

Ramsey County Chemical Dependency Case Management and Treatment Support program

Year-end report regarding clients served and services provided: July 2011 through June 2012

JULY 2012

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Agency:	Ramsey County Human Services Department
Grant contract number:	GRK%24193
Budget year:	July 1, 2011 – June 30, 2012

July 2012

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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 grant is for the 17 month period beginning February 2010 and extending through June 2011; the contract was extended an additional 24 months until June 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, 2011 to June 30, 2012. 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 2 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).

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 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 contact 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.

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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 were homeless on the night of the study. About 25 percent of all homeless adults are in Ramsey, Washington and Dakota Counties.

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 2011 through June 30, 2012 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. <u>GRANTEE'S DUTIES.</u> GRANTEE shall satisfy the goals and objectives and complete the tasks set forth in the Grant proposal entitled <u>"Chemical Dependency</u> <u>Case Management/Treatment Support Program"</u> received by the State on <u>September</u> <u>11th, 2009</u>, 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.
 - 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.

Number of Participant contacts/engaged during this quarter	Q-1	Q-2	Q-3	Q-4	YTD
South Metro Human Services	41	24	59	169	293
HealthEast/St. Joseph's	15	155	342	3	515
Juel Fairbanks	17	91	170	105	383

Table A. 1

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

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 engaged 9 new clients; in addition to these, staff conducted outreach to at least 160 individuals.
- 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 engaged 3 new clients; due to staff turnover, additional staff outreach with other potential clients was not recorded.
- Juel Fairbanks: Catholic Charities Family Services Center, Union Gospel Mission, People Inc./Transitions Project Recovery, and Ramsey County Detoxification. This quarter, Juel Fairbanks engaged 8 new clients; in addition to these, staff conducted outreach with at least 97 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 2011, across all agencies, programs made at least **73** outreach contacts and enrolled **9** clients.
- In Quarter 2, between July and September 2011, across all agencies, programs made at least 251 outreach contacts and enrolled 19 clients.
- In Quarter 3, between January and March 2012, across all agencies, programs made at least **571** outreach contacts and enrolled **23** clients.
- In Quarter 4, between January and March 2012, across all agencies, programs made at least **277** outreach contacts and enrolled **20** 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;

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- (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.

Number of NEW Participants at program entry	Q-1	Q-2	Q-3	Q-4	YTD	
With a diagnosis of Chronic Chemical Dependency	9	18	22	20	69	
Who completed a Rule 25 assessment	6	9	9	11	35	
Who entered CD Treatment	4	9	4	9	26	
With previous Primary CD treatment attempts	9	19	22	18	68	
Who report being homeless at program entry	9	19	23	20	71	
For NEW participants at program entry	Q-1	Q-2	Q-3	Q-4	YTD	
Total number of treatment episodes in lifetime	54	96	102	84	336	
Total number of homeless episodes in lifetime	13	78	92	38	221	
For all participants SERVED	Q-1	Q-2	Q-3	Q-4	YTD ^a	
Number who entered treatment	15	18	19	21	67	
Number of clients with ER visits	37	29	21	20	65	
Number of clients with detox admissions	13	13	21	29	52	
Total number of detox visits	24	34	51	98	207	
Total number of ER visits	73	60	52	43	228	

Table A. 2. a&b

^a This is the unduplicated number of clients who had at least one detox admission during the operating year.

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Narrative: In Quarter 4, nine **new** clients were in a licensed outpatient program and no new clients were in an inpatient program. For homelessness episodes in a lifetime, three clients had a "don't know" response. One client said that they had been continuously homeless. For Quarter 4, the average number of homeless episodes was 2.3 times and median was 2 times. The year-to-date info is unduplicated.

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
Who refused CD treatment	20	5	3	1	29
Who refused CD treatment but received other program services (list services received in narrative)	20	5	3	1	29

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

For Quarter 4, examples include:

- 1 client was referred or received bus cards or other transportation (15 YTD)
- 0 clients were transported by program staff (15 YTD)
- 1 client received a CD assessment (13 YTD)
- 0 clients were referred for medical care (12 YTD)
- 0 clients were referred to AA/NA (12 YTD)
- 1 client's family members were contacted by case managers (11YTD)
- 0 clients secured housing (11YTD)
- 0 clients secured furniture (9 YTD)
- 1 client was referred to a legal assistance program (8 YTD)
- 0 clients received a referral to or had a mental health assessment (8YTD)
- 0 clients participated in social activities through the program (8 YTD)
- 0 clients received help applying for benefits (8 YTD)
- 1 client was referred to a food shelf or hot meal program (7 YTD)
- 0 clients received help with applying for housing (7YTD)

- 1 client was referred to transitional housing (6 YTD)
- 0 clients received help with accessing needed records (5 YTD)
- 0 clients received referrals for SSI or SSDI (5 YTD)
- 1 client was referred to a clothing shelf (3 YTD)
- 0 clients were referred for dental care (3YTD)
- 0 clients were referred to Section 8/waiting list (3 YTD)
- 0 clients received referrals for medical coverage (3YTD)
- 0 clients received referrals for General Assistance (3 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, resume preparation, role playing job interviews, to a minimum of seventy-five (75) unduplicated program participants, of which (twenty) 20 are current participants from February 19, 2010 through June 30, 2010, and a minimum of one hundred fifty (150) unduplicated program participants from July 1, 2010 through June 30, 2011, and a minimum of one hundred (100) unduplicated program participants from July 1, 2011 through June 30, 2012.

Number of Participants SERVED this quarter who received	Q-1	Q-2	Q-3	Q-4	YTD ^a
Transportation services	75	74	68	64	134
Employment services	29	35	32	29	37
Assistance with receiving Mental Health services/treatment	52	65	51	42	116
Assistance with receiving Medical services	11	55	52	50	120
Assistance with receiving Dental services	12	10	18	19	46
Meetings with family members	43	46	43	32	86
Other Services (list other in narrative)	75	74	68	64	134

Table A. 5

^a 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:

Transported client:	64 clients (134 YTD)
AA/Alanon/NA:	40 clients (130 YTD)
Bus card/token:	56 clients (121 YTD)
Food Shelf:	28 clients (85 YTD)
Contact with P.O.:	15 clients (52 YTD)
Social activities:	21 clients (77 YTD)
Clothing Shelf:	29 clients (60 YTD)
Identification or Social Security card:	2 clients (15 YTD)
Culturally appropriate services:	15 clients (24YTD)

6. 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.

- 7. 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, and a minimum of one hundred (100) program participants from July 1, 2011 through June 30, 2012.
 - 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, and a minimum of one hundred (100) program participants from July 1, 2011 through June 30, 2012.

- 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.
- e. <u>GRANTEE will ensure that of those program participants reporting</u> maintaining housing for at least six months, at least one hundred (100) participants will report maintaining housing for at least six (6) months from December 31, 2010 to June 30, 2012.

Table A. 7 & 4

Number of Participants SERVED this quarter who	Q-1	Q-2	Q-3	Q-4	YTD ^a
Completed a housing assessment	64	61	58	41	101
Received a housing referral (list type of referral in narrative)	41	38	46	32	101
Entered Temporary or Transitional Housing	17	18	29	25	57
Entered Permanent Supportive Housing	10	5	6	6	22
Entered Permanent Housing w/o support services	13	15	7	7	35

^a This is the unduplicated number of clients served during the operating year.

Narrative: In Quarter 4, at least 41 clients received housing referrals on their behalf – this including contact or preparation with a potential landlord. Thirty-two clients received a referral or help with their application for housing. In addition, 19 clients were placed on a Section 8 waiting list. Finally, 25 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:

- 19 clients secured **GRH** housing (35 YTD)
- 2 clients secured housing in a sober house (4 YTD)
- 4 clients received help securing transitional housing. (8 YTD)
- 0 clients secured housing with family members (2 YTD)

- 0 clients secured housing in an assisted living/nursing home facility (2 YTD)
- 0 clients secured housing with friends (4 YTD)
- 0 clients secured housing in SRO facility (2 YTD)

Permanent Supportive Housing:

- 6 clients received help with **Permanent Supportive Housing**. (22 YTD)
- Permanent Housing without support services:
- 4 clients received help in securing **private** housing (30 YTD)
- 3 clients received help securing **public** housing (5 YTD)
- 8. 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, 37 clients received help applying for benefits, and the grantee agencies provided clients with the following referrals to or assistance in applying for benefits:

19 clients (52 YTD)
16 clients (42 YTD)
13 clients (35 YTD)
25 clients (50 YTD)

- 9. 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.
 - 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;
 - b. Reduced habitual use of alcohol or other drugs in excessive amounts, with improved cultural, psychological, social, and physiological functioning;
 - c. Stable long-term transitional or permanent housing.

