFS and JRC clients.

Figure 9. Number of Reported Unprotected Sexual Encounters among Clients Reporting Sexual Activity 30 Days Prior to Admission[8]



[8] One value for ASAC representing 300 unprotected sexual encounters in the 30 days prior to admission was omitted from the figure.

Characteristics of Residential Children and Non-Residential Family Members

Projected Residential and Non-Residential Children Participants

At admission, clients were asked to identify children who would participate in the PPW program. Table 11 summarizes the demographics of residential and non-residential children that clients projected would participate in the PPW program at admission. Sixty-three residential and non-residential children were projected to be involved in the PPW program by clients at admission. ASAC clients reported the potential involvement of 23 children. HFS clients and JRC clients expected the involvement of 16 and 24 children, respectively.

A nearly equal percent of girls (49.2%) and boys (50.8%) were expected to participate in the PPW program. At admission, ASAC clients reported the participation of boys more often than HFS or JRC clients. More boys were expected to be involved in the ASAC program than the PPW programs at HFS and JRC. JRC expected the most racially and ethnically diverse children participants with 41.7% reporting a racial background other than White/Caucasian and 16.7% reporting a Hispanic ethnic background. Ages of children expected to participate in all programs ranged from newborn to twenty years old.

Nearly three-quarters (73.0%) of children that were anticipated to participate in the PPW program reported involvement in the child welfare system. Nearly one in five (17.5%) reported involvement in family drug court due to mother's involvement in child court.

Table 11. Potential Residential and Non-Residential Child Participant Demographics at Admission

	ASAC n = 23	HFS n = 16	JRC n = 24	All n = 63
Sex				
Female	34.7%	56.3.%	58.3%	49.2%
Male	65.2%	43.8%	41.7%	50.8%
Race				
White/Caucasian	91.3%	93.8%	58.3%	80.9%
African American/Black	0.0%	0.0%	16.7%	6.3%
American Indian	0.0%	0.0%	16.7%	6.3%
Two or more races	8.7%	6.3%	4.2%	6.3%
Ethnicity				
Not Hispanic/Latino	100%	75.5%	83.3%	88.9%
Hispanic/Latino	0.0%	24.5%	16.7%	11.1%
Age (range)	0 - 20	0 - 10	0 – 8	0 – 20
Child welfare Involvement	65.2%	75.0%	79.2%	73.0%
Drug court Involvement	0.0%	56.3%	28.3%	17.5%

Projected Supportive Adult Participants

Table 12 shows the demographic characteristics of supportive adults that clients identified as potential participants of the PPW program at admission. A total of 79 supportive adults were anticipated to participate in the PPW program at the clients' admission to the program. ASAC clients predicted that 41 supportive adults would be involved in the program, HFS clients anticipated 17 adults would participate and JRC clients anticipated 21 adults would be involved in the program.

The most frequently reported support person to participate in the program is the clients' mother. Thirty percent of all clients reported that their mother would be participating in the program. The fathers of the children were the next most commonly reported support person anticipated to participate in the program by clients. Over one-quarter of ASAC clients (26.8%) and nearly one in five (19.0%) of JRC clients indicated that the father of the child would be involved with the program. However, no clients at HFS anticipated the involvement of the father of the children. Approximately one in six clients indicated that their father or "other" family member, and in some cases friend, would be involved in the program. Supportive adults in the "other" category included grandmothers, aunts, cousins, and friends. Over one in ten (11.4%) clients anticipated their partner or husband to be involved in the program. Few clients indicated that a sibling would be a supportive adult involved in the treatment program.

A roughly equal proportion of male (50.6%) and female (49.4%) supportive adults were anticipated to participate in the treatment program. A majority of the anticipated supportive adults are White/Caucasian. All of the supportive adults projected to participate in treatment by HFS clients are White/Caucasian compared to 87.8% of supportive adults to ASAC clients and 81.0% of supportive adults to JRC clients. JRC Recovery clients reported the most racially diverse potential supportive clients with 11.8% reporting an African American/Black racial identity and 5% reporting a Native American racial identity. In addition, 4.8% reported two or more races. Nearly one in ten of the supportive adults that were expected to participate in the program are Hispanic or Latino. HFS had the largest proportion of Hispanic or Latino potential supportive adults. Nearly two-thirds (64.7%) of potential supportive adults to HFS clients were Hispanic or Latino. Ethnicity was not recorded for nearly one quarter (23.5%) of potential supportive adults to HFS clients.

The median age of potential supportive adults was 45 years old. The age of potential supportive adults ranged from 20 to 74 years old.

Over one in six of the adults projected to participate in the PPW program were involved with child welfare and one in ten were involved in the drug court system. Child welfare involvement and drug court involvement of potential supportive adults varied considerably by agency. Fewer projected supportive adults at HFS were involved in drug court or child welfare. While only one potential supportive adult was involved with the child welfare system at HFS, nine possible supportive adults at ASAC and four at JRC were reported involvement in the child welfare system. Similarly, while no potential adult supportive adults from JRC were involved with the drug court system seven potential supportive adults from ASAC were involved with the drug court system.

Table 12. Potential Supportive Adult Participant Demographics at Admission

	ASAC n = 41	HFS n = 17	JRC n = 21	All n = 79
Relationship to client				
Father of child(ren)	26.8%	0.0%	19.0%	19.0%
Partner/Husband	12.2%	42.9%	4.8%	11.4%
Mother	29.3%	23.5%	38.1%	30.4%
Father	14.6%	11.8%	23.8%	16.5%
Sibling	4.9%	11.8%	4.8%	6.3%
Other	12.2%	35.3%	9.5%	16.5%
Gender				
Female	46.3%	58.8%	52.4%	50.6%
Male	53.7%	41.2%	47.6%	49.4%
Race				
White/Caucasian	87.8%	100.0%	81.0%	88.6%
African American/Black	4.9%	0.0%	11.8%	5.1%
American Indian	4.9%	0.0%	4.8%	3.8%
Other	2.4%	0.0%	0.0%	1.3%
Two or more races	0.0%	0.0%	4.8%	1.3%
Ethnicity				
Not Hispanic/Latino	95.1%	64.7%	100.0%	89.9%
Hispanic /Latino	4.9%	5.9%	0.0%	3.9%
Missing	0.0%	23.5%	0.0%	5.1%
Age				
Median	45	45	49	45
Range	22 - 68	20 - 70	23 - 74	20 - 74
Child welfare involvement	22.0%	5.9%	19.0%	17.7%
Drug court involvement	17.1%	5.9%	0.0%	10.1%

Service Provision

The second goal of the Iowa PPW program as identified in the grant application is to allow client choice in selecting recovery supports while focusing on gender specific issues for pregnant and postpartum women in residential treatment or substance use disorders. Each agency provides an array of practices designed to assist clients and their families in their recovery journey. A significant piece of the evaluation project was to identify how agencies create treatment plans for their clients, and how they deliver the needed services identified in the treatment plan to the clients and their families. Specifically, this section of the report will address how agencies:

- Provide essential health and wellness services
- Deliver services focused on improving parenting skills, family functioning, economic stability and quality of life
- Offer weekend programming that increases extended family involvement
- Create and implement an extended array of recovery support services
- Develop comprehensive treatment plans for the women and her family
- Increase and expand services to pregnant and postpartum women and their families involved in adult, juvenile and family drug court

Treatment Plan Development

At the beginning of the implementation of the PPW program, agency staff participated in an open-ended Survey Monkey questionnaire that asked staff to describe the processes staff undergo to create a comprehensive treatment plan for the clients and their families. At the end of the first fiscal year of the PPW grant, seven care coordinators and supervisory staff from all three agencies were asked to describe their treatment plan development process again during a semi-structured interview. The results from the semi-structured interviews yielded more detailed information pertaining to how staff created treatment plans throughout the first year of implementation. For the following paragraphs, “interviewees” refer to PPW Care Coordinators and supervisory staff.

Do Care Coordinators develop comprehensive treatment plans for the women as well as a family treatment plan?

Screening. At intake, agencies reported that screening tools are used to identify services that clients and their families need. All agencies use the American Society of Addiction Medicine (ASAM) Six Assessment Dimensions checklist to assess the biological, psychological and social needs of the client at intake. The ASAM assesses needs for the following services: 1) acute intoxication and / or withdrawal, 2) biomedical conditions, 3) emotional, behavioral or cognitive conditions and complications 4) readiness to change, 5) relapse or continued use and 6) recovery/living environment.

Other agencies did not cite a specific screener but instead reported that individual assessments are made and that a variety of screeners are used depending on the clients’ needs. Family members of the client undergo health and substance use screenings upon intake if they intend to participate in the program. Women and children in need of immediate medical care quickly receive necessary services upon admission.

Goals. All agencies also reported the creation of treatment goals with the client upon intake. These goals are made with the client and include both objectives the clients want to meet upon graduation and goals that staff believe are appropriate for the client to strive to achieve. Goal development includes dimensions such as spirituality, recovery, legal, medical, parenting, relationship, finance and activities of daily living.

Service Planning. One interviewee reported that arranging services for clients often begins prior to intake. While patients are waiting to be admitted, agency staff coordinate services through Catholic charities, the Department of Human Services and the juvenile court system. Several interviewees reported that a plan for post-graduation housing from the PPW program is put in place during the initial assessment. Some respondents indicated that the intake staff have a conversation with all clients about their desires to include their family in treatment. If the client chooses to include family into their treatment plan, then an action plan initiated to reach out to desired family members. Staff then include services such as couple's therapy and children therapy to integrate the client's family into the treatment process.

During semi-structured interviews, staff at each agency described the process they use to create treatment plans for clients and their families participating in the PPW program. Each interviewee identified three components to treatment plan development: screening, goal development and service planning. For all agencies, clients' family members were also included in these three steps through performing health and substance use screening on clients' children and supportive adults, developing goals surrounding the clients' desires to incorporate family and arranging services that support the client and her family while she is in treatment.

Recovery Support Services

A significant piece of the Iowa PPW program is to provide recovery support for pregnant and postpartum women and their families. Recovery support services include services to improve clients' physical and emotional well-being, housing arrangements, and sense of purpose and belonging within her community.

Do Care Coordinators develop and implement an extended recovery support services array that supports women, children and extended family members?

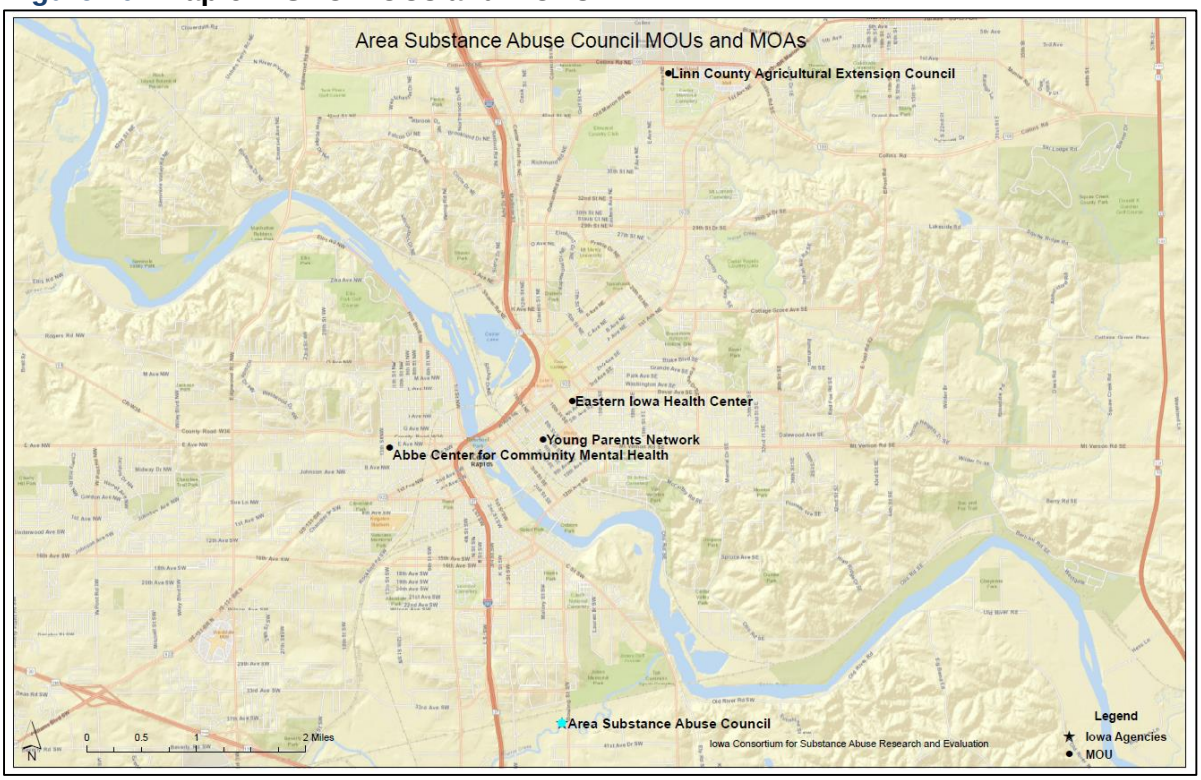
The succeeding sections of the evaluation will focus on the network of recovery support services made available to clients in the first fiscal year of the PPW program. First, each agency's network of outside organizations with which they have Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) are mapped and described. Secondly, the types and amounts of recovery support spending are described for each agency.

Memorandums of Understanding (MOUs) and Memorandums of Agreement (MOAs)

The following section of the report discusses the MOUs and MOAs PPW sites have with service providers in their respective communities. The types of services the MOUs and MOAs provide to PPW clients are discussed. In addition, the accessibility of the services will be addressed for off-site services.

ASAC. The PPW program at ASAC indicated that it has active MOUs or MOAs with four agencies. Figure 10 shows the physical location of organizations that have MOUs and MOUs with Heart of Iowa at ASAC. The location of Heart of Iowa is represented with a star. Each of the MOUs/MOAs are effective until December 31, 2016.

Figure 10. Map of ASAC MOUs and MOAs



Abbe Center for Community Mental Health is an outpatient treatment center that serves children, adolescents and adults. The Cedar Rapids site is one of seven Abbe Center locations. Their services include Adult Day Treatment, Intensive Psychiatric Rehabilitation, Peer Support, Integrated Health Home, Recovery Centers and Homeless Outreach. Abbe Center offers PPW clients at ASAC appointments with medical managers and therapists. In addition, children of PPW clients are invited to attend weekly child group therapy sessions.

Eastern Iowa Health Center (EIHC) is a community health center that provides family practice and OB/GYN services. EIHC provides prenatal care for ASAC clients in the PPW program and medical services for their children.

Linn County Agricultural Extension Council is a partnership between Iowa State University, Linn County and the U.S. Department of Agriculture. Linn County Agricultural Extension Council offers services and information about economic development, agriculture, health and well-being and children and parenting. Linn County Agricultural Extension services ASAC PPW clients and their children through their Parent Education Consortium. Once a week, the Parents Education Consortium offers the opportunity for women and children at Heart of Iowa to participate in parenting classes.

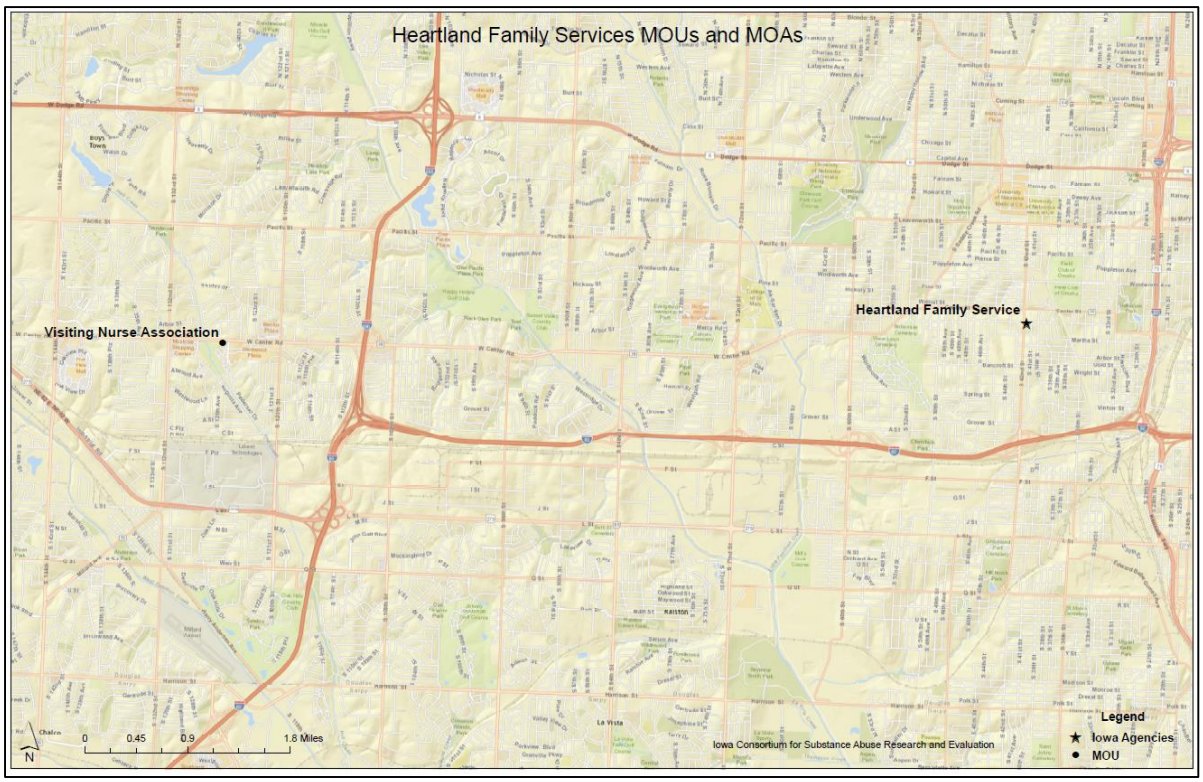
Young Parents Network (YPN) offers services for parents of children aged zero to five and for parents aged 13 to 27. Programming at YPN focuses on prenatal and parenting education, pregnancy and sexual abuse prevention, and youth development. Clients of ASAC's PPW program can take weekly parenting education classes at YPN.

Accessibility: Two of the four organizations (Eastern Iowa Health Center and Young Parents Network) are north of ASAC and concentrated in downtown Cedar Rapids. These locations are three to four miles away from ASAC and can be easily accessed with public transportation.

Abbe Center for Community Mental Health to the east of downtown Cedar Rapids. Although Abbe Center is only a ten-minute drive away from ASAC, it takes public transportation approximately three-quarters of an hour to arrive at Abbe Center from ASAC. The Linn County Extension Council is located in northwest Cedar Rapids approximately nine miles away from ASAC. The Linn County Extension Council is not easily accessible with public transportation and requires nearly an hour of travel time on the Cedar Rapids Transit system.

HFS. The PPW program at Family Works of HFS indicated that it has an active MOU or MOA with one agency. Figure 11 shows the physical location of the organization. The location of Family Works of HFS is represented with a star.

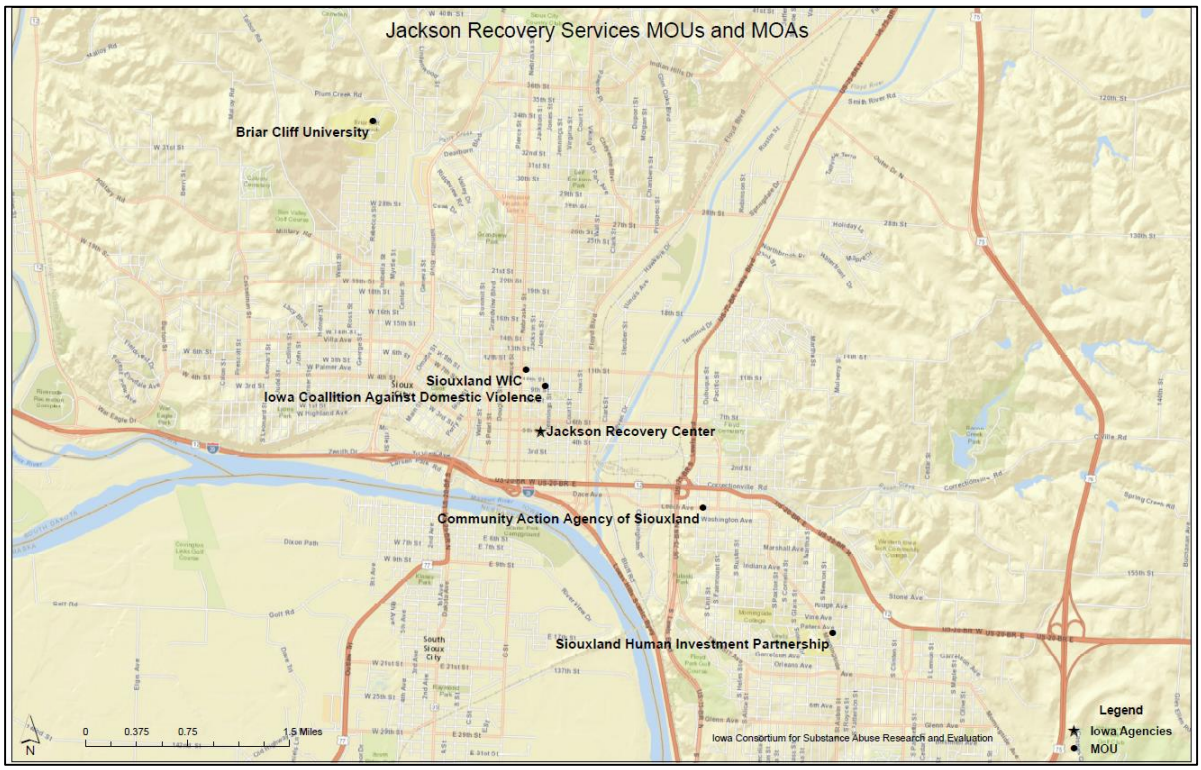
Figure 11. Map of HFS MOUs and MOAs



Visiting Nurse Association (VNA) is an organization that provides a variety of services for families, the aging population and the terminally ill. The VNA provides PPW clients and their families with health education, consultation and assistance with referrals for other community resources at the Family Works location.

