



# Ramsey County Chemical Dependency Case Management and Treatment Support program

*Year-end report regarding clients served and services  
provided: July 2012 through June 2013*

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# **Ramsey County Chemical Dependency Case Management and Treatment Support program**

*Year-end report regarding clients served and  
services provided: July 2012 through June 2013*

**Agency:** Ramsey County Human Services Department

**Grant contract number:** GRK%24193

**Budget year:** July 1, 2012 – June 30, 2013

**July 2013**

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# Introduction

The *Ramsey County Chemical Dependency Case Management and Treatment Support* program began serving clients in February 2010 when Ramsey County received a grant and contract from the Minnesota Department of Human Services Alcohol and Drug Abuse Division. The original grant was for the 17 month period beginning February 2010 and extending through June 2011; the contract was extended an additional 24 months until June 2013. The program did not receive additional funding during the subsequent grant cycle, and thus services were concluded and cases were closed or transferred by June 30, 2013.

## ***Target population***

The program provides services to chronic and homeless alcohol and drug dependent adults. Individuals must meet the following criteria to be eligible for the program:

- Live in Ramsey, Dakota, or Washington Counties.
- Be chronically chemically dependent. This means that the individual has a pathological condition resulting from habitual use of alcohol or other drugs in excessive amounts, involving complex cultural, psychological, social, and physiological factors that usually impair an individual's health and ability to function normally in society.
- Be homeless. This means that the individual is lacking a fixed and adequate nighttime residence; or has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, including emergency shelters, transitional housing, and battered women's shelters; or has a nighttime place not designed for or ordinarily used as regular sleeping accommodations for human beings, such as under bridges or in cars.
- The program is open to men and women of all ages, races, and ethnicities. The program serves the needs of the community by providing individuals with supports to access housing, benefits, and treatment services.

## ***Staffing and FTEs***

The *Ramsey County Chemical Dependency Case Management* program contracts with three providers for case management services. There were seven full-time and two part-time program staff involved in service delivery during the period of July 1, 2012 to June 30, 2013. This includes: one Supervisor/Chemical Dependency Counselor, one full time Chemical Dependency Counselor, and two Chemical dependency Case Managers/Practitioners

Treatment Supervisor at South Metro Human Services (4 FTEs); one Supervisor/Senior Chemical Dependency Case Manager and two Chemical Dependency Case Managers at Health East/Saint Joseph's Hospital (1.75 FTEs), and one Supervisor/Chemical Dependency Case Manager and one Chemical Dependency Case Manager at Juel Fairbanks (2 FTEs).

This project also includes in-kind support from two staff at Ramsey County: a part-time LADC case management treatment support grant project supervisor and a grants manager/planner.

### ***Services provided***

The program provides a range of services for persons served, but does not include services paid for by the Consolidated Chemical Dependency Treatment Fund. The *Ramsey County Chemical Dependency Case Management* program is a collaborative project between Ramsey County, South Metro Human Services (SMHS), Health East/Saint Joseph's Hospital, and Juel Fairbanks. Program staff provide outreach and engagement, case management, housing assistance, substance abuse treatment, mental health treatment, independent living skills training, parenting counseling, family reunification, and benefits advocacy. The program builds upon the services currently provided by the Rule 31 treatment programs at South Metro Human Services and HealthEast/ St. Joseph's Hospital. In addition, it utilizes Juel Fairbanks to expand culturally specific services to American Indian clients.

Although there is some variation depending on the individual circumstances of each client, staff take the following steps to serve clients in the Case Management program:

1. Outreach occurs. The three contracted agencies—St. Joseph's/Health East, Juel Fairbanks, and South Metro Human Services—conduct outreach and collaborate with a variety of service providers. In addition, Ramsey County detox staff receive referrals for potential clients and screen them.
2. Staff contacts the referral source to obtain additional information about the client or connects directly with the client, if found through direct outreach.
3. At the initial meeting, staff engages the client and assesses immediate needs. At this meeting, a Rule 25 assessment may be completed. In addition, a mental health screening is also often completed. Housing needs are discussed.
4. At intake and throughout the client's involvement in the program, staff assesses and makes referrals for housing, benefits eligibility, physical and mental health needs, individual and group counseling, financial management, job training and education, emergency needs, and culturally specific needs.

5. Staff assists clients, as needed, to help them reach their goals by providing transportation, child care, advocacy, emergency assistance, and other supports.
6. Staff collaborates with other service providers who are working with the client and may set up meetings or conferences for case planning purposes.

***How the program meets the needs of the community and how that need was determined***

The goals of the project are to improve the safety, dignity, and general quality of life of program participants, to reduce program participants' use of crisis and emergency services, and to improve participants' functioning. Although abstinence is a goal, it is not required for continued participation in the program, and it does not delay placement in permanent housing. Indicators of improvement in client functioning include: increased stability in the client's residential setting; reduced use of detoxification facilities by the clients; increased participation of clients in needed treatment services; and reduced use of medical services by clients.

The *Overview of Homelessness in Minnesota 2006*, a statewide survey of homelessness in Minnesota published by Wilder Research in March 2007, estimated there were about 5,850 adults age 18 and older who were homeless on the night of the study. About 25 percent of all homeless adults are in Ramsey, Washington and Dakota Counties. This study was conducted again in 2009 and 2012 with increasing numbers found statewide.

The report includes the following features: of homeless adults, 72 percent were unemployed, and of unemployed adults; 57 percent reported having a mental illness; 41 percent reported having chemical dependency problems; 52 percent reported having a serious mental illness; 19 percent had both a mental illness and a substance abuse disorder; 48 percent of adult men and 28 percent of adult women had been in inpatient CD treatment in the past; 71 percent had received public medical benefits and 15 percent had lost them.

Of barriers to stable housing identified, 98 percent of homeless adults reported at least one or more of the of the following barriers: 71 percent were not employed; 67 percent had been homeless before; 52 percent had a serious mental illness; 47 percent had been homeless for more than a year; 27 percent had a substance abuse diagnosis; 27 percent had been in jail or prison within the past two years or had a criminal record; 10 percent reported that a health problem or physical disability kept them from getting or keeping housing.

This program is a *new* service provided by Ramsey County Human Services.

# Services summary

This section of the report outlines the grantees required activities from July 1 2012 through June 30, 2013 as outlined in the contract. A narrative description is provided under each activity, including the services offered by the program and the number of individuals who received these services during the past year.

I. **GRANTEE'S DUTIES.** GRANTEE shall satisfy the goals and objectives and complete the tasks set forth in the Grant proposal entitled "Chemical Dependency Case Management/Treatment Support Program" received by the State on September 11<sup>th</sup>, 2009, a copy of which is on file in the State's office at the Department of Human Services, Alcohol and Drug Abuse Division, 540 Cedar Street, Saint Paul, Minnesota 55155, and is incorporated into this agreement by reference. Included among the GRANTEE'S duties are the following:

- A. GRANTEE will improve the safety, dignity and general quality of life and reduce the use of jails, detox centers and hospital emergency rooms for program participants of the "Chemical Dependency Case Management/Treatment Support Program" in Ramsey County.
  - 1. GRANTEE'S sub-contractors will work to find and engage eligible participants, and to offer case management services. Case management providers will have weekly contact with one or more agencies conducting outreach activities to this population in St. Paul and Ramsey County including, but not limited to: HealthCare for the Homeless; Catholic Charities Dorothy Day Center and Mary Hall; Listening House; South Metro Human Services ACCESS; the St. Paul Police Homeless Outreach Project; Regions, HealthEast/St. Joseph's, and United hospitals Emergency Departments; the Family Service Center/Shelter; the Union Gospel Mission; and the Ramsey County Detoxification Center.

**Table A. 1**

Number of Participant contacts/engaged during this quarter	Q-1	Q-2	Q-3	Q-4	YTD
South Metro Human Services	38	48	92	3 <sup>a</sup>	181
Health East/St. Joseph's	3	30	255	0 <sup>a</sup>	288
Juel Fairbanks	88	75	82	83	328

*(Each Sub-Contractor will give total number of contacts for self and what the other agencies report to them.)*

<sup>a</sup> No recruitment was conducted because the program was closing.

**Narrative:** The following is the division of outreach activity that is tracked each month by each agency for **fourth** quarter:



- South Metro Human Services: South Metro ACCESS, Police Homeless Outreach, Mary Hall, Dorothy Day, and HealthCare for the Homeless. This quarter, South Metro did not enroll any new clients and only conducted outreach with **3** individuals due to the program closing.
- HealthEast/St. Joseph's: Regions Emergency Department, United Emergency Department, St. Joseph's Emergency Department, Dorothy Day, and HealthCare for the Homeless. This quarter, HealthEast did not enroll any new clients or conduct outreach due to the program closing.
- Juel Fairbanks: Catholic Charities Family Services Center, Union Gospel Mission, People Inc./Transitions Project Recovery, and Ramsey County Detoxification. This quarter, Juel Fairbanks did not enroll any new clients; but conducted outreach with at least **83** individuals.

The following is the division of outreach activity that was tracked by each agency for the operating year:

- In Quarter 1, between July and September 2012, across all agencies, programs made at least 129 outreach contacts and enrolled 19 clients.
- In Quarter 2, between October and December 2012, across all agencies, programs made at least 153 outreach contacts and enrolled 26 clients.
- In Quarter 3, between January and March 2013, across all agencies, programs made at least 429 outreach contacts and enrolled 25 clients.
- In Quarter 4, between April and June 2013, across all agencies, programs made at least 86 outreach contacts but did not enroll any new clients because the program was closing.
- Between July 2012 and June 2013, across all agencies, programs made at least 797 outreach contacts and enrolled 70 clients.

2. GRANTEE will ensure that all program participants meet case management program admission criteria to determine proper placement and referral.
  - (a) Participants will be chronically chemically dependent, defined as having a pathological condition resulting from habitual use of alcohol or other drugs in excessive amounts, involving complex cultural, psychological, social, and physiological factors which usually impairs an individual's health and ability to function normally in society evidenced by having one or more of the following features:
    - (i) Participants may be assessed according to MN Rule 25 as meeting the criteria in severity levels 2, 3, or 4 in dimension 4) Readiness for Change, and/or severity levels 3 or 4 in dimensions 5) Relapse or Continued Use or 6) Recovery Environment;

- (ii) Recidivists in the current treatment system and have not responded with positive outcomes to treatment;
  - (iii) Has had multiple lifetime or clustered admissions to County detoxification units;
  - (iv) Unable or unwilling to attend traditional treatment services due to social circumstances, mental illness, or physical disability;
  - (v) Under a civil ordered commitment, a stayed warrant of commitment, or a provisional discharge from commitment.
- (b) Participants will be homeless or at risk of homelessness, as defined by the United States Congress as someone who is lacking a fixed and adequate nighttime residence, or who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, including, emergency shelters, transitional housing, and battered women's shelters, and lastly, anyone who has a nighttime place not designed for or ordinarily used as regular sleeping accommodations for human beings, such as under bridges or in cars.

**Table A. 2. a&b**

<b>Number of NEW Participants at program entry...</b>	<b>Q-1</b>	<b>Q-2</b>	<b>Q-3 <sup>a</sup></b>	<b>Q-4</b>	<b>YTD</b>
With a diagnosis of Chronic Chemical Dependency	19	24	22	-	65
Who completed a Rule 25 assessment	10	22	16	-	48
Who entered CD Treatment	6	18	7	-	31
With previous Primary CD treatment attempts	18	23	19	-	60
Who report being homeless at program entry	19	24	22	-	65

<b>For NEW participants at program entry...</b>	<b>Q-1</b>	<b>Q-2</b>	<b>Q-3</b>	<b>Q-4</b>	<b>YTD</b>
Total number of treatment episodes in lifetime	66	124	96	-	286
Total number of homeless episodes in lifetime	78	68	49	-	195

<b>For all participants SERVED...</b>	<b>Q-1</b>	<b>Q-2</b>	<b>Q-3</b>	<b>Q-4</b>	<b>YTD <sup>a</sup></b>
Number who entered treatment	11	22	39	18	65
Number of clients with ER visits	28	19	23	11	53
Number of clients with detox admissions	15	15	16	12	41
Total number of detox visits	52	46	41	38	177
Total number of ER visits	53	34	34	22	143

<sup>a</sup> This is the unduplicated number of clients who had at least one detox admission during the fiscal year.

**Narrative:** In Quarter 4, two clients entered an inpatient treatment program and 16 clients entered a licensed outpatient treatment program.

For most items, information is based on knowledge of client activity; some emergency room admissions may not be known for some clients.