Table A. 9					
Number of Participants this quarter who were discharged because	Q-1	Q-2	Q-3	Q-4	YTD
No longer meet Rule 25 eligibility for Service Coordination	-	-	-	-	-
Entered Long term Transitional Housing	1	1	-	-	2
Entered Permanent Housing	8	10	5	14	37
Other (list other in narrative)	5	23	28	17	73

(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, 14 clients had their cases closed. Five 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. Three clients are currently living in their own housing, two are living in permanent supportive housing, two are living in public housing, one is living in a transitional housing program, and one is living in GRH housing. One client was arrested and is currently in jail.

In Quarter 2, In Quarter 2, 22 clients had their cases closed. Five of these clients were not able to be contacted by the program for over three months and were closed for no contact. Where they are living and the current level of their alcohol or drug use is unknown. Nine clients are currently living in their own housing, one is living in group residential housing, and one is living in public housing. Of these, two clients have been able to reunite with their children. Three clients have moved out of the area. Two clients were arrested and are currently in jail. One client is deceased.

In addition, 12 clients who were closed in the first quarter but were not included in the previous report, are included in the chart above. Of the 12 clients, 11 were not able to be contacted by the program for over three months and were closed for no contact and the other clients is deceased.

In Quarter 3, 33 clients had their cases closed. Five of these clients have not been able to be contacted by the program for over three months and were closed for no contact. Where they are living and the current level of their alcohol or drug use is unknown. Seven clients are living in permanent supportive housing, six clients are living with friends or family, five clients are currently living in their own housing, and three clients are living in GRH housing. Four clients were arrested and are currently in jail. Two clients are deceased. One client is currently homeless.

In Quarter 4, 31 clients had their cases closed. Twleve of these clients have not been able to be contacted by the program for over three months and were closed for no contact. Where they are living and the current level of their alcohol or drug use is unknown. Nine clients are currently living in their own housing, five clients are living in permanent supportive housing, and one client is living with friends or family. Two clients were arrested and are currently in jail. One client is deceased. One client is currently homeless.

- 10. 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 1, 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.

Date	Name of Continuing Education/Training Event	List number of staff attendin			
Year 2011-2012		Juel	South	St.	
Year 2011-2012		Fairbanks	Metro HS	Joe's	
7/12/2011	Prevention screening and civil commitments			2	
8/9/2011	Animal hoarding		3		
8/11/2011	Self-neglect in senior population			1	
9/4/2011	End of life for homeless seniors		1		
9/13/2011	MARRCH	1			
9/18/2011	Homeless resource meeting		2		
9/20/2011	Gang training		1		
10/2011	Homeless 101			3	
10/2011	Opiates on the streets			3	
10/6/2011	Biology of trauma		1		
10/11/2011	Native American cultural training	2		3	
10/12/2011	Advanced DBT			1	
10/21/2011	SOAR SSI reconsideration	1			
11/26/2011	Heroin in the cities	2			
11/2011	MI/CD tip 42		1		
11/2/2011	Housing stabilization services	2			
11/16/2011	Non-violent crisis intervention training			1	
11/09/2011	DHS Medicare changes			1	
11/18/2011	Schizophrenia 101			1	
11/09/2011	Illness management Recovery			1	
12/2011	Personality disorders		1		
12/2011	Suicide and CD		1		
12/8/2011	HIV/AIDS	17			
12/13/2011	Co-occurring Disorders		2		
12/14/2011	Addiction training		2		
1/11& 12/ 2012	HIV/CD			5	
1/17/2012	Trauma Informed Care		1		
2/2012	SOAR Basic			1	
2/10/2012	Opiates			3	
3/1& 2/ 2012	HIV Training		1		
3/8/2012	Motivational Interviewing			1	
4/0/2012	Co-occurring Disorders – Best Practices and		4		
4/9/2012	Practical Considerations for Clinicians		4		
4/10/2012	Introduction to Harm reduction			1	
4/23/2012	Motivational Interviewing #3			1	
5/15/2012	Hoarder – Ramsey County training		1		
5/24/2012	Motivational Interviewing #4			1	
5/26/2012	Suicide Risk Assessment			3	
6/8/2012	Motivational Interviewing #1			2	
6/11/2012	Screening for Mental Health and Substance Abuse	2		2	
6/11/2012	Related Conditions	<u>∠</u>		2	
6/11/2012	First Aid/CPR			1	
6/11/2012	Motivational Interviewing #2			2	
6/28 & 29/2012	Intersection of HIV and Chemical Health			2	

Narrative: During the fourth quarter, the new staff at HealthEast/St. Joe's attended several training events to help them be better prepared for their new roles.

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.

Date left (L) Date replaced (R)	Name of staff	Resume Submitted to ADAD (Y/N)
(L) 9/20/2011	Richard Parker	
(R) 9 /21/2011	Kelly Bates	Y
(R) 8/24/2011	Kim Mayler	Y
(R) 5/9/2011(L) 4/1/2012	Amanda Simonson	Y
9/1/2011 (Intern) (L) 5/1/2012	Becca Fessler (Intern from Bethel College)	Y
(R) 1/9/2012	James B. Williams	Y
(L) 5/1/2012	Jill McCabe	
(R) 5/1/2012	Seika Charpentier	Y
(R) 5/21/2012	Connie Smith	Y

Table H.

Narrative: During the fourth quarter, the intern from Bethel College, and one full time and one part-time staff left HealthEast/St. Joe's. One full time and one part-time staff were replaced at HealthEast/St. Joe's. Jill McCabe from St. Joe's was coordinating much of the data collection efforts at that site, so there was a slight disruption in data collection during this transition.

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 during the fourth quarter when HealthEast/ St. Joe's experienced some staff turnover.

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

Lisa is a 44 year old Native American female who sought help from Juel Fairbanks in the fall of 2011 after being released by another program. In the previous program, she had a lot of difficulty adjusting to the program's environment. Lisa had lost her housing, her family, and was close to losing her life because of her life-long struggles with chemical use. She had been diagnosed with end stage liver disease and PTSD/anxiety disorder.

Currently, Lisa has been sober for a year and half. Juel Fairbanks staff and this program allowed her to move into a sober house. She lives on a modest income from SSDI, which she manages responsibly to pay for her housing and other bills.

Section 2: Services and Outcomes

In 2010, Lisa was hospitalized and informed that she has end stage liver disease. She was referred to a program that helped her find housing. However, Lisa struggled with this new life style because she was so used to living outside and living by her own rules. Lisa also had a large following of homeless friends who would come and visit her every day. Because of this, she was dropped from the program after one year.

Juel Fairbanks Treatment and Support Services program staff met Lisa while doing a site visit at the Listening House in the fall of 2011. She was homeless again. The program's first goal was to find housing for her where she could remain sober. After examining the available resources, staff were able to find the right match at a sober house in St. Paul.

Juel Fairbanks staff have checked in with Lisa almost every week and she is doing well. She attends weekly house meetings along with her weekly AA meetings. She orders and takes care of her own medications. She gets a ride to the Division of Indian Works once a month for groceries. She still visits with her homeless friends but because of the structure of the sober house, they are not allowed to stay with her. Lisa is fine with that and is learning to live by the rules set up for her. Most recently, staff have signed her up for housing in a more stable environment where they think she will flourish.

Section 3: Reflection and Learning

Lisa has come a long way in a small amount of time. She has survived the death of her father without relapse. She still visits her homeless friends without falling back into old habits. She has also stayed active in the AA community, even inviting some of her old

friends to the meetings. Lisa is still early in her sobriety, but she is putting her past lifestyle behind her. Because of the help of case management services that recognized her needs, she is well on her way to a better, sober life.

* 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

It is clear that the grantee agencies are successfully conducting outreach. According to program records, 1,183 individuals were approached by outreach staff or referred for services by other agencies during this period. This is a highly mobile, difficult to reach population. Many have histories of serious mental illness. The collaboration among agencies and streamlined referral process have allowed staff to avoid duplication in outreach services.

Some of the increase in number of clients receiving outreach was attributed to the increase in persons seeking shelter, according to one program staff:

We are seeing more clients down at Dorothy Day. They have opened their overflow shelter, and it is full.

However, the successful efforts to engage clients means that staff caseloads are full. There is currently a waiting list for case management services.

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, hospitals, treatment facilities, and family members of homeless individuals. As one staff noted:

The Access team, Police Homeless Outreach, and other Catholic Charities staff are referring to our services regularly. This allows us to spend more time with direct care services and leaves a large part of the outreach with people who know the clients. We are still doing direct outreach, but this is a great timemanagement help.