JRC. The PPW program at JRC indicated that it has active MOUs or MOAs with six agencies. Figure 12 shows the physical location of organizations that have MOUs and MOUs with the PPW program at JRC Women's and Children's Center. The location of JRC Women's and Children's Center is represented with a star.

Figure 12. Map of JRC MOUs and MOAs



Briar Cliff University is an accredited Catholic university offering 43 undergraduate and graduate programs. Briar Cliff University uses JRC facilities for the purpose of providing clinical experience to students enrolled in the Upper Division Baccalaureate in Nursing for Registered Nurses and Baccalaureate in Nursing Program. Briar Cliff University students enrolled in nursing programs perform needed tasks for the JRC PPW program for free as part of the students' practicum experience.

Community Action Agency of Siouxland assists children and families, adults and seniors persevere through economic crises. Community Action Siouxland provides food and nutrition, childhood education, weatherization, transitional housing, employment training, and family development services to residents of Woodbury County and the surrounding community.

Iowa Coalition Against Domestic Violence (ICADV) provides services to adults and children in the Sioux City area who have experienced domestic violence and human trafficking. JRC clients and their children are referred to ICADV to receive services that assist them in identifying and responding to unhealthy relationships.

Siouxland Human Investment Partnership (SHIP) is an organization that seeks allocations and funding for programs and services that address issues that impact residents of Siouxland. SHIP provides licensed on-site child care for children of JRC PPW clients aged zero to five through the Sanctuary Child Care Center. Clients may use this service when they are residing in transitional housing and attending treatment or educational programing.

Siouxland WIC (Siouxland District Health Department) provides children up to the age of five and pregnant, postpartum and breastfeeding women with health education and resources to purchase nutritious foods. Siouxland WIC provides clients at JRCs Women's and Children's Center in the form of WIC payments and agrees to continue any services clients were receiving before admission to treatment at JRC.

The three agencies implementing the PPW program established MOUs and MOAs with eleven outside organizations within the first fiscal year of program implementation. The external organizations supported Iowa PPW clients by providing an array of recovery support services including maternal and child medical care, parenting skills, mental health care, child care, and housing.

Recovery Support Services

Each Iowa PPW site keeps records of recovery support service spending throughout grant implementation. The amount and types of PPW grant funding agencies spent on recovery support services were collected from agencies monthly to assess how each agency uses recovery support funds throughout their clients' participation in the program.

Table 13 presents the amount agencies spent for each category of Recovery Support Services in the first year of program implementation. A total of $22,384.39 was spent on sixty pregnant and postpartum clients yielding an average of $373.03 of recovery support spending per client.

ASAC reported spending the most in recovery support services with $9,126.95 for 28 clients. JRC reported spending $7,380.71 on 21 clients and HFS reported spending $5,876.73 on 11 clients. However, on average, ASAC clients received fewer dollars in recovery support than HFS or JRC. ASAC spent $326 in recovery support services per client, HFS spent $534 per client and JRC spent $351 per client.

Table 13. Recovery Support Service Spending by Agency

Category of Recovery Support Service	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
GPRA Administration	$5,550.00	$1,780.00	$3,330.00	$10,660.00
Care Coordination	$220.00	$140.00	$290.00	$650.00
Child Care	$0.00	$0.00	$0.00	$0.00
Education/Vocational Training	$2.00	$747.34	$434.00	$1,183.34
Pharmacological Interventions	$0.00	$0.00	$0.00	$0.00
Sober Living Activities	$0.00	$291.34	$0.00	$291.34
Supplemental Needs	$2,834.95	$2,782.05	$3,291.61	$8,908.61
Transportation	$520.00	$136.00	$35.10	$691.10
Total Amount Spent	**$9,126.95**	**$5,876.73**	**$7,380.71**	**$22,384.39**

Figure 13 shows how each agency spent recovery support service funds. There are eight general categories of recovery support services: 1) GPRA administration, 2) care coordination, 3) child care, 4) education/vocational training, 5) pharmacological interventions, 6) sober living activities, 7) supplemental needs and 8) transportation. Each color in the bar graph in Figure 16 represents a type of recovery support service. Therefore, bars with more colors and wider bands of color represent more diversity in recovery support service spending.

JRC reported spending the largest portion of their recovery support service funding on GPRA administration. Three of every five dollars (60.8%) JRC spent on recovery support services was to administer GPRA interviews. In contrast, ASAC spent 45.1% of its total recovery support service on GPRA administration and HFS spent close to one-third (30.3%) of its total recovery support services on GPRA administration.

All three agencies spent a total of $8,908.61 on supplemental needs for their clients. This category of recovery support included clothing and personal items, gas cards, wellness and utilities and cell phones. Nearly half (47.3%) of the funds spent on HFS clients and 44.6% of the funds spent on ASAC clients were spent to purchase supplementary items for clients. In contrast, less than one-third (31.1%) of the JRC recovery support funds were spent on supplemental needs for JRC clients. HFS clients received $252.91 on average for supplemental needs compared to an average of $156.74 for JRC clients and $101.24 for ASAC clients.

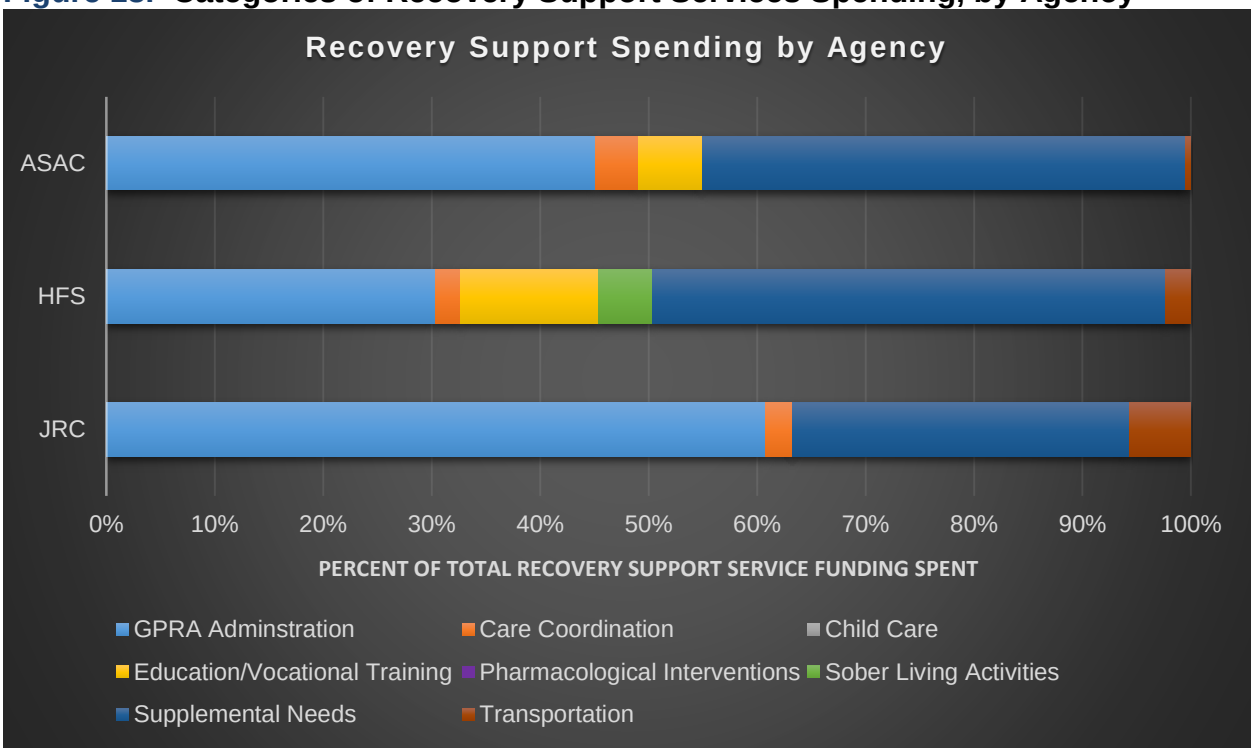
The three agencies spent a total of $1,183 to purchase items related to education or vocational trainings for the clients. One out of eight dollars in recovery support spending by HFS was used to purchase educational services for HFS clients. In contrast, approximately one in twenty of ASAC recovery support service dollars was spent on educational services. JRC reported spending only two dollars for education and vocational training services for its clients.

A total of $520 was spent on client transportation costs among all agencies. One-twentieth (5.7%) of recovery support spending at JRC and 2.3% of recovery support spending at HFS was spent on transportation. Less than one percent of ASAC recovery support funds were spent on transportation. On average, ASAC clients received $18.57 in transportation support. The average amount of recovery support spent on transportation was $12.36 for HFS clients and less than $2 for JRC clients.

The three agencies spend a total of $650 on care coordination. All three agencies spent between two to four percent of their recovery support service funds on care coordination.

Agencies did not report spending recovery support services funds on pharmacological interventions or child care.

Figure 13. Categories of Recovery Support Services Spending, by Agency



In summary, within the first year of the Iowa PPW program, the three sites developed and implemented an array of recovery support services within the community that assists clients and their families in obtaining immediate needs such as housing, clothing, food assistance, and medical care. Additionally, the Iowa PPW program supported clients and their families in obtaining transportation, job-related skills, and child care. Recovery support services were implemented within each treatment agency and throughout organizations in the surrounding community.

Evidence-Based Practices

Did Iowa provide essential services which are focused on improving parenting skills, family functioning, economic stability and quality of life?

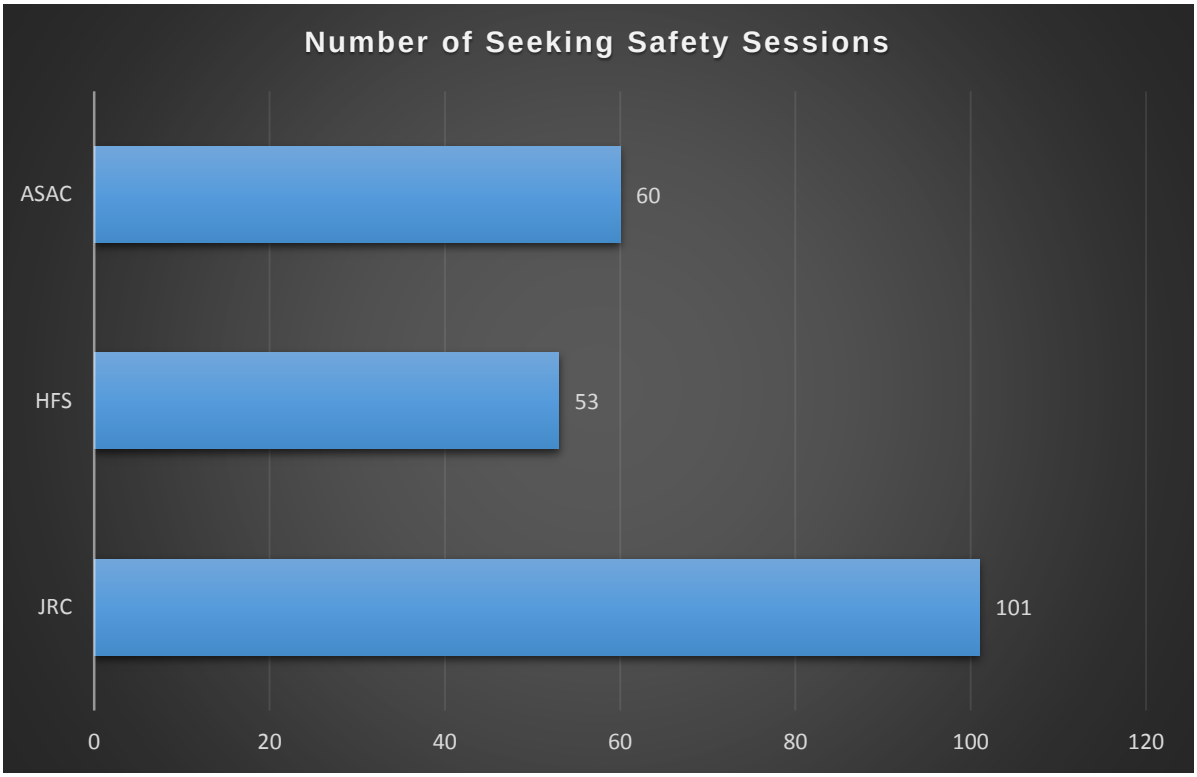
Agencies implementing the Iowa PPW program used a wide range of evidence-based practices to deliver programming focused on parenting, family functioning and quality of life. To capture the types and frequency of evidence-based programming implementation, staff tracked and reported the use of evidence-based programming monthly beginning June 2016. The following section of the evaluation focuses on the results of the data collected from the tracking forms between June 2016 and September 2016. As such, these data reflect services for 35 of the 60 clients who discharged from the program after June 2016.

Seeking Safety

Seeking Safety was chosen as the primary evidence based practice that all agencies implemented in their PPW programs.

From June 2016 to September 2016, Seeking Safety was implemented with fifty pregnant or postpartum clients across all agencies. Throughout this period of time, PPW staff reported making 214 client contacts with Seeking Safety. Figure 14 shows the average number of Seeking Safety sessions each client received within the four months. PPW staff reported implementing 101 Seeking Safety sessions with 18 JRC clients, 60 Seeking Safety sessions with 22 ASAC clients and 53 Seeking Safety sessions with ten HFS clients. The average number of Seeking Safety sessions was just over five per client at both HFS (5.3) and JRC (5.6). ASAC reported implementing 2.7 Seeking Safety sessions per client from June 2016 to September 2016.

Figure 14. Total Number of Seeking Safety Sessions by Agency



Therapeutic Parenting Interventions

Clients at all agencies also received evidence-based practices that focused on improving parenting skills. Similar to the Seeking Safety sessions, therapeutic parenting intervention sessions were not tracked until June 2016. Figure 15 displays the number of clients receiving at least one of the nine staff-reported therapeutic parenting intervention from June 2016 to September 2016.

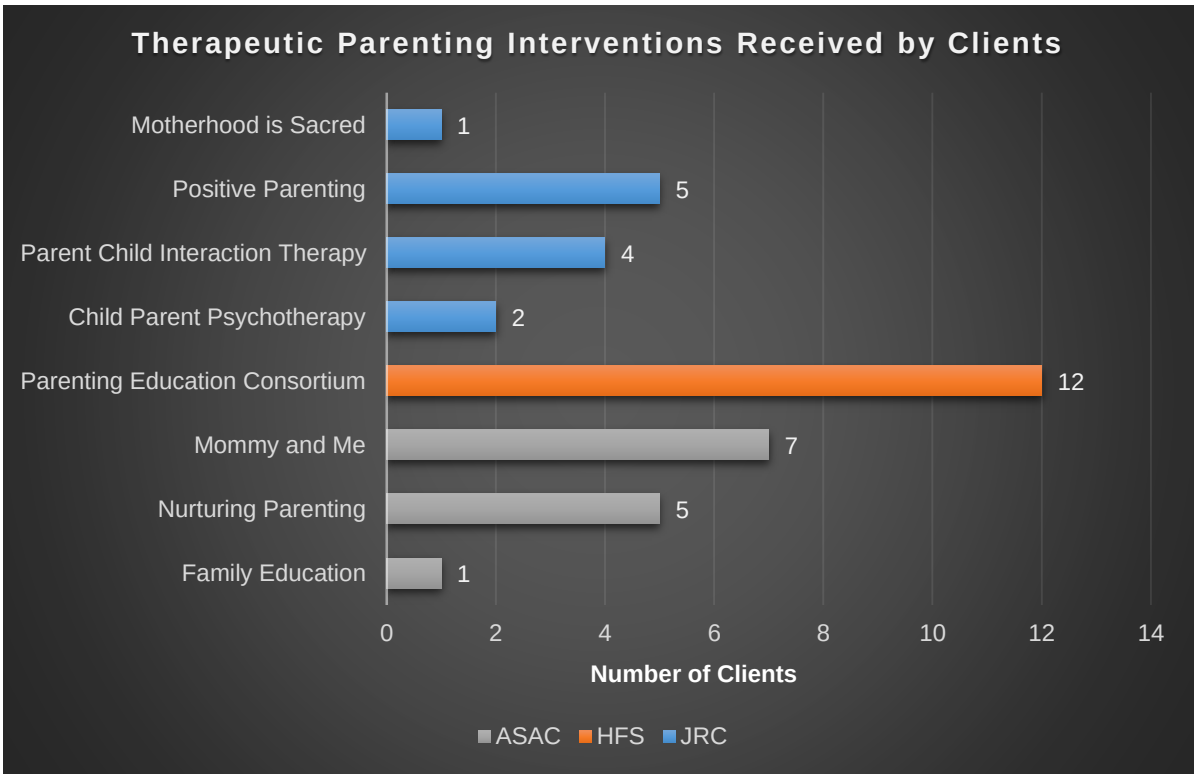
ASAC clients reported receiving four different parenting intervention evidence based practices: Mommy and Me, Nurturing Parenting, Family Education and the Parenting Education Consortium. The Parenting Education Consortium provided by the Iowa State University Extension Service was the most commonly reported therapeutic Parenting Intervention by ASAC staff with twelve participants. Mommy and Me was the second most common reported therapeutic parenting intervention with seven clients participating in this evidence based practice. PPW staff reported that six of the seven clients participating in this evidence based

practice participated with their child. In addition, of the five ASAC clients participating in the Nurturing Parenting evidence based practice, two clients attended with their children. Lastly, the one client that reported receiving Family Education participated with a family member.

HFS staff reported that clients participated in only one therapeutic parenting intervention: Child Parent Psychotherapy. Each of the three clients who engaged in this evidence based practice participated with their child(ren).

Like HFS, JRC clients participated in four therapeutic parenting interventions: Common Sense Parenting, Parent Child Interaction Therapy, Positive Parenting and Motherhood is Sacred. PPW staff reported that five clients participated in the Common Sense Parenting evidence based practice. Four clients each received the Positive Parenting and Parent Child Interaction Therapy evidence based practice. One client received the Motherhood Is Sacred evidence based practiced which is designed to reflect the importance of responsible motherhood in Native American values and beliefs. Motherhood is Sacred is the only evidence based practice implemented within Iowa PPW that is specific to a racial/ethnic group.