3. GRANTEE and sub-contractors will ensure that admittance into a formal chemical dependency treatment program will not be a requirement for participants to receive services established through this program.

**Table A. 3**

Number of Participants this quarter...	Q-1	Q-2	Q-3	Q-4	YTD <sup>a</sup>
Who refused CD treatment	2	4	2	6	13
Who refused CD treatment but received other program services ( <b>list services received in narrative</b> )	2	4	2	6	13

<sup>a</sup> This is the unduplicated number of clients who refused treatment during the fiscal year.

**Narrative:** Many case management services were provided to those clients who refused when offered chemical dependency treatment.

For Quarter 4, examples include:

- 4 clients were transported by program staff (10 YTD)
- 4 clients was referred or received bus cards or other transportation (9 YTD)
- 3 clients received a referral to or had mental health treatment (8 YTD)
- 1 client received basic financial prep (4 YTD)
- 1 client received help applying for benefits (5 YTD)

4. GRANTEE or its' sub-contractors will not use any of said grant dollars for services that may be billed to the CCDTF-Consolidated Chemical Dependency Treatment Fund.

**Narrative:** Grantee and sub-contractors are not using grant dollars for services that may be billed to the Consolidated Fund. These services are conducted, tracked, and billed separately from grant activities.

5. GRANTEE will provide Case Management services, including but not limited to: meetings with family members, telephone support, transportation to needed appointments, facilitating primary medical and dental care, facilitating chemical dependency and mental health treatment, job search, résumé preparation, role playing job interviews, to a minimum of seventy-five (75) unduplicated program participants, of which (twenty) 20 are current participants from February 2, 2010 through June 30, 2010, and a minimum of one hundred fifty (150) unduplicated program participants from July 1, 2010 through June 30, 2011.

**Table A. 5**

<b>Number of Participants SERVED this quarter who received ...</b>	<b>Q-1</b>	<b>Q-2</b>	<b>Q-3</b>	<b>Q-4</b>	<b>YTD <sup>a</sup></b>
Transportation services	69	68	66	60	112
Employment services	30	31	28	29	66
Assistance with receiving mental health services/treatment	44	48	58	50	99
Assistance with receiving medical services	47	56	64	51	106
Assistance with receiving dental services	19	24	29	17	50
Meetings with family members	29	31	32	25	65
Other Services <b>(list other in narrative)</b>	69	73	64		109

<sup>a</sup> This is the unduplicated number of clients served during the operating year.

**Narrative:** Case Managers provided extensive assessment and referral services for clients served during this period.

In Quarter 4, the grantee agencies provided clients with the following services on site or referred them directly to these services:

Bus card/token: 62 clients (112YTD)  
 Transported client: 55 clients (112 YTD)  
 AA/Alanon/NA: 54 clients (115 YTD)  
 Clothing Shelf: 32 clients (83 YTD)  
 Food Shelf: 29 clients (81 YTD)  
 Social activities: 16 clients (54 YTD)  
 Culturally appropriate services: 20 clients (42 YTD)  
 Contact with P.O.: 19 clients (35 YTD)  
 Identification or Social Security card: 8 clients (25 YTD)

- GRANTEE will ensure continuity of service from the point of initial contact throughout the treatment process for those participants that enter Chemical Dependency treatment while enrolled in the “Chemical Dependency Case Management/ Treatment Support Program” including while they are involved in court, jail, hospitalization, and residential treatment. However, Grantee will ensure no grant funds will be used to pay for services that may be billed to the CCDTF-Consolidated Chemical Dependency Treatment Fund.

**Narrative:** Grantee serves clients throughout treatment including involvement in court, jail, hospitalization, and residential treatment. Grantee and sub-contractors are not using grant dollars for services that may be billed to the Consolidated Fund.

- GRANTEE will ensure that all program participants will be offered referrals to find and maintain suitable housing appropriate to the participants’ needs and resources including transitional housing, Group Residential Housing (GRH), permanent supportive housing, or independent housing.

- a. GRANTEE and its sub-contractors will complete an assessment of individual housing needs and housing resources to a minimum of seventy-five (75) program participants from February 19, 2010 through June 30, 2010, and a minimum of one hundred fifty (150) program participants from July 1, 2010 through June 30, 2011.
- b. GRANTEE will offer appropriate transitional or permanent housing to minimum of seventy five (75) program participants from February 19, 2010 through June 30, 2010, and a minimum of one hundred fifty (150) program participants from July 1, 2010 through June 30, 2011.
- c. GRANTEE will ensure that of those program participants placed in transitional or permanent housing from February 19, 2010 through June 30, 2011, at least forty-five (45) will report maintaining housing for at least six months from date of placement by Dec. 31, 2010.
- d. GRANTEE will ensure that of those program participants reporting maintaining housing for at least six months, at least one hundred (100) participants will report maintaining housing for at least six (6) months by June 30, 2011.

**Table A. 7 & 4**

Number of Participants SERVED this quarter who...	Q-1	Q-2	Q-3	Q-4	YTD <sup>a</sup>
Completed a housing assessment	36	48	42	38	98
Received a housing referral (list type of referral in narrative)	47	50	60	71	113
Entered Temporary or Transitional Housing	22	16	24	24	46
Entered Permanent Supportive Housing	1	4	1	2	4
Entered Permanent Housing w/o support services	8	7	12	8	21

<sup>a</sup> This is the unduplicated number of clients served during the operating year.

**Narrative:** In Quarter 4, at least 71 clients received housing referrals on their behalf – this including contact or preparation with a potential landlord. Thirty-seven clients received a referral or help with their application for housing. In addition, 20 clients were placed on a Section 8 waiting list. Finally, 15 clients received help with furniture or move in help from the program.

Some clients moved within the quarter, because there is so much activity, we included them under the type of housing they were in *last*, as can be seen in the following:

**Temporary or transitional:**

- 16 clients secured **GRH** housing (33 YTD)

- 4 clients received help securing transitional housing (9 YTD)
- 2 clients secured sober housing (3 YTD)
- 1 client secured housing in a CD/MI facility (4 YTD)
- 1 client secured housing in a half-way house (2 YTD)
- 0 clients secured housing with family members (3 YTD)

**Permanent Supportive Housing:**

- 2 clients received help with Permanent Supportive Housing. (6 YTD)

**Permanent Housing without support services:**

- 5 clients received help in securing **private** housing (21 YTD)
- 3 clients received help securing **public** housing (5 YTD)

7. GRANTEE will ensure that program participants are offered needed benefits for which they are eligible including assisting program participants who have not kept up with their benefit re-certifications to become reinstated on benefits for which they are eligible.

**Narrative:** In Quarter 4, 34 clients received help applying for benefits, and the grantee agencies provided clients with the following referrals to or assistance in applying for benefits:

SSI/SSDI:	6 clients (49 YTD)
Medical coverage:	25 clients (55 YTD)
General Assistance:	16 clients (43 YTD)
Food Stamps:	18 clients (39 YTD)

8. GRANTEE shall ensure the availability of services to all participants until they have met case management program discharge criteria evidenced by participants having one or more of the following features.
  1. Re-assessment according to MN Rule 25 determines that the participant no longer meets the following criteria of eligibility for Service Coordination: Severity Levels 2, 3, or 4 in Dimension 4) Readiness for Change, and/or Severity Levels 3 or 4 in Dimensions 5 Relapse or Continued Use or 6) Recovery Environment;
  2. Reduced habitual use of alcohol or other drugs in excessive amounts, with improved cultural, psychological, social, and physiological functioning;
  3. Stable long-term transitional or permanent housing.

**Table A. 9**

<b>Number of Participants this quarter who were discharged because...</b>	<b>Q-1</b>	<b>Q-2</b>	<b>Q-3</b>	<b>Q-4</b>	<b>YTD</b>
No longer meet Rule 25 eligibility for Service Coordination	-	-	-	-	-
Entered Long Term Transitional Housing	2	5	2	53	62
Entered Permanent Housing	2	5	9	32	48
Other (list other in narrative)	15	23	12	35	85

(For discharged participants describe in narrative what they were discharged to, if none of the above apply. Ex: shelter, streets, family member, jail.)

**Narrative:** In Quarter 1, 19 clients had their cases closed. Ten of these clients have not been able to be contacted by the program for over three months and were closed. Where they are living and the current level of their alcohol or drug use is unknown. Two clients are currently living in their own housing, one is living in permanent supportive housing, one is living in a sober house, three are living with friends or relatives, and one is living in an unsheltered situation (homeless).

In Quarter 2, 33 clients had their cases closed. Eighteen of these clients have not been able to be contacted by the program for over three months and were closed. Five clients are currently living in their own housing, two are living in permanent supportive housing, two are living in GRH housing, two are living with friends or relatives, one is living in a sober house, one is living in an unsheltered situation (homeless), one client is incarcerated, and one client is deceased.

In Quarter 3, 23 clients had their cases closed. Ten of these clients have not been able to be contacted by the program for over three months and were closed. Seven clients are currently living with friends or relatives, six clients are living in their own housing, three are living in public housing, two are living in GRH housing, one is living in permanent supportive housing, one is living in a sober house, one is living in an unsheltered situation (homeless), one client is incarcerated, and one client is deceased.

In Quarter 4, 120 clients had their cases closed. Of these, five cases were mistakenly closed a previous quarter, but still received services during the final quarter. All clients were closed from the program by June 30, 2013, because the funding was discontinued.

Of the clients closed, 19 have not been able to be contacted by the program for over three months and were closed. Twenty-eight clients are living in GRH housing, 26 clients are living in their own housing, 15 are living in permanent supportive housing, 10 clients are living with friends or relatives, six are living in public housing, , six are living in a sober house, four are living in transitional

housing, four are living in an unsheltered situation (homeless), one client is incarcerated, and one client is deceased.

9. GRANTEE will communicate regularly with project sub-contractors to review progress in implementation of goals and objectives
  - a. GRANTEE will conduct a minimum of two (2) site visits per year with all project sub-contractors to review program goals and objectives. Meetings will include a representative from the project evaluation provider and may include the project grants consultant from the Minnesota Department of Human Services.
  - b. GRANTEE will have at least once weekly clinical consultations with project case managers and case manager supervisors.
  - c. Grantee will meet monthly with sub-contracted agency staff for program supervision.

**Narrative:** Grantee complies with this item

- B. Grantee agrees to submit an evaluation plan within one month of the contract start date to the MN-DHS-ADAD grant consultant and MN-DHS-ADAD evaluation consultant. This evaluation plan must meet the approval of the ADAD grant consultant and the ADAD evaluation consultant.

**Narrative:** An evaluation plan and instruments were submitted to the ADAD grant consultant and the ADAD evaluation consultant at the end of the first quarter after the grant was funded. ADAD staff approved all tools with one modification, which was made in April 2010. Minor modifications were made to forms, and approved by ADAD staff, in December 2010. These modified forms were implemented starting January 1, 2011. Some minor modifications were made to forms and submitted to ADAD staff at the end of the previous fiscal year (June 2011).

- C. GRANTEE will provide interim services to pregnant women in need of treatment in compliance with all applicable requirements in Health and Human Services Code of Federal Regulations (CFR) Title 45, Part 96.131 (a) relating to drug and alcohol treatment programs and their role in the provision of treatment to injection drug users (IDU's) and substance abusing pregnant women.

**Narrative:** Grantee and subcontractors complies with this item. In Quarter 3, No women served were known to be pregnant.

- D. GRANTEE will ensure strict compliance with the Federal and State rules and guidelines regarding Confidentiality of information on all program participants.

**Narrative:** Grantee and subcontractors complies with this item



- E. GRANTEE will provide the State with up to three (3) days each fiscal year to participate in site visits or attend other meetings on request.

**Narrative:** Grantee complies with this item

- F. GRANTEE is required to provide employees with continuing education in order to improve the program's activities and services.

Table F.