Clients are being housed and stabilized

As in the previous year, program staff note, and data supports, the fact that these difficult to serve 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 100 clients were housed during this period: 57 entered transitional housing and 57 entered permanent housing. Staff feel that this grant gives them the time to meet the clients' needs: mental and physical health, chemical dependency, medication, employment, financial services, and housing. The grant allows staff to be flexible and tailor services to each client.

As one staff stated:

We housed 14 grant clients in HUD subsidized housing. Most are on GA (General Assistance) and would not be in housing other then GRH (Group Residential Housing), which is time limited. Of the 14 housed in the subsidy, 12 are SPMI (Serious and Persistent Mental Illness), five are victims of domestic abuse, two are vets, and two have cognitive impairments.

Challenges and barriers

Barriers to accessing housing

As noted in the previous annual report, the individuals who enter the Chemical Dependency Case Management program often have many barriers to securing housing, in addition to chemical use and homelessness, including extreme poverty, mental health issues, and a lack of support in their sobriety.

In addition, there are few long-term supportive housing options for these individuals. Many of the available transitional housing facilities are filled, and there are waiting lists for transitional housing and Group Residential Housing. In addition, staff noted that there are fewer housing options for individuals who are trying to work, but do not yet have regular work/salaries and are not disabled. They also note that some housing options will not take clients who are full-time students.

Criminal histories

Many of the 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.

Need for more funding for emergency expenses

Staff have been surprised at the higher costs of bridging expenses (getting clients into housing). In addition, although the grant offers some funding for emergency expenses, there is not enough to cover client needs. Staff also note that there is an extremely high demand for assistance with energy bills. Some clients have amassed bills in the hundreds or thousands of dollars. Staff are spending a significant amount of time searching for funds to meet these emergency needs. There have been successes. One staff member managed to secure \$5,000 to meet a client's emergency needs. However, these efforts are time consuming.

Because of the chronic nature of issues, some cases need to stay open

Staff note that they still have several clients being served from the previous grant year. Most do not qualify for other programs, and staff have placed them in housing where services are required to live there, i.e. Adult foster care, mental health GRH apartments, Shelter Plus subsidies, and Aeon apartments. Without services, mentally ill clients do poorly.

In addition, despite best efforts, some clients with chronic issues need re-housing. They may have timed out of short-term housing services or they choose to leave. Staff spend considerable efforts meeting the needs of these clients.

Getting clients connected with Mental Health Targeted Case Managers

Staff note that they are struggling with getting mentally ill clients a Mental Health Targeted Case Manager. Some clients meet criteria based on diagnosis and past hospitalization. However, because of the CD case management services they are receiving from the program, they are doing well and appear to not need Targeted Case Management services. However, staff are concerned about the chronic nature of their mental health issues and want to connect them with these services. Staff also feel that Targeted Case Management can be an appropriate service to meet some client needs so that their cases can be closed by the grant program (thus, allowing the grant program to serve additional clients).

Keeping clients insured

Staff spend a considerable amount of time ensuring that clients maintain their health insurance coverage. Because of some changes in Ramsey County's benefits system, it is difficult to restart benefits once they are terminated. Many of the clients have insurance lapses due to forgetfulness, missing paperwork, jail stays, or employment changes. Once the insurance is active, the health plans are requiring additional paperwork to access CD treatment services. This has been a barrier for some clients served.

Program capacity

Because of the success of the program, there is limited availability of case management services. Caseloads are full. Additional funding would allow programs to serve individuals who are currently on a waiting list.

Evaluation plan results

Primary research questions

Wilder Research was contracted by Ramsey Count to evaluate the Chemical Dependency Case Management and Treatment Support program. This section of the report covers process and outcome information from July 2011 to June 2012. 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, 2011 and June 30, 2012?
- 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=72); service and initial outcome information is reported on clients who *received services* during the reporting period (N=237). One hundred and sixteen 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=35).

Finally, Wilder Research conducted a discussion group with Ramsey County staff as well as staff from the three contracted agencies in early May 2012. 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 includes 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 fourth quarter but overall there were few challenges during this period.

Outreach and enrollment

During the year, program staff conducted outreach with 1,191 individuals. Of these, 72 new clients entered the program, while the others declined services or were determined ineligible.

1. Individuals enrolled in the program this year

	Number
Number of individuals open at the beginning of the grant period	163
Number of new clients enrolled in the program	77
Number of clients served this grant year	240
Number of clients who have discharged from the program	116
Number of open cases at the end of the grant year	124

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

N=72	Number of clients referred YTD	Percent
CD treatment	15	21%
Hospital/clinic	5	7%
Outreach staff	16	23%
Unknown	3	5%
Shelter	4	6%
Detox	3	4%
Other sources	27	38%

2 Referral sources at intake

Characteristics of individuals served

Participant characteristic information was analyzed for clients who entered the program between July 1, 2011 and June 30, 2012. The following information describes 72 clients who entered the program and received services this year.

Race and ethnicity

■ Nearly half (47%) of participates are White. Fifty-three percent are African American, American Indian, or multi-racial. Ten 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.

3. Self-identified race of clients		
N=72	Number	Percent
White	33	47%
Black, African American, African Immigrant	14	20%
American Indian	15	21%
Biracial, Multiracial	4	6%
Asian	-	-
Other	5	7%
Missing	1	1%
Total	120	100%

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Education and employment

- Over three-fourths (83%) of participants had received at least a high school diploma or GED.
- Only 6 percent of participants were employed at intake; all of these were employed part-time.
- Seven percent of participants were veterans.

4. At intake, highest level of education completed

N=72	Number	Percent
Some school but no high school diploma or GED	12	17%
High school grad or GED	31	43%
Vocational certificate, associate degree, or some college	23	32%
College, graduate, or professional degree	6	8%

5. Employment status at intake

N=72	Number	Percent
Employed, part-time	4	6%
Disabled, not working	22	31%
Unemployed, looking for work	25	35%
Unemployed, not looking for work	18	25%
Unemployed, not looking for work but in school or job program	3	4%

Income and benefits

- Nearly all (94%) had incomes that fell below the poverty line.
- 53 percent were receiving General Assistance at intake.

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

N=49	Number	Percent
Yes	46	94%
No	3	4%

7. Benefits clients are receiving at intake

N=72	Number	Percent
General Assistance	38	53%
Food stamps	16	22%
SSDI	6	8%
SSI	6	8%
Unemployment	-	-
Social Security	1	1%

8. Health insurance provider at intake

N=60	Number	Percent
MA	39	65%
GAMC or MHCP	13	20%
Medicare	3	5%
Private	2	3%-
MinnesotaCare	-	-
None	4	7%

Health and mental health

- Most (85%) had a mental health diagnosis.
- Over half (51%) had a severe physical health problem.
- Over one third (35%) had been seen in the emergency room in the month prior to intake.

9. Health and mental health issues at intake

N=72	Number	Percent
Mental health diagnosis (N=68)	58	85%
Severe physical health problem (N=69)	35	51%

10. Currently taking medications

N=71	Number	Percent
Yes	55	78%
No	16	23%

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

N=64	Number	Percent
Yes	15	23%
No	49	77%

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

N=66	Number	Percent
0	43	65%
	17	26%
2	4	6%
3	1	2%
5	1	2%

Homelessness

- About one-quarter (22%) of clients were "couch hopping" staying temporarily with family and friends at intake.
- 19 percent of clients had an unlawful detainer making it more difficult for them to secure housing.
- Housing instability was an issue for many clients; about three-quarters (72%) had multiple episodes of homelessness and half had been homeless for 12 months or more.
- Nearly one-third (32%) had been convicted of a crime in the past two years and onequarter (24%) are currently involved with the criminal justice system.

13. Housing status at intake

N=69	Number	Percent
Outdoors, car, abandoned building	8	12%
Shelter or motel voucher paid by the county	10	15%
Transitional housing program	7	10%
Sober house, halfway house	2	3%
Group residential housing	19	28%
Staying with relatives or friends in their housing	15	22%
Treatment facility	3	4%
Other	5	7%

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

N=68	Number	Percent
Yes, Section 8	5	7%
Yes, other subsidized housing	7	10%
No	56	82%

15. Client has an unlawful detainer at intake

N=59	Number	Percent
Yes	11	19%
No	48	81%

16. Involved with the criminal justice system at intake

N=62	Number	Percent
Yes	15	24%
No	47	76%

Family characteristics

Most individuals who entered the program this year were single; not married and not living with a partner (94%). Forty-eight participants had children age 18 or younger; however, only eight parents had children living with them at intake.