Figure 15. Number of Clients Receiving Therapeutic Parenting Interventions by Agency



Other Evidence Based Practices

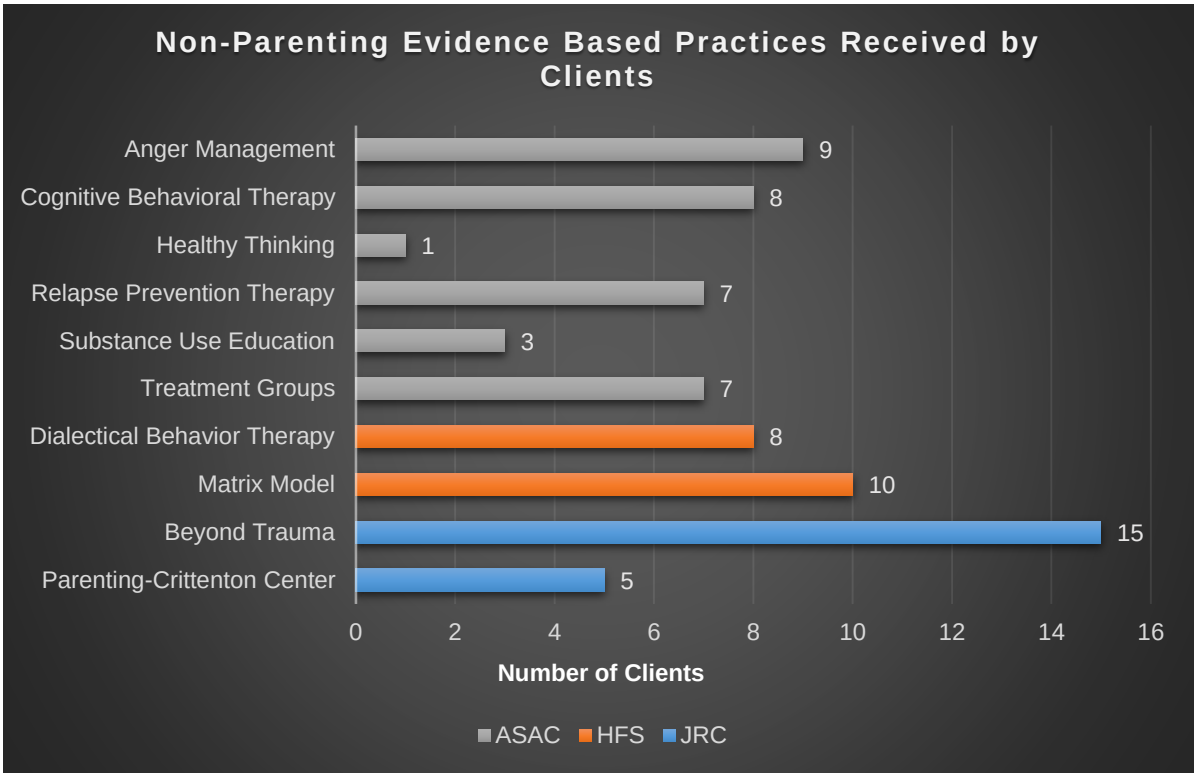
Clients also participated in other evidence based practiced that were not focused solely on parenting. ASAC staff reported the incorporation of six additional evidence based practices and HFS and JRC both reported the addition of two additional evidence based practices. Figure 16 displays the number of clients participating in programming with evidence-based practices by agency.

The most frequently used evidence based practice at ASAC was anger management. PPW staff reported that nine of the 22 clients who were PPW program participants between June 2016 and September 2016 received an anger management evidence based practice. PPW staff also reported that eight clients participated in Cognitive Behavioral Therapy and seven reported Relapse Prevention Therapy and treatment groups. Three ASAC clients participated in substance use education and one client was reported to have participated in an evidence based practiced called Healthy Thinking.

All ten of HFS clients within the four-month period in which evidence based practices were tracked were reported to have participated in the Matrix Model. Eight of the ten HFS clients participated in Dialectical Behavior Therapy.

Fifteen of the eighteen JRC clients that were participants of the PPW program from June 2016 to September 2016 participated in Beyond Trauma. Five clients were reported to have taken classes at the Crittenton Center in Sioux City, Iowa.

Figure 16. Number of Clients Receiving Non-Parenting Evidence Based Practices by Agency



Weekend Programming

Do providers offer at least four additional hours of weekend programming per month that increases extended family involvement?

All agencies are expected to offer four hours of weekend programming to facilitate family involvement. In semi-structured interviews, PPW staff were asked to describe the weekend programming activities available to clients and their families. Interviews were held with seven agency staff working with PPW. All agencies were represented. The following discussion

focuses on organizational policies agencies implemented surrounding family participation and the types of weekend activities agencies provided for clients and their families. Lastly, there is a discussion of the educational elements offered during family visitation.

"The main focus of [weekend programming] is clients connecting with their children."

Structure of Family Visitation Privileges. All agencies encourage family members to visit clients during the weekend; however, there are policies surrounding the duration and nature of family visitation. Agencies reported that terms of family visitation vary by the client's tenure in the program, her ability to follow the rules of the program and her displayed leadership in PPW activities and groups. Several interviewees reported using characteristics such as tenure, attendance, leadership and rule compliance to assign clients to levels. All newly admitted clients are placed into level one.

One agency reported that clients who are in the first and second levels are permitted to have the visitation of supportive adults; however, the length of time that these adults may visit level one or two clients is shorter than the family visitation time allotted to clients in higher levels. (At this agency, the clients' other children who live off-site are able to visit on weekends for as long as clients and families request). Another agency stated that clients who were in the upper levels were able to go outside of the facility "on passes" with family members to attend staff-approved activities such as attending religious services, meeting at a family members' home for dinner or going to a family celebration.

Recreational Weekend Activities—All agencies reported having at last four hours of family recreational activities on the weekend. On some weekends, staff reported client-choice in creating family recreational activities. Clients and their families may make dinner together and take their children outside to play. Clients and their families also participated in activities together with other clients' families. Staff reported agency-hosted barbecues, potlucks, and family craft and game nights. Staff reported that these group activities were well-received by the clients and their families.

Clients and their children or other family members went off-site to locations including the YMCA, the movie theater, zoos, museums, water parks, parks and libraries. Families also participated in seasonal activities such as going trick-or-treating and traveling to apple orchards and pumpkin patches. Staff reported that they will incorporate winter holiday activities such as making Christmas decorations into their weekend programming in the upcoming months following the interview.

Educational Components of Weekend Activities: Agencies also reported using weekend programming time as an opportunity to build in educational components to strengthen family parenting skills and social skills. One agency reported inviting fathers of children and other family members to participate in a session with the therapist during weekend visitation. Another agency provides clients and their families with the opportunity to attend spirituality courses together. In addition, staff at one agency reported working on building clients' social skills by teaching them appropriate ways to conduct themselves in public settings such as restaurants and educating them on how to locate free activities their families can participate in around the community.

In summary, all three Iowa PPW implementation sites report implementing at least four hours of weekend programming per month to involve clients' extended family. The structure of family visitation privileges varies across agency with some agencies permitting more or less visitation privileges depending on client tenure and participation in the program. In addition, while all agencies host regular recreational opportunities for clients and their families, the educational component of the weekend programming varies across agencies. Some agencies report

involving family members in counseling sessions and spirituality classes during monthly family visitation.

Health and Substance Use Screenings

Did Iowa provide essential health and wellness services which improve safe and healthy pregnancies and improve health outcomes?

PPW program participants—including clients, their residential and non-residential children and supportive adults—are screened for a variety of health and substance use issues. Health and substance use screenings are used as tools to identify needed health and wellness services of PPW clients and their families. Data on health and substance use screenings were not collected until April 5, 2016. Furthermore, because health and substance use screening data is not collected until clients are discharged from treatment, the following information represents 40 of the 60 admitted clients who were discharged after April 5, 2016.

Table 14 summarizes the types of screenings completed for the PPW grant. The first column of Table 14 displays he dimension of health assessed. Column two presents the types of measurement tools that staff reported using to assess each of the dimensions listed in the first column. The final columns identify which population was screened: clients, residential and non-residential children or adults.

All clients were assessed for mental health disorders using clinical interviews, the Global Appraisal of Individual Needs Short Screener (GAIN-SS), and the Patient Health Questionnaire (PHQ-9). All supportive adults were expected to be screened for substance use. Staff only reported using the AUDIT for substance use screening. Residential and non-residential children were expected to be screened for learning, developmental and behavioral health issues. Staff reported using the Child Behavior Checklist and clinical interviews as assessment tools for learning, developmental and behavioral disorders. Finally, all participants of the PPW program including clients, children and adults were expected to be screened for Fetal Alcohol Spectrum Disorder (FASD). Staff reported using clinical interviews and physician exams to assess FASD.

Table 14. Staff-Reported Screening Tools

Dimension	Measurement Tool	Who is Assessed?		
		Clients	Children	Adults
Mental Health	Clinical Interview GAIN-SS PHQ-9	✓		
Substance Use	AUDIT			✓
Learning, Developmental and Behavioral	Child Behavioral Checklist Clinical Interviews		✓	
Fetal Alcohol Spectrum Disorder (FASD)	Clinical Interviews Physician Exams	✓	✓	✓

Mental Health Disorders

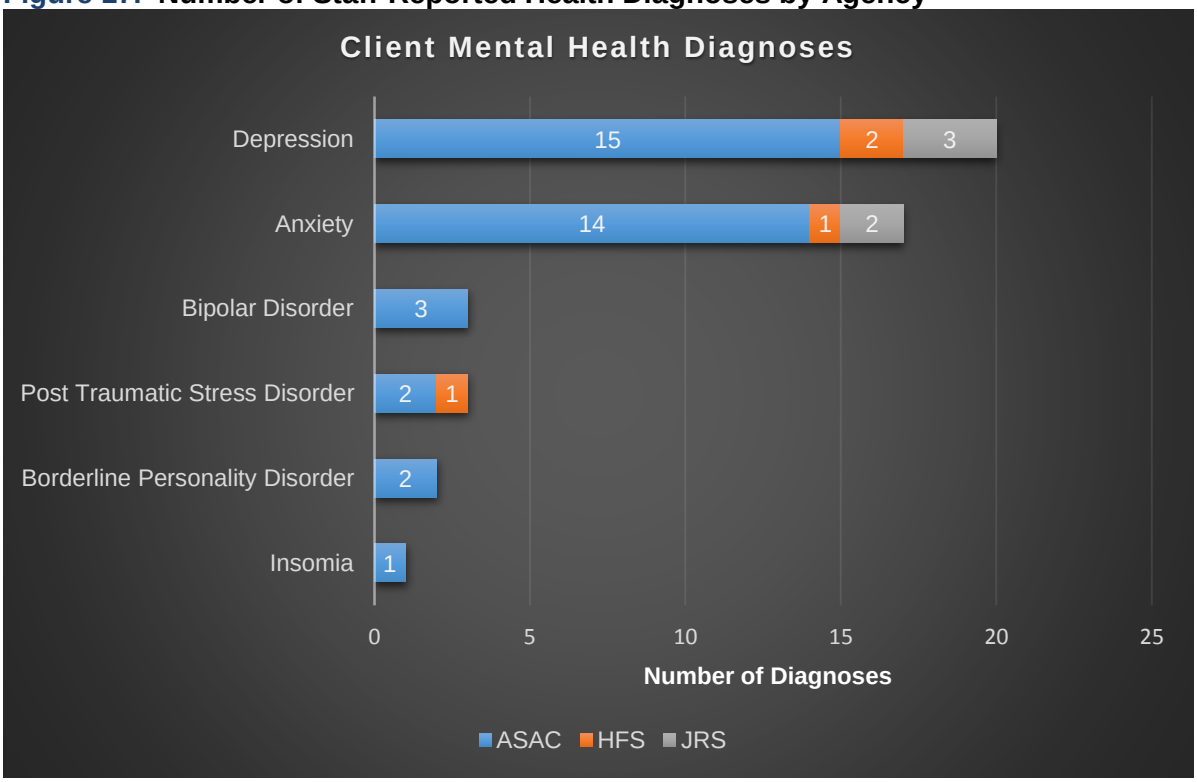
All clients underwent screening for mental health disorders. The screening tools used and results of these screenings are reported at discharge. The most commonly reported screening tool is a clinical interview. Staff reported using a clinical interview 31 times to make a clinical diagnosis. The Global Appraisal of Individual Needs Short Screener (GAIN-SS) was used four times and the Patient Health Questionnaire (PHQ-9) was used three times. Three staff remembers reported an "other" screening tool and one staff reported an "integrated evaluation".

A mental health diagnosis was reported by staff for over four-fifths (86.7%) of discharged clients. A mental health diagnosis was reported for over ninety-percent (93.7%) of JRC clients, 86.4% of ASAC clients and 71.4% of HFS clients.

Figure 17 shows the number of staff-reported mental health diagnoses resulting from screenings and medical history. The most common diagnosis was depression. One-third of all clients were diagnosed with depression. One client was diagnosed with postpartum depression. Anxiety was the second most common diagnosis with seventeen clients (28.3%) either screening positive for anxiety or having a history of anxiety. There were three diagnoses each of bipolar disorder and post-traumatic stress disorder. Two diagnoses were for borderline personality disorder. One client was diagnosed with Insomnia.

Based on clients' mental health screening results, clinicians made referrals to services including mental health centers, nurses, psychiatric nurses, and individual and group therapies.

Figure 17. Number of Staff-Reported Health Diagnoses by Agency

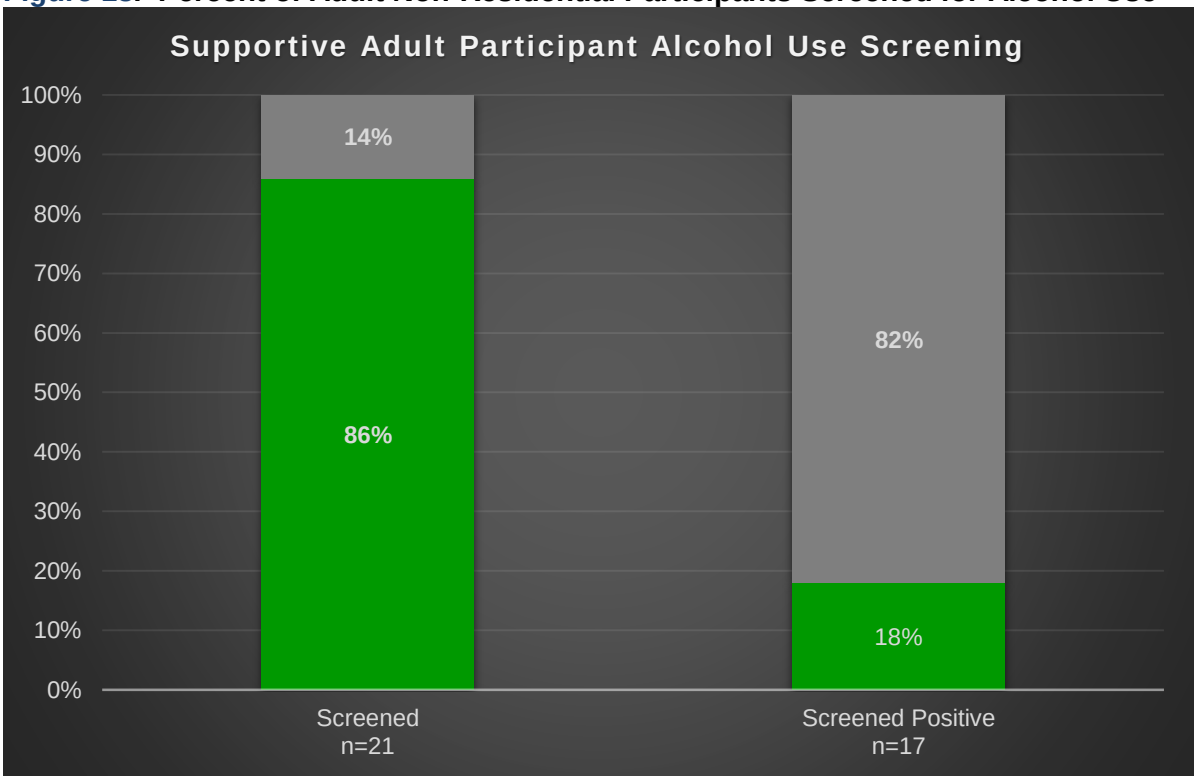


Alcohol Use

A PPW goal is to have all supportive adults participating in the PPW program screened for alcohol use. The only screening tool staff recorded for alcohol screening is the AUDIT. Figure 18 illustrates the percentage of supportive adults that were screened for alcohol use, and the percentage of those who screened positive. Of the 21 adults that participated in the PPW program, seventeen (81.0%) were screened for alcohol use. Three of these seventeen screened adults screened positive for a substance use disorder. All three adults were referred to services to obtain assistance for their disorder.

Staff voiced concern during monthly provider calls and semi-structured interviews that family members were not being candid about their alcohol use. To obtain that reflects family member's actual alcohol use, some staff suggested that the alcohol screener be given face-to-face after the family member and the staff have built rapport.

Figure 18. Percent of Adult Non-Residential Participants Screened for Alcohol Use[9]



Learning, Behavioral and Developmental Disorders

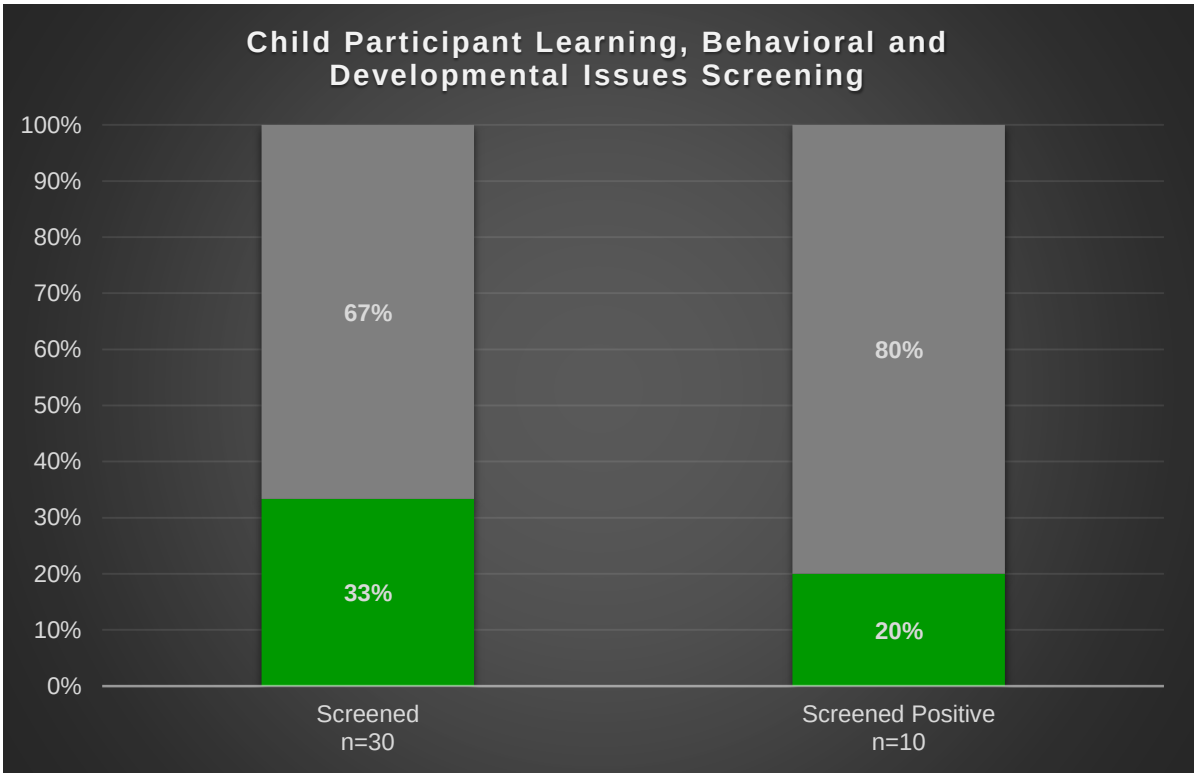
All residential and non-residential children participating in the PPW program were expected to be screened for learning, behavioral and developmental issues. Data on learning, behavioral and developmental disorders screenings were not collected until April 2016. Furthermore, because screening data is not collected until clients are discharged from treatment, the following

[9] The two bars below have different denominators. For the first bar, the denominator is 21 supportive adults. Staff reported screening 17 out of 21 supportive adults (85.7%). For the second bar, the denominator is 17 supportive adults. Of the 17 adults screened, three screened positive (17.6%).

information represents children of clients who were discharged after April 5, 2016.The most commonly reported screening tool to assess learning, behavioral and developmental issues was the clinical interview. One staff reported using the Child Behavioral Checklist, and another reported using a hearing test.

Figure 19 presents the number of residential and non-residential children that were screened for learning behavioral and developmental issues. Staff reported that ten of the thirty children (33.3%) identified as participants in the PPW program were screened learning, behavioral and developmental issues. Of these ten children, two tested positive for a learning, behavioral or developmental issue. Staff made referred children screening positive for learning, behavioral and developmental issues to Early Head Start and mental and speech therapy.

Figure 19. Number of Children Screened for Learning, Behavioral and Developmental Issues[10]



Fetal Alcohol Spectrum Disorder (FASD) Screening

All participants including the client, residential and non-residential children and supportive adults are expected to be screened for Fetal Alcohol Spectrum Disorder (FASD). However, a validated instrument to screen for FASD was not in place at the start of program. Staff at each agency underwent training for the use of two screening tools that can be used for zero to five-year-old children in September 2016. Because the data in this report does not include client information past September 30, 2016, there are few incidences of FASD screenings.