Date	Name of Continuing Education/Training Event	List number of staff attending		
Year 2012-2013		Juel Fairbanks	South Metro HS	St. Joe's
7/10/2012	Working with Hoarders	2		
7/11/2012	Bipolar Disorder 101 Webinar			3
7/20/2012	CBT Webinar			1
8/9/2012	Silver Tsunami: Epidemic of Older Consumers			1
9/11/2012	Drugs in the Community- Current Trends		1	
9/12/2012	Be Aware: Know Medicare			1
9/14/2012	Synthetic Drugs and Falsifying Drug Screenings		2	
9/15/2012	Tenant Laws and Rights training		2	
9/20/2012	Motivational Intervening Coaching			3
9/21/2012	PANSI training			3
10/5/2012	Safe Space for LGBT			1
10/25/2012	Vulnerable Adults	2		
10/16/2012	Brain Injury and Effects on Homelessness	2		
10/29 -10/31/2012	MARRCH Conference	1		4
11/6/2012	Code Green De-escalation			1
11/15/2012	HIV- AIDS Training	2		
12/5 – 12/6/2012	SOAR Advocacy for SSI/SSDI			2
1/10/2013	Understanding Addiction Interaction		1	
1/15/2013	Guardianship Adult Protection & Civil Commitment		1	
1/31/2013	Emergency Procedures	1		
1/31/2013	Motivational Interviewing Session I		1	
2/19/2013	Navigating Housing Resources		1	
2/20/2013	Counseling the Pathological Gambler		1	
2/21/2013	Motivational Interviewing Session II		1	
2/25 – 2/26/2013	Mental Health First Aid		2	
2/26/2013	Addressing the Needs for the Gay & Lesbian Community		1	
2/28/2013	Vulnerable Adults/Mandated Reporting			2
3/12/2013	HIV Training		2	
3/19/2013	Hepatitis C Training			1
3/19/2013	MI/CD Training			2
3/28/2013	HIV Training	13		
4/25/2013	Medication Assisted Treatment	2		
5/7/2013	Compassion/Fatigue	2		
5/17/2013	Training for volunteer for Project Homeless	1		
6/20-21/2013	Cultural Native American curriculum	1		
6/27-28/2013	Cultural Native American curriculum	1		

- G. GRANTEE will participate in the data collection system including forms developed and approved by the Alcohol and Drug Abuse Division, Evaluation Coordinator which measures process and client outcomes. GRANTEE will, upon request, submit the data collected to assess process and outcomes.

**Narrative:** Grantee has contracted with Wilder Research to conduct their evaluation and prepare annual reports as requested by the Minnesota Department of Human Services. Wilder Research works with Grantee, sub-contractors, and ADAD staff to develop data collection forms that assess process and outcome measures.

- H. GRANTEE will notify the Alcohol and Drug Abuse Division immediately in writing of any program staff changes (including a position description and resume for newly hired staff) and a plan for the continuance of the duties outlined in the grant contract.

**Table H.**

Date left (L) Date replaced (R)	Name of staff	Resume Submitted to ADAD (Y/N)
10/15/2012	Rebecca Fessler	
3/27/2013 (L)	Kim Maley	
6/10/2013 (L)	James Williams	

**Narrative:** No staff turnover was reported this period.

- I. GRANTEE will provide the Alcohol & Drug Abuse Division with a copy of all signed sub-contracts for services funded under this grant contract.

**Table I.**

Date	Name of Sub-Contractors	Submitted contract to DHS Y/N
4/19/2010	South Metro Human Services	Yes
4/19/2010	HealthEast/St. Joseph's	Yes
4/19/2010	Juel Fairbanks	Yes
4/19/2010	Wilder Research	Yes

**Narrative:** Grantee complies with this item

## Program staff

The *Ramsey County Chemical Dependency Case Management* program contracts with three providers for case management services. The program was fully staffed during this time period, except for a short period of time when HealthEast/ St. Joe's experienced some staff turnover. Staff reduction also occurred during the final quarter as clients were transfer to other programs and the project prepared for closing.

Ramsey County Human Services provides, in-kind, a part-time LADC case management treatment support grant project supervisor.

## Products

During this period, there were no new products developed. Staff developed brochures during the previous year.

## Data tables

**Quarterly Report Tables** and the **Service Summary Form** are included in the Appendix as requested.

# Success story

## ***Section 1: General information***

Neegii is a thirty-four year old Native American male who grew up in Oklahoma. He grew up in an alcoholic family. Eventually he left his family back in Oklahoma to get away from things at home. Neegii is a quiet guy who just needed a little help along his Red Road to Recovery. He spent about two years being homeless on the streets of St. Paul. He tried a couple of other treatment programs before his path led him to Juel Fairbanks in the fall of 2011.

## ***Section 2: Services and Outcomes***

In the fall of 2011, Neegii entered the treatment program at Juel Fairbanks and lived in the residential house. He was a model client. After about three months, he decided to leave and returned to the streets. In January 2012, the Juel Fairbanks Treatment and Support team ran into Neegii at one of the homeless shelters during a visit.

After talking to him about how he was doing, the team put him on their case load. The first thing they did was to have him complete a Rule 25 assessment and set him up for treatment. Unfortunately, Neegii got picked up for an old warrant and was sent to the work house for two weeks. After his release, he was ready to go to a treatment center but, due to some funding issues, he was denied treatment there. The Juel Fairbanks team kept searching for an appropriate treatment place. After Neegii found out that one of the team members had attended the Christ Recovery Center at Union Gospel Mission, he decided that he wanted to talk to the director to see if there was a bed for him there. The Treatment and Support team members helped him with an application for the program. Then the waiting began, and the team hoped Neegii could stay sober during the waiting period.

In April 2012, Neegii was accepted into the Christ Recovery Center and has not looked back. Periodically, the Treatment and Support team would stop into the Union Gospel Mission to check on him. Although he was still struggling with the school part of the program, he was happy and doing great. Sometimes the Treatment and Support team members would stop in and join in on the Wednesday night sing-a-long and talk to him about the progress he made.

Neegii received his one-year medallion from Christ Recovery Center on April 17, 2013. He has been hired by a local treatment center and also been accepted into a new subsidized apartment complex with rents that will be affordable for him.

### ***Section 3: Reflection and Learning***

The Treatment and Support team feel that working with Neegii was an amazing and rewarding ride. This is true of many of the clients that the team has had a chance to work with. Neegii did most of his traveling and work on his own. The team only acts as a loving family who would offer a helping hand, when and if he needed it. The team is pleased to see how far Neegii has come and see great things ahead for his future.

\* Name is changed to protect client's anonymity.

# Program assessment

## Successes of the program this year

### *Outreach to a difficult to reach, high risk homeless population*

Because of discontinued funding after June 30, 2013, the program did not enroll clients during the final quarter of the grant period. Nonetheless, it is clear that over the course of this project, and even in the final year, grantee agencies successfully conducted outreach and enrolled a high number of high risk homeless individuals. According to program records, 797 individuals were approached by outreach staff or referred for services by other agencies between July 2012 and June 2013. This is a highly mobile, difficult to reach population. Many have histories of serious mental illness. The collaboration among agencies and streamlined referral process allowed staff to avoid duplication in outreach services.

- Since the start of the grant (February 2010), across the three partner agencies, staff made **2,672** outreach contacts and enrolled **358** clients.

Staff also noted that increasingly referrals to the program were being made by clients themselves or their family members. This is an indicator of program success – that positive client testimonials were a factor in engaging new clients in services.

Even toward the end of the grant period, there were persons seeking services. Many clients were still engaged with their case manager, and partner agency staff worked to transfer these clients to other service providers.

### *Referral process and collaboration with other agencies*

Program staff have experienced success in the ease of the referral process. A highlight noted by program staff is the dedicated centralized coordination by Ramsey County homeless services. A staff member from Ramsey County has been dedicated to coordinating referral services and assigning referred clients to one of the partner agencies. There have been referrals from many different types of organizations including counties, homeless shelter providers, treatment facilities, and family members of homeless individuals. In addition, extensive outreach was conducted in hospital emergency rooms. Over the course of the grant, doctors and nurses became familiar with case management staff and the benefits of services provided, and would increasingly refer clients for services.

### ***Clients are being housed and stabilized***

As in the previous year, program staff note, and data supports, that these difficult to reach clients are getting critical services as a result of the program. As a result, they are accessing stable housing and getting support services. With the help of program staff, over half of clients served this period had been housed six months or more. For those clients closed this year, the length of continuous housing ranged from less than one month to 48 months, with an average of 10.5 months. Staff note that many of the clients who have been housed for long periods of time have maintained housing due to supports provided by the program.

- Since the start of the grant (February 2010), clients served have been continuously housed for an average of 10.8 months (mean); half have been continuously housed eight months or more.

Staff feel that this grant gave them the time to meet the clients' needs: mental and physical health, chemical dependency, medication, employment, financial services, and housing. The grant allowed staff to be flexible and tailor services to each client. The grant also allowed staff to increase their knowledge of available resources through their engagement with savvy clients (who have learned about various services and supports) and through their frequent interactions with partner agency staff. Staff agree that over the course of the grant, they increased their skills in serving homeless clients and connecting them to needed supports.

## **Challenges and barriers**

### ***Criminal histories***

Many clients have criminal histories that are barriers to securing employment and housing. Staff feel that employers are increasing their criminal history look-back period. Staff note that clients are doing well on interviews but being denied after the background check is conducted. This more detailed look-back at criminal history is also causing clients to not be accepted into some housing facilities and private landlord apartments.

### ***Increasing number of clients with serious health issues***

Staff note that they are increasingly serving clients with physical disabilities and/or those who are medically fragile (e.g. dialysis). These clients do not yet qualify for nursing homes, but many housing facilities are not equipped to meet their needs (wheel chair accessibility, etc.). Because of the complex nature of the issues, these clients are particularly difficult to place in long-term housing.



### ***Getting clients connected with Mental Health Targeted Case Managers***

Staff note that they struggled with getting mentally ill clients a Mental Health Targeted Case Manager. Some clients met criteria based on diagnosis and past hospitalization. However, they may appear to be doing well and not qualify for Targeted Case Management services. Staff are concerned about the chronic nature of (some) clients' mental health issues and want to connect them with these services, particularly with the closing of the program at the end of this period.

### ***Program closing and transition planning***

Staff from Ramsey County and the three partner agencies worked extensively during this period to close cases and transition clients to other services. Health East staff report that there is a new case manager serving the three downtown hospitals who is providing services to the frequent users of the emergency room. Health East staff were also exploring ways in which they can market case management services to health insurers who will be making changes due to the Affordable Care Act. South Metro anticipated that some clients can be served through its outpatient treatment program. It was also expected that some clients can be transferred to People Incorporated which continues to offer a DHS-funded case management program for homeless, chronically chemically dependent persons.

Because caseloads were full in the previous period (often with a waiting list), staff note that there is a need to meet the needs of a group of clients who do not receive services under other programs. The unique nature of this program was that there were fewer restrictions and barriers to client participation and increased flexibility to match services to clients' needs.

Although funding is discontinued, Ramsey County and partner agency staff are committed to continuing to meet quarterly to share resources and reduce barriers to serving this high risk population.

## **Evaluation plan results**

### ***Primary research questions***

Wilder Research was contracted by Ramsey County to evaluate the *Chemical Dependency Case Management and Treatment Support* program. This section of the report covers process and outcome information from July 2012 to June 2013. The purpose of the evaluation is to answer the following questions:

### **Process evaluation questions**

- How many individuals received outreach and how many were enrolled in the *Chemical Dependency Case Management* program between July 1, 2012 and June 30, 2013?
- What are the characteristics of individuals who enrolled in the *Chemical Dependency Case Management* program?
- What services were provided by the *Chemical Dependency Case Management* program? What referrals were made by the program?

### **Outcome evaluation questions**

- Is participation in the *Chemical Dependency Case Management* program associated with increased housing stability for individuals served?
- Is participation in the *Chemical Dependency Case Management* program associated with increased health, including chemical health, of individuals served?
- To what extent do program participants have increased financial security including access to and utilization of benefits or increased employment?
- Are program participants satisfied with the services they received from the *Chemical Dependency Case Management* program?

### **Methods**

For this report, evaluators from Wilder Research analyzed the data contained in several data collection instruments described in detail in the next section of this report. Characteristics and other demographic information about program participants are reported on clients who *entered the program* during the reporting period (N=70); service and initial outcome information is reported on clients who *received services* during the reporting period (N=197). One hundred and ninety-five clients had cases closed during this reporting period.

Program satisfaction information is reported for clients who participated in the program for at least three months and who completed a satisfaction survey (N=29).

Finally, Wilder Research conducted a discussion group with Ramsey County staff as well as staff from the three contracted agencies in May 2013. The purpose of this discussion group was to gather information for the Year End report including staff perceptions of the program success, challenges, changes in the population served, and future outlook for services.

### ***Data collection instruments***

Several instruments were used to collect data for the evaluation. Each instrument is described below, and copies can be found in the Appendix of this report.

#### **Ramsey County Chemical Dependency Case Management Initial Intake form and Intake Assessment form**

Agency staff completed an Initial Intake and Intake Assessment form within a month of the client's first contact. The Initial Intake form assesses whether or not individuals are eligible for program services. The Intake Assessment form includes extensive demographic and background information about clients served.