17. Relationship status

N=69	Number	Percent
Cohabitating with a partner	2	3%
Married, living with spouse	2	3%
Single, never married and not cohabitating	44	64%
Separated, divorced, or widowed	21	30%

18. Number of children

N=70	Number	Percent
No children	46	66%
1	8	11%
2	8	11%
3	5	7%
4	1	1%
8	1	1%
12	1	1%

19. Number of children living with respondent

N=23	Number	Percent
No children living with parent	21	91%
1 child living with parent	2	9%

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 69 clients. Of these, 41 percent had been continuously housed less than six months; 34 percent had been continuously housed 6 months to a year; and 25 percent had been housed a year or more. The length of continuous housing ranged from less than one month to 27 months, with an average of 12.9 months.

In this reporting period, at least 137 clients received housing referrals on their behalf; 114 clients entered housing. Of these 35 entered permanent housing without supportive services and 22 entered permanent supportive housing.

Temporary or transitional:

- 4 clients received referrals and secured housing at **sober** housing
- 8 clients received help securing transitional housing.
- 35 clients secured **GRH** housing
- 10 clients secured other types of housing, mostly with friends or family

Permanent Supportive Housing:

■ 22 clients secured Permanent Supportive Housing.

Permanent Housing without support services:

- 30 clients secured housing with private landlords
- 5 clients secured public or Section 8 housing

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

Closing forms indicate that clients received a wide array of intensive housing assistance from program staff (Figure 20).

20. Housing-related services provided, closed cases only

N=116	Number	Percent
Referred client to housing programs	80	69%
Helped client complete housing application	53	46%
Provided transportation to housing interviews	41	35%
Provided money for damage deposits or other housing-related		
costs	27	23%

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

Data indicates that there are some positive improvements in access to health care services.

- 25 clients entered inpatient chemical dependency treatment since participating in the program.
- 42 clients entered outpatient chemical dependency treatment since participating in the program.
- 52 clients received help applying for medical coverage.
- 120 clients received help getting in to see a doctor.

- At case closing, 63 of 116 clients (54%) were connected to a clinic or primary care physician.
- At case closing, 42 of 116 clients (36%) were connected to a therapist or mental health clinic.

Outcome 3: Improvements in financial security including access to benefits

The grantee agencies provided clients with the following referrals to or assistance in applying for benefits:

- 52 clients received help applying for medical coverage.
- 38 clients had medical coverage restored during this period.
- 42 clients received help accessing General Assistance.
- 39 clients had General Assistance restored during this period.
- 38 clients received help accessing food stamps.
- 35 clients had food stamps restored during this period.
- 50 clients received help accessing SSI/SSDI.
- 15 clients secured SSI/SSDI during this period.
- 9 clients received help accessing Veteran's benefits.

21. Employment status, closed cases only

N=116	Number	Percent
Employed full-time	9	8%
Employed part-time	9	8%
Disabled	28	24%
Unemployed and looking for work	12	10%
Unemployed and not looking for work	10	9%
Unemployed, but in a school or job program	1	1%
Deceased	1	1%
Incarcerated	1	1%
Don't know	45	39%

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, 35 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 proportion of program participants and should not be generalized across all participants.

N=35	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Overall, I am satisfied with the services I received (N=35)	91%	3%	6%	-
Program staff gave useful suggestions and recommendations (N=35)	89%	9%	3%	-
Program staff understood my problems or concerns (N=35)	89%	9%	3%	-
Program staff were sensitive to cultural issues (N=32)	81%	19%	-	-
The services I received will help me stay sober (N=35)	77%	23%	-	-
It was easy for me to contact program staff when I needed to (N=35)	77%	14%	6%	3%

22. Client satisfaction with program services at 4 months or more

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

_N=35	Very helpful	Somewhat helpful	Not at all helpful
Help with emergency needs like food and clothing (N=29)	90%	10%	-
Help accessing public programs like SSI or GA (N=29)	86%	14%	-
Help with securing housing (N=33)	82%	15%	3%
Help with health care like referrals to doctors or clinics (N=33)	79%	21%	-
Help finding a job (N=22)	59%	36%	5%

23. Client assessment of helpfulness of services at 4 months or more

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 in find help with emergency needs like food and clothing as the most helpful aspect of the program. Over three-quarters of respondents rated assistance accessing public programs, securing housing, and accessing health care as the most helpful. One area, help finding a job, received the lowest "very helpful" rating (58%). Overall, more than half of participants in each area rated the services they received as very helpful.

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 couldn't help them with. Clients' verbatim responses are included below.

What did this program do that helped you the most?

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

Providing support (6 responses)

Regain a fulfilling life.

She was friendly and that's what was what I needed was a friend.

Help me when I couldn't help myself.

This program is very helpful and wants me to stay sober and clean

This program helps me stay sober.

Stay sober.

It helped me on many things. It opened my eyes to new things.

Connecting to services (3 responses)

Food and treatment.

Transported me to doctor appointments, food shelf.

Transportation, building a resume for job searches. Printing out paperwork I need for school.

Finding housing (2 responses)

Housing. (2)

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. A few of their comments are listed below:

None. Always helpful.

None at all. Please keep them.

None. Good people.

No problems at all.

Not at this time. All has been done for me.

One individual responded to this question. Their verbatim response is included below:

Sober housing, public housing. They want all my SSI money.

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 being spent helping clients access basic services and 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 are fewer restrictions on eligibility, and many clients who had not received assistance are getting it now.

Extent of the problem

There have been few changes to the extent of the problem from last year. 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 individuals that qualified for the program who were newer to homelessness and who, in better economic times may not have experienced homelessness due to their chemical dependency. They were also surprised by the number of older women who needed services. Those women did not yet qualify for Social Security, and had a variety of health issues.

As stated in the previous report, a lot of those individuals would have normally found a job by now, any job, but they had not because of criminal backgrounds and other issues in their backgrounds. Because of the economy, they were competing for fewer jobs with people who did not have those issues in their pasts.

Staff also observed that they were seeing an increase in the number of clients who had recently completed treatment.

How was the organization 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 can 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) help 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.

Staffing levels

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

This includes: One Supervisor/Chemical Dependency Counselor, one full time Chemical Dependency Counselor, and 2 full time Chemical Dependency Case Managers/Practitioners (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).

There were seven full time and two part-time program staff involved in service delivery during the period of July 1, 2011 to June 30, 2012.

Clients/participants served

Program staff reported a slowdown in the number of referrals and clients served this year compared to the surprising the large number of referrals and clients served in the previous year. The program is still in high demand and one provider increased one of their part-time staff to full time in order to provide needed services to those on their caseload.

Future outlook

Scope

The Ramsey County Chemical Dependency Case Management program will continue at its capacity for the upcoming grant year, and continue to close clients whose cases are stabilized who have maintained housing. The program served 240 clients during this year, which exceeds the grant requirement of 100. During the year, the program closed the cases of 116 clients, and currently serves 124. However, because of the intensity of needs of the clients served and the lack of available resources, particularly housing and benefits, it will be necessary to continue to close cases that are stabilized. In some cases, staff have initiated a "step-down" method that gradually reduces case management services as clients are stabilized.

Changes in the coming year

Staff do not anticipate any significant changes in the coming year.

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.

Wilder Research staff are scheduled to meet with Ramsey County and partner agency staff in September 2012 to discuss annual outcome data and allow staff time to ask questions about individual agency data. A summary of notes from these discussions will be included in future reports.

