



People Incorporated Project Recovery Program

*Year-end Evaluation Report
July 2015 through June 2016*

J U N E 2 0 1 6

Prepared by:

June Heineman and Michelle Decker Gerrard

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Summary

People Incorporated's Project Recovery program is a case management program for adults experiencing homelessness and chemical dependency issues. Project Recovery provides a drop-in center located near downtown Saint Paul. Staff provide flexible support services to meet participants' needs and work with participants on primary goals related to issues such as housing, safety, stability, and recovery. In addition, the program provides services aimed at stabilizing mental illness symptoms, meeting basic needs, and accessing benefits and housing.

In October 2010, People Incorporated contracted with Wilder Research to conduct an independent evaluation of Project Recovery. The evaluation is intended to provide information to the program to support planning and improvement efforts. This report focuses on the results of evaluation activities covering the period July 2015 through June 2016. In all, 68 individuals were served during this grant period.

Initial outcomes

Project Recovery uses harm reduction strategies to help stabilize high risk individuals. It is anticipated that because basic needs are better met, including mental health and chemical health, participants may have reductions in emergency room visits, detox admissions, and corrections involvement. Results of the analysis of these outcomes are positive and promising. However, it should be noted that outcome data was only collected in Ramsey County, and thus does not reflect activity that may have occurred in bordering counties.

- **Emergency room use:** The number of people who had any emergency room (ER) visits remained relatively constant between the year before and the most recent calendar year. However, the number of total ER visits increased from 125 (in the year prior) to 141 (January – December 2015).
- **Detox admissions:** The number of people in detox decreased from the year prior to Project Recovery entry to the most recent calendar year (22 to 13). Likewise, the results show a promising trend toward reduced admissions (165 to 123).
- **County corrections involvement:** The number of people who spent time incarcerated in Ramsey County decreased slightly after involvement in Project Recovery. Twelve people spent time in Ramsey County correctional facilities in the year prior versus ten people in the most recent calendar year. However, the total number of days incarcerated dropped substantially from 951 to 637, reducing the average number of days spent incarcerated per client by 16 days.

Feedback from participants: Project Recovery participant interviews

The majority of respondents (63%) interviewed had been coming to Project Recovery for more than six months. The following were themes based on the 30 interviews conducted during this period.

- Most respondents reported that their **hopefulness about the future** (79%) and their **knowledge of where to go in the community to get the services** they need (86%) have increased since attending Project Recovery.
- Respondents report the **most helpful services** provided by Project Recovery are the **shower facilities, help finding housing, case management services, and getting clothing, toiletries, or other basic supplies.**
- Respondents report the single most helpful service provided by Project Recovery was **the shower facilities (37%)**
- Over two-thirds of respondents credit the program with helping them **improve their physical** (69%) **and mental health** (71%). Additionally, they feel supported in **dealing with their day-to-day challenges, finding housing, and employment needs.**
- Nearly three-quarters (72%) of respondents report that since coming to Project Recovery they are **more willing to rely on outside help.**
- Over three-quarters (79%) of respondents feel that since coming to Project Recovery, they **succeed more often** in ways that matter to them.
- All of respondents agree or strongly agree that Project Recovery staff are able to **relate with culturally diverse people.**
- Respondents report that the most frequently mentioned areas in which they are **still in need of help** are **getting housing** (33%), **health/mental health services** (20%), and **case management services** (20%).

Issues to consider

Project Recovery provides a variety of needed services to a hard to serve homeless population. Respondents report that the most helpful service is the shower facilities. Other helpful services include case management services, help finding housing, and getting clothing, toiletries or other basic supplies. However, more importantly, respondents give a lot of credit to Project Recovery for helping them make changes in their lives. Over two-thirds of respondents report that coming to Project Recovery had helped them improve their

physical and mental health. Over three-quarters state that they are more hopeful about the future. Project Recovery staff are seen as valuing the cultures and traditions of participants. Respondents feel supported by the staff and that staff are willing to help them with their day-to-day issues. Clearly, Project Recovery has a positive impact on the people they serve.