#### **Quarterly Case Management Activities form**

The activities form is used to track case management activities and referrals provided to each client. The form includes information about referrals related to housing, benefits, chemical dependency treatment, physical health, mental health, financial management, job training and education, emergency needs, culturally specific needs, and family services. Staff completed an activities log for each client who received services in a given quarter.

#### **Closing summary**

This form collects information about reasons for case closing, case management services provided, and outcomes.

#### **Monthly Outreach form**

This form is used by each agency to collect information about referrals and outreach activities each month. It lists referring agencies and numbers of potential clients who received outreach.

#### **Ramsey County Chemical Dependency Case Management Satisfaction Survey**

*Ramsey County Chemical Dependency Case Management* staff administered a satisfaction survey to clients after they had been enrolled in the program for at least three months. Staff provided each client with a self-addressed stamped envelope to return the completed instrument directly to evaluators at Wilder Research. This procedure was put in place to protect client confidentiality and encourage them to provide honest feedback.

### ***Challenges in data collection and analysis***

Project staff have adapted very well to the data collection processes. Communication between Wilder Research and staff occurs frequently to avoid problems and address questions. Staff turnover, particularly in one provider, presented some confusion and challenges with data collection in the first quarter but overall there were few challenges during this period.

### ***Outreach and enrollment***

During the year, program staff conducted outreach with 794 individuals. Of these, 70 new clients entered the program, while the others declined services or were determined ineligible.

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#### **1. Individuals enrolled in the program this year**

	<b>Number</b>
Number of individuals open at the beginning of the grant period	125
Number of new clients enrolled in the program	70
Number of clients served this grant year	197
Number of clients who have discharged from the program	195
Number of open cases at the end of the grant year	0

Clients learned about the program through a variety of sources. This included outreach staff, word-of-mouth, and referring organizations.

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#### **2. Referral sources at intake**

N=70	<b>Number of clients referred</b>	
	<b>YTD</b>	<b>Percent</b>
CD treatment	19	27%
Hospital/clinic	8	11%
Outreach staff	8	11%
Shelter	6	9%
Detox	6	9%
Police/PO	1	1%
Unknown	1	1%
Other sources	21	30%

## *Characteristics of individuals served*

Participant characteristic information was analyzed for clients who entered the program between July 1, 2012 and June 30, 2013. The following information describes 70 clients who entered the program and received services this year.

### **Race and ethnicity**

- Half (50%) of participants are White. Half (50%) are African American, American Indian, or multi-racial. Three percent of all participants reported Hispanic ethnicity. The figures below show the racial composition of new clients entering the *Chemical Dependency Case Management* program this year.

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#### **3. Self-identified race of clients**

N=70	Number	Percent
White	35	50%
Black, African American, African Immigrant	13	19%
American Indian	16	23%
Biracial, Multiracial	3	4%
Asian	1	1%
Other	1	1%
Missing	1	1%
Total	70	100%

### **Education and employment**

- Over three-fourths (84%) of participants had received at least a high school diploma or GED.
- Only 2 percent of participants were employed at intake; one of these was employed full time and the other one was employed part-time.
- Ten percent of participants were veterans.

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#### **4. At intake, highest level of education completed**

N=69	Number	Percent
Some school but no high school diploma or GED	11	16%
High school grad or GED	29	42%
Vocational certificate, associate degree, or some college	24	35%
College, graduate, or professional degree	5	7%

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## 5. Employment status at intake

N=70	Number	Percent
Employed, full-time	1	1%
Employed, part-time	1	1%
Disabled, not working	20	29%
Unemployed, looking for work	15	21%
Unemployed, not looking for work	26	37%
Unemployed, not looking for work but in school or job program	7	10%

## Income and benefits

- Nearly all (88%) participants had incomes that fell below the poverty line.
- 60 percent were receiving General Assistance at intake.

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## 6. Income at or below the Federal poverty line at intake

N=60	Number	Percent
Yes	53	88%
No	7	12%

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## 7. Benefits clients are receiving at intake

N=70	Number	Percent
General Assistance	42	60%
Food stamps	16	23%
SSDI	10	14%
SSI	5	7%
Unemployment	-	-
Social Security	1	1%

*Note: clients can receive more than one benefit.*

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## 8. Health insurance provider at intake

N=66	Number	Percent
MA	30	46%
GAMC or MHCP	20	30%
Medicare	4	6%
MinnesotaCare	6	9%
None	6	9%

## Health and mental health

- Over three-quarters (77%) had a mental health diagnosis.
- Nearly half (46%) had a severe physical health problem.
- Nearly one-third (31%) had been seen in the emergency room in the month prior to intake.

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### 9. Health and mental health issues at intake

N=70	Number	Percent
Mental health diagnosis (N=70)	54	77%
Severe physical health problem (N=69)	32	46%

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### 10. Currently taking medications

N=69	Number	Percent
Yes	54	78%
No	15	22%

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### 11. There are medications that the client is supposed to take but they do not or are unable to take them

N=63	Number	Percent
Yes	12	19%
No	51	81%

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### 12. Number of times clients were individually in the emergency room in the last month

N=65	Number	Percent
0	45	69%
1	15	23%
2	3	5%
3	2	3%

## Homelessness

- Over one-quarter (28%) of clients were “couch hopping,” staying temporarily with family and friends at intake.
- Nearly one-quarter (22%) of clients had an unlawful detainer making it more difficult for them to secure housing.
- Housing instability was an issue for many clients; over three-quarters (77%) had multiple episodes of homelessness and half had been homeless for 12 months or more.
- One-third (33%) had been convicted of a crime in the past two years and over one-third (39%) were currently involved with the criminal justice system.

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### 13. Housing status at intake

N=69	Number	Percent
Outdoors, car, abandoned building	7	10%
Shelter or motel voucher paid by the county	10	15%
Transitional housing program	6	9%
Sober house, halfway house	-	-
Group residential housing	12	17%
Staying with relatives or friends in their housing	19	28%
Treatment facility	9	13%
Other	6	9%

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### 14. Client is on a waiting list for housing at intake

N=67	Number	Percent
Yes, Section 8	5	8%
Yes, other subsidized housing	6	9%
No	56	84%

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### 15. Client has an unlawful detainer at intake

N=50	Number	Percent
Yes	11	22%
No	39	78%



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**16. Involved with the criminal justice system at intake**

N=66	Number	Percent
Yes	26	39%
No	40	61%

**Family characteristics**

- Most individuals who entered the program this year were single; not married and not living with a partner (93%). Twenty-eight participants had children age 18 or younger; however, only three parents had children living with them at intake.

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**17. Relationship status**

N=67	Number	Percent
Cohabiting with a partner	4	6%
Married, living with spouse	1	2%
Single, never married and not cohabitating	36	54%
Separated, divorced, or widowed	26	39%

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**18. Number of children**

N=67	Number	Percent
No children	39	56%
1	8	11%
2	12	18%
3	4	6%
4	2	3%
5	2	3%

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**19. Number of children living with respondent**

N=28	Number	Percent
No children living with parent	25	89%
1 child living with parent	2	7%
3 children living with parent	1	4%

## Outcome evaluation

### ***Outcome 1: Increased access to housing***

It is clear that the program has made progress with increased access to housing for clients served. At closing, length of time being continuously housed was known for 146 clients. Of these, 49 percent had been continuously housed less than six months; 21 percent had been continuously housed six months to a year; and 30 percent had been housed a year or more. For clients closed this fiscal year, the length of continuous housing ranged from less than one month to 48 months, **with an average of 10.5 months**. In looking back over the entire course of the grant (since February 2010), the average length of time continuously housed was 10.8 months; the median was 8 months.

Housing arrangements were known for about three-quarters (49) of the 195 clients who left the program during this period. Three clients were incarcerated, one was hospitalized, and one was deceased. The housing arrangements for the other clients are listed below:

#### **Temporary or transitional:**

- 8 clients secured housing at sober housing
- 4 clients received help securing transitional housing.
- 32 clients secured GRH housing
- 22 clients secured housing with friends or family
- 1 client in a treatment facility

#### **Permanent Supportive Housing:**

- 19 clients secured Permanent Supportive Housing.

#### **Permanent Housing without support services:**

- 39 clients secured housing with private landlords
- 9 clients secured public or Section 8 housing

Thirty clients whose cases were closed during this period were on a waiting list for Section 8 or other subsidized housing.

An analysis was done of case closing data since the start of the project (February 2010). Of the 348 clients served, **47 percent were in their own housing at case closing**. This is an encouraging percentage considering that all individuals were homeless at program entry (Figure 20).

## 20. Housing status at closing: all clients served February 2010-June 2013

N=348	Number	Percent
In own house or apartment	76	22%
Public housing/Section 8	13	4%
Permanent supportive housing	35	10%
Group Residential Housing (GRH)	38	11%
Transitional housing	6	2%
Halfway house/sober house	10	3%
With relatives/friends in their housing	33	10%
Treatment	1	<1%
No home at present and not in shelter	13	4%
Incarcerated	11	3%
Deceased	4	1%
Hospital	3	1%
Motel voucher/shelter	1	<1%
Unknown	104	30%

Closing forms indicate that clients received a wide array of intensive housing assistance from program staff (Figure 21).

## 21. Housing-related services provided, closed cases

	July 2012-June 2013		All clients served 2010-June 2013	
	Number (N=195)	Percent	Number (N=348)	Percent
Referred client to housing programs	153	79%	257	74%
Helped client complete housing application	102	52%	171	49%
Provided transportation to housing interviews	91	47%	140	40%
Provided money for damage deposits or other housing-related costs	56	29%	87	25%

## ***Outcome 2: Improvements in health and chemical health; better access***

Data indicates that there are some positive improvements in access to health care services. For clients served during this period (July 2012-June 2013):

- 26 clients entered inpatient chemical dependency treatment since participating in the program.
- 39 clients entered outpatient chemical dependency treatment since participating in the program.
- 55 clients received help applying for medical coverage.
- 106 clients received help getting in to see a doctor.
- At case closing, 124 of 195 clients (64%) were connected to a clinic or primary care physician.
- At case closing, 93 of 195 clients (48%) were connected to a therapist or mental health clinic.

An analysis was done of case closing data since the start of the project (February 2010). Of the 348 clients served, **30 percent were not using alcohol or drugs at case closing, and an additional 15 percent had decreased use** (Figure 22).

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### **22. Substance use and recovery at closing: all clients served February 2010-June 2013**

N=348	Number	Percent
Increased use	22	6%
No change in use	41	12%
Decreased use, still using	52	15%
No use, but not using at intake or closing	33	10%
No use, improvement since intake	72	21%
Unknown	62	18
<hr/>		
Client entered treatment while involved in the program	158	45%
Client successfully completed treatment while involved in the program	99	28%

### ***Outcome 3: Improvements in financial security including access to benefits***

During this fiscal year (July 2012-June 2013), the grantee agencies provided clients with the following referrals to or assistance in applying for benefits:

- 55 clients received help applying for medical coverage.
- 57 clients had medical coverage restored during this period.
- 43 clients received help accessing General Assistance.
- 52 clients had General Assistance restored during this period.
- 39 clients received help accessing food stamps.
- 46 clients had food stamps restored during this period.
- 49 clients received help accessing SSI/SSDI.
- 25 clients secured SSI/SSDI during this period.
- 9 clients received help accessing Veteran's benefits.

An analysis was done of case closing data since the start of the project (February 2010). Of the 348 clients served, the vast majority were connected with services over the course of their involvement with the program (Figure 23).

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#### **23. Assisting clients with connecting to resources: all clients served February 2010-June 2013**

N=348	Number	Percent
Mental health screening	195	56%
Connected to primary care physician	207	60%
Connected to therapist/mental health	150	43%
Connected to medical coverage	172	49%
Connected to General Assistance	125	36%
Connected to Social Security	21	6%
Connected to SSDI	47	14%
Connected to SSI	53	15%
Connected to unemployment benefits	14	4%
Connected to food stamps (SNAP)	150	43%
Connected to MFIP	11	3%

Closing forms indicate that some clients have obtained employment despite their challenges (Figure 24).

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#### 24. Employment status, closed cases only

	July 2012-June 2013		All clients served 2010-June 2013	
	Number (N=195)	Percent	Number (N=348)	Percent
Employed full-time	7	4%	18	5%
Employed part-time	14	7%	26	8%
Disabled	69	35%	111	32%
Unemployed and looking for work	23	12%	36	10%
Unemployed and not looking for work	28	14%	39	11%
Unemployed, but in a school or job program	2	1%	5	1%
Deceased	1	1%	4	1%
Volunteer work	2	1%	2	1%
Don't know	49	25%	107	31%

#### *Outcome 4: Client satisfaction*

Program staff administered satisfaction surveys to clients who participated in at least three months of programming. A copy of the satisfaction survey is included in the Appendix of this report. Clients were instructed to enclose completed surveys in an envelope addressed to the evaluator so program staff would not see individual responses.