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

REVISED Eva	aluation Workplan: Janua	ary 2011	Ramsey County Chemical Dependency Case Manageme Treatment Support Progra			
Evaluation tool	To be completed:	By whom:	Submit to Wilder Research	Description of tool		
Revised Intake Assessment form	At intake meeting	Provider staff	Monthly 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	Quarterly or at case closing 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)	Quarterly 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	Ongoing 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	Monthly 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	Quarterly: Wilder will give Linda a list of served clients by 5 th 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 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: Client must live in Ramsey, Dakota or Washington County. a) b) Client must be chronically chemically dependent (see supervisor or contract for definition). Client must be homeless (see supervisor or contract for definition). c) Site location: **Juel Fairbanks Health East/St. Joseph's South Metro Human Services** Name: Birth date (mo/day/yr): \square^3 Transgender \square^2 Female (check here if currently pregnant \square) Gender: \square^1 Male Age at intake: Intake Date (mo/day/yr): Date Form Completed (mo/day/yr): **Referral Source:** \square^4 Hospital/clinic \square^1 None \square^7 HealthCare for the Homeless \square^8 Outreach staff \square^2 Detox \Box^5 CD treatment \square^3 Shelter \square^6 Police/P.O. \square^9 Other: \square^2 Washington \square^3 Dakota County: \square^1 Ramsey a) Is there a current Rule 25 completed for this client? \square^2 No \square^1 Yes Don't know b) Is this client receiving services through the consolidated fund? \square^1 Yes \square^2 No \square^8 Don't know c) Is this client currently in a licensed treatment program? \square^1 Yes – Inpatient \square^2 Yes – Outpatient ► 3a. Has client attended treatment activities within the past 2 weeks? \square^1 Yes \square^2 No \square^8 Don't know \square^3 No. client is not in treatment \square^8 Don't know d) Does this client have a diagnosis of Chronic Chemical Dependency? \square^1 Yes \square^2 No \square^8 Don't know

Ramsey County Chemical Dependency Case

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

BACKGROUND

1.	How would you describe your race?			
	□ ¹ Black/African American/African Imm	nigrant		
	\square^2 Asian American/Asian Immigrant			
	\square^3 American Indian			
	\square^4 White			
	□ ⁵ Biracial/Multiracial (Describe:)
)
	\square^8 Unknown			
2.	Are you of Hispanic origin?			
	\square^1 Yes - Hispanic Origin			
	\square^2 No - Non-Hispanic Origin			
	\square^8 Hispanic ethnicity unknown			
3.	Are you currently:			
	\square^1 Married, living with spouse			
	\square^2 Cohabitating with a partner			
	\square^3 Single (never married and not cohabi	-		
	\square^4 Separated, divorced, or widowed (and	d not cohab	itating)	
	\square^8 Unknown			
4.	Have you served in the U.S. military? \square^1 Yes \square^2 No			
CE	IILDREN			
5.	How many children (ages 0 to 18) do you TO 6)	have?	(IF NO CHILDREN, WRITE IN "0" an	nd SKIP
5a.	How many of these children live with you	? (II	F NONE, WRITE IN "0" and SKIP TO 6	i)
5b	Do you receive MFIP?	\Box^1 Yes	\square^2 Eligible, but not currently receiving	\square^3 No
5c	Do you receive child support?	\square^1 Yes	\square^2 Eligible, but not currently receiving	\square^3 No
5d	Do you receive child care assistance?	\Box^1 Yes	\square^2 No	
5e	Do you receive WIC?	\Box^1 Yes	$\Box 2^3$ No	

HOUSING

6.	Where are you currently living?
	\square^1 Outdoors, car, abandoned building \square^6 Staying with relatives or friends in their housing
	\square^2 Shelter or motel voucher that county pays \square^7 Treatment facility
	\square^3 Transitional housing program \square^8 Other (Specify:)
	⁴ Sober house/halfway house If helpful, List name/address of current shelter/
	Group residential housing (GRH) housing:
7.	How long have you stayed there? days
8.	How long have you been without a regular or permanent place to live? \square^8 Unknown
9.	How many times have you been homeless? \Box^{-5} Always, never been housed \Box^{-8} Unknown
10. 4	Are you on a waiting list for housing?
	Yes. Section $8 \rightarrow \rightarrow \rightarrow$ 10b. How long have you been on a waiting list?
\square^2	Yes, other subsidized housing $\rightarrow \rightarrow$ (months)
3	No
8	Unknown
11.	Do you have an unlawful detainer (UD)? \square^1 Yes \square^2 No \square^8 Unknown
EDU	ICATION AT ENTRY
12.	What is the highest level of education that you completed?
	\square^1 No school
	\square^2 Some school but no High School diploma or GED
	\square^3 High School grad or GED
	\square^4 Vocational Certificate, Associate Degree, or some college but no degree
	\square^5 College degree or Graduate/Professional degree
	\square^8 Unknown
EM	PLOYMENT
13.	What is your current employment status? (CHECK ONE ONLY)
	\square^1 Employed full-time (35 or more hours/week)
	\square^2 Employed part-time (under 35 hours/week)
	\square^3 Disabled (not working)
	\square^4 Unemployed – looking for work
	\square^5 Unemployed – not looking for work
	\square^6 Unemployed – not looking for work, but in school or job program
	\square^7 Other (specify):
	□ ⁸ Unknown

- 14. Are you currently in school or a career training program?
 - \square^1 Ves enrolled full time \square^2 Ves enrolled part time

 \square^3 No \square^8 Unknown

INCOME/RESOUR								8		
	5. Is your income equal to or lower than the Federal Poverty Guidelines? \Box^1 Yes \Box^2 No \Box^8 Unknown 2010 Poverty Guidelines:									
Persons in family	1	2	3	4	5	6	7	8		
Poverty guidelines										
For families with mo	ore than 8 per	sons, add \$	3,740 for e	ach additio	nal person.	1	1	1		
 General As ² Social Secu ³ SSDI ⁴ SSI ⁵ Unemploym 										
\square^1 Yes (Descr	\square^1 Yes (Describe:) \square^2 No \square^8 Unknown8. Health insurance provider at intake:									
\square^2 Medicare	_									
	\square^6 None									
CRIMINAL JUSTIC	CE INVOLV	EMENT								
19. Have you been \bigcirc		crime in t ⁸ Unkno		ears)?						
20. Are you current \Box^1 Yes	-	ith the crin	-	e system (i.	e., on parol	le/probatio	n)?			
20a. IF YES, contact	info. for PO	(if needed)	:							

	EMICAL USE				
21.	Do you drink alcohol?	\Box^1 Yes \rightarrow 21a. How often	$1? \square^1$ Daily \square^4 Less that		\square^3 Monthly
22.	Do use marijuana?	$\square^2 \text{ No}$ $\square^1 \text{ Yes} \rightarrow 22a. \text{ How often}$ $\square^2 \text{ or }$	\mathbb{D}^1 Daily \mathbb{D}^4 Less that		\square^3 Monthly
23.	Do you use other drugs?	□ ² No □ ¹ Yes → 23a. How often □ ² No	\mathbb{D}^1 Daily \mathbb{D}^4 Less that		\square^3 Monthly
24.	Have you ever been in C \Box^1 Yes \Box^2 No (G	D treatment? O TO Q. 26)			
25.	How many times have yo	ou been in CD treatment <i>inc</i>	<i>luding</i> this ep	isode if you are	currently in treatment?
	Number of time	es \square^{-8} Unknown			
26.	 ¹ Alcoholics Anonym ² Narcotics Anonymo ³ Another support gro ⁴ Methadone 	us			
ME	NTAL AND PHYSICAL	HEALTH			
27.	Do you currently have a \square^1 Yes (specify:	mental health diagnosis?) [\square^2 No	⁸ Unknown
28.	•	ealth screening or assessme ⁸ Unknown	nt in the past 6	5 months?	
29.	Do you have any severe	physical health problems?	\square^1 Yes \square	\square^2 No \square^8 U	Jnknown
30.	Are you currently taking	any medications? \Box^1 Yes	s \square^2 No	□ ⁸ Unknown	n
31.	Are there medications that \square^1 Yes \square^2 No \square^8	at you are supposed to be tak ³ Unknown	king, but you c	lo not take or a	re not able to take them?
32.	How often have you gone	e to the Emergency Room in	n the past mon	th?	\square^8 Unknown
■]	Please submit completed ir	ntakes MONTHLY to:			
■]	Rena Cleveland, Wilder Res	search, 451 Lexington Parkw	vay North, St. F	Paul, MN 55104	or fax to 651-280-3700.
	All paperwork needs to be	completed by the third Tues	sday of March	, June, Septemb	per, and December.