For improvement, respondents focused their responses primarily on things related to better interactions with the staff, the need for more staff, longer hours of service, and more opportunities to eat food at Project Recovery. Many participants had no suggestions and spoke about their positive relationships with staff.

As Project Recovery examines future programming for this segment of the homeless population, it will be important to explore ways to secure more funding in order to continue to provide these services as well as the potential for adding more staff. Finding housing for this difficult to serve population will continue to be hard to accomplish. Project Recovery will need to consider connecting with other community partners to help identify and support housing resources and housing options.

Introduction

People Incorporated's Project Recovery program is a case management program for adults experiencing homelessness and chemical dependency issues. Project Recovery provides a drop-in center located near downtown Saint Paul. Staff provide flexible support services to meet clients' needs and work with clients on primary goals related to housing, safety, stability, and recovery. In addition, the program provides street outreach, basic survival gear, assistance with stabilizing mental illness symptoms, and assistance with accessing benefits and housing. The transition to permanent housing is made in stages, based on the individualized needs of each client.

Referrals to the service come through a variety of community partners including outreach workers, case managers, law enforcement, and other social service providers. In addition, many individuals learn about the program from other homeless individuals.

In June 2012, Project Recovery moved their drop-in center to a larger People Incorporated facility located about two miles north of the original location. This allowed the project to offer additional hours and services, and to co-locate with mental health providers.

Services provided

Project Recovery has staff and volunteers on hand throughout the day to offer one-to-one assistance navigating the county benefit system, applying for social security benefits, and providing chemical dependency support services that include:

- Outreach services in camps, on the street, and other locations, to contact potential participants and explain the services they may be able to access through the program.
- On-site health assessments and case planning.
- Assistance with accessing and applying for identification cards, benefits, mental and physical health services, treatment, housing, transportation, and meeting basic needs.
- Treatment support through weekly groups and meetings, daily drop-in, one-to-one meetings, and referrals to individual and group counseling.
- Alcoholic Anonymous meetings and Harm Reduction meetings.
- Computer, internet, and phone access.
- Laundry, kitchen, and shower facilities for client use.

Key audience or group

Project Recovery targets services to homeless persons with chemical dependency issues. These are often persons who are not connected to emergency shelters and may be living on the streets or in camps.

Strategy

All services offered are consistent with the principles of Harm Reduction, i.e., they are voluntary. In addition, residents are supported in all efforts (large or small) toward making positive changes, such as reducing the amount or frequency of alcohol use, increasing periods of sobriety, reducing or eliminating toxic forms of alcohol, re-engaging with family members, tribal entities, and communities, and developing trusting, therapeutic relationships with professionals.

In 2014, Project Recovery staff worked with Wilder Research to develop a logic model which describes program activities and intended outcomes. A copy of the logic model is included in the Appendix. Some outputs and outcomes are reported by People Incorporated as part of the quarterly and annual reporting required by DHS. Other evaluation activities are reported by Wilder Research. This report describes Wilder Research evaluation activities conducted from July 2015 through June 2016.

Evaluation methods

Since October 2010, People Incorporated has contracted with Wilder Research to conduct an independent evaluation of Project Recovery. The evaluation is intended to provide information to the program to support planning and program improvement efforts. This report is also submitted to the Minnesota Department of Human Services (DHS) to understand the impact of programs providing services to homeless persons who are in recovery.

People Inc. Project Recovery database

Project Recovery maintains its own records about case management services provided to participants. This database collects extensive information at intake, during case management, and at closing. Project Recovery uses this information to complete much of the required reporting for the DHS grant.

Data collected by other sources and analyzed by Wilder Research

Detox data

Project Recovery worked with Ramsey County to establish a protocol for tracking detox admissions for participants. Because of turnover in Ramsey County staff, Project Recovery staff needed to modify these plans in order to get the data in this reporting period. Project Recovery staff went on-site to Ramsey County detox to gather pre- and post-detox data on participants served.