In all, 29 clients completed a satisfaction survey this year. The satisfaction survey is optional, so some clients chose not to complete it. Other clients could not be reached at three months, so satisfaction survey data is missing from these clients as well. Although the results of the satisfaction survey are informative, they represent a portion of program participants and responses should not be generalized across all participants.

Results from the satisfaction survey show that the vast majority of participants who responded are satisfied with the services they received.

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**25. Client satisfaction with program services at 4 months or more**

N=29	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Overall, I am satisfied with the services I received (N=29)	86%	14%	-	-
Program staff gave useful suggestions and recommendations (N=29)	69%	31%	-	-
Program staff understood my problems or concerns (N=29)	72%	28%	-	-
Program staff were sensitive to cultural issues (N=23)	83%	17%	-	-
The services I received will help me stay sober (N=29)	72%	28%	-	-
It was easy for me to contact program staff when I needed to (N=29)	79%	17%	3%	-

In addition, the survey also asked clients to rate the degree to which they felt various components of the program were helpful in their recovery. Because the Recovery Support program offers clients a variety of services depending on their individual needs, not all clients received services in all areas. Respondents were encouraged to check “I didn’t receive this service” if they had not received a particular service.

Respondents rated the assistance with emergency needs like food and clothing and help accessing health care as the most helpful aspects of the program. Two-thirds of respondents rated assistance accessing public programs as the most helpful. One area, help finding a job, received the lowest “very helpful” rating (20%). This is not surprising given the challenges clients face and the difficulty of the current job market.

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**26. Client assessment of helpfulness of services at 4 months or more**

N=29	Very helpful	Somewhat helpful	Not at all helpful
Help with emergency needs like food and clothing (N=19)	84%	16%	-
Help accessing public programs like SSI or GA (N=21)	67%	33%	-
Help with securing housing (N=25)	60%	40%	-
Help with health care like referrals to doctors or clinics (N=25)	80%	16%	4%
Help finding a job (N=10)	20%	80%	-

Finally, the survey asked clients to answer two open-ended questions about what they found most helpful about the program and if there were any concerns the program could not help them with.

### **What did this program do that helped you the most?**

Responses to this question related to three main themes: providing or connecting clients to needed services, providing support, and finding housing. Clients' verbatim responses are grouped together and included below.

#### **Provide or connect to services (12 responses)**

*Find work.*

*It helped with SSI.*

*Rides to appointments.*

*Help me with SSI.*

*Connected services for mental health, helped with legal involvement, transportation.*

*Getting into Emma Norton Services and referral to Lifetrack Resources.*

*Provided transportation for court dates. Helped move belongings in temporary situations.*

*Helped with legal aid to appeal public housing denial.*

*Offered me rides.*

*Transports me to food shelf, doctors, someone to talk to.*

*Stay sober, AA meetings, sweats.*

*Food shelf, clothes.*

*Doing resume to find jobs. Tokens or a ride.*

#### **Providing support (10 responses)**

*Give me support. References to other programs.*

*My case worker and her support staff.*

*It helps me stay sober.*

*Gave me a secure place to stay and really learned tools to help keep me sober.*

*I was welcomed to a recovery program that has provided friendly lodging, food and sober living requirements.*

*Took me off the street.*

*I believe there is a spiritual presence here unlike any other sober housing I've experienced. I agree with the "shape up or ship out" way. Ultimately it's up to clients to determine if they would like the help that is offered.*

*There when I needed to talk. Gave me tokens.*

*Support groups.*



*My case worker was extremely helpful and understanding. This program has really helped me get back on my feet.*

---

### **Finding housing (10 responses)**

*Housing. (4)*

*Started finding me housing. Rides to medical appointments.*

*Found housing at Heart House.*

*Finding a place to live.*

*Help find me or at least got me into housing programs.*

*Helped me secure housing and treatment.*

*Find apartment.*

---

### **Did you have any problems or concerns that this program didn't help you with? If yes, please explain:**

Most people did not have any problems or concerns that the program was unable to address. The other comments are listed below:

*None I can think of. (15)*

*There are not problems at all.*

*No, it covered all aspects in my regards.*

*I take the problems one day at a time when something comes up.*

*They don't talk much about the 12 steps in recovery.*

*I'm grateful for Juels getting me on my feet with work and sobriety. The staff has been well refined; (Staff) just to name a few. For me the only concern really is transitioning from here to sober living.*

*I need help finding a case worker.*

*Finding my relatives in Arizona.*

*Sorry they are closing. Always there when I needed something.*

*Housing.*

---

### **Factors leading to outcomes**

Over the course of the year, Wilder Research met with program staff several times to discuss client services and outcomes to date. Staff noted that a tremendous amount of time was spent helping clients access basic services to meet the unique needs of these individuals. Staff felt that part of their success was because of valuable partnerships that have been established with organizations that assist their clients, including housing providers and benefits administrators.

Staff also attributed successful outcomes with the increased ability to spend time with clients – particularly in providing housing support. They noted that because of the unique nature of the program, there were fewer restrictions on eligibility, and many clients who had not received assistance were getting it as part of the grant.

## **Extent of the problem**

Since the last reporting period, there have been few changes in the problems experienced by homeless persons with chronic chemical dependency issues. Initially, staff observed that the problem is greater than they expected it to be. They were expecting to see “typical” clients that had received services from them in the past; many were men who had been living on the streets for a long time. However, they were surprised by the number of older people who needed services. The aging population was difficult to place in housing, because they did not qualify for nursing homes, but had physical health problems that prevented them from living in traditional sober living facilities not equipped for persons with disabilities (e.g. wheel chairs, medically compromised or on dialysis).

As stated in the previous report, there was an additional group of individuals served that were new to homelessness. These clients would have normally found a job, any job, but they had not because of criminal backgrounds and other issues. Because of the economy, they were competing for fewer jobs with people who did not have these issues in their pasts.

Staff also observed that they were seeing an increase in the number of young low-functioning male clients with a new diagnosis of depression. These clients do not qualify for mental health case management, but have poor coping skills and are difficult to house.

In terms of chemical use, staff noted an increase in use of methamphetamine and opiates, especially among younger clients.

## **How the organization was impacted by the grant**

### ***Cooperation/collaboration***

The *Ramsey County Chemical Dependency Case Management* program has seen significant collaboration and cooperation as a result of the grant. Ramsey County and the three partner agency staff established an excellent referral protocol to be used by other agencies. Referring agencies now understand the eligibility criteria and the services that are provided. Staff observed that this project was very different from others, because they could take the time to build partnerships and relationships with other professionals, and thus, in turn those professionals can help them better serve their clients.

Staff reported that regular meetings with one another (Ramsey County, South Metro, HealthEast, and Juel Fairbanks) helped them to stay connected, share information and resources, and focus on the big picture. Staff also felt that this project was unique in that agencies were not competing for referrals and resources, but instead, were sharing referrals and resources. Time was spent at program initiation making decisions about the way the work and clients would be divided among the three contracted agencies.

Staff felt that the clients have benefited from the increased collaboration among agencies, and the sharing of resources and ideas between case management staff. They also appreciate the coordinating role taken on by Ramsey County homeless services staff. This has streamlined the intake and agency case assignment process – virtually eliminating duplication in services among these partner agencies. Though the program is closing, this partnership and the systems established will be useful in future collaborations between Ramsey County homeless services and other agencies.

### ***Staffing levels***

Staffing for the *Ramsey County Chemical Dependency Case Management* program was significantly impacted by the grant. Without this grant, there will not be dedicated staff to provide case management services to this population.

Through the grant, the following staff were funded: one Supervisor/Chemical Dependency Counselor, one full time Chemical Dependency Counselor, and two full time Chemical Dependency Case Managers/ Practitioners (4 FTEs) at South Metro; one Supervisor/Senior Chemical Dependency Case Manager and two Chemical Dependency Case Managers at Health East/Saint Joseph's Hospital (1.75 FTEs); and one Supervisor/Chemical Dependency Case Manager and one Chemical Dependency Case Manager at Juel Fairbanks (2 FTEs).

There were seven full time and two part-time program staff involved in service delivery during the period of July 1, 2012 to June 30, 2013. These positions are no longer funded through the grant, and several have been eliminated.

### ***Clients/participants served***

During this period, staff had to gradually reduce outreach and enrollment activities, and thus fewer clients were enrolled. During the fourth quarter, program staff focused on closing clients' cases as well as transferring cases, when possible, to other providers. As noted previously, 358 homeless individuals were served since the start of the grant. Many of these clients received services that addressed their mental health, physical health, chemical dependency, housing, and basic needs.

# Future outlook

## Scope

The *Ramsey County Chemical Dependency Case Management* program will be discontinuing services as of July 1, 2013 due to the end of the grant period. The program served 190 clients during this year, which exceeds the grant requirement of 100. During the year, the program closed or transferred the cases of all clients. In some cases, clients were able to be served by partner agency's outpatient treatment program, mental health case managers, and other social service agencies. Because of the success of this program, Ramsey County will continue to seek funding to provide a similar program in the future. Lessons learned from this collaboration will be useful in planning future services.

## Changes in the coming year

The grant for this program was not renewed so the program is closing.

## Lessons learned from the process and outcome evaluation

Wilder Research staff met with staff from Ramsey County, South Metro Human Services, HealthEast/St. Joseph's, and Juel Fairbanks several times over the course of the year to discuss the lesson learned from the evaluation to date. Program staff stated that their monthly meetings as well as follow-up evaluation meetings helped them to better understand client demand, types of services needed, barriers faced by clients and agency staff, and the types of partnerships that have been developed because of the grant.

Evaluation data was also used to make the case for continued services. Although Minnesota Department of Human Services funding has ended, Ramsey County will be continuing to seek funding and explore alternative ways of providing needed case management services for this population.

Wilder Research staff had a final meeting with Ramsey County and partner agency staff in May 2013. However, after the completion of this report, Wilder Research staff will be available to Ramsey County and its partners to discuss the final annual evaluation results.

# Appendix

## Evaluation instruments

*Evaluation workplan*

*Intake Assessment form*

*Quarterly Case Management Activities form*

*Monthly Outreach form*

*Satisfaction survey*

*Closing summary*

## Quarterly tables

## Service Summary Form

## Matrix tables

## Evaluation instruments

<b><i>REVISED Evaluation Workplan: January 2011</i></b>			<b>Ramsey County Chemical Dependency Case Management/ Treatment Support Program</b>	
<b>Evaluation tool</b>	<b>To be completed:</b>	<b>By whom:</b>	<b>Submit to Wilder Research</b>	<b>Description of tool</b>
Revised Intake Assessment form	At intake meeting	Provider staff	<b>Monthly</b> All forms for the current quarter must be submitted by the third Tuesday of the last month of the quarter (September, December, March and June)	Collects screening information and descriptive information about the client, services needs, and baseline information (for comparison at closing)
Revised Quarterly Case Management Activities form	Quarterly	Provider staff	<b>Quarterly or at case closing</b> All forms for the current quarter must be submitted by the third Tuesday of the last month of the quarter (September, December, March and June)	Collects information about case management services provided including direct services and referrals.
Quarterly Outreach and Continuing Ed form	Ongoing/Quarterly	Provider staff (1 per agency)	<b>Quarterly</b> One form per agency submitted quarterly by the third Tuesday of the last month of the quarter (September, December, March, and June).	Collects information about outreach activities and number of potential clients approached/referred from outreach locations.
Satisfaction Survey	After 3 months of participation	Participants	<b>Ongoing</b> Program staff instruct participants to complete survey and mail to Wilder in provided envelope.	Assesses satisfaction with programming.
Closing summary	At case closing (or after 3 months of inability to find/contact client)	Provider staff	<b>Monthly</b> All forms for the current quarter must be submitted by the third Tuesday of the last month of the quarter (September, December, March and June).	Collects information about the client, case management services provided and outcomes.
Detox data	Quarterly	Linda's team	<b>Quarterly:</b> Wilder will give Linda a list of served clients by 5 <sup>th</sup> of month in which report is due	Linda will gather information about number of clients in detox and number of times in detox

**Revised: INTAKE ASSESSMENT****Ramsey County Chemical Dependency Case  
Management/Treatment Support Program**

PLEASE ENSURE THAT THE CLIENT HAS MET THE CRITERIA FOR BEING INCLUDED IN THIS PROGRAM. IF THEY DO NOT MEET CRITERIA, DO NOT COMPLETE THIS FORM:

- a) Client must live in Ramsey, Dakota or Washington County.  
b) Client must be chronically chemically dependent (see supervisor or contract for definition).  
c) Client must be homeless (see supervisor or contract for definition).