[10] The two bars below have different denominators. For the first bar, the denominator is 30 children. Staff reported screening 10 out of 30 children (33.3%). For the second bar, the denominator is 10 children. Of the 10 children screened, two screened positive (20.0%).

Staff reported completing four FASD screenings. FASD screening tools included physician exams and clinical interviews. All individuals screened negative for FASD. Since there were not positive FASD screening results, clinicians did not make any referrals to outside sources.

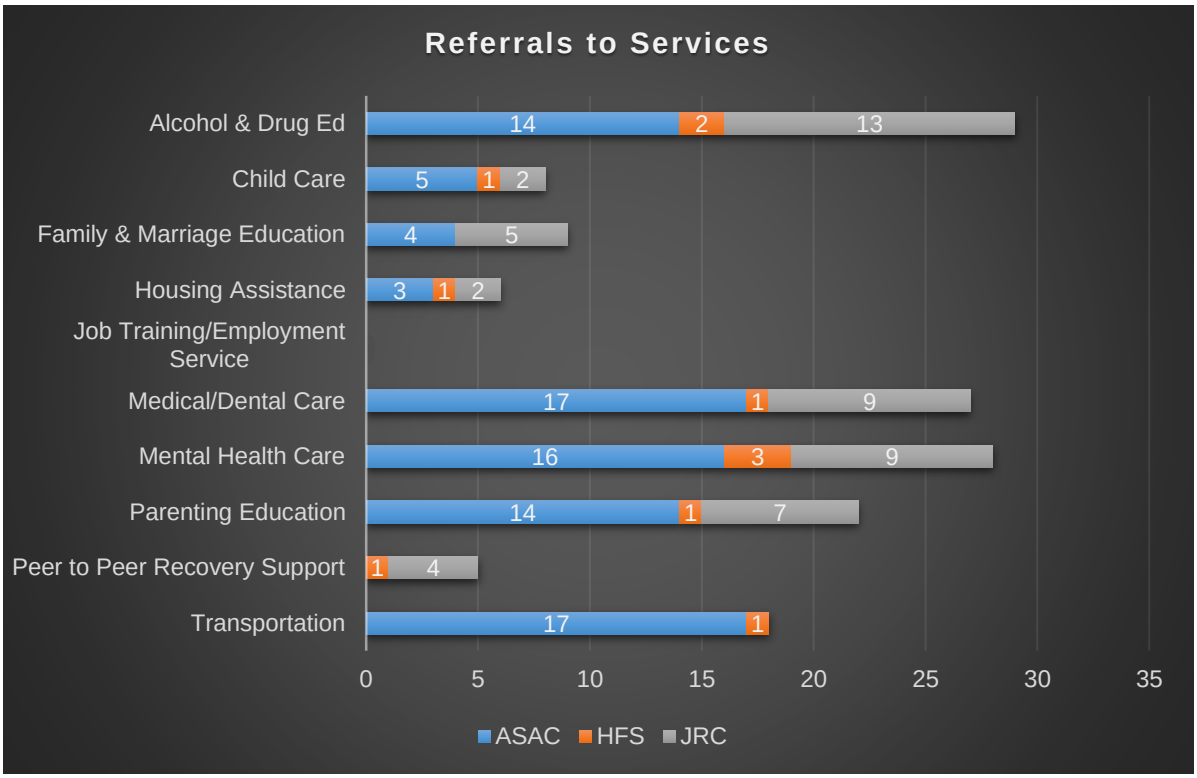
Referrals

Staff reported making 152 referrals to address the needs of the clients and her family within the eight months of program implementation. Although referrals are made throughout the client's treatment, referral data are collected on the Agency Discharge Notification. Therefore the following results described in this section refer to referrals given to the 45 discharged clients. Furthermore, ASAC and JRC report more referrals in part because these agencies discharged more pregnant and postpartum clients than HFS.

Figure 20 describes the distribution of client referral categories by agency. The most common referral was alcohol and drug education. Staff reported referring clients to alcohol and drug education twenty-nine times representing 19.1% of all referrals. The next most common referrals categories include mental health care (28 referrals) and medical and dental care (27 referrals). Twenty-two clients were referred to parenting education services eighteen clients were referred to organizations providing transportation assistance. However, staff reported providing clients with fewer referrals to services such as family and marriage education (9 referrals), child care (8 referrals), housing assistance (5 referrals) and peer-to-peer recovery support (5 referrals). Staff did not report making any referrals to job training or employment services.

Staff at ASAC reported making more referrals than staff at either JRS or HFS and HFS staff reported the lowest number of referrals. A notable difference in client referral categories across agencies is the higher reported incidence of referral to transportation by ASAC staff. Seventeen of the eighteen referrals to transportation services were given reported by ASAC staff.

Figure 20. Staff-Reported Client Referrals by Agency



In summary, Iowa PPW performed health and substance use screenings for a large proportion of PPW clients and their families. All PPW clients were screened for mental health disorders resulting in 46 mental health diagnoses. Seventeen of the 21 (86.0%) supportive adults were screened for substance use yielding three family members in which substance use was identified as a problem. In addition, ten of the 30 children (33.3%) participating in the program were screened for learning, behavioral and developmental issues. Two of the children were identified as experiencing a learning, behavioral or developmental problem. Results from these screenings were used to plan services for PPW clients and their family members. Within the eight months of program implementation, staff from all three implementation sites reported 152 incidences of referral for clients and their family members.

DISCHARGE

Client Treatment Success Rates

By September 30, 2016, 75.0% of clients were no longer in treatment. Of these 45 clients, 34 clients had completed treatment while the remaining 11 clients were discharged without completing the program.

Two-thirds of JRC clients and 64.3% of ASAC clients were discharged successfully. However, only two of the eleven HFS clients successfully discharged from the program. Five of the seven clients that were discharged from HFS did not complete the program.

The final three rows of Table 15 displays the percentage of clients who did not complete treatment by reason. Three of the four ASAC clients left the program on their own volition with unsatisfactory progress. The remaining ASAC client that did not complete treatment was

involuntarily discharged due to a violation of program rules. Two of the five HFS clients who did not complete treatment left the program on their own violation: one client left with satisfactory progress and the other client left with unsatisfactory progress. Two HFS clients were involuntarily discharged for violation of program rules and one client was incarcerated and unable to remain in the program. One of the JRC clients was involuntarily terminated.

Table 15. Client Discharge Status by Agency

	ASAC n = 28	HFS n = 11	JRC n = 21	All n = 60
Completed	64.3%	18.9%	66.7%	56.7%
Still in Treatment	21.4%	36.4%	23.8%	25.0%
Terminated	14.3%	45.5%	9.5%	18.3%
Left Program on Own Volition (n)	*3*	*2*	*0*	*5*
Involuntary Discharge (n)	*1*	*2*	*2*	*5*
Neutral Discharge (n)	*0*	*1*	*0*	*1*

Length of Stay

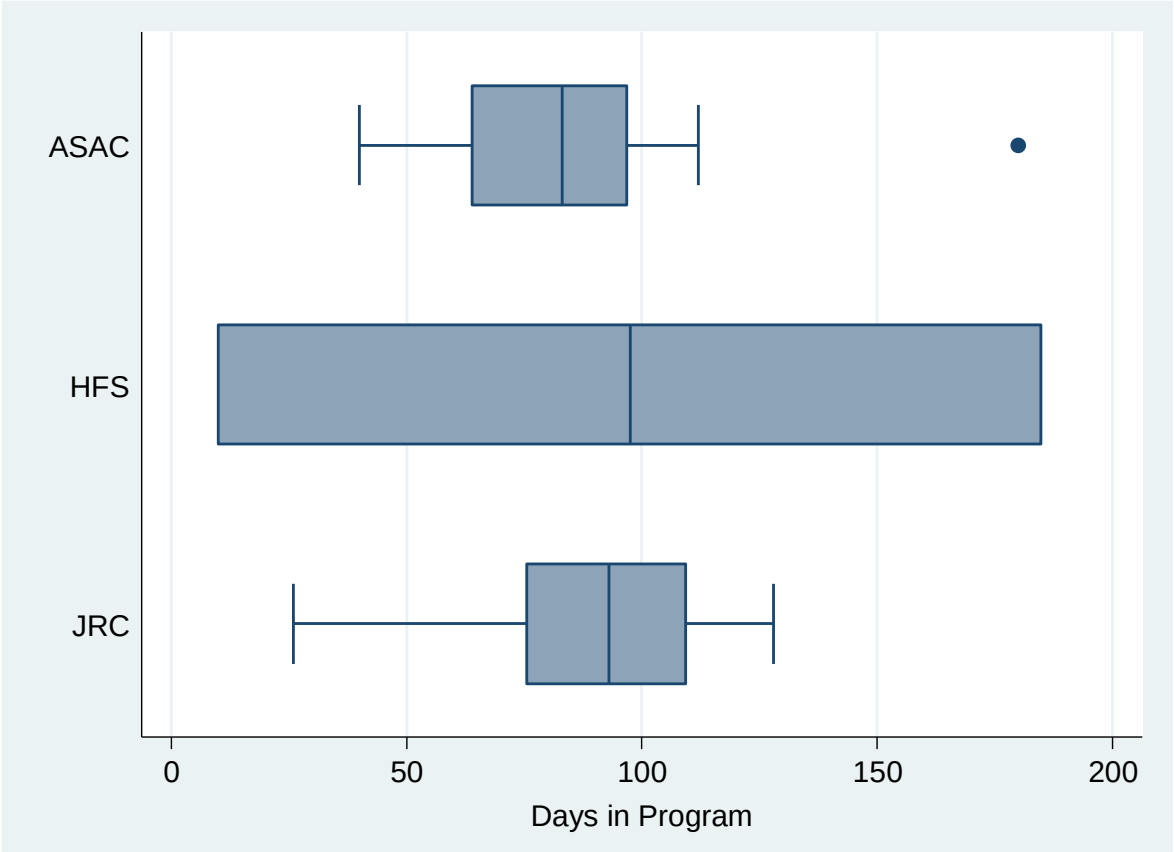
Figure 21 is a box and whisker plot that illustrates the duration that clients spent in the PPW program. The following lengths of stay includes all clients that successfully completed the program and only three of the eleven clients who did not successfully complete the treatment program since the discharge date was missing or incorrect for nearly all clients who did not complete the program.

The boxes represent the middle 50% of successful clients' length of stay in the program. The line in the middle of the box represents the median length of stay for the agency. The area to the left of the median represents the lengths of stay that are in the lower quartile (lengths of stay that are 25% less than the median). The area to the right of the median represents the upper quartile (lengths of stay that are 25% greater than the median value). The whiskers on the left side of the graph represent lengths of stay in the bottom quartile and the whiskers on the right side of the graph represent lengths of stay in the top quartile. The dots represent data points that are "outliers", i.e. extreme values.

The median length of stay for all successful clients is 90 days. In comparison, the median length of stay for 100 pregnant women admitted to a treatment facility in Iowa, other than the three agencies implementing PPW, between February 1, 2016 and September 30, 2016 was 40.5 days. However, this median length of stay for the 100 pregnant women included clients who successfully and unsuccessfully completed treatment.

ASAC had the lowest length of stay at 83 days and HFS had the longest length of stay at 97.5 days. However, only two HFS clients were successfully discharged within the timeframe of this report, so the median length of stay is the average of the lowest length of stay in this sample (10 days) and the highest length of stay (185 days). The ASAC client who stayed in the program for 180 was considered an "outlier". The next longest length of stay for ASAC was 112 days.

Figure 21. Length of Stay for Clients Successfully Completing Treatment by Agency



Staff Perceived Barriers to Successful Treatment Completion

Did Iowa identify service gaps that hinder successful completion of substance abuse treatment by pregnant and postpartum women?

Supervisory staff and PPW Care Coordinators at each agency participated in a questionnaire administered through Survey Monkey in January 2016 prior to admission of clients to the PPW program. One questionnaire was given to each agency resulting in three completed surveys. Agencies were asked to describe anticipated barriers to successful treatment completion. The most commonly cited barriers included: housing, unhealthy relationships and transportation.

"Sometimes [clients] have to immediately have housing and have a full time job. The potential of relapsing—it is just too much."

After approximately eight months of implementation, supervisory staff and PPW Care coordinators were again asked to describe perceived carriers to successful treatment completion in a semi-structured interview. The following piece of the evaluation describes the results of the semi-structured interviews with seven PPW staff. The most salient barriers to successful treatment completion that staff perceived eight months into implementing the PPW program include housing, employment, and child care.

Housing

Housing remained a primary perceived barrier to successful treatment completion. Several interviewees indicated that clients wished to live in a halfway house after discharge, but there was not sufficient space to house the clients. In addition, interviewees reported a shortage of public housing. In some cases, potentially housing sites for clients have a threshold on the number and age of children that they will accept at their location.

Solutions. Interviewees reported using a variety of strategies to support clients in finding stable housing before they graduate from the PPW program. Interviewees reported that staff are always looking for openings in Oxford homes and low income housing and encourage clients to apply for housing one to two months before they leave the program. Several interviewees also indicated that due to the shortage of transitional housing for PPW clients, plans for discharge are made with clients at intake. Others reported referring women to community-based organizations, such as Waypoint, that offer services in locating low-income housing.

In reference to recovery support services: *"if [clients] choose it, we will suggest it".*

At the time of the interview, one agency was in the process of getting a new step-down, halfway housing facility that clients can enter after they have graduated from PPW. Another agency has a halfway house for clients discharged from PPW; however, they are unable to take their children. If a woman needs to stay with her children, but cannot acquire housing upon graduation, interviewees reported encouraging women to go to homeless shelters until there is an opening in transitional housing.

Employment and Finances

Several interviewed staff voiced concern about the cumbersome undertaking clients will need to face upon graduation from the PPW program. An executive staff member clearly states her trepidation regarding the issue: "Sometimes [clients] have to immediately have housing and a full-time job. The potential of relapsing—it is just too much". Another interviewee explained that clients, "…are having to balance recovery with employment and day care with little skill."

Solutions. To address this issue, agencies work with outside organizations providing employment and debt management services. One agency reported bringing in Horizons Financial Group to address client's debt issues that may also be affecting their ability to obtain housing. Other interviewees use organizations such as Promise Jobs to help clients find employment. In addition to providing employment services such as resume writing and job seeking skills, Promise Jobs also helps clients with applying for day care assistance and other forms of financial assistance for clients who will be residing with their child(ren) upon graduation. Organizations that provide interview clothing in addition to job readiness skills are also resources that Iowa PPW agencies encourage their clients to utilize. Finally, an agency developed an employment work group in which members regularly discuss resources clients can use within the community to address their employment barriers.

Extended Child Care

One agency reported a need for additional child care services in the evening and for clients with mildly sick children. While clients use child care services to attend PPW programming during the day, clients attending evening recovery support groups in the evening do not have access to PPW-provided child care in the evening. In addition, women who have children who are ill are unable to participate in PPW programming since the child care facility will not accept children who are sick. As a result, clients miss groups and scheduled appointments. Due to the limited time clients are in residential treatment, instances of missed treatment programming could be potentially detrimental for the client and her children.

Solutions. The agency reported working with an off-site child care facility that they can contract to provide child care services to mildly ill children and to children who need care in the evening hours. However, at the time of the interview, the coordination of care with the outside child care facility "had not quite fallen into place yet".

Barriers Overcome or Substantially Addressed

Agencies identified transportation and unhealthy relationships as potential barriers for clients' successful treatment completion. At the time of the semi-structured interviews, agencies provided details of how these barriers were diminished.

Transportation Solutions. Interviewees stated that the recovery support services largely addressed the client transportation barrier. Staff provide gas cards to family members allowing them to visit the clients and their child(ren) while they are in treatment. Family visitation is a particularly salient issue since several clients do not reside in the same county that the PPW program is implemented. For example, over half of JRC clients (54.5%) and two-fifths of ASAC clients (85.7%) reside in counties outside of the county housing the PPW program site. Additionally, the gas cards not only facilitate the visitation of client family members, but also serves as a method to incentivize family member participation in PPW programming. One agency also reported using recovery support service funds to assist clients with obtaining their driver's license. While transportation for the purpose of family visitation and recovery group meetings has largely been addressed, one agency indicated a need for transportation to other activities such as church and the gym.

Unhealthy Relationships Solutions. Interviewees stated that they have addressed clients experience with unhealthy relationships through employing evidence based practices that help them identify unhealthy relationships. In addition, one interviewee reported using recovery support services to permit clients to choose literature addressing co-dependency. Clients read the literature and address relationship issues with their therapists. Clients have also requested positive affirmation and recovery cards that assist with developing a positive self-concept which can help address issues surrounding unhealthy relationships. In response to the resourceful use of recovery support services, an interviewee state, "…if [clients] choose it, we will suggest it." Meaning that agency staff listen to client choice in identifying recovery support services and will suggest it as a resource covered by the PPW funding source.

Actual Participation from Supportive Adults and Residential and Non-Residential Children at Discharge

Residential and Non-Residential Children Participation at Discharge

Thirty residential and non-residential children were identified as participants of the PPW program at discharge. Thirty residential and non-residential children represent less than half of the number of residential and non-residential children anticipated to participate in the program at admission. However, fifteen clients remained in treatment at the time of this report. This should be kept in mind since the total number of residential and non-residential children expected to participate in treatment at admission included all clients, regardless of whether they had been discharged by September 30, 2016.

Table 16 presents the characteristics of clients; residential and non-residential children who were reported to have participated in the treatment program. ASAC reported the participation of seven of the thirty children, HFS reported ten children and JRC reported thirteen children. Thirteen of the thirty children (43.3%) were female and the remaining children were males. Twenty-three children (76.7%) were White/Hispanic. The second most common racial group

was two or more races with five children. In addition, one child participant as African American/Black and one child participant was American Indian. Child participants at HFS were the least racially diverse with all children being identified as White/Caucasian. Twenty-seven child participants (90.0%) were non-Hispanic or Latino/a. Of the remaining three Hispanic children, two were of Puerto Rican and one was of Mexican ethnicity.

The ages of the children ranged from newborn to 10 years old. The ages of ASAC child participants were younger than both HFS and JRC. At discharge, no child above six months was listed as a participant in the program.

Child welfare involvement was reported for two-thirds of the child participants. Four ASAC child participants, six HFS children and ten JRC children were involved in the child welfare. The percentage of children involved in the child welfare system is slightly lower than the projected rate of child participant involvement in child welfare of 73.0% at admission. However, the projected rate of child participant involvement in the drug court system was higher at discharge (33.3%) than was anticipated at admission (17.5%). Ten of the thirty children were reported to be involved in the drug court system at discharge. HFS reported the participation of six child participants in the drug court system while JRC and HFS reported three children and six children being involved with the drug court program, respectively.

Table 16. Residential and Non-Residential Child Demographics at Discharge by Agency

	ASAC n = 7	HFS n = 10	JRC n = 13	All n = 30
Gender				
Female	28.6%	20.0%	69.2%	43.3%
Male	71.4%	80.0%	30.8%	56.7%
Race				
White/Caucasian	57.1%	100.0%	69.2%	76.7%
African American/Black	0.0%	0.0%	7.7%	3.3%
American Indian	14.3%	0.0%	0.0%	3.3%
Two or more races	28.6%	0.0%	23.1%	16.7%
Ethnicity				
Not Hispanic or Latino	85.7%	90.0%	92.3%	90.0%
Hispanic of Latino	14.3	10.0%	7.7%	10.0%
Age (range)	0 – 6 months	0 – 10	0 – 8	0 – 10
Child Welfare Involvement	57.1%	60.0%	76.9%	66.7%
Drug Court Involvement	14.3%	60.0%	23.1%	33.3%

Non-Residential Supportive Adult Participation at Discharge

Of the 79 supportive adults that were anticipated to participate in the PPW program, 21 were reported as a participant at discharge. However, fifteen clients remained in treatment at the time of this report. This should be kept in mind since the total number of supportive adults expected to participate in treatment at admission included all clients, regardless of whether they had been discharged by September 30, 2016. Table 14 describes the characteristics of the supportive adults participating in PPW programming.

ASAC. The difference between projected and actual number of involved adults was the greatest at ASAC. While ASAC projected that 41 adults would participate in treatment, eight supportive adults reported participation at discharge

Three of these supportive persons were fathers of the children, four were mothers and one was a father of the client. While 11 fathers of children were expected to participate in the program, three were reported as a participant at discharge. Furthermore, all but one potential supportive adult that was not an immediate family member such as a partner, sibling, aunt, or cousin was not recorded as participants at discharge. An equal percent of male and female supportive adults were reported ass participants at discharge.