Daviand	Quartarly	Coss	longan	nt Activition
Revisea:	Quarterry		lanageme	ent Activities

Ramsey County Chemical Dependency Case Management/ Treatment Support Program

Site location: Juel Fairbanks Health East/St. Joseph's South Metro Human Services											
Client Full Nam	ne:		Date of birth	1:	Worker:						
Reporting perio	Reporting period: October-December 2010 January-March 2011 April-June 2011 July-September 2011 October-December 2011										
1. Numb	er of months cl	ient has been in	continuous hous	ing (at quarter end):(mark "0" if]	less than 3 wee	eks or in she	lter)			
2. Did you transport the client this quarter? \square^1 Yes \rightarrow Approx. number of times: \square^2 No											
3. Did yo	ou contact or me	et with family m	embers <u>this</u> quart	ter?							
	\square^1 Yes \rightarrow # of phone/emails:; # of times in person: # of family members:;										
\square^2 N				_							
4. Did yo	ou provide any s	ocial activities fo	or the client <u>this</u> qu	uarter? \square^1 Yes \rightarrow I	Describe:			\square^2 No			
5. Did cl	ient engage in u	nlawful activity r	esulting in contac	t with police <u>this</u> c	uarter? \square^1 Yes \rightarrow # of t	imes:	\square^2 No	\mathbf{D}^8 Don't know			
6. Did cl	ient use emerge	ncy room <u>this</u> qu	uarter? \square^1 Yes \rightarrow	Approx. number o	f times:	² No \square^8 Do	on't know				
7. Did cl	ient get ID/Socia	al Security Card t	this quarter? \Box^1	Yes \square^2 No							
		se management acti		I	I		1	[]			
					13. Secured housing/						
8. Housing referral housing list 10. Section 8 9. Shelter/ 10. Section 8 or public 11. Prep/ housing waiting connection with list landlord			12. Application	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				
□ ¹ Yes	\square^1 Active	\square^1 Active	\square^1 Active	\square^1 Active	□ ¹ Transitional	□ ¹ Yes	□ ¹ Yes				
$\square^2 No$ referral re		referral	referral	referral	housing \square^2 Half-way house	□ ² No	$\square^2 No$				
	D ² Passive referral	D ² Passive referral	D ² Passive referral	Passive referral	\square Half-way house \square^3 sober house						
					☐ ⁴ GRH						
	³ Client entered				□ ⁵ Permanent						
					supportive						

Wilder Research, July 2011

8. Housing referral	9. Shelter/ transitional housing emergency shelter	10. Section 8 or public housing waiting list	con	Prep/ nection with llord	12.	Application	IF SEC THAN THIS C CHEC SECU D ⁶ Pu housin	ublic ng/section 8 rivate landlord		14. Secured furniture	15. Move- in help	Notes: particularly if housing was secured
B. HEALTH	I RELATED: Case	management activ	vities <u>t</u>	<u>his</u> quarter	1					1	, 	1
16. Physical health/medical care	17. Dental car	18. CD e Assessment		19. CD Treat than one)	19. CD Treatment (can check more than one)			20. Mental e health assessment		21. Mental health		Notes (or names of agencies referred to)
$\Box^1 Active referral$	□ ¹ Active referral	$\Box^1 Provide site$	d on	\square^1 Referral \square^2 Client re				\Box^1 <i>Provided</i> on site		$\square^{1} Provided on site$ $\square^{2} Active referral$		
D ² Passive referral**	☐ ² Passive referral	□ ² Referrat □ ³ Client completed		 ³ Entered inpatient at: ⁴ Entered outpatient at: ⁵ Client exited treatment this quart 				$\square^{3} \text{Referral}$				
C. BENEFI	FS: Case managem	ent activities <u>this</u> q	uartei	<u>r</u>					1		1	
22. Medical Coverage: MA, MHCP, other	23. GA	24. SSI or S	SDI	25. Food stamps		26. Veterans benefits	ap	. Help with plying for nefits		Other nefits	Notes	
¹ Active referral	$\Box^1 Active referral$	☐ ¹ Active referral		☐ ¹ Active referral		☐ ¹ Active referral		¹ Active erral		☐ ¹ Active eferral		
□ ² Passive referral	□ ² Passive referral	☐ ² Passive referral		² Passive referral		\square^2 Passive \square^2 Passive \square^2 Preferralreferralreferral		² Passive erral				
□ ³ Secured coverage	GA Secured	SSI/SSDI		³ Secured Food Stamps	S	³ Secured \ benefits						
D. JOB/EDU	JCATION/TRAIN	ING SERVICES:	Case n	nanagement act	tivities	s <u>this</u> quarter (be	yond in	take)				
29. Job training program	30. Resume a job interview	nd 31. Help find a job	ling	32. GED/Adu Basic Ed (AE		33. Basic financial skills		. Independent ng skills prep	No	tes/other:		

	prep				prep)					
☐ ¹ <i>Provided</i> on site	☐ ¹ <i>Provided</i> on site	\square^1 <i>Provided</i> on site	□ site	¹ <i>Provided</i> on	□ ¹ site	<i>Provided</i> on	□ ¹ P site	Provided on			
² Referral	² Referral	² Referral		² Referral	D ²	Referral	$\square^2 R$	eferral			
E. OTHER SE	RVICES: Case mana	agement activities <u>th</u>	<u>is</u> qu	arter (beyond ir	ntake)						
35. P.O. contact	36. Food shelf or hot meal programs	37. Clothes sh	elf	38. Bus tokens/card		39. AA, NA, Alanon, othe support grou	ər	40. Access needed re- or IDs	0	41. Other legal help	42. Culturally- specific needs
D ¹ <i>Provided</i> on site	D ¹ <i>Provided</i> on site	\square^1 Provided of site	n	$\square^1 Provided site$	on	on D ¹ Provided site		ed on \square^1 Provided of site		☐ ¹ <i>Provided</i> on site	☐ ¹ <i>Provided</i> on site
² Referral	² Referral	² Referral		² Referral		² Referra	I	² Referr	al	² Referral	² Referral

43. Was client asked to complete a Satisfaction Survey <u>this</u> quarter (complete 1/year; after 3 months of service)? \square^1 Yes \square^2 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		# of		# of		# of		# of		# of		# of
Outreach provider	Date	potential clients	Date	potential clients	Date	potential clients	Date	potential clients	Date	potential clients	Date	potential clients
Catholic Charities Family												
Services Center												
Union Gospel Mission												
People Inc./Transitions Project												
Recover												
Ramsey County Detox												
Other locations:												
HealthEast only		# of potential		# of potential		# of potential		# of potential		# of potential		# of potential
Outreach provider	Date	clients	Date	clients	Date	clients	Date	clients	Date	clients	Date	clients
Regions Emergency Dpmt												
United Emergency Dpmt												
St. Joseph's Emergency Dpmt												
Dorothy Day												
HealthCare for the Homeless												
Other locations:												

South Metro only		# of potential										
Outreach provider	Date	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?

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

ī

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):

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

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

Currently not housed

 \square ¹⁰ Living in shelter

□⁻⁸ Unknown

 \square^8 In a treatment facility

⁹ Motel voucher (county pays)

HOUSING

1.	Where	is	the	client	currently	living?
	-	-		-		

Currently housed

- \square^1 In own house or apartment (private landlord)
- \square^2 Permanent supportive housing
- \square^3 Public housing/Section 8
- Group residential housing
- □⁵ Transitional housing
- □⁶ Half-way house/sober house
- \square^7 With relatives or friends in their housing
- 2. How stable is the client's current living situation?
 - \square^1 Very stable, client can remain in current setting indefinitely
 - \square^2 Stable, client can live in current setting for the next 6 months or more
 - \square^3 Unstable, client can remain in current setting for a limited time only (How long? ______days)
 - \square^4 Very unstable, client is at-risk for immediate eviction or is homeless
 - ⁸ Unknown
- 3. How long has client been living in this location?

	 Less than 6 months (about how many days?) ² 6 months to less than 1 year ³ 1 year or more
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) \square^8 Unknown
5.	Is client on a waiting list for housing somewhere else?
	 □¹ Yes, Section 8 (answer 3b)→→ □² Yes, other subsidized housing (answer 3b)→→ □³ No □⁸ Unknown 3b. How long have you been on a waiting list? (months)
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)
	\square^1 Referred client to housing programs
	² Helped client complete housing applications
	\square^3 Provided transportation to housing interviews
	igsquire $igsquire$ Provided money for damage deposits or other housing-related costs
	\square^5 Other housing assistance (please describe:)
SU	BSTANCE USE
7.	How has the client's substance use changed at discharge, compared to program entry (self-reported or staff assessment)?
	Increased use - using drugs/alcohol more
	\square^2 No change in use - using drugs/alcohol at the same level

- \square ³ No change in use not using drugs/alcohol at either entry or discharge
- \square^4 Decreased use still using drugs/alcohol, but using less than at program entry
- \square^5 Decreased use not using drugs/alcohol at all
- □⁸ Drug/alcohol use unknown

 \square^2 No

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")

 \Box^1 Yes \rightarrow date entered recent treatment: _____: # of times in treatment while in program: _____