Site location:

☐ Juel Fairbanks    ☐ Health East/St. Joseph's    ☐ South Metro Human Services

Name:		
Birth date (mo/day/yr):		
Gender: <input type="checkbox"/> <sup>1</sup> Male <input type="checkbox"/> <sup>2</sup> Female (check here if currently pregnant <input type="checkbox"/> ) <input type="checkbox"/> <sup>3</sup> Transgender		
Age at intake:		
Intake Date (mo/day/yr):		
Date Form Completed (mo/day/yr):		
Referral Source:	<input type="checkbox"/> <sup>1</sup> None <input type="checkbox"/> <sup>2</sup> Detox <input type="checkbox"/> <sup>3</sup> Shelter	<input type="checkbox"/> <sup>4</sup> Hospital/clinic <input type="checkbox"/> <sup>5</sup> CD treatment <input type="checkbox"/> <sup>6</sup> Police/P.O.
		<input type="checkbox"/> <sup>7</sup> HealthCare for the Homeless <input type="checkbox"/> <sup>8</sup> Outreach staff <input type="checkbox"/> <sup>9</sup> Other: _____
County:	<input type="checkbox"/> <sup>1</sup> Ramsey <input type="checkbox"/> <sup>2</sup> Washington <input type="checkbox"/> <sup>3</sup> Dakota	

a) Is there a current Rule 25 completed for this client?

☐<sup>1</sup> Yes    ☐<sup>2</sup> No    ☐<sup>8</sup> Don't know

b) Is this client receiving services through the consolidated fund?

☐<sup>1</sup> Yes    ☐<sup>2</sup> No    ☐<sup>8</sup> Don't know

c) Is this client currently in a licensed treatment program?

☐<sup>1</sup> Yes – Inpatient  
☐<sup>2</sup> Yes – Outpatient

└─→ 3a. Has client attended treatment activities within the past 2 weeks?

☐<sup>1</sup> Yes  
☐<sup>2</sup> No  
☐<sup>8</sup> Don't know

☐<sup>3</sup> No, client is not in treatment

☐<sup>8</sup> Don't know

d) Does this client have a diagnosis of Chronic Chemical Dependency?

☐<sup>1</sup> Yes    ☐<sup>2</sup> No    ☐<sup>8</sup> Don't know

**FOR EACH QUESTION, FILL IN THE BLANK OR CHECK THE APPROPRIATE BOX TO INDICATE YOUR ANSWER.**

**BACKGROUND**

1. How would you describe your race?  
☐<sup>1</sup> Black/African American/African Immigrant  
☐<sup>2</sup> Asian American/Asian Immigrant  
☐<sup>3</sup> American Indian  
☐<sup>4</sup> White  
☐<sup>5</sup> Biracial/Multiracial (Describe: \_\_\_\_\_)  
☐<sup>6</sup> Other (Specify: \_\_\_\_\_)  
☐<sup>8</sup> Unknown
2. Are you of Hispanic origin?  
☐<sup>1</sup> Yes - Hispanic Origin  
☐<sup>2</sup> No - Non-Hispanic Origin  
☐<sup>8</sup> Hispanic ethnicity unknown
3. Are you currently:  
☐<sup>1</sup> Married, living with spouse  
☐<sup>2</sup> Cohabiting with a partner  
☐<sup>3</sup> Single (never married and not cohabitating)  
☐<sup>4</sup> Separated, divorced, or widowed (and not cohabitating)  
☐<sup>8</sup> Unknown
4. Have you served in the U.S. military?  
☐<sup>1</sup> Yes      ☐<sup>2</sup> No

**CHILDREN**

5. How many children (ages 0 to 18) do you have? \_\_\_\_ (IF NO CHILDREN, WRITE IN "0" and SKIP TO 6)
- 5a. How many of these children live with you? \_\_\_\_ (IF NONE, WRITE IN "0" and SKIP TO 6)
- 5b. Do you receive MFIP?      ☐<sup>1</sup> Yes      ☐<sup>2</sup> Eligible, but not currently receiving      ☐<sup>3</sup> No
- 5c. Do you receive child support?      ☐<sup>1</sup> Yes      ☐<sup>2</sup> Eligible, but not currently receiving      ☐<sup>3</sup> No
- 5d. Do you receive child care assistance?      ☐<sup>1</sup> Yes      ☐<sup>2</sup> No
- 5e. Do you receive WIC?      ☐<sup>1</sup> Yes      ☐<sup>2</sup> <sup>3</sup> No



## HOUSING

6. Where are you currently living?

- ☐<sup>1</sup> Outdoors, car, abandoned building  
☐<sup>2</sup> Shelter or motel voucher that county pays  
☐<sup>3</sup> Transitional housing program  
☐<sup>4</sup> Sober house/halfway house  
☐<sup>5</sup> Group residential housing (GRH)

- ☐<sup>6</sup> Staying with relatives or friends in their housing  
☐<sup>7</sup> Treatment facility  
☐<sup>8</sup> Other (Specify: \_\_\_\_\_)  
If helpful, List name/address of current shelter/  
housing: \_\_\_\_\_

7. How long have you stayed there? \_\_\_\_\_ days

8. How long have you been without a regular or permanent place to live? \_\_\_\_\_ ☐<sup>8</sup> Unknown

9. How many times have you been homeless? \_\_\_\_\_ ☐<sup>-5</sup> Always, never been housed  
☐<sup>-8</sup> Unknown

10. Are you on a waiting list for housing?

☐<sup>1</sup> Yes, Section 8→→→

☐<sup>2</sup> Yes, other subsidized housing→→

☐<sup>3</sup> No

☐<sup>8</sup> Unknown

10b. How long have you been on a waiting list?  
\_\_\_\_\_ (months)

11. Do you have an unlawful detainer (UD)? ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown

## EDUCATION AT ENTRY

12. What is the highest level of education that you completed?

- ☐<sup>1</sup> No school  
☐<sup>2</sup> Some school but no High School diploma or GED  
☐<sup>3</sup> High School grad or GED  
☐<sup>4</sup> Vocational Certificate, Associate Degree, or some college but no degree  
☐<sup>5</sup> College degree or Graduate/Professional degree  
☐<sup>8</sup> Unknown

## EMPLOYMENT

13. What is your current employment status? (*CHECK ONE ONLY*)

- ☐<sup>1</sup> Employed full-time (35 or more hours/week)  
☐<sup>2</sup> Employed part-time (under 35 hours/week)  
☐<sup>3</sup> Disabled (not working)  
☐<sup>4</sup> Unemployed – looking for work  
☐<sup>5</sup> Unemployed – not looking for work  
☐<sup>6</sup> Unemployed – not looking for work, but in school or job program  
☐<sup>7</sup> Other (specify): \_\_\_\_\_  
☐<sup>8</sup> Unknown

14. Are you currently in school or a career training program?  
☐<sup>1</sup> Yes, enrolled full time    ☐<sup>2</sup> Yes, enrolled part time    ☐<sup>3</sup> No    ☐<sup>8</sup> Unknown

### INCOME/RESOURCES AT ENTRY

15. Is your income equal to or lower than the Federal Poverty Guidelines? ☐<sup>1</sup> Yes    ☐<sup>2</sup> No    ☐<sup>8</sup> Unknown

<b>2010 Poverty Guidelines:</b>								
Persons in family	1	2	3	4	5	6	7	8
Poverty guidelines	\$10,830	\$14,570	\$18,310	\$22,050	\$25,790	\$29,530	\$33,270	\$37,010
For families with more than 8 persons, add \$3,740 for each additional person.								

16. Are you currently receiving any of the following benefits? (CHECK ALL THAT APPLY)

- ☐<sup>1</sup> General Assistance  
☐<sup>2</sup> Social Security (regular retirement program)  
☐<sup>3</sup> SSDI  
☐<sup>4</sup> SSI  
☐<sup>5</sup> Unemployment benefits  
☐<sup>6</sup> Food stamps

17. In the last 6 months, did you lose any benefits that you had been receiving?

- ☐<sup>1</sup> Yes (Describe: \_\_\_\_\_)    ☐<sup>2</sup> No    ☐<sup>8</sup> Unknown

18. Health insurance provider at intake:

- ☐<sup>1</sup> MA  
☐<sup>2</sup> Medicare  
☐<sup>3</sup> MinnesotaCare  
☐<sup>4</sup> GAMC or MHCP (MN Health Care Plan)  
☐<sup>5</sup> Private  
☐<sup>6</sup> None  
☐<sup>8</sup> Unknown

### CRIMINAL JUSTICE INVOLVEMENT

19. Have you been convicted of a crime in the past 2 years)?

- ☐<sup>1</sup> Yes    ☐<sup>2</sup> No    ☐<sup>8</sup> Unknown

20. Are you currently involved with the criminal justice system (i.e., on parole/probation)?

- ☐<sup>1</sup> Yes    ☐<sup>2</sup> No    ☐<sup>8</sup> Unknown

- 20a. IF YES, contact info. for PO (if needed): \_\_\_\_\_

## CHEMICAL USE

21. Do you drink alcohol? ☐<sup>1</sup> Yes → 21a. How often? ☐<sup>1</sup> Daily ☐<sup>2</sup> Weekly ☐<sup>3</sup> Monthly  
☐<sup>4</sup> Less than monthly
22. Do use marijuana? ☐<sup>1</sup> Yes → 22a. How often? ☐<sup>1</sup> Daily ☐<sup>2</sup> Weekly ☐<sup>3</sup> Monthly  
☐<sup>4</sup> Less than monthly
23. Do you use other drugs? ☐<sup>1</sup> Yes → 23a. How often? ☐<sup>1</sup> Daily ☐<sup>2</sup> Weekly ☐<sup>3</sup> Monthly  
☐<sup>4</sup> Less than monthly
- ☐<sup>2</sup> No
24. Have you ever been in CD treatment?  
☐<sup>1</sup> Yes ☐<sup>2</sup> No (**GO TO Q. 26**)
25. How many times have you been in CD treatment **including** this episode if you are currently in treatment?  
\_\_\_\_\_ Number of times ☐<sup>-8</sup> Unknown
26. What ongoing activities are you currently participating in as part of your treatment or recovery?  
☐<sup>1</sup> Alcoholics Anonymous  
☐<sup>2</sup> Narcotics Anonymous  
☐<sup>3</sup> Another support group  
☐<sup>4</sup> Methadone  
☐<sup>5</sup> Other (Please specify: \_\_\_\_\_)  
☐<sup>8</sup> Unknown

## MENTAL AND PHYSICAL HEALTH

27. Do you currently have a mental health diagnosis?  
☐<sup>1</sup> Yes (specify: \_\_\_\_\_) ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
28. Have you had a mental health screening or assessment in the past 6 months?  
☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
29. Do you have any severe physical health problems? ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
30. Are you currently taking any medications? ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
31. Are there medications that you are supposed to be taking, but you do not take or are not able to take them?  
☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
32. How often have you gone to the Emergency Room in the past month? \_\_\_\_\_ ☐<sup>8</sup> Unknown

Please submit completed intakes MONTHLY to:

Rena Cleveland, Wilder Research, 451 Lexington Parkway North, St. Paul, MN 55104 or fax to 651-280-3700.

All paperwork needs to be completed by the third Tuesday of March, June, September, and December.