Six of the supportive adults of ASAC clients reported as participants at discharge were White/Caucasian, one was Native American, and one identified as "other". Two clients were Hispanic. Three of the eight supportive adults to ASAC clients were involved in child welfare court and one client was involved in the drug court system.

HFS. Eleven HFS anticipated that clients would have 17 supportive adults involved in the treatment program. At discharge seven adult participants were reported to have participated in the program at discharge. Four of the participants were mothers, one was a client's sister, and another was a friend of the client. Fathers of children were not reported as potential participants of PPW at admission; however, one father of the children was reported as a participant of the program at discharge. Six of the seven supportive adults were females.

All of the supportive adults were White/Caucasian. One of the seven supportive adults was Hispanic/Latino. The age range of supportive adults narrowed compared to those who were anticipated to participate in the program at admission. The age range of anticipated supportive adults for HFS clients was 20 to 70 years old at admission. However, at discharge the ages of supportive adults ranged from 33 to 56 years old. The youngest and oldest potential supportive adults were not recorded as participants at discharge. Two supportive adults of HFS clients reported child welfare involvement and two reported drug court involvement.

JRC. Twenty-one JRC clients anticipated that 21 supportive adults would participate in the treatment program at admission. At discharge, six supportive adults were reported to have participated in the program. Three of the supportive adults were female and three clients were male. In addition, all of the supportive adults of JRC clients reported at discharge were White/Caucasian and non-Hispanic/Latino.

The age range of supportive adults narrowed compared to those who were anticipated to participate in the program at admission. The age range of anticipated supportive adults at admission for JRC clients was 23 to 74 years old. However, at discharge, the age range of supportive adults was between 46 and 54 years old. One supportive adult of HFS clients reported child welfare involvement and one reported drug court involvement

Table 17. Residential and Non-Residential Adult Demographics at Discharge by Agency

	ASAC n = 8	HFS n = 7	JRC n = 6	All n = 21
Relationship to Client				
Father of Child(ren)	37.5%	14.3%	0.0%	19.0%
Partner / Husband	0.0%	0.0%	0.0%	0.0%
Mother	50.0%	57.1%	50.0%	52.4%
Father	12.5%	0.0%	50.0%	19.0%
Sibling	0.0%	14.3%	0.0%	4.8%
Other	0.0%	14.3%	0.0%	4.8%
Gender				
Female	50%	85.7%	50%	61.9%
Male	50%	14.3%	50%	38.1%
Race				
White/Caucasian	75.0%	100.0%	100.0%	90.5%
African American/Black	0.0%	0.0%	0.0%	0.0%
American Indian	12.5%	0.0%	0.0%	4.8%
Other	12.5%	0.0%	0.0%	4.8%
Two or more races	0.0%	0.0%	0.0%	0.0%
Ethnicity				
Not Hispanic or Latino	87.5%	85.7%	100.0%	90.5%
Hispanic/Latino	12.5%	14.3%	0.0%	9.5%
Age				
Age (median)	46	38	50	36
Age (range)	22 – 56	33 – 56	46 - 54	22 – 56
Child Welfare Involvement	37.5%	28.6%	16.7%	28.6%
Drug Court Involvement	12.5%	28.6%	16.7%	19.0%

OUTCOMES

All clients who successfully completed the program reported abstinence from drugs and alcohol within the 30 days prior to discharge. The following section of this report describes changes in self-reported mental and physical health and community participation between intake and admission. Since discharge GPRA interviews were only completed with clients who successfully completed treatment, the following results do not pertain to clients who did not complete the PPW program for any reason.

Changes in Mental and Physical Health from Admission to Discharge

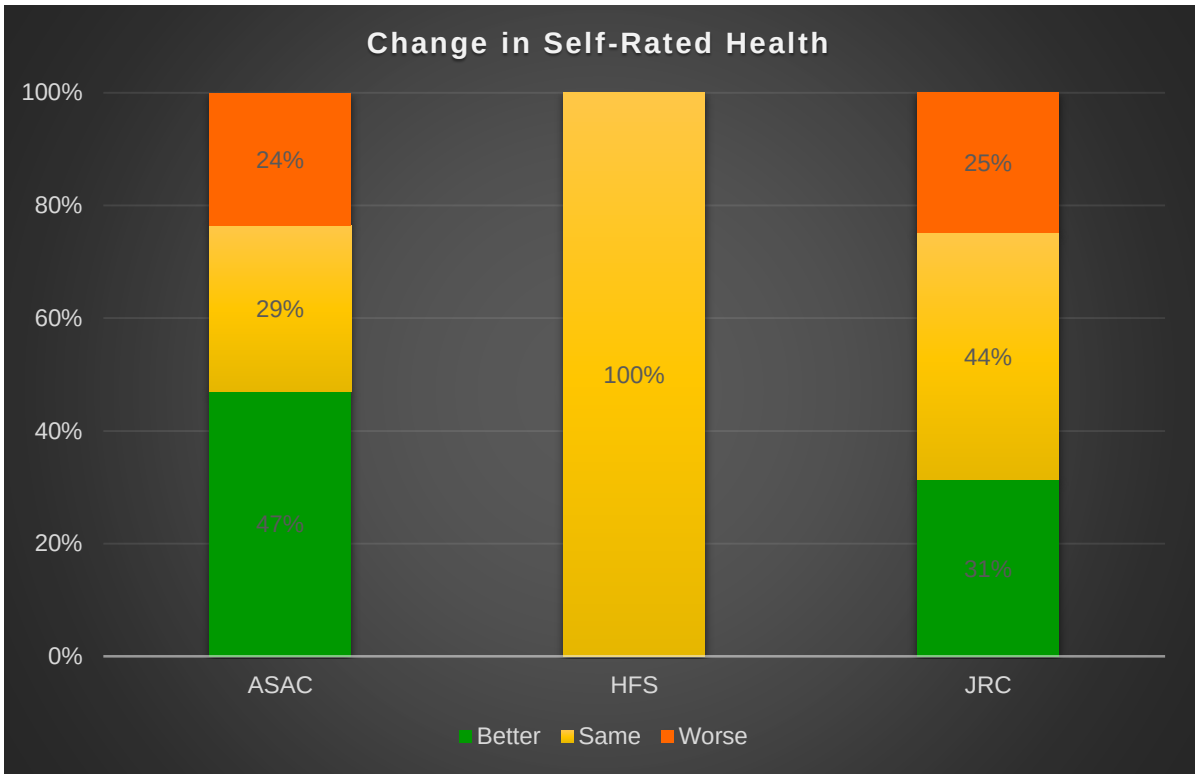
At discharge, fourteen clients (38.9%) reported better health than was reported admission. Fourteen clients also reported no change in health at discharge compares to self-reported health at admission. Eight clients reported that their health was worse at discharge than it was at admission.

Figure 22 shows the percentages of clients who reported better, worse, or the same self-rated health at discharge compared to admission. Half of ASAC clients reported better health at discharge than at admission. Of the remaining nine clients, five reported the same self-rated health at admission and discharge and four clients reported that their health had worsened since admission to the PPW program.

Both of HFSs clients reported the same level of health as reported at admission.

Seven of JRC's sixteen discharged clients reported the same health at admission and discharge. Seven JRC clients reported that their health improved since being admitted to the PPW program and four clients indicated that their health had diminished since admission to the program.

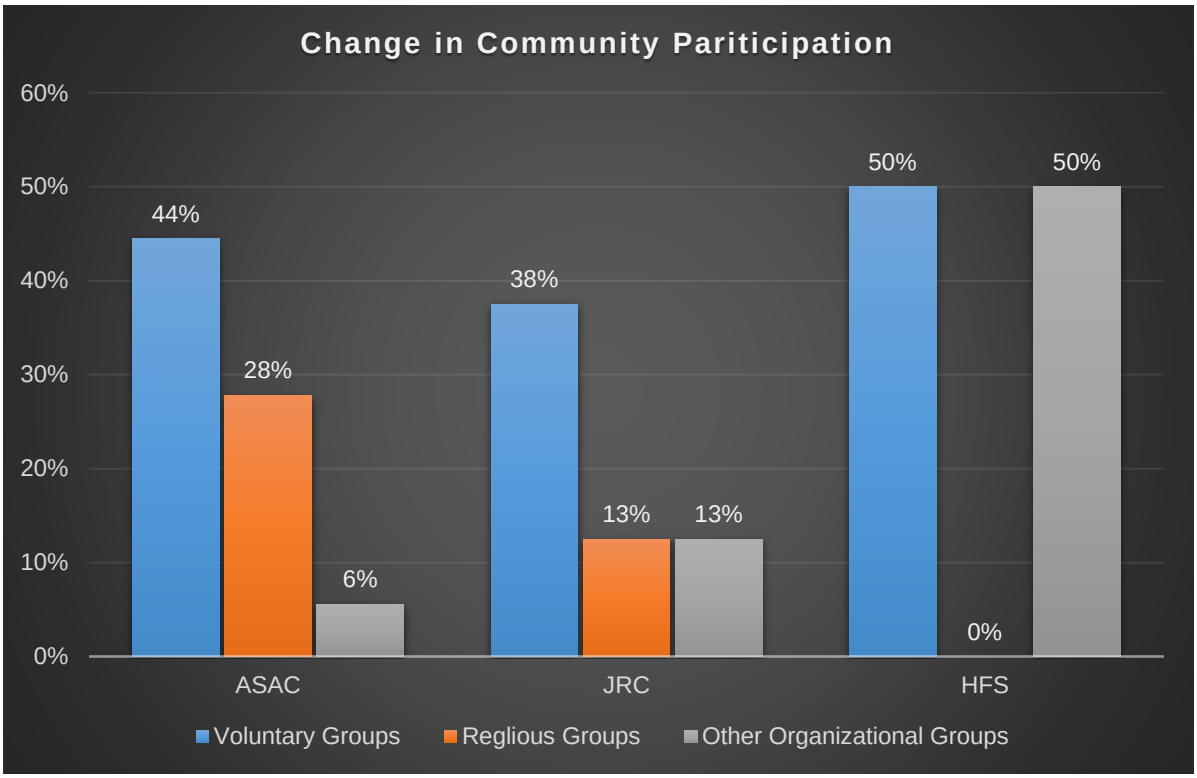
Figure 22. Change in Self-Rated Health from Admission to Discharge by Agency



Changes in Community Engagement

Clients were asked whether they had participated in any community groups 30 days prior to admission and at discharge. Figure 23 displays the change in the percentage of clients who reported participating in voluntary groups, religious groups and other groups from admission to discharge. Positive percent changes are an indication of increased client participation in community groups at discharge compared to admission. Therefore, positive percent changes represent the proportion of clients who have participated in community groups when they had not reported doing so at admission. Negative percent changes indicate the proportion of clients who reported participation in community group activities at admission, but did not report engaging in community groups at discharge. A change of zero indicates that the same proportion of clients who reported group participation at admission reported participation at discharge. Note that since Heartland only had two discharge clients, the percent change will look large (i.e. 50%). However, a 50% change only represents one client.

Figure 23. Changes in Community Involvement from Admission to Discharge by Agency



Across all agencies, there is a larger proportion of clients reporting participation in voluntary groups at discharge than at admission. All ASAC and HFS clients reported participation voluntary groups at discharge. Among ASAC clients, 44.4% who reported no participation in voluntary groups at admission, reported participation at discharge. Nearly two-fifths (37.5%) of Jackson clients who did not report participation involuntary groups at admission reported participation in voluntary groups at discharge. Among the two discharge Heartland clients, one client who had reported no participation in voluntary groups at admission reported participation at discharge.

Compared to voluntary group participation, fewer clients reported changes in religious group participation from admission to discharge. Over one quarter of ASAC clients (27.8%) and one in eight (12.5%) JRC clients reported participation in religious activities at discharge when they had reported no participation in religious activities at admission. There was no change in religious group participation among HFS clients. At both admission and discharge, no HFS clients reported participation in religious groups.

For participation in other organizational groups, 5.6% of ASAC clients and 12.5% of JRC clients reported participation in other organizational groups at discharge, but not at admission. In addition, one HFS client reported participation in other organizational groups at discharge, but not admission.

Clients Giving Birth in the Program

Seven clients gave birth to singleton infants in the program. Four clients from ASAC gave birth, two clients from HFS gave birth, and one JRC client gave birth during the first year of the PPW program. Infant health are measured in terms of gestational age and birth weight.

A premature birth is defined as a baby that is born earlier than the 37th week of pregnancy. One birth was characterized as premature with a gestational age of 36 weeks. The range of gestational ages of the remaining infants who were born in the program ranged from 36 to 41 weeks. The range of gestational ages of infants born to clients before the program ranged from 33 weeks to 41 weeks with a median of 38 weeks.

Low birth weight is defined as an infant weighing less than five pounds and eight ounces (2,500 grams) at birth. One infant was born 5 pounds 6 ounces (2,438 grams), and was therefore characterized has having a low birth weight. The remaining infants ranged from six pounds and two ounces to eight pounds and ten ounces.

Clients Satisfaction

Clients at all agencies reported their satisfaction with counselors, staff, facilities, and program services upon discharge from the program. This piece of the evaluation will summarize the results of client satisfaction surveys from 34 clients. Eleven of the 34 clients were clients at ASAC, seven were clients at HFS and 16 were clients at JRC. Since client satisfaction surveys were anonymous, an analysis of client demographics outside of those collected on the Client Satisfaction Survey are not possible. In addition, because some clients did not reply to all questions, the total number of respondents may vary by question.

Among clients who responded to the Client Satisfaction Survey, over half (58.8%) were continuing their care with the agency. Three clients indicated they were no longer in treatment at the time of the survey administration. Treatment involvement status is unknown for nearly a quarter (23.5%) of participating clients.

Table 18 presents client reported sources of referral to the PPW program. Half of all clients indicated that they entered the program without any outside referral. Nearly 20% of clients were referred by criminal justice systems including criminal justice or court, the parole board or state probation. Approximately 15% of clients were referred by alcohol/drug abuse providers. Over one in 10 clients (11.7%) were referred by DHS for child abuse, child endangerment or some other reason. One client was referred by a health care provider and one client was referred by a community and mental health clinic.

Table 18. Residential and Non-Residential Adult Demographics at Discharge

Reported Source of Referral	All n = 34
Self	50.0%
Health care provider	2.9%
Community & Mental health clinic	2.9%
Alcohol/Drug abuse provider	14.7%
Other Individual	0.0%
Employer/EAP	0.0%
School	0.0%
TASC	0.0%
OWI	0.0%
Other criminal justice/court	2.9%
Civil commitment	0.0%
Promise Jobs	0.0%
Zero Tolerance	0.0%
Drug Court	0.0%
Other community	0.0%
DHS child abuse	5.9%
DHS child welfare	0.0%
DHS endangered child	2.9%
DHS Other	2.9%
Division of Vocational Rehabilitation	0.0%
Parole Board	5.9%
State Probation	2.9%
Federal Probation	0.0%

Client-Counselor Interaction

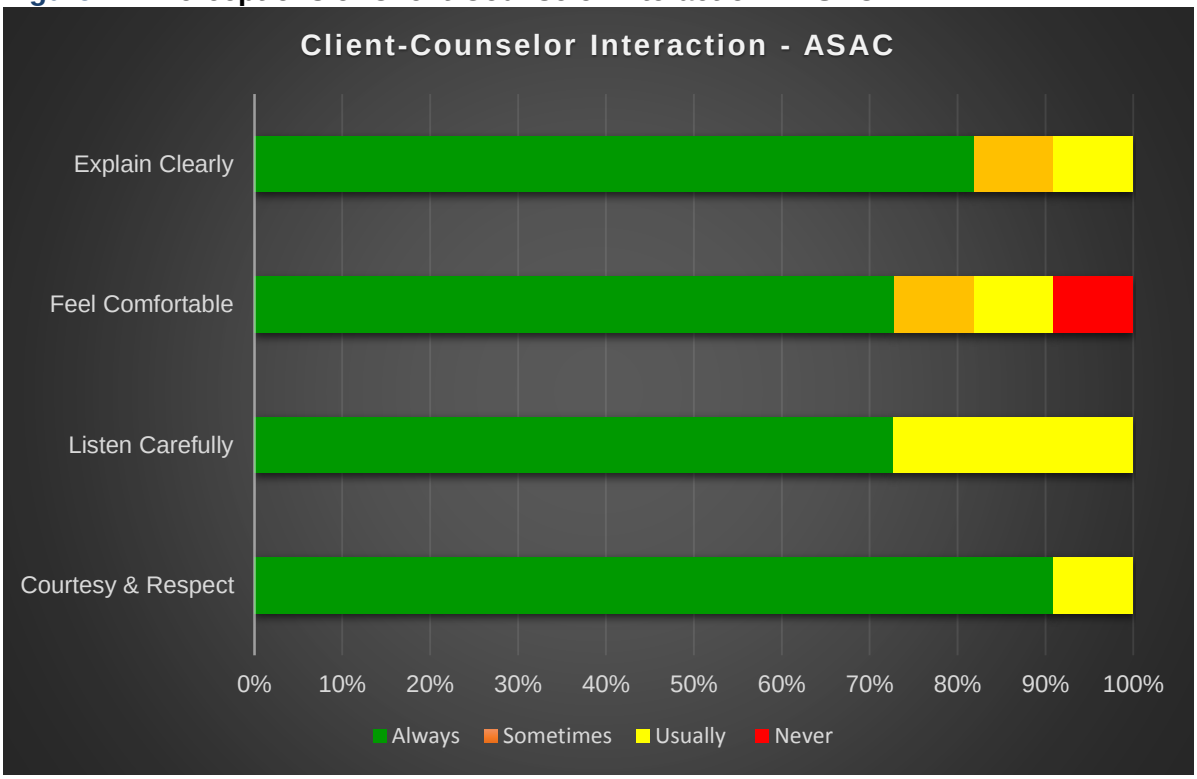
Figures 24 through 26 display clients' perceptions of their interaction with counselors by agency. Clients were asked to rate how often:

- counselors treat clients with courtesy and respect
- counselors listen carefully to clients
- clients feel comfortable discussing concerns about their treatment with counselors
- counselors explain things to clients in a way they can understand

In general, a majority of clients' at all three agencies believed counselors *always* treated them with courtesy and respect and explained things clearly to them. However, across all agencies, fewer clients reported *always* feeling comfortable discussing concerns about their treatment. One ASAC client reported *never* feeling comfortable about discussing concerns about her treatment with the counselor and 17.7% of clients across all agencies reported *sometimes* feeling comfortable talking about their treatment with the counselor.

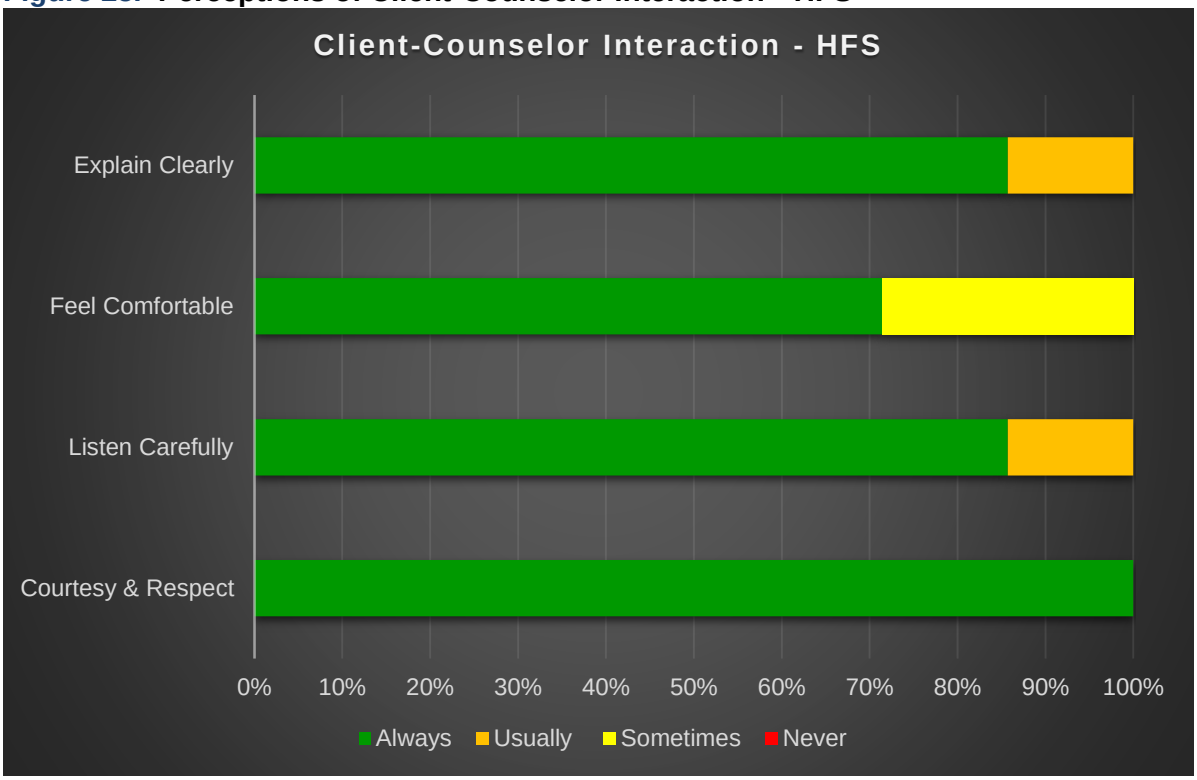
ASAC. Nine in 10 ASAC clients (91%) felt their counselors *always* treated them with courtesy and respect. Four in five clients (81.8%) felt their counselor *always* communicated with them in a clear manner. Additionally, nearly three-quarters of ASAC clients (73%) reported *always* feeling comfortable discussing concerns about their treatment with the counselor and that the counselors *always* listened carefully to them. One client indicated the she *never* felt comfortable discussing concerns about her treatment with the counselor.