⁸ Unknown

9. What is the client's treatment status at discharge of the program?

¹ Successfully completed Rule 31 treatment
² Left treatment without staff approval
□ ³ Still currently in treatment
□ ⁴ Other (please explain:)
⁸ Unknown
HEALTH
10. Does client currently have a mental health diagnosis? □ Yes (specify:) □ No □ Manown
 11. Did client receive a mental health screening as part of this program? I Yes I Yes I No
12. Does client have any severe physical health problems? \Box^1 Yes \Box^2 No \Box^8 Unknown
13. Does client have immediate day to day health care needs met? \Box^1 Yes \Box^2 No \Box^8 Unknown
14. Is client connected to a clinic or primary care physician? \Box^1 Yes \Box^2 No \Box^8 Unknown
15. Is client connected to a therapist or mental health clinic? \Box^1 Yes \Box^2 No \Box^8 Unknown
16. Is client taking medications appropriately/as prescribed?
\square^1 Yes \square^2 No \square^8 Unknown \square^9 Not applicable/none needed

PUBLIC BENEFITS

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

Public Benefit			g this the time of	Did you or someone else from your program help connect the client to this resource?			
General Assistance	□¹ Yes	D ² No	□ ⁸ DK	□¹ Yes	² No	□ ⁸ DK	
Social Security (regular retirement program)	\square^1 Yes	² No	■ ⁸ DK	\square^1 Yes	² No	■ ⁸ DK	
SSDI	□¹ Yes	² No	■ ⁸ DK	□¹ Yes	² No	□ ⁸ DK	
SSI	□¹ Yes	² No	■ ⁸ DK	□ ¹ Yes	² No	■ ⁸ DK	
Unemployment benefits	□¹ Yes	² No	■ ⁸ DK	□¹ Yes	² No	■ ⁸ DK	
Food stamps	□¹ Yes	² No	■ ⁸ DK	□ ¹ Yes	² No	■ ⁸ DK	
Medical coverage(MA, MHCP, etc.)	□ ¹ Yes	² No	■ ⁸ DK	□ ¹ Yes	² No	■ ⁸ DK	
MFIP	□¹ Yes	² No	□ ⁸ DK	□¹ Yes	² No	□ ⁸ DK	
WIC	□¹ Yes	² No	■ ⁸ DK	□¹ Yes	² No	■ ⁸ DK	
Other	□ ¹ Yes	² No	■ ⁸ DK	□ ¹ Yes	² No	■ ⁸ DK	

EMPLOYMENT AND EDUCATION

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

- \square^1 Employed full-time (35 or more hours/week)
- \square^2 Employed part-time (under 35 hours/week)
- \square^3 Disabled (not looking for work)
- \square^4 Unemployed looking for work
- \square^5 Unemployed not looking for work
- \square^6 Unemployed not looking for work, but in school or job program
- □⁷ Other (specify): _____
- ⁸ Unknown
- 19. What is the client's current school-vocational status? (CHECK ALL THAT APPLY)
 - \square^1 Enrolled, full-time in school or a job/vocational training program
 - \square^2 Enrolled, part-time in school or a job/vocational training program
 - \square ³ Completed GED or received High School diploma while in the program
 - \square^4 Completed vocational/job training or education beyond High School while in the program
 - \square ⁵ Obtained or reactivated a vocational license or certificate while in the program
 - \square^6 None of the above
 - ⁸ Unknown

CASE OUTCOMES (optional, if beneficial):

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

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

July 1, 2011 – June 30, 2012 Chronic/Homeless Program – Quarterly Report Tables: Tx Support/Recovery Maintenance Services for Chronic and Homeless Persons

The numbers for columns Q-1through 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.

	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
Individuals in your grant program at the start of this period	163	158	147	137	
Individuals admitted to your grant program this period	9	23	23	22	77
Individuals served by your grant program this period	172	181	170	159	240
Number of cases closed – Based on Successfully Completion*	8	11	14	13	46
Number of cases closed Without Successful Completion	5	19	13	19	56
Number of cases closed due to other reasons, situations or circumstances (incarcerations, commitment, etc.)	1	2	4	2	9
Number deceased	0	2	2	1	5
Individuals in your grant program at the end of this period	158	147	137	124	

Table 1: Individuals Served by Your Grant Program this Year

^a One client closing form from the second quarter was received late therefore, some numbers were corrected in this table.

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

Narrative: In Quarter 1, 14 clients had their cases closed. Five 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. Three clients are currently living in their own housing, two are living in permanent supportive housing, two are living in public housing, one is living in a transitional housing program, and one is living in GRH housing. One client was arrested and is currently in jail.

In Quarter 2, In Quarter 2, 22 clients had their cases closed. Five of these clients were not able to be contacted by the program for over three months and were closed for no contact. Where they are living and the current level of their alcohol or drug use is unknown. Nine clients are currently living in their own housing, one is living in group residential housing, and one is living in public housing. Of these, two clients have been able to reunite with their children. Three clients have moved out of the area. Two clients were arrested and are currently in jail. One client is deceased.

In addition, 12 clients who were closed in the first quarter but were not included in the previous report, are included in the chart above. Of the 12 clients, 11 were not able to be contacted by the program for over three months and were closed for no contact and the other clients is deceased.

In Quarter 3, 33 clients had their cases closed. Five of these clients have not been able to be contacted by the program for over three months and were closed for no contact. Where they are living and the current level of their alcohol or drug use is unknown. Seven clients are living in permanent supportive housing, six clients are living with friends or family, five clients are currently living in their own housing, and three clients are living in GRH housing. Four clients were arrested and are currently in jail. Two clients are deceased. One client is currently homeless.

In Quarter 4, 31 clients had their cases closed. Twleve of these clients have not been able to be contacted by the program for over three months and were closed for no contact. Where they are living and the current level of their alcohol or drug use is unknown. Nine clients are currently living in their own housing, five clients are living in permanent supportive housing, and one client is living with friends or family. Two clients were arrested and are currently in jail. One client is deceased. One client is currently homeless.

Table 2: Police Contact

Individuals in our grant program this period	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
With police contact	21	15	13	12	43

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

		ams that prov	pport and vide TX Supp	/or Recover port and/or F	ery N Recov	/laint ery Ma	enance Ser intenance Se	– June 30, vices for C rvices must c icated individ	' hron omple	te this for		
AGI	ENC	Y NAME: <u>Rai</u>	nsey County	Human Serv	vices I	Departr	<u>nent</u>	BUDGET	YEAR	AMOUNT	r: \$	354,061
PRC	GR	AM: <u>Chemical</u>	Dependency (Case Managen	nent/T	reatmen	t Support Pro	<u>gram</u>				
							В	UDGET YEAI	R AM(DUNT SPI	ENT: \$	341,418
GR	NT	CONTRACT N	JUMBER GI	RK%24193								
		at geographic			_		_		_			
	Sing	gle County	Mı	ılti-county 📐]	State	Wide	Reservati	on			
		nty(s) or Rese 19; 82	rvation(s) ser	ved. Use the	count	y/reserv	ation code nu	mbers provided	1 on pa	age 2.		
3.	Tota	al number of in	ndividuals wh	o received <u>T</u>	K Supp	oort/Re	covery Mainte	enance servcies	s this y	ear	<u>240</u>	
								s year (this only			-	
	wor	nen who were	not already c	ounted as Pre	gnant)						<u>6</u>	
	≽	Gender:	Ma	les: <u>130</u>			Females: 1	<u>107</u>		Unknown	: <u>3</u>	
	≽	Age:	Under 18:	<u>1</u>	18-24	: <u>24</u>	22-64: <u>208</u>	B Over 65:	<u>5</u>	Unknown	: <u>2</u>	
	≽	Ethnicity					ic/Latino: <u>2</u>			nknown:		
rece	ived	(The number direct serves)	of Hispanic/L	atino + not Hi	spanic	:/Latino	+ unknown <u>sh</u>	ould equal the	numbe	r of indivi	duals wł	10
			will self calcu		uld ec	Î.		ndividuals wh	o rece		t serve	5.
	W	hite		121		Ameri	can Indian/Al	aska Native		36		

White	121		American Indian/Alaska Native	30
Black or African American	54		More than One Race	14
Asian	1]	Race Not Known or Other	14
			Total	240

4. Number of Individuals served by your program this year with a Minnesota Criminal Conviction: __43____

- 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

Form A: PARTICIPANT FUNCTIONING – At Enrollment

- 248 Number of participants in the program
- 234 Number of participants represented in the Table below
- 92 Number in the Table below that have children
- 128 Number in the Table below that are male
- 105 Number in the Table below that are female

Domain	Average Score	Nearest Rating Description
Housing	1.47	Homeless or threatened with eviction
Employment	1.08	No job
Income	1.71	Inadequate income and/or spontaneous or inappropriate spending.
Food	1.92	Household is on food stamps
Child Care	2.50	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.
Children's Education	4.33	Enrolled in school and attending classes most of the time.
Adult Education	2.97	Has high school diploma/GED.
Health Care Coverage	3.40	Some members (e.g. Children) have medical coverage.
Life Skills	3.07	Can meet most but not all daily living needs without assistance.
Family/Social Relations	2.19	Family/friends may be supportive, but lack ability or resources to help; family members to not relate well with one another; potential for abuse or neglect.
Mobility	2.05	Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
Community Involvement	2.47	Socially isolated and/or no social skills and or lacks motivation to become involved.
Parenting Skills	2.67	Parenting skills are apparent but not adequate
Legal	3.68	Has successfully completed probation/parole within past 12 months, no new charges filed.
Mental Health	2.58	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.
Substance Abuse	2.35	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.
Safety	3.13	Current level of safely is minimally adequate; ongoing safely planning is essential.
Disabilities	2.91	Safe – rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.
Other	3.06	Significant medical problems and/or inconsistent medical treatment compliance and/or participation.