# Revised: Quarterly Case Management Activities

## Ramsey County Chemical Dependency Case Management/ Treatment Support Program

Site location: ☐ Juel Fairbanks ☐ Health East/St. Joseph's ☐ South Metro Human Services

<b>Client Full Name:</b>	<b>Date of birth:</b>	<b>Worker:</b>
<b>Reporting period:</b> <input type="checkbox"/> October-December 2010 <input type="checkbox"/> January-March 2011 <input type="checkbox"/> April-June 2011 <input type="checkbox"/> July-September 2011 <input type="checkbox"/> October-December 2011		

1. **Number of months client has been in continuous housing** (at quarter end): \_\_\_\_\_ (mark "0" if less than 3 weeks or in shelter)
2. Did you **transport** the client this quarter? ☐<sup>1</sup> Yes → Approx. number of times: \_\_\_\_\_ ☐<sup>2</sup> No
3. Did you contact or meet with **family members** this quarter?  
☐<sup>1</sup> Yes → # of phone/emails: \_\_\_\_\_; # of times in person: \_\_\_\_\_ # of family members: \_\_\_\_\_;  
☐<sup>2</sup> No
4. Did you provide any **social** activities for the client this quarter? ☐<sup>1</sup> Yes → Describe: \_\_\_\_\_ ☐<sup>2</sup> No
5. Did client engage in unlawful activity resulting in contact with **police** this quarter? ☐<sup>1</sup> Yes → # of times: \_\_\_\_\_ ☐<sup>2</sup> No ☐<sup>8</sup> Don't know
6. Did client use **emergency room** this quarter? ☐<sup>1</sup> Yes → Approx. number of times: \_\_\_\_\_ ☐<sup>2</sup> No ☐<sup>8</sup> Don't know
7. Did client get ID/Social Security Card this quarter? ☐<sup>1</sup> Yes ☐<sup>2</sup> No

### A. HOUSING RELATED: Case management activities this quarter;

8. Housing referral	9. Shelter/transitional housing	10. Section 8 or public housing waiting list	11. Prep/connection with landlord	12. Application	13. Secured housing/ IF SECURED MORE THAN 1 HOUSING THIS QUARTER, CHECK LAST ONE SECURED	14. Secured furniture	15. Move-in help	Notes: particularly if housing was secured
<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral <input type="checkbox"/> <sup>3</sup> Client entered emergency shelter	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Transitional housing <input type="checkbox"/> <sup>2</sup> Half-way house <input type="checkbox"/> <sup>3</sup> sober house <input type="checkbox"/> <sup>4</sup> GRH <input type="checkbox"/> <sup>5</sup> Permanent supportive <input type="checkbox"/> <sup>6</sup> Public housing/section 8 <input type="checkbox"/> <sup>7</sup> Private landlord <input type="checkbox"/> <sup>8</sup> Other: _____	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No	

**B. HEALTH RELATED: Case management activities this quarter**

16. Physical health/ medical care	17. Dental care	18. CD Assessment	19. CD Treatment (can check more than one)	20. Mental health assessment	21. Mental health treatment	Notes (or names of agencies referred to)
<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral**	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral <input type="checkbox"/> <sup>3</sup> Client completed	<input type="checkbox"/> <sup>1</sup> Referral <input type="checkbox"/> <sup>2</sup> Client refused <input type="checkbox"/> <sup>3</sup> Entered inpatient at: _____ <input type="checkbox"/> <sup>4</sup> Entered outpatient at: _____ <input type="checkbox"/> <sup>5</sup> Client exited treatment this quarter	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral <input type="checkbox"/> <sup>3</sup> Client completed	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Active referral <input type="checkbox"/> <sup>3</sup> Passive referral	

**C. BENEFITS: Case management activities this quarter**

22. Medical Coverage: MA, MHCP, other	23. GA	24. SSI or SSDI	25. Food stamps	26. Veterans benefits	27. Help with applying for benefits	28. Other benefits	Notes
<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	<input type="checkbox"/> <sup>1</sup> Active referral <input type="checkbox"/> <sup>2</sup> Passive referral	
<input type="checkbox"/> <sup>3</sup> Secured coverage	<input type="checkbox"/> <sup>3</sup> Secured GA	<input type="checkbox"/> <sup>3</sup> Secured SSI/SSDI	<input type="checkbox"/> <sup>3</sup> Secured Food Stamps	<input type="checkbox"/> <sup>3</sup> Secured VA benefits			

**D. JOB/EDUCATION/TRAINING SERVICES: Case management activities this quarter (beyond intake)**

29. Job training program	30. Resume and job interview prep	31. Help finding a job	32. GED/Adult Basic Ed (ABE)	33. Basic financial skills prep	34. Independent living skills prep	Notes/other:
<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	

**E. OTHER SERVICES: Case management activities this quarter (beyond intake)**

35. P.O. contact	36. Food shelf or hot meal programs	37. Clothes shelf	38. Bus tokens/card	39. AA, NA, Alanon, other support group	40. Accessing needed records or IDs	41. Other legal help	42. Culturally- specific needs
<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral	<input type="checkbox"/> <sup>1</sup> Provided on site <input type="checkbox"/> <sup>2</sup> Referral

43. Was client asked to complete a Satisfaction Survey this quarter (complete 1/year; after 3 months of service)? ☐<sup>1</sup> Yes ☐<sup>2</sup> No

**MONTHLY OUTREACH**

Date: \_\_\_\_\_

☐ Juel Fairbanks     ☐ Health East/St. Joseph's     ☐ South Metro Human Services

This form tracks outreach activities to potential clients. It may not be known if these persons are eligible for the program.

**Juel Fairbanks only**

Outreach provider	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients
Catholic Charities Family Services Center												
Union Gospel Mission												
People Inc./Transitions Project Recover												
Ramsey County Detox												
Other locations: _____												

**HealthEast only**

Outreach provider	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients
Regions Emergency Dpmt												
United Emergency Dpmt												
St. Joseph's Emergency Dpmt												
Dorothy Day												
HealthCare for the Homeless												
Other locations: _____												

**South Metro only**

Outreach provider	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients	Date	# of potential clients
South Metro ACCESS												
Police Homeless Outreach												
Mary Hall												
Dorothy Day												
HealthCare for the Homeless												
Other locations: _____												

**GO TO NEXT PAGE**

## STAFF CONTINUING EDUCATION ACTIVITY THIS QUARTER

Date	Name of Continuing Education/Training Event	List number of staff attending

## PRESENTATIONS/TRAINING IN THE COMMUNITY THIS QUARTER

Date	Number of professionals trained or presented to	Number of community members trained or presented to

## STAFF TURNOVER THIS QUARTER

Have any staff left the agency/project this quarter? \_\_\_\_\_

If yes, list date left and name of staff member: \_\_\_\_\_

Have any new staff started with the project this quarter? \_\_\_\_\_

If yes, list date started and name of staff member: \_\_\_\_\_

**FAX or SEND FORM by the third Tuesday of March, June, September, and December to Rena at Wilder (Fax: 651-280-3700)**



## Ramsey County Chemical Dependency Case Management and Treatment Support Program

### PROGRAM SATISFACTION SURVEY

Today's Date: (mm/dd/yyyy) \_\_\_\_\_

We need your feedback! Your input will help this program to better serve you. **Your individual responses will be kept confidential and will not be seen by program staff**

**Overall, how strongly do you agree or disagree with each of the following statements? (Circle one)**

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not sure/ doesn't apply to me
1. Program staff gave useful suggestions and recommendations	4	3	2	1	9
2. Program staff understood my problems or concerns	4	3	2	1	9
3. Program staff were sensitive to cultural issues	4	3	2	1	9
4. It was easy for me to contact program staff when I needed to	4	3	2	1	9
5. The services I received will help me stay sober	4	3	2	1	9
6. Overall, I am satisfied with the services I received	4	3	2	1	9

**Overall, how helpful were each of the following services to you? (Circle one)**

	Very helpful	Somewhat helpful	Not At All Helpful	I didn't receive this service
7. Help with securing housing	3	2	1	9
8. Help with health care like referrals to doctors or clinics	3	2	1	9
9. Help with emergency needs like food and clothing	3	2	1	9
10. Help finding a job	3	2	1	9
11. Help accessing public programs like SSI or GA	3	2	1	9

12. What did this program do that helped you the most?

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13. Did you have any problems or concerns that this program didn't help you with? Please explain:

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## Closing Summary

## Ramsey County Chemical Dependency Case Management/Treatment Support Program

Complete within 7 days of closing/discharge for all clients served by the program

Site location:

☐ Juel Fairbanks      ☐ Health East/St. Joseph's      ☐ South Metro Human Services

Name:	Date of birth:
Date of discharge (mo/day/yr):	Today's date:

Discharge status (PLEASE CHECK THE APPROPRIATE BOX):

- ☐<sup>1</sup> Client successfully completed the program
- ☐<sup>2</sup> Client was doing well in program but moved out of county or was transferred to another program before completing the program
- ☐<sup>3</sup> Client received services, case closed without completing the program (includes those who moved or quit after receiving some services WHO WERE NOT DOING WELL)
- ☐<sup>4</sup> Client closed due to other reasons (Incarceration, commitment, etc.)
- ☐<sup>5</sup> Client is deceased
- ☐<sup>6</sup> Other \_\_\_\_\_

FOR EACH QUESTION, FILL IN THE BLANK OR CHECK THE APPROPRIATE BOX TO INDICATE YOUR ANSWER.

### HOUSING

1. Where is the client currently living?

Currently housed

- ☐<sup>1</sup> In own house or apartment (private landlord)
- ☐<sup>2</sup> Permanent supportive housing
- ☐<sup>3</sup> Public housing/Section 8
- ☐<sup>4</sup> Group residential housing
- ☐<sup>5</sup> Transitional housing
- ☐<sup>6</sup> Half-way house/sober house
- ☐<sup>7</sup> With relatives or friends in their housing

Currently not housed

- ☐<sup>8</sup> In a treatment facility
- ☐<sup>9</sup> Motel voucher (county pays)
- ☐<sup>10</sup> Living in shelter
- ☐<sup>11</sup> No home at present and not in a shelter
- ☐<sup>12</sup> Other (Specify: \_\_\_\_\_)
- ☐<sup>8</sup> Unknown

2. How stable is the client's current living situation?

- ☐<sup>1</sup> Very stable, client can remain in current setting indefinitely
- ☐<sup>2</sup> Stable, client can live in current setting for the next 6 months or more
- ☐<sup>3</sup> Unstable, client can remain in current setting for a limited time only (How long? \_\_\_\_\_ days)
- ☐<sup>4</sup> Very unstable, client is at-risk for immediate eviction or is homeless
- ☐<sup>8</sup> Unknown

3. How long has client been living in this location?
- ☐<sup>1</sup> Less than 6 months (about how many days? \_\_\_\_\_)
- ☐<sup>2</sup> 6 months to less than 1 year
- ☐<sup>3</sup> 1 year or more
- ☐<sup>8</sup> Unknown
4. Including moves among housing sites, how long has this client been **continuously** housed (as of the date of case closing)?
- \_\_\_\_\_ (mark "0" if less than 3 weeks or not housed or in shelter) ☐<sup>8</sup> Unknown
5. Is client on a waiting list for housing somewhere else?
- ☐<sup>1</sup> Yes, Section 8 (answer 3b)→→ 3b. How long have you been on a waiting list?  
☐<sup>2</sup> Yes, other subsidized housing (answer 3b)→→ \_\_\_\_\_(months)
- ☐<sup>3</sup> No
- ☐<sup>8</sup> Unknown
6. In what ways did you help this client find and secure housing? *(Please check all that apply whether or not client is currently in stable housing)*
- ☐<sup>1</sup> Referred client to housing programs
- ☐<sup>2</sup> Helped client complete housing applications
- ☐<sup>3</sup> Provided transportation to housing interviews
- ☐<sup>4</sup> Provided money for damage deposits or other housing-related costs
- ☐<sup>5</sup> Other housing assistance (please describe: \_\_\_\_\_)

## SUBSTANCE USE

7. How has the client's substance use changed at discharge, compared to program entry (self-reported or staff assessment)?
- ☐<sup>1</sup> Increased use - using drugs/alcohol more
- ☐<sup>2</sup> No change in use - using drugs/alcohol at the same level
- ☐<sup>3</sup> No change in use - not using drugs/alcohol at either entry or discharge
- ☐<sup>4</sup> Decreased use – still using drugs/alcohol, but using less than at program entry
- ☐<sup>5</sup> Decreased use - not using drugs/alcohol at all
- ☐<sup>8</sup> Drug/alcohol use unknown
8. Did the client enter treatment at any time while in the program? (**Note:** If client was in treatment at the time of program entry, answer "Yes")
- ☐<sup>1</sup> Yes →date entered recent treatment: \_\_\_\_\_: # of times in treatment while in program: \_\_\_\_\_
- ☐<sup>2</sup> No ☐<sup>8</sup> Unknown

9. What is the client's treatment status at discharge of the program?
- ☐<sup>1</sup> Successfully completed Rule 31 treatment
- ☐<sup>2</sup> Left treatment without staff approval
- ☐<sup>3</sup> Still currently in treatment
- ☐<sup>4</sup> Other (please explain: \_\_\_\_\_)
- ☐<sup>8</sup> Unknown