Figure 24. Perceptions of Client-Counselor Interaction—ASAC



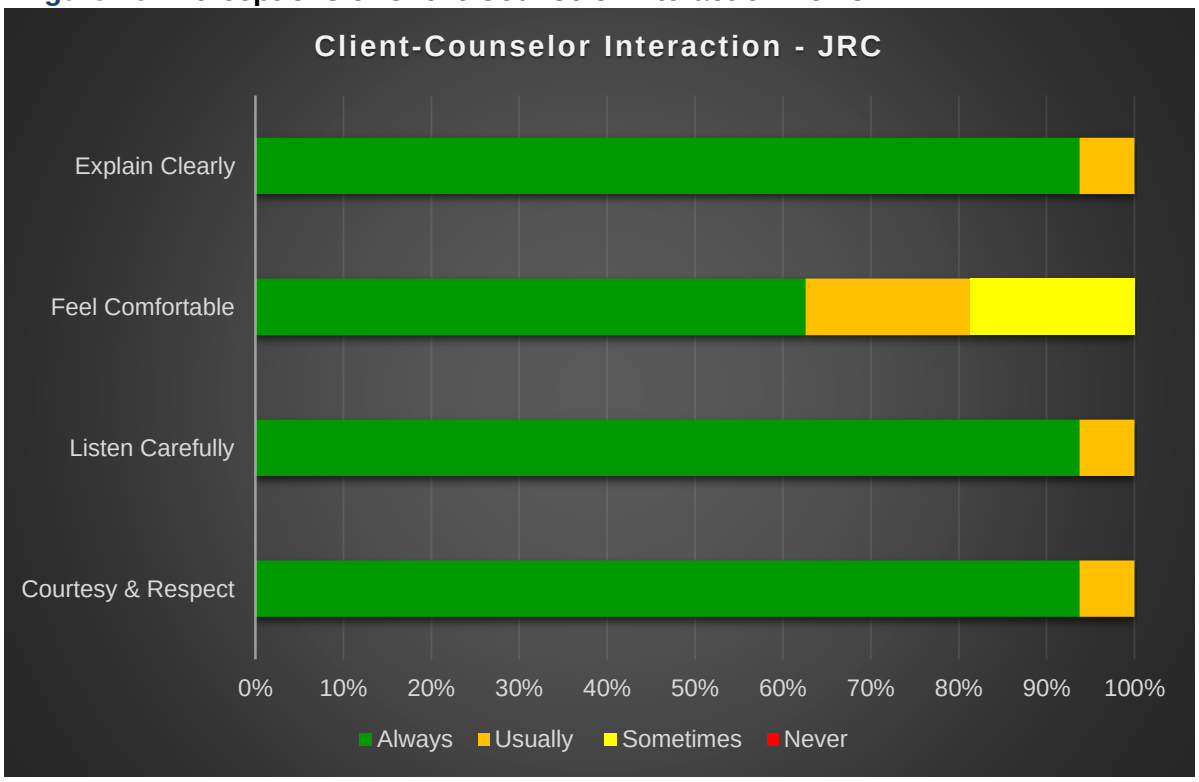
HFS. All clients at HFS believed the counselors *always* treated them with courtesy and respect. Nearly nine in 10 (85.7%) clients felt the counselors *always* listened carefully to them, and 85.7% felt the counselors *always* explained things in a manner that was clear to the client. Two HFS clients reported that they *sometimes* felt comfortable discussing concerns about their treatment while the remaining five clients reported that they *always* felt comfortable discussing concerns about their treatment.

Figure 25. Perceptions of Client-Counselor Interaction—HFS



JRC. All but one of JRC clients felt that counselors *always* treated them with courtesy and respect, listened to them, and explained things in a manner that was easy for the client to understand. Three JRC clients reported that they *sometimes* felt comfortable discussing aspects of treatment with the counselor.

Figure 26. Perceptions of Client-Counselor Interaction—JRC



Client-Staff Interaction

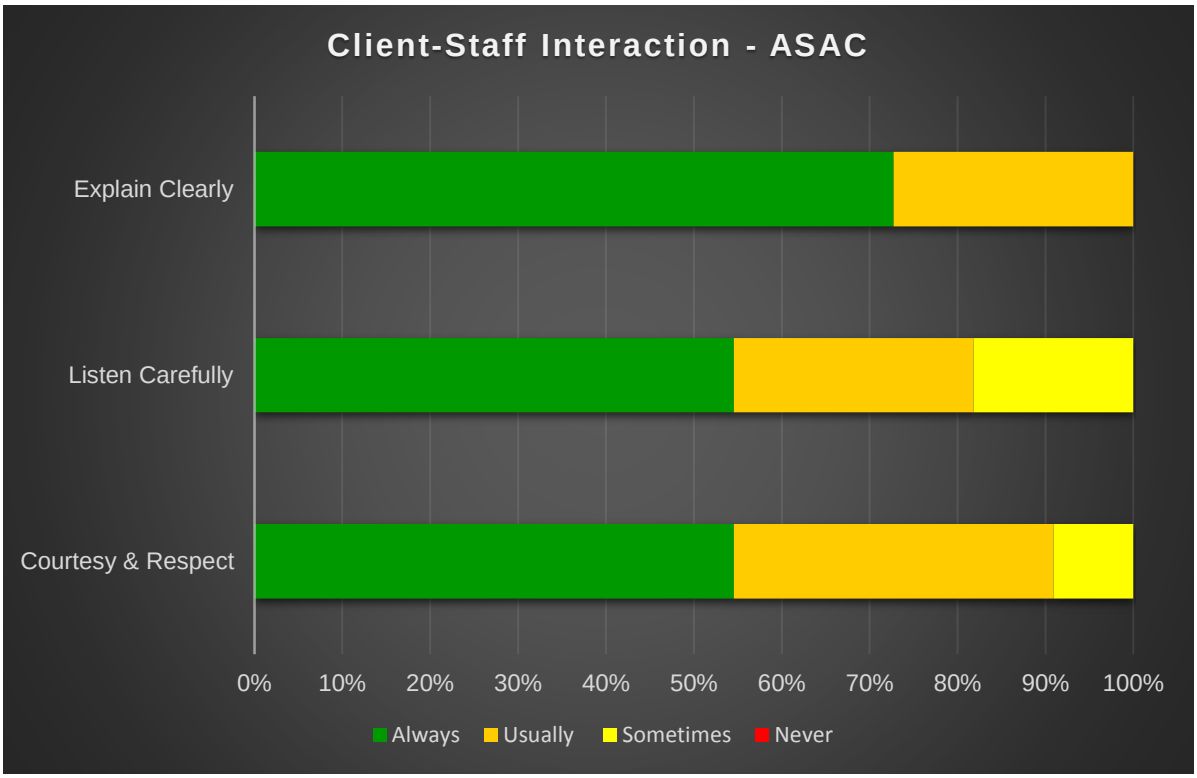
Figures 27 through 29 display clients' perceptions of their interaction with staff members other than the counselor by agency. Clients were asked to rate how often staff:

- treat clients with courtesy and respect
- listen carefully to clients
- explain things to clients in a way they can understand

In comparison to counselor ratings, clients were less likely to report that staff *always* treated clients with courtesy and respect, listened carefully to clients, and provided clear explanations. Over half of the clients at ASAC and JRC reported that staff *always* treated clients with courtesy and respect, listened carefully to clients, and explained things to clients in a way they could understand. Less than half of Heartland clients reported that staff members *always* showed clients courtesy and respect, listened carefully and provided clear explanations.

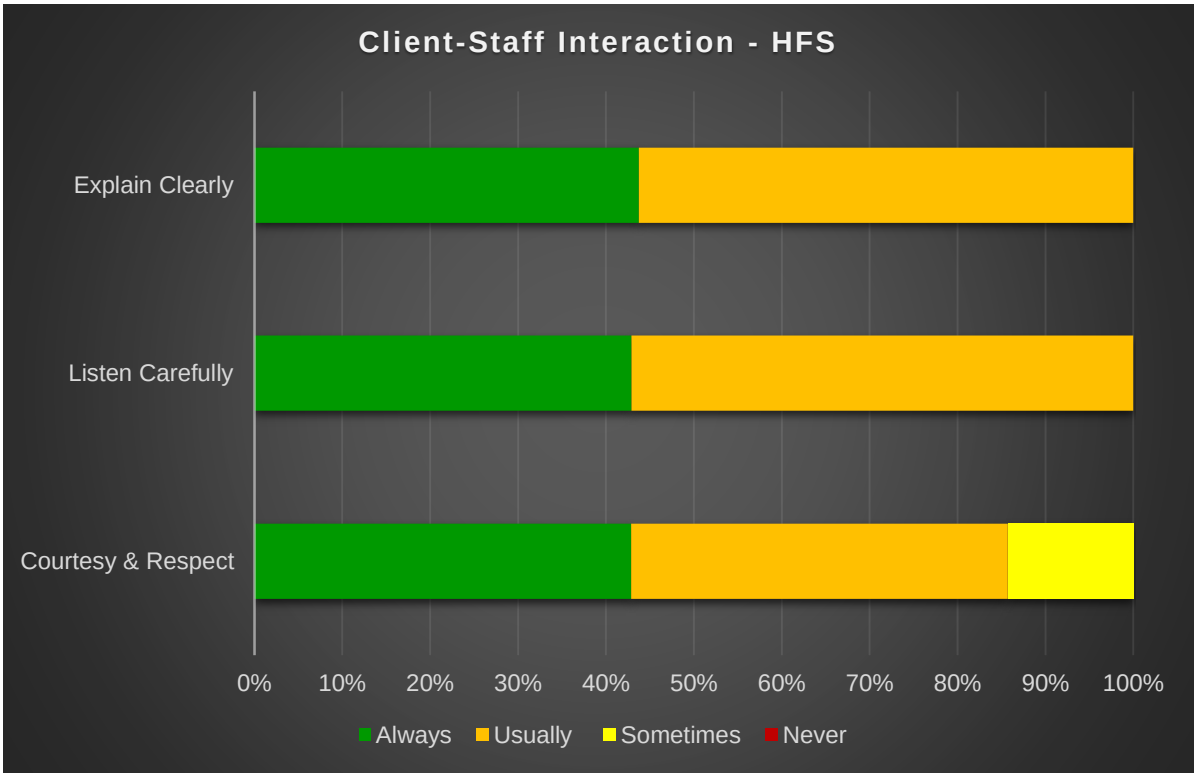
ASAC. Nearly three-quarters (72.7%) of ASAC clients reported that staff *always* explained things clearly. Over half (54.6%) of clients reported that staff *always* listened carefully and *always* treated clients with courtesy and respect. Approximately one in five (18%) ASAC clients felt that staff *sometimes* listened carefully to clients and 9% reported that staff *sometimes* treatedthe clients with courtesy and respect.

Figure 27. Perceptions of Client-Staff Interaction—ASAC



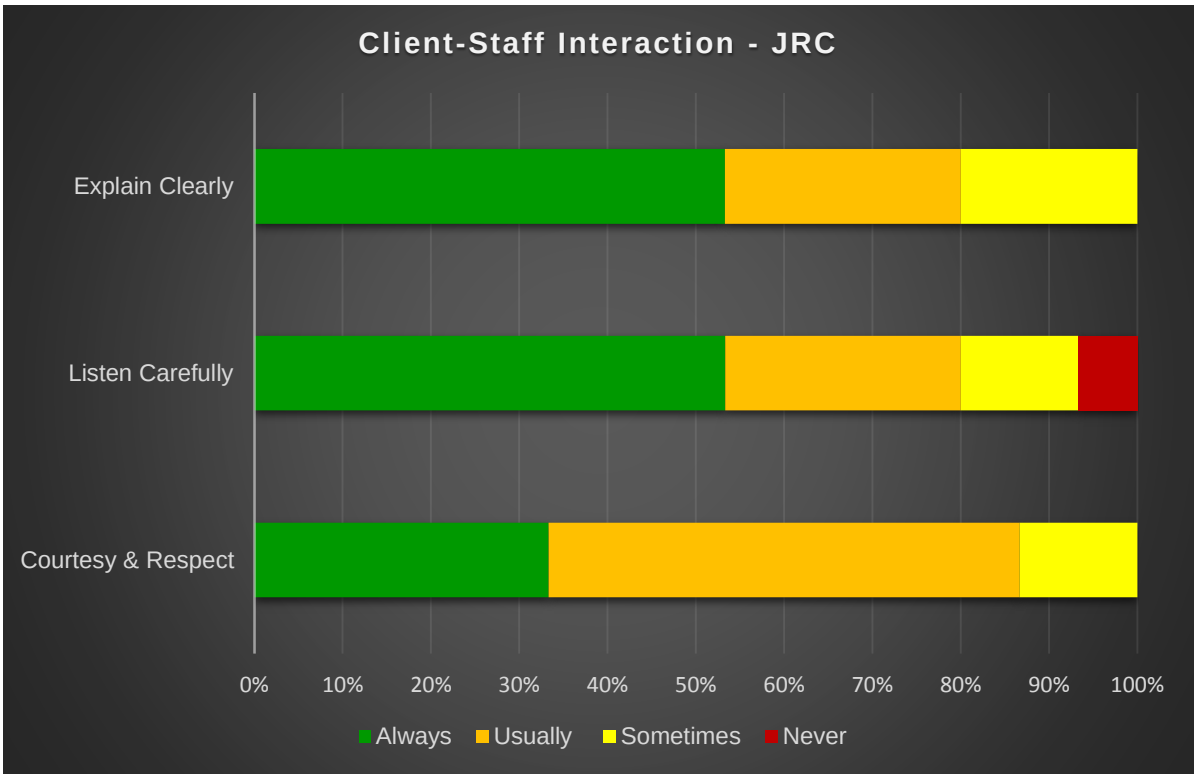
HFS: All clients reported that staff explained things clearly and listened carefully *sometimes* or *always*. Less than half of HFS clients felt that staff *always* gave clear explanations, listened carefully and treated clients with courtesy and respect. One client reported that staff *sometimes* treated clients with courtesy and respect.

Figure 28. Perceptions of Client-Staff Interaction—HFS



JRC. One-third of JRC clients reported that staff *always* treated clients with courtesy and respect and over half of all clients at JRC reported that staff *sometimes* treat clients with courtesy and respect. Over half of the clients felt that staff *always* gave careful explanations and listened carefully to clients. One JRC client reported that staff *never* listened carefully to clients.

Figure 29. Perceptions of Client-Staff Interaction—JRC



Building and Facility

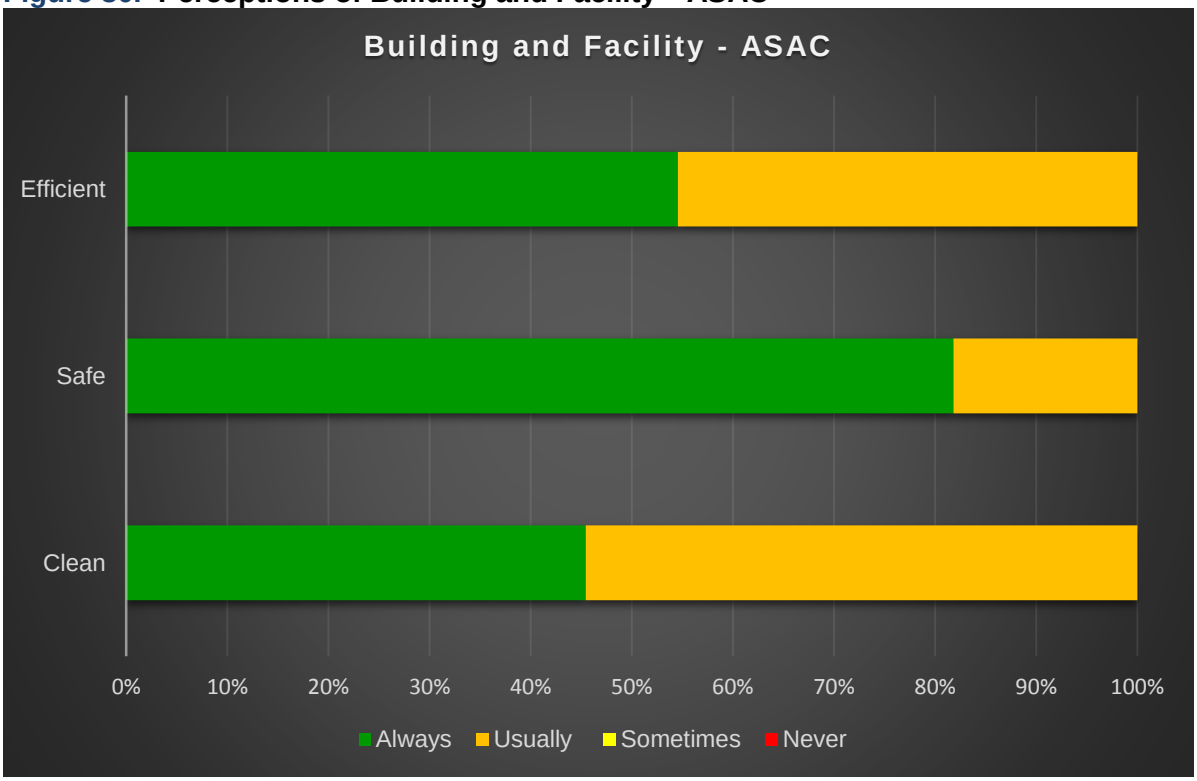
Figures 30 through 32 display clients' perceptions of their interaction with staff members other than the counselor by agency. Clients were asked to rate how often:

- rooms, bathrooms and hallways were kept clean
- clients felt safe when they were in or around the building
- the facility and building seem efficient and well run

All clients at ASAC and HFS reported that the building and facilities were *always* or *usually* clean, safe and efficiently run. JRC clients reported that the building and facilities were *always* or *usually* clean, safe and efficiently run less often than ASAC or HFS clients.

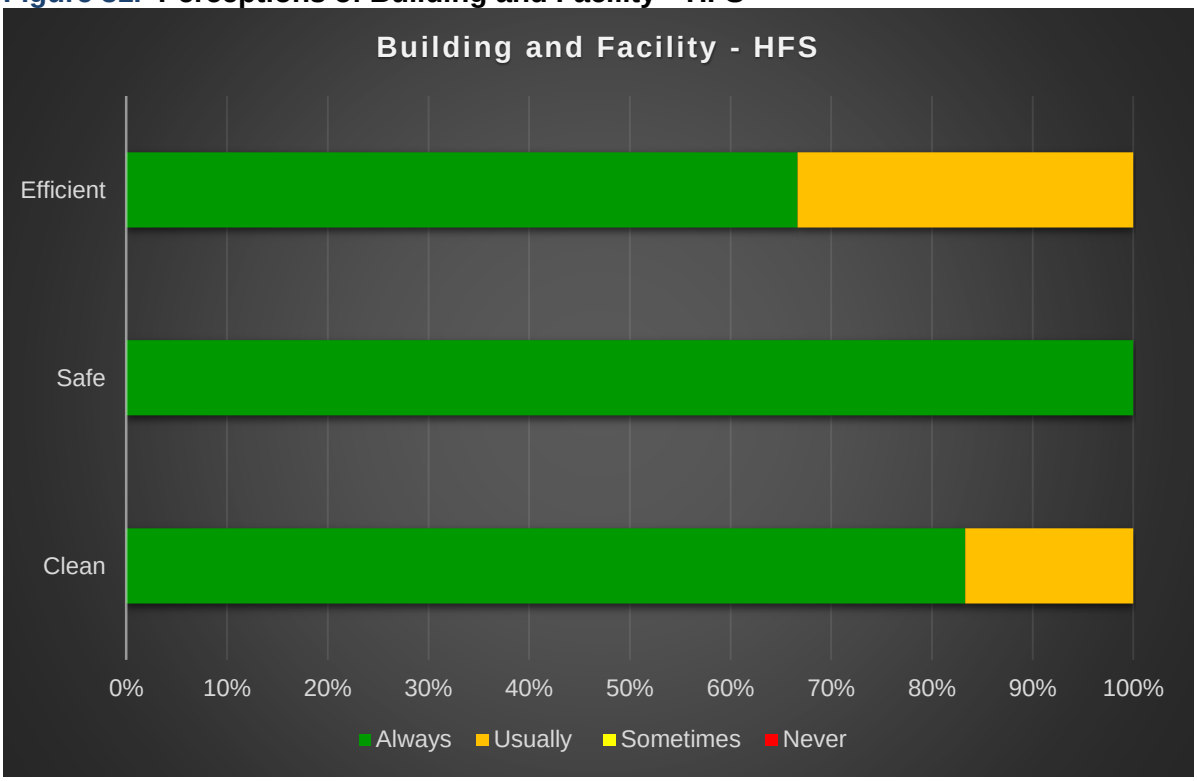
ASAC. All ASAC clients reported that the building and facilities were *always* or *usually* efficient and well run, safe and clean. Over four in five clients *always* felt safe in the building and facilities. Just over half (54.6%) of ASAC clients reported that the building and facilities were *always* efficiently well run and 45.4% reported that the building facilities were *always* clean.