FOR PARTICIPANTS ENROLLED PRIOR TO JULY 1, 2011

Form B.1: FUNCTIONING – At Enrollment & 1st 6-month Interim

<u>162</u> Number of participants <u>in the program</u> for 6 months or longer

In the Table below only include participants who have completed 'both' an initial and a 1st interim assessment.

<u>128</u> Number of participants represented in the Table below

53 Number in the Table below that <u>have children</u>

68 Number in the Table below that are <u>male</u>

59 Number in the Table below that are <u>female</u>	2
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	Average Scores*			
Domain	Initial	1 st Interim	Change	% +/-
Housing	1.46	2.61	1.2	79%
Employment	1.08	1.40	0.3	30%
Income	1.6	2.12	0.5	33%
Food	1.94	2.32	0.4	20%
Child Care	2.25	2.82	0.6	25%
Children's Education	4.25	4.44	0.2	4%
Adult Education	2.89	3.09	0.2	7%
Health Care Coverage	3.30	4.34	1.0	32%
Life Skills	3.08	3.39	0.3	10%
Family/Social Relations	2.16	2.79	0.6	29%
Mobility	2.07	2.53	0.5	22%
Community Involvement	2.32	2.84	0.5	22%
Parenting Skills	2.82	3.14	0.3	11%
Legal	3.54	3.76	0.2	6%
Mental Health	2.45	2.7	0.3	10%
Substance Abuse	2.16	2.92	0.8	35%
Safety	3.05	3.63	0.6	19%
Disabilities	3.10	3.41	0.3	10%
Other	3.21	3.61	0.4	12%

*Average Scores – Only include participants who have completed 'both' an initial and a 1st interim assessment

FOR PARTICIPANTS ENROLLED ON /AFTER JULY 1, 2011

Form B.2: FUNCTIONING – At Enrollment & 1st 6-month Interim

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

In the Table below only include participants who have completed '<u>both</u>' an initial and a 1st interim assessment.

25	Number of participants represented in the Table below
9	Number in the Table below that have children
10	Number in the Table below that are <u>male</u>
15	Number in the Table below that are <u>female</u>

	Average Sco	pres*		
Domain	Initial	1 st Interim	Change	% +/-
Housing	1.50	2.84	1.3	89%
Employment	1.0	1.12	0.1	12%
Income	1.88	1.96	0.1	4%
Food	1.88	2.04	0.2	9%
Child Care	-	3.0	-	-
Children's Education	5.0	4.5	-0.5	-10%
Adult Education	3.21	3.16	0.0	-2%
Health Care Coverage	3.79	4.08	0.3	8%
Life Skills	3.52	3.52	0.0	0%
Family/Social Relations	2.25	2.6	0.4	16%
Mobility	2.25	2.72	0.5	21%
Community Involvement	2.54	3.0	0.5	18%
Parenting Skills	3.0	3.0	0.0	0%
Legal	3.88	4.04	0.2	4%
Mental Health	2.58	2.88	0.3	12%
Substance Abuse	2.71	3.0	0.3	11%
Safety	3.46	3.68	0.2	6%
Disabilities	2.71	3.12	0.4	15%
Other	2.95	3.09	0.1	4%

*Average Scores – Only include participants who have completed '**both**' an initial and a 1st interim assessment

FOR PARTICIPANTS ENROLLED BEFORE JULY 1, 2011

Form C.1: FUNCTIONING – At Enrollment, 1st & 2nd 6-month Interim Assessments

133 Number of participants <u>in the program</u> for 12 months or longer

In the Table below only include participants who have completed ALL THREE assessments: initial, 1^{st} interim & 2^{nd} Interim.

- 77 Number of participants represented <u>in the Table</u> below
- 33 Number in the Table below that <u>have children</u>
- <u>37</u> Number in the Table below that are <u>male</u>
- 39 Number in the Table below that are <u>female</u>

	Average Scores*			From Initial t	o 2 nd Interim
Domain	Initial	1 st Interim	2 nd Interim	Change	% +/-
Housing	1.44	2.46	2.86	1.4	99%
Employment	1.09	1.26	1.31	0.2	20%
Income	1.57	1.93	1.97	0.4	25%
Food	1.99	2.22	2.27	0.3	14%
Child Care	1.43	2.17	2.0	0.6	40%
Children's Education	4.4	4.4	4.36	0.0	-1%
Adult Education	2.79	3.01	3.09	0.3	11%
Health Care Coverage	3.51	4.34	4.17	0.7	19%
Life Skills	2.96	3.26	3.38	0.4	14%
Family/Social Relations	2.09	2.60	2.56	0.5	22%
Mobility	2.01	2.39	2.36	0.4	17%
Community Involvement	2.29	2.79	2.95	0.7	29%
Parenting Skills	2.61	2.94	2.90	0.3	11%
Legal	3.45	3.61	3.79	0.3	10%
Mental Health	2.45	2.69	2.71	0.3	11%
Substance Abuse	2.24	2.85	3.09	0.9	38%
Safety	2.97	3.57	3.74	0.8	26%
Disabilities	3.09	3.40	3.47	0.4	12%
Other	3.21	3.55	3.55	0.3	10%

*Average Scores – Only include participants who have completed ALL THREE assessments: initial, 1st interim & 2nd Interim.

FOR PARTICIPANTS ENROLLED ON/AFTER JULY 1, 2011

Form C.2: FUNCTIONING – At Enrollment, 1st & 2nd 6-month Interim Assessments

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

In the Table below only include participants who have completed ALL THREE assessments: initial, 1^{st} interim & 2^{nd} Interim.

- <u>0</u> Number of participants represented <u>in the Table</u> below
- _____ Number in the Table below that <u>have children</u>
- _____ Number in the Table below that are <u>male</u>
- _____ Number in the Table below that are <u>female</u>

	Average Scores*			From Initial to 2 nd Interim	
Domain	Initial	1 st Interim	2 nd Interim	Change	% +/-
Housing					
Employment					
Income					
Food					
Child Care					
Children's Education					
Adult Education					
Health Care Coverage					
Life Skills					
Family/Social Relations					
Mobility					
Community Involvement					
Parenting Skills					
Legal					
Mental Health					
Substance Abuse					
Safety					
Disabilities					
Other					

*Average Scores – Only include participants who have completed **ALL THREE assessments: initial**, 1st **interim & 2nd Interim.**

Form D: FUNCTIONING – At Entry & Exit

116 Number of participants who <u>exited</u> the program

In the Table below only include participants who have completed 'both' an Entry & Exit assessment.

98	Number of participants represented in the Table below
37	Number in the Table below that have children
58	Number in the Table below that are <u>male</u>
40	Number in the Table below that are <u>female</u>

	Average Scores*			
Domain	Entry	Exit	Change	% +/-
Housing	1.51	2.99	1.5	98%
Employment	1.09	1.62	0.5	49%
Income	1.68	2.36	0.7	40%
Food	1.84	2.48	0.6	35%
Child Care	3.11	3.0	-0.1	-4%
Children's Education	4.17	4.08	-0.1	-2%
Adult Education	2.96	3.17	0.2	7%
Health Care Coverage	3.16	4.11	1.0	30%
Life Skills	3.18	3.54	0.4	11%
Family/Social Relations	2.21	2.87	0.7	30%
Mobility	2.11	2.73	0.6	29%
Community Involvement	2.61	2.97	0.4	14%
Parenting Skills	2.77	3.24	0.5	17%
Legal	3.71	3.57	-0.1	-4%
Mental Health	2.64	2.86	0.2	8%
Substance Abuse	2.29	3.22	0.9	41%
Safety	3.23	3.68	0.5	14%
Disabilities	3.01	3.38	0.4	12%
Other	3.14	3.57	0.4	13%

*Average Scores - Only include participants who have completed 'both' an Entry & Exit assessment