## HEALTH

10. Does client currently have a mental health diagnosis?
- ☐<sup>1</sup> Yes (specify: \_\_\_\_\_) ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
11. Did client receive a mental health screening as part of this program?
- ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
12. Does client have any severe physical health problems? ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
13. Does client have immediate day to day health care needs met? ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
14. Is client connected to a clinic or primary care physician? ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
15. Is client connected to a therapist or mental health clinic? ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown
16. Is client taking medications appropriately/as prescribed?
- ☐<sup>1</sup> Yes ☐<sup>2</sup> No ☐<sup>8</sup> Unknown ☐<sup>9</sup> Not applicable/none needed

## PUBLIC BENEFITS

17. Please answer the following questions regarding the client's receipt of public benefits

Public Benefit	Is the client receiving this program/resource at the time of case closing?	Did you or someone else from your program help connect the client to this resource?
General Assistance	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
Social Security (regular retirement program)	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
SSDI	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
SSI	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
Unemployment benefits	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
Food stamps	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
Medical coverage(MA, MHCP, etc.)	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
MFIP	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
WIC	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK
Other	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK	<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>2</sup> No <input type="checkbox"/> <sup>8</sup> DK

## EMPLOYMENT AND EDUCATION

18. What is the client's current employment status? (check one)

- ☐<sup>1</sup> Employed full-time (35 or more hours/week)
- ☐<sup>2</sup> Employed part-time (under 35 hours/week)
- ☐<sup>3</sup> Disabled (not looking for work)
- ☐<sup>4</sup> Unemployed – looking for work
- ☐<sup>5</sup> Unemployed – not looking for work
- ☐<sup>6</sup> Unemployed – not looking for work, but in school or job program
- ☐<sup>7</sup> Other (specify): \_\_\_\_\_
- ☐<sup>8</sup> Unknown

19. What is the client's current school-vocational status? (CHECK ALL THAT APPLY)

- ☐<sup>1</sup> Enrolled, full-time in school or a job/vocational training program
- ☐<sup>2</sup> Enrolled, part-time in school or a job/vocational training program
- ☐<sup>3</sup> Completed GED or received High School diploma while in the program
- ☐<sup>4</sup> Completed vocational/job training or education beyond High School while in the program
- ☐<sup>5</sup> Obtained or reactivated a vocational license or certificate while in the program
- ☐<sup>6</sup> None of the above
- ☐<sup>8</sup> Unknown

## CASE OUTCOMES (optional, if beneficial):

Please describe your primary activities in working with this client, and progress made toward goals.

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## Quarterly tables

**Grantee: Ramsey County Human Services CD Case  
Management/Treatment Support Program**

**Contract GRK%24193**

**July 1, 2012 – June 30, 2013**

### **Chronic/Homeless Program – Quarterly Report Tables: Tx Support/Recovery Maintenance Services for Chronic and Homeless Persons**

The numbers for columns Q-1 through Q-4 are to be the numbers for only that quarter. The YTD column is for the unduplicated # year-to-date. **Each time a person is admitted they are counted as a ‘new client’ on this table, even if they have been previously admitted and discharged during this same year.**

**Table 1: Individuals Served by Your Grant Program this Year**

	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
Individuals in your grant program at the start of this period	121	121	113	115	
Individuals admitted to your grant program this period	19	25	25	5 <sup>a</sup>	69
Individuals served by your grant program this period	140	146	138	120	190
Number of cases closed – Based on <i>Successfully Completion</i> *	6	7	9	32	54
Number of cases closed <i>Without Successful Completion</i>	13	24	12	86	135
Number of cases closed due to other reasons, situations or circumstances (incarcerations, commitment, etc.)	0	1	1	1	3
Number deceased	0	1	1	1	3
Individuals in your grant program at the end of this period	121	113	115	0	

(\*A successful exist is characterized by a participant obtaining stable independent, permanent housing without support services)

<sup>a</sup> Note that in the 4<sup>th</sup> quarter, 5 persons who were discharged previously had returned for service, but had not completed another intake assessment.

**Narrative:** In Quarter 1, 19 clients had their cases closed. Ten of these clients have not been able to be contacted by the program for over three months and were closed. Two clients are currently living in their own housing, one is living in permanent supportive housing, one is living in a sober house, three are living with friends or relatives, one is living in an unsheltered situation (homeless), and one client moved out of state.

In Quarter 2, 33 clients had their cases closed. Eighteen of these clients have not been able to be contacted by the program for over three months and were closed. Five clients are currently living in their own housing, two are living in permanent supportive housing, two are living in GRH housing, two are living with friends or relatives, one is living in a sober house, one is living in an unsheltered situation (homeless), one client is incarcerated, and one client is deceased.

In Quarter 3, 23 clients had their cases closed. Ten of these clients have not been able to be contacted by the program for over three months and were closed. Seven clients are currently living with friends or relatives, six clients are living in their own housing, three are living in public housing, two are living in GRH housing, one is

living in permanent supportive housing, one is living in a sober house, one is living in an unsheltered situation (homeless), one client is incarcerated, and one client is deceased.

In Quarter 4, 120 clients had their cases closed. Nineteen of these clients have not been able to be contacted by the program for over three months and were closed. Twenty-eight clients are living in GRH housing, 26 clients are living in their own housing, 15 are living in permanent supportive housing, 10 clients are currently living with friends or relatives, six are living in public housing, , six are living in a sober house, four are living in transitional housing, four are living in an unsheltered situation (homeless), one client is incarcerated, and one client is deceased.

**Table 2: Police Contact**

Individuals in our grant program this period...	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
With police contact	14	12	7	10	30

(A participant engaging in any unlawful resulting in police contact would be counted above.)

## Service Summary Form

### Service Summary Form: July 1, 2009 – June 30, 2010

**Treatment Support and/or Recovery Maintenance Services for Chronic CD/Homeless**  
Programs that provide TX Support and/or Recovery Maintenance Services must complete this form as part of their Final Report. **These numbers are to be unduplicated individuals served.**

AGENCY NAME: Ramsey County Human Services Department

BUDGET YEAR AMOUNT: \$354,061

PROGRAM: Chemical Dependency Case Management/Treatment Support Program

BUDGET YEAR AMOUNT SPENT: \$341,418

GRANT/CONTRACT NUMBER: GRK%24193

1. What geographic area does this program serve?

Single County ☐ Multi-county ☒ State Wide ☐ Reservation ☐

2. County(s) or Reservation(s) served. Use the county/reservation code numbers provided on page 2.

62; 19; 82

3. Total number of individuals who received TX Support/Recovery Maintenance services this year... 196

Number of Women with Dependent Children who received services this year (this only includes women who were not already counted as Pregnant) ..... 6

> Gender: Males: 102 Females: 94 Unknown: 0

> Age: Under 18: 1 18-24: 17 22-64: 176 Over 65: 2 Unknown: 0

> Ethnicity Hispanic/Latino: 13 Not Hispanic/Latino: 175 Unknown: 8

(The number of Hispanic/Latino + not Hispanic/Latino + unknown should equal the number of individuals who received direct serves)

> Race: **Total will self calculate and should equal the number of individuals who received direct serves.**

White	<b>94</b>	American Indian/Alaska Native	<b>41</b>
Black or African American	<b>39</b>	More than One Race	<b>11</b>
Asian	<b>2</b>	Race Not Known or Other	<b>9</b>
		Total	<b>196</b>

4. Number of Individuals served by your program this year with a Minnesota Criminal Conviction: 30

5. Number of **Professionals** served this grant year (training/technical assistance/etc.) ..... 254

6. Family Members/Significant Others (of those in Items 3 & 4) who received services this year ..... 65

7. Number of Community Members served this grant year (education/training/etc.) ..... NA

8. Please describe groups of people (not captured above) served during this grant year, or any additional information you wish to give for any of the above groups (e.g., a breakdown of S.E. Asian into Hmong, Cambodian, Vietnamese & Laotian).
9. Any Other Narrative:
10. Name of person who completed this form **Michelle Decker Gerrard**
11. Phone Number: **651-280-2695**
12. E-mail address: **michelle.gerrard@wilder.org**



## Matrix tables

### SFY 2013 - Form A: FUNCTIONING – At Enrollment & 1<sup>st</sup> 6-month interim

151 Number of participants in the program for 6 months or longer

**In the table below only include participants who have completed both an initial and a 1<sup>st</sup> interim assessment.**

119 Number of participants represented in the Table below

1 Number in the Table below that have children

61 Number in the Table below that are male

57 Number in the Table below that are female

Domain	Average Scores*		Change	% +/-
	Initial	1 <sup>st</sup> Interim		
Housing	1.36	2.54	1.2	87%
Employment	1.06	1.21	.2	14%
Income	1.64	2.02	.4	23%
Food	1.88	2.21	.3	18%
Child Care	1.5	2.17	.7	45%
Children's Education	4.4	4.67	.3	6%
Adult Education	2.96	3.04	.1	3%
Health Care Coverage	3.6	4.23	.6	18%
Life Skills	2.93	3.31	.4	13%
Family/Social Relations	2.17	2.61	.4	20%
Mobility	1.95	2.39	.4	22%
Community Involvement	2.37	2.97	.6	25%
Parenting Skills	2.36	2.83	.5	20%
Legal	3.62	3.85	.2	6%
Mental Health	2.6	2.86	.3	10%
Substance Abuse	2.5	3.01	.5	20%
Safety	3.12	3.59	.5	15%
Disabilities	2.84	3.23	.4	14%
Other	3.04	3.29	.3	8%

\*Average Scores – Only include participants who have completed **both** an initial and a 1<sup>st</sup> interim assessment

**SFY 2013 - Form B: FUNCTIONING – At Enrollment & 1<sup>st</sup> & 2<sup>nd</sup> 6-month interim assessments**

108 Number of participants in the program for 12 months or longer

**In the table below only include participants who have completed both an initial and a 1<sup>st</sup> interim assessment.**

85 Number of participants represented in the Table below

1 Number in the Table below that have children

41 Number in the Table below that are male

43 Number in the Table below that are female

Domain	Average Scores*			Change	% +/-
	Initial	2 <sup>nd</sup> Interim	1 <sup>st</sup> Interim		
Housing	1.44	2.89	2.51	1.5	101%
Employment	1.06	1.25	1.19	.2	18%
Income	1.62	2.04	1.95	.4	26%
Food	1.9	2.29	2.13	.4	21%
Child Care	1.6	2.33	2.4	.7	46%
Children's Education	4.78	4.6	4.6	-.2	-4%
Adult Education	2.81	3.02	3	.2	7%
Health Care Coverage	3.69	4.29	4.32	.6	16%
Life Skills	2.96	3.34	3.26	.4	13%
Family/Social Relations	2.13	2.64	2.62	.5	24%
Mobility	1.99	2.24	2.37	.3	13%
Community Involvement	2.36	2.88	2.87	.5	22%
Parenting Skills	2.58	2.77	2.83	.2	7%
Legal	3.58	4	3.73	.4	12%
Mental Health	2.58	2.8	2.8	.2	9%
Substance Abuse	2.46	3.22	2.99	.8	31%
Safety	3.16	3.69	3.57	.5	17%
Disabilities	2.94	3.21	3.18	.3	9%
Other	3.09	3.32	3.34	.2	7%

\*Average Scores – Only include participants who have completed 'all three' assessments: initial, 1<sup>st</sup> interim, & 2<sup>nd</sup> interim

**SFY 2013 - Form C: FUNCTIONING – At Entry & Exit**

195 Number of participants who exited the program

**In the table below only include participants who have completed both an initial and a 1<sup>st</sup> interim assessment.**

184 Number of participants represented in the Table below

6 Number in the Table below that have children

97 Number in the Table below that are male

86 Number in the Table below that are female

Domain	Average Scores*		Change	% +/-
	Entry	Exit		
Housing	1.38	3.09	1.7	124%
Employment	1.07	1.37	.3	28%
Income	1.71	2.53	.8	48%
Food	1.93	2.59	.7	34%
Child Care	1.91	2.56	.7	34%
Children's Education	4.38	4.63	.3	6%
Adult Education	3.01	3.25	.2	8%
Health Care Coverage	3.67	4.3	.6	17%
Life Skills	2.9	3.53	.6	22%
Family/Social Relations	2.25	2.97	.7	32%
Mobility	2.08	2.65	.6	27%
Community Involvement	2.4	3.02	.6	26%
Parenting Skills	2.4	3.11	.7	30%
Legal	3.71	3.97	.3	7%
Mental Health	2.63	3.09	.5	17%
Substance Abuse	2.52	3.38	.9	34%
Safety	3.11	3.8	.7	22%
Disabilities	2.72	3.23	.5	19%
Other	2.82	3.14	.3	11%

\*Average Scores – Only include participants who have completed **both** an initial and an exit assessment