Figure 30. Perceptions of Building and Facility—ASAC



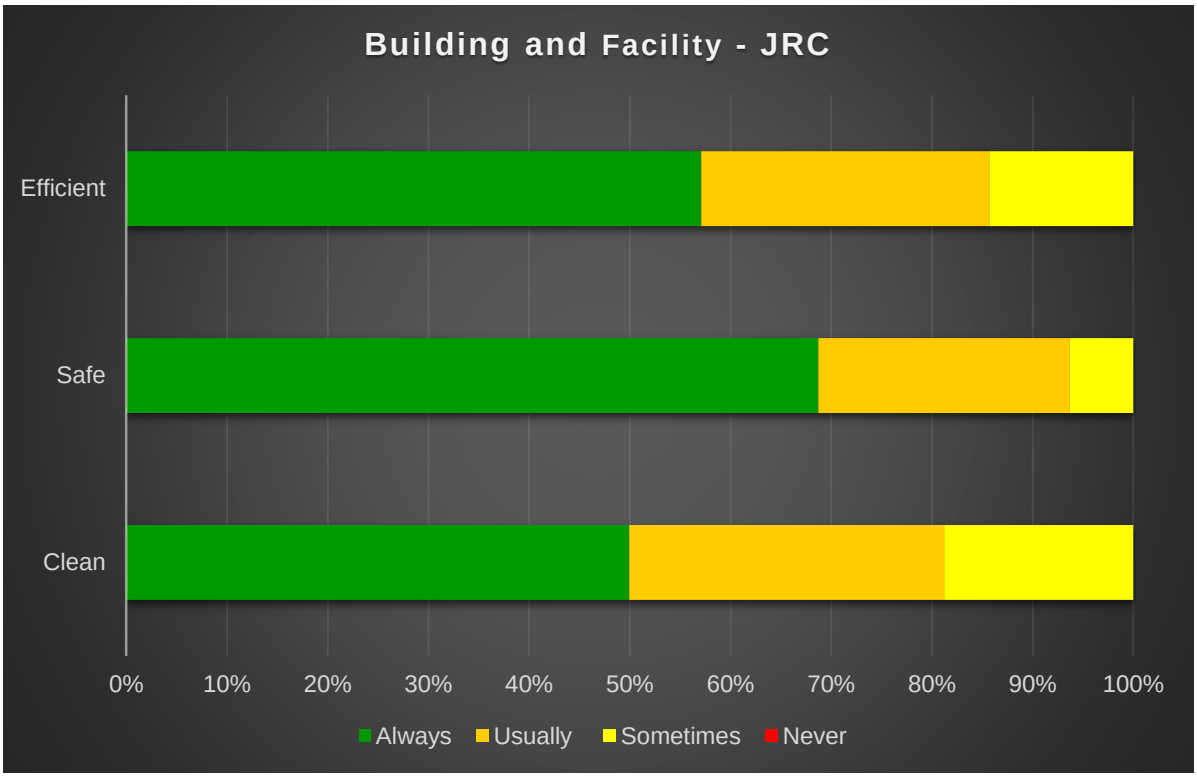
HFS. All HFS clients reported that the building and facilities were *always* safe. Over 80% reported that building and facilities were *always* clean and 66.6% felt that the building and facilities were well run and efficient.

Figure 31. Perceptions of Building and Facility—HFS



JRC. Two-thirds (68.6%) of JRC clients reported that the building and facilities were *always* safe. Over half of clients at JRC reported that the building and facilities were *always* clean and efficiently run. Approximately one in six JRC clients felt that the building and facilities were *sometimes* clean.

Figure 32. Perceptions of Building and Facility—JRC



Program Services

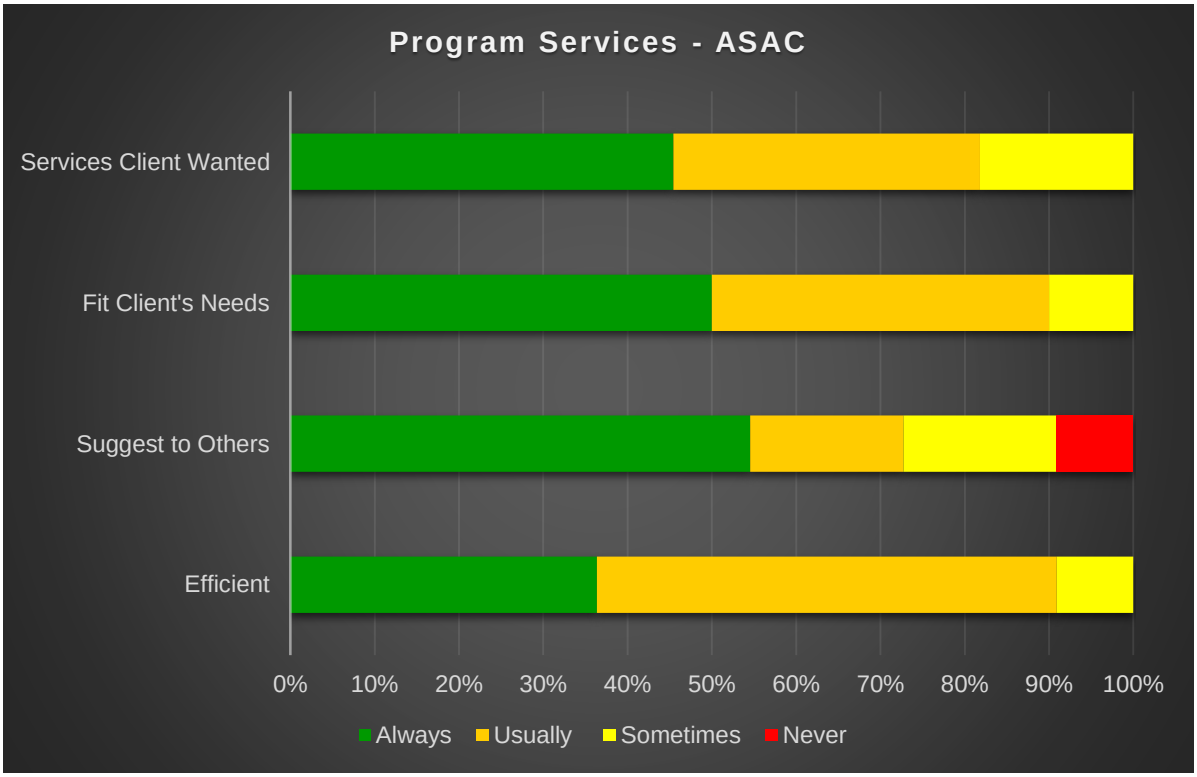
Figures 33 through 35 display clients' perceptions of the PPW program in general. Clients were asked to rate how often:

- programs seem efficient and well run
- the client would suggest this program to a friend or family member
- the program seems to fits the clients' needs
- clients received the services they wanted

HFS clients responded more positively to the program services they received than either ASAC or JRC clients. All HFS clients indicated they would *always* suggest the program for others, and clients at HFS also indicated that the program *always* provided the services they needed and wanted. ASAC and JRC clients reported similarly in terms of how often the programs provided services the clients needed and wanted and the frequency in which they would suggest the programs to others. However, compared to ASAC clients, JRC clients were more likely to report that the program was run efficiently.

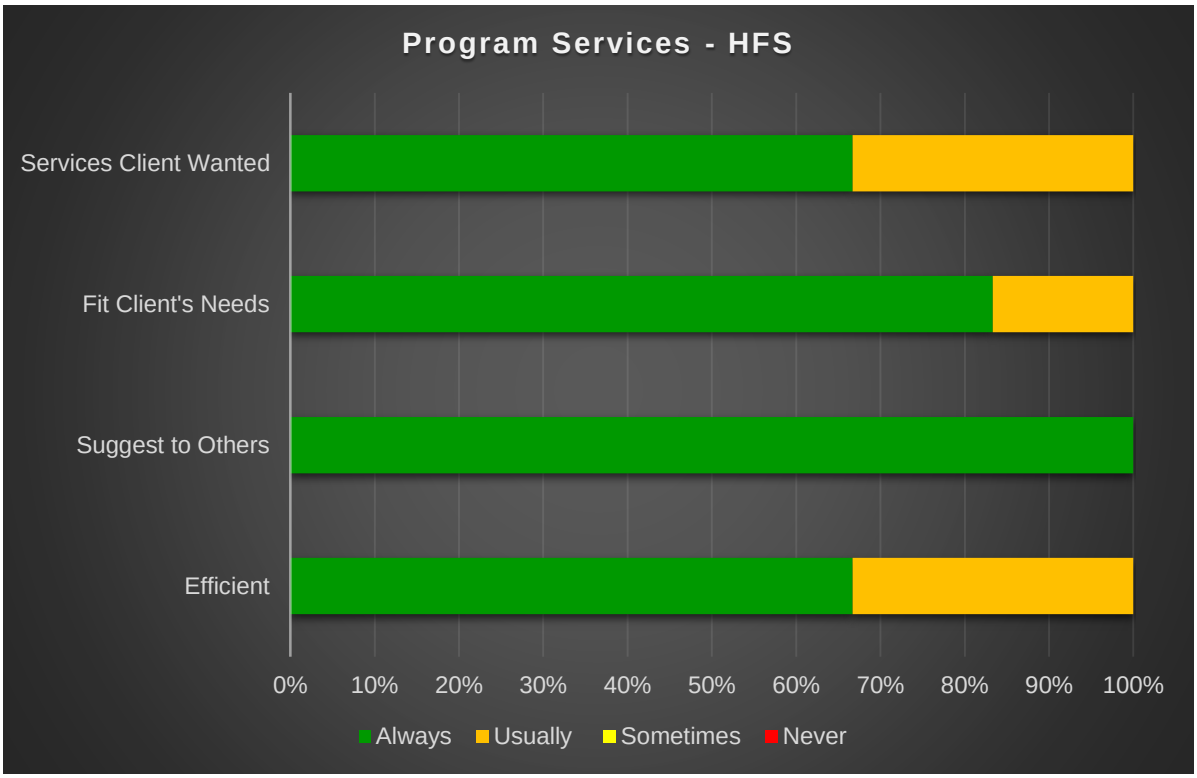
ASAC. Nearly half (45.5%) of all respondents reported that the program *always* provided the services they wanted and half of ASAC respondents reported that the services *always* fit the clients' needs. Approximately 40% of clients believed the program *usually* provided the services they wanted and that the services *usually* fit the client's need. Over half of the clients (54.5%) also reported that they would *always* suggest the program to others. One client indicated they would *never* suggest the program to others. Only 36.4% of clients reported that the program was *always* efficient and well run; however, over half reported that the program was *usually* efficient and well run.

Figure 33. Perceptions of Program Services—HFS



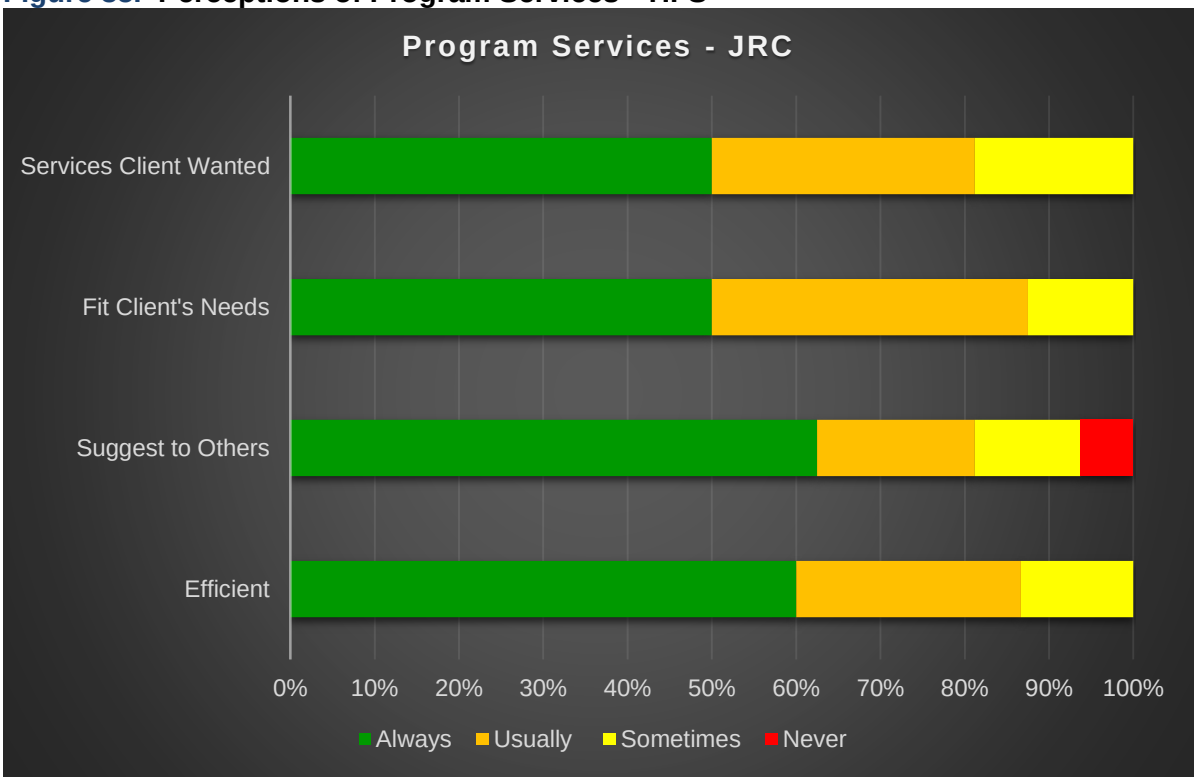
HFS. All HFS clients reported that they would *always* suggest the program to others. Four-fifths (83.3%) of clients reported that the PPW program at HFS *always* provided services that the client needed. In addition, two-thirds of clients reported that HFS *always* provided services the clients wanted and that the program was well run and efficient. All responses to questions concerning perceptions of program services fell into the "*always*" or "*usually*" categories.

Figure 34. Perceptions of Program Services—HFS



JRC. Half of JRC clients reported that the PPW program *always* provided services that clients wanted and that fit the client's needs. The other half of the clients responded that the program *usually* or *sometimes* offered services the clients wanted and needed. Ten of the sixteen JRC clients indicated they would *always* suggest the program to others. Of the remaining six clients, three clients indicated they would *usually* suggest the program and two would *sometimes* suggest the program. One client indicated they would *never* suggest the PPW program at JRC. Over half (60.0%) of JRC clients completing the Client Satisfaction Survey reported that the program was *always* well run and efficient.

Figure 35. Perceptions of Program Services—HFS



Satisfaction and Dissatisfaction with Services

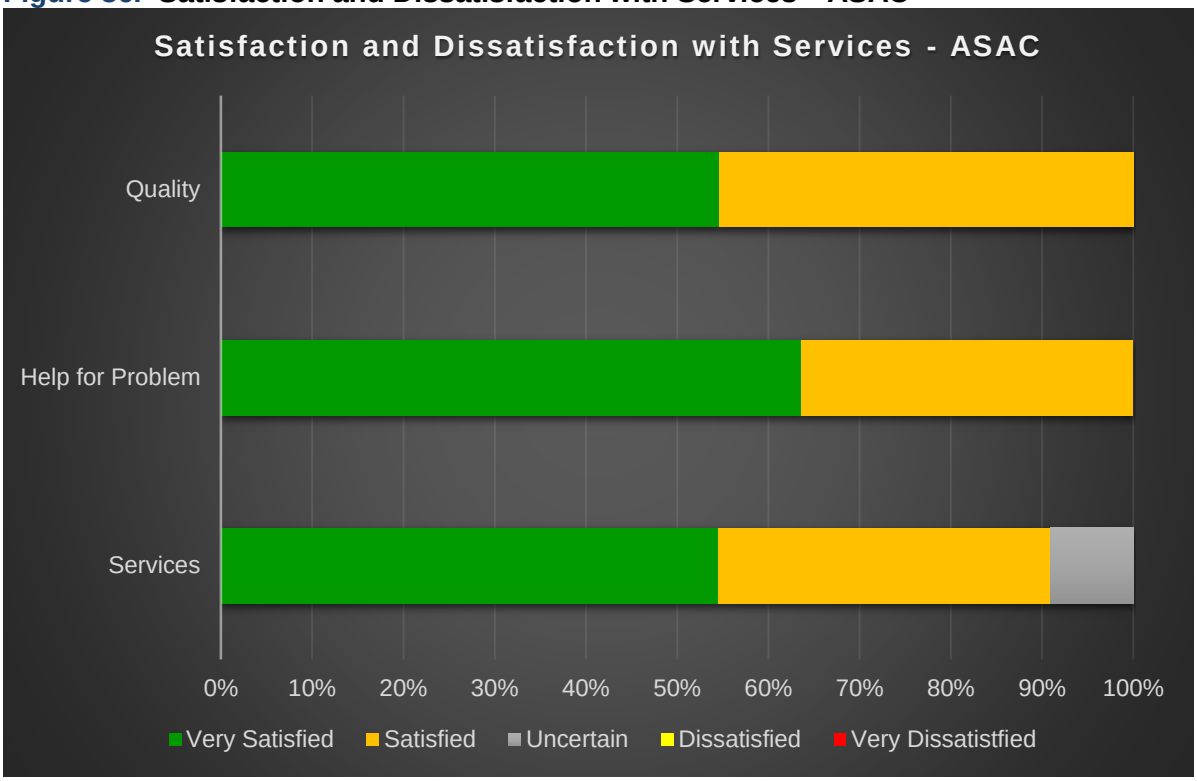
Figures 36 through 38 display clients' perceptions of how *satisfied* or *dissatisfied* they were with the:

- services they received
- help they received for the problem they came for
- quality of the services they received

Compared to ASAC and JRC clients, HFS clients more frequently reported that they were *very satisfied* with the services they received, the help they received for the problem they came for and the quality of the services they received. No HFS client reported that they were either *uncertain* or *dissatisfied* with these dimensions of services provided by HFS. Fewer clients at ASAC and JRC reported being *very satisfied* with the services received and more reported either being *uncertain* or *dissatisfied* with the services they received.

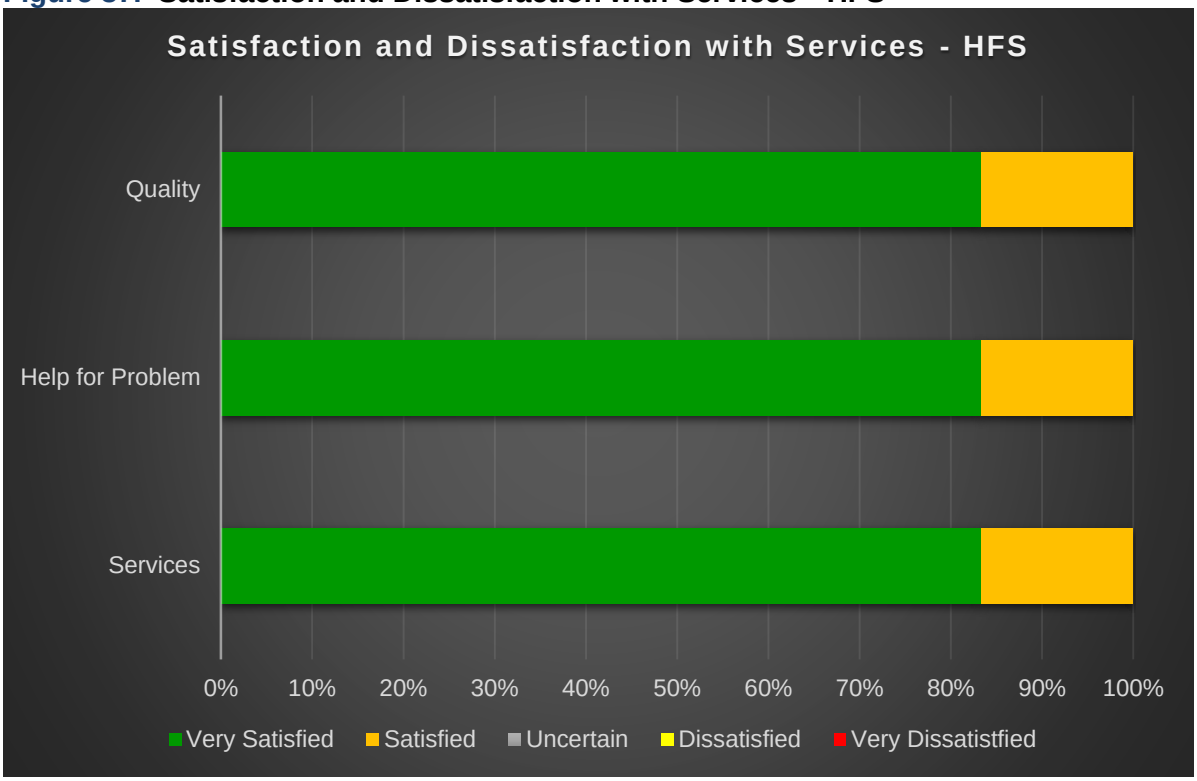
ASAC. All ASAC clients reported that they were either *very satisfied* or *satisfied* with the help they received for the problem they came for and the quality of the services they received. In addition, over 90% of clients who were enrolled in the PPW program at ASAC reported that they were *very satisfied* or *satisfied* with the services they received.

Figure 36. Satisfaction and Dissatisfaction with Services—ASAC



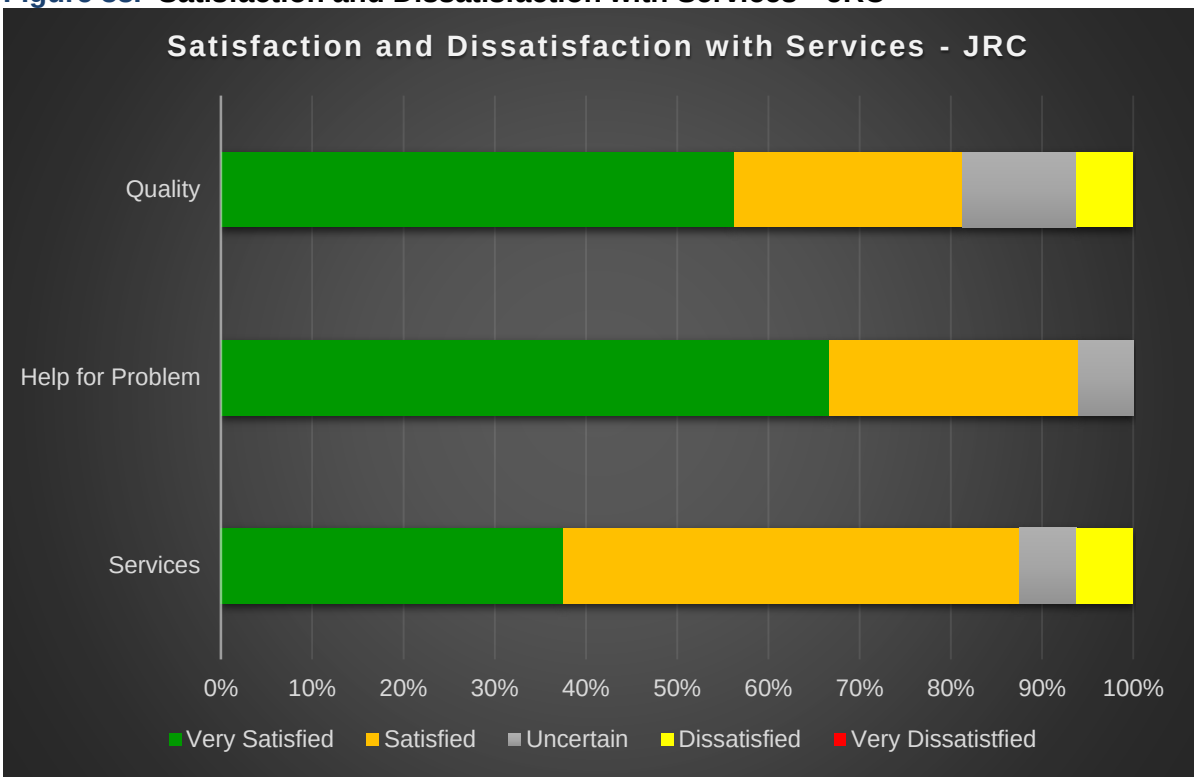
HFS. Clients at HFS responded similarly for all three questions. All clients enrolled in the PPW program at HFS reported that they were either *very satisfied* or *satisfied* with the services they were provided, with the quality of the services, and with the help they received for the problem they entered treatment for.

Figure 37. Satisfaction and Dissatisfaction with Services—HFS



JRC. Over 80% of JRC clients reported that they were *very satisfied* or *satisfied* with the quality of the services they received, the help they received for the problem they came for and the quality of the services they received. One client each indicated they were *dissatisfied* with the services they received and the quality of services they received.

Figure 38. Satisfaction and Dissatisfaction with Services—JRC



Clients were also able to include comments about the PPW program at the end of the Customer Satisfaction Survey. Table 19 presents the open-ended comments to the survey by agency.

Table 19. Open-Ended Responses to Client Satisfaction Survey by Agency

Open-Ended Comments
ASAC
Groups lead help you learn to live a healthy sober life outside the facility. Not repetitive about just one topic, assisted well w/ mental health, medical, pregnancy concerns.
Staff and client relationships, staff seems to truly care about clients here at ASAC.
The staff was always open/available to discuss different issues or areas of concern. I enjoyed my stay here and I learned a lot of different coping skills.
They really changed my life in a way I was willing to accept it!
I liked how you were able to have your kids with you and the day cares right in the building. I liked the variety of different classes, and coping skills."
All the different staff available to go to w/concerns or to help in any way at all.
This program has provided me with the knowledge (tools) I need to stay sober. I just need to continue to apply them.
HFS
That they had programs to help get things we needed. (ex PPW)
Respectful, helpful, and caring
The program does work if you're willing to make the commitment to change and let it help you!
It was very helpful.
That they had programs to help get things we needed. (ex PPW)
JRC
Everything I loved it here. It is not as bad as I thought.
Unconditional love, support, nonjudgmental, a very good 12 step program
Being able to have your children while you're working on yourself is amazing. It gave me opportunities to become a better parent.
A lot of assignments that made me dig deep and get to know myself helped me a lot.
Great Recovery based program. Very Positive staff.

BARRIERS TO PROGRAM IMPLEMENTATION

Eight months post-implementation of the PPW program, agency staff were asked to describe the barriers and potential solutions to program implementation in semi-structured interviews.

The most common barrier cited was the difficulty in managing the collection and reporting of data streams. Interviewees also cite communication with IDPH and the recruitment of new clients as significant barriers to program implementation.

"The forms and tracking take away from the ability to provide services."

Data Management

A common sentiment among all agencies surrounds the amount of required data collection and reporting. Agency staff report constantly needing to complete paperwork for IDPH and the Iowa Consortium in addition to forms to obtain needed services for clients. Several staff stated the amount of time staff spend on data management required for the PPW program diverts time staff spend on patient care.

In addition to interviewees citing the frequency of data collection as a barrier to program implementation, interviewees discussed frustration surrounding the timing of data collection and repeated changes in data collection tools. Regarding the timing of data collection, one interviewee stated that, "when patients enter, it is not always the best time to load them with paperwork and questions." PPW staff also reported that the time it takes to administer and enter results from GPRA interviews also took a great deal of time to complete. One interviewee summarized the data management issue by stating that, "…from an implementation perspective, there is a lot of paperwork and a lot of timelines. The expectations feel unrealistic."

Solutions. The data management issue is especially concerning since, while all agencies categorized data management as barrier to program implementation, no agency reported that they had found a solution to the problem. One agency reported that they had several conversations and implemented new ways to manage paperwork, but that the task of data management remained cumbersome. Another agency reported working with their IT manager to find new ways to streamline reports; however, the discussion did not result in any novel approaches to reduce staff burden to generate data reports.

Communication

All agencies indicated that the frequency and methods of communication with IDPH is a significant barrier to program implementation. Concerning the frequency of communication, interviewees described the number of provider calls with IDPH as "overwhelming". Furthermore, staff stated that the frequency of electronic communication from IDPH and SAMHSA was difficult to manage. Interviewees also reported difficulty engaging in monthly provider calls. Finally, one interviewee stated that on-site visits from IDPH are extremely constructive for identifying and addressing barriers; however, the provider calls were considered repetitive.

"What I could benefit from is learning how other agencies work smarter not harder."

Solutions. One agency managed the frequency of electronic communication by adding more staff to the IDPH e-mail list. The agency reported that adding more staff to the e-mail lists increased the likelihood that at least one staff member was able to read the content of the communication and pass on its contents to the rest of the staff. Another staff suggested the PPW program set up an internal instant messaging system. Such a system has been implemented for other grants, and staff reported appreciating the ability to have real time communication with each other rather than waiting an answer to an e-mails. Regarding the monthly provider calls, staff suggested the use of video conferencing to improve provider engagement. Other interviewees suggested reducing the length of monthly provider calls and changing the content of the calls to focus on the lessons learned from other agencies. When

asked to identify what content would be more useful for provider calls, one interview replied, "What I could benefit from is learning how other agencies work smarter not harder."

Recruitment

One agency indicated that recruiting new pregnant and postpartum clients for the program has been challenging. This barrier is especially salient for agencies since, although only one agency specifically identified recruitment as a barrier to program implementation, all interviewees expressed concern that they were no longer able to permit only pregnant and postpartum women. Additionally, because agencies reached only two-thirds of the revised goal of 90 women in eight months, more attention could be directed towards identifying recruitment techniques to attract new pregnant and postpartum clients.

Solutions. The agency who had mentioned recruitment as a barrier to program implementation discussed several strategies that they implemented to address the issue. Staff at the agency report creating MOUs and MOAs with agencies who work with similar programs to build a referral network including Headstart programs and the sexual assault and violence organizations. Marketing and community outreach were also discussed as methods to improve recruitment. Interviewees reported informing potential community stakeholders about the PPW program via community meetings and letters

CONCLUSION

A wide array of recovery support services, evidence-based practices, programming and coordination with outside agencies were used to deliver an evidence-based program to serve pregnant and postpartum clients, their children and network of supportive adults from February 1, 2016 to September 30, 2016. Below are the responses to questions based on Iowa PPW goals as stated in the program grant proposal.

Goal 1: To implement an evidence-based program and increase the number of pregnant and postpartum women served with evidence-based programming at three Women and Children's Centers.

a. Did Iowa initiate PPW services at three high volume community based substance abuse treatment facilities?

   Answer: *All three Iowa PPW sites initiated services at three high volume community based substance use treatment facilities by February 26, 2016.*

b. Did Iowa provide training in Seeking Safety to staff at the three substance abuse treatment facilities?

   Answer: *Across all three sites, sixteen staff were trained in Seeking Safety by February 2016.*

c. Did each provider hire or appoint a Care Coordinator who works at least 20 hours a week on Iowa PPW?

   Answer: *Each PPW implementation site hired or appointed a Care Coordinator who works at least 20 hours a week on Iowa PPW.*

d. Does the Care Coordinator lead the Seeking Safety training and ensure program delivery to the target population?

Answer: *A therapist or counselor, rather than the Care Coordinator, leads Seeking Safety training and ensures program delivery to the target population.*

Goal 2: To allow client choice in selecting recovery supports while focusing on gender specific issues for pregnant and postpartum women in residential treatment for substance use disorders.

a. Did Iowa identify service gaps that hinder successful completion of substance abuse treatment by pregnant and postpartum women?

Answer: *Through questionnaires and semi-structured interviews, staff identified housing, employment and finances and extended child care as barriers to successful treatment completion. Staff reported substantially addressing barriers related to unhealthy relationships and transportation.*

b. Did Iowa provide essential health and wellness services which improve safe and healthy pregnancies and improve health outcomes?

Answer: *Agencies screened all PPW clients for mental health disorders. In addition, 86.0% of participating supportive adults were screened for substance use disorders and 33.0% of participating children were screened for learning, behavioral and developmental issues. Staff also reported making 152 referrals for clients and families to obtained needed services.*

c. Did Iowa provide essential services which are focused on improving parenting skills, family functioning, economic stability and quality of life?

Answer: *All three Iowa PPW sites reported implementing nine different therapeutic parenting interventions and ten non-parenting evidence-based practices with clients and their families. The practices addressed parenting skills, mother-child bonding, economic well-being and therapeutic needs.*

d. Do providers offer at least four additional hours of weekend programming per month that increases extended family involvement?

Answer: *All three Iowa PPW implementation sites reported implementing at least four hours of weekend programming per month to involve clients' extended family. The structure of family visitation privileges and content of family programming varies across agency.*

e. Do Care Coordinators develop and implement an extended recovery support services array that supports women, children and extended family members

Answer: *A total of $22,384.39 was spent on sixty pregnant and postpartum clients yielding an average of $373.03 of recovery support spending per client. Furthermore, Iowa PPW implementation sites established MOAs and MOUs with 11 outside agencies to extend recovery support services available to PPW clients and their families within the community.*

Goal 3: To reduce behavioral health disparities among pregnant and postpartum women who as a population tend toward a higher incidence of substance abuse and related problems.

a. Do Care Coordinators develop comprehensive treatment plans for the women as well as a family treatment plan?

Answer: *During semi-structured interviews, staff at each agency identified three components to treatment plan development: screening, goal development and service planning. For all agencies, clients' family members were also included in these three steps through performing health and substance use screening on clients' children and supportive adults, developing goals surrounding the clients' desires to incorporate family and arranging services that support the client and her family while she is in treatment.*

b. Did Iowa increase and expand services to pregnant and postpartum women and their families involved in adult, juvenile and family drug court?

Answer: *Interviews with Care Coordinators and supervisory staff indicates that the services available to pregnant and postpartum women and their families in adult, juvenile and family drug court largely remain unchanged after implementation of the Iowa PPW grant.*

c. Did Iowa improve the treatment success rate by 5% at each center?

Answer: *The baseline treatment success rate for all centers is 78.6%. The highest treatment completion rates was for JRC at 66.7% closely followed by ASAC at 64.3%. The treatment completion rate at HFS was 18.9%.*

RECOMMENDATIONS

Analysis of quantitative and qualitative information reported from clients and staff revealed several aspects of the Iowa PPW program that could be modified with the potential to improve client outcomes.

- Open communication between clients and counselors so that clients feel comfortable speaking with their counselors about issues surrounding their treatment.
- Explore new methods of client recruitment. Half of all clients reported referring themselves to treatment and 31.7% reported being referred by the criminal justice system or DHS. Less than 20.0% were referred by mental health or substance use treatment programs.
- Address the sexual health needs of PPW clients. Nearly two-thirds (64.0%) of clients who reported having unprotected sex within the 30 days prior to admission reported having unprotected sex while high and 20.0% reported engaging in sex with an individual who injected drugs.
- Continue to develop MOUs and MOAs with agencies who can help clients find transitional housing, child care and employment following discharge from the program.
- Initiate an investigation to explore efficient ways to streamline data flows within and between organizations. All agencies reported a need to better manage data flow; however, no agency reported the discovery of a data management solution.
- Reduce daily electronic mail between IDPH, Iowa Consortium and PPW staff by reserving non time-sensitive content in the form of a weekly update.
- Diversify methods of hosting monthly provider calls, such as using video conferencing.
- Develop an instant messaging service to facilitate intra-agency real-time communication.

- Make more referrals to organizations that offer job training and housing assistance. Employment-related issues and housing were the two most commonly reported barriers to treatment by staff, yet they were the least commonly reported category of service referral.
- Explore new ways to keep clients' supportive adults engaged in treatment. The number of supportive adults that participated in treatment was reduced from the number of supportive adults clients' initially projected would be involved in treatment.
- Diversify recovery support services spending. A large majority of recovery support service funding was spent on GPRA administration and supplemental needs. More funds can be used for services such as education/vocational training, care coordination and sober living activities.
- Asks clients specifically what they perceive as barriers to treatment completion. The information that is presented in this evaluation is from the agency staff's perception. However, clients may offer additional insight regarding barriers to treatment success.
- Enhance efforts to address tobacco use. Seventy percent of all clients reported smoking at least half a pack of cigarettes a day at admission to the program.

APPENDIX A

Client Satisfaction Survey

	Less than a week (1)	Less than a month (2)	More than a month (3)
1. How long have you been receiving services? (1)	❍	❍	❍

2. What month and year were you admitted to [insert agency name]? (MM/YYYY)
3. Are you still in treatment at [insert agency name]?

❍ Yes (1)
❍ No (2)

4. What month and year were you discharged from [insert agency name]? (MM/YYYY)
5. Who referred you to [insert agency name]?

❍ Self (21)
❍ Health Care Provider (22)
❍ Community Mental Health Clinic (23)
❍ Alcohol/Drug Abuse Provider (24)
❍ Other Individual (25)
❍ Employer/EAP (26)
❍ School (27)
❍ TASC (28)
❍ OWI (29)
❍ Other Criminal Justice/Court (30)
❍ Civil Commitment (31)
❍ Promise Jobs (32)
❍ Zero Tolerance (33)
❍ Drug Court (34)
❍ Other Community (38)
❍ DHS Child Abuse (39)
❍ DHS Child Welfare (40)
❍ DHS Drug Endangered Child (41)
❍ DHS Other (42)
❍ Division of Vocational Rehabilitation (43)
❍ Parole Board (44)
❍ State Probation (45)
❍ Federal Probation (46)

These questions are about your Counselor. If you had more than one, pick the one you had the most contact with.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
6. How often did your counselor treat you with courtesy and respect? (1)	❍	❍	❍	❍
7. How often did your counselor listen carefully to you? (2)	❍	❍	❍	❍
8. How often did you feel comfortable raising any concerns that you had about your treatment? (3)	❍	❍	❍	❍
9. How often did your counselor explain things to you in a way you could understand? (4)	❍	❍	❍	❍

These questions are about Other Staff in the agency you interacted with other than your counselor.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
10. How often did staff treat you with courtesy and respect? (1)	❍	❍	❍	❍
11 .How often did staff listen carefully to you? (2)	❍	❍	❍	❍
12. How often did staff explain things to you in a way you could understand? (3)	❍	❍	❍	

These questions are about the physical facility and building where you received services.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
13. How often were the rooms, bathrooms, and hallways kept clean? (1)	❍	❍	❍	❍
14. How often did you feel safe when you were in or around the building? (2)	❍	❍	❍	❍
15 .How often did the facility and building seem efficient and well run? (3)	❍	❍	❍	❍

These questions are about the Program you received in general.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
16.How often did the program seem efficient and well run? (1)	❍	❍	❍	❍
17.How often would you suggest this program to a friend or family member? (2)	❍	❍	❍	❍
18.How often did the program seem to fit your needs? (3)	❍	❍	❍	❍
19.How often did you get the kind of service you wanted? (4)	❍	❍	❍	❍

10. Please indicate how dissatisfied or satisfied you were with:

	Very Dissatisfied (1)	Dissatisfied (2)	Uncertain (3)	Satisfied (4)	Very Satisfied (5)
20. The service you received? (1)	❍	❍	❍	❍	❍
21. The help you received for the problem you came for? (2)	❍	❍	❍	❍	❍
22. The quality of the services you received? (3)	❍	❍	❍	❍	❍

	Under 18 (1)	18 to 24 (2)	25 to 34 (3)	35 to 44 (4)	45 to 54 (5)	55 or over (6)
23. How old are you? (1)	❍	❍	❍	❍	❍	❍

24. Are you... ?

❍ Male (1)
❍ Female (2)

	White (1)	Black (2)	Hispanic or Latino (3)	Other (4)
25. What best describes you? (1)	❍	❍	❍	❍

26. Would you please take a few minutes to describe what about the service experience stands out:

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