For this report, Wilder Research analyzed detox data for 61 participants whose cases were open during this period. Activity in the one year prior to enrollment was compared to the most recent calendar year (January – December 2015).

Emergency room use

For those participants who had signed releases, Project Recovery asked Regions Hospital for hospital records for an identified time period. Records were searched for 27 participants. About one-third of the participants started receiving services at the beginning of the grant period (July 2013) and about two-thirds entered Project Recovery after July 2013. Hospital records for emergency room visits for these 27 participants were examined for the one year prior their date of enrollment and the most recent calendar year (January – December 2015). Because only a portion of participants had signed releases (40%), results should be interpreted with caution.

Recidivism and county corrections data

Ramsey County and People Inc. initiated a data sharing agreement in order to conduct the analysis for this study. Ramsey County Community Corrections checked corrections records for 64 participants who were served between the start of the grant period (July 2013 – December 2015). Again, records for these 64 participants were examined for the one year prior to the grant period (July 2012 – June 2013) or their entry into Project Recovery and the most recent calendar year (January – December 2015).

Data collected and analyzed by Wilder Research

Wilder Research was responsible for collecting feedback through face-to-face interviews with program participants.

On-site interviews with program participants, conducted by Wilder Research

Wilder Research and Project Recovery staff determined that it would be useful to conduct in-depth interviews with program participants at the drop-in center site. Wilder Research staff conducted 16 in-depth interviews in December 2015 and 14 in-depth interviews in March 2016 with program participants. Participants were offered a \$15 Target gift card for their participation.

The interviewers asked participants to provide feedback about how they came to be involved in Project Recovery, which services they used and the helpfulness of those services, feedback about the drop-in center, how Project Recovery has contributed to improvements in their physical health, mental health, or chemical dependency issues, and their suggestions for program improvement.

A copy of the program's most recent logic model can be found in the Appendix.

Key outcomes

Project Recovery clients are active users of the emergency room

Wilder Research examined hospital records for emergency room (ER) visits for 27 Project Recovery participants for the one year prior to the grant period (July 2012 – June 2013) or program entry and for the most recent calendar year (January – December 2015).

Although the number of people who had any ER visits remained similar between the year before program entry and the calendar year of 2015 (19 vs. 20 people), the number of total ER visits increased from 125 in the year prior to 141 in 2015. Likewise, the average number of ER visits per person also increased slightly (Figure 1).

Of the 27 Project Recovery participants, 11 participants had a decrease in the number of ER visits from one year prior to program entry and the 2015 calendar year, 10 participants had an increase in ER visits, and there was no change in the number of ER visits for six of the participants.

It is not known if any of the participants were served by other hospitals in the area. It is also important to interpret these findings with caution since only 27 clients signed consent forms. It is not known how active other participants are in the emergency room.

1. Emergency room visits, comparisons of one year prior to program entry versus visit during 2015

| | ER visits one year prior to entry into Project Recovery N=27 | ER visits in the most recent calendar year January – December 2015 N=27 |
|----------------------------------|---|---|
| Number of persons with ER visits | 19 (70%) | 20 (74%) |
| Total visits | 125 | 141 |
| Average ER visits per person | 6.6 visits | 7.1 visits |

Note: A few clients started the program AFTER July 1, 2013. For these clients, Wilder adjusted their prior (1 year look-back) dates and their intervention dates to reflect their program entry date. Average ER visits was computed on those who had a least one visit.

Reduction in detox use

Wilder Research examined Ramsey County detox records for 61 clients for the one year prior to program enrollment and the most recent calendar year (January – December 2015). The number of people with detox visits decreased from the year prior to enrollment (22 participants) compared to the most recent calendar year (13 participants; Figure 2).

It is not known if any of the 61 clients served used detox services in other counties.

2. Detox involvement, comparisons of one year prior to program entry versus the most recent calendar year (Ramsey County)

| | Detox admissions one year prior to entry into Project Recovery N=61 | Detox admissions in the most recent calendar year January – December 2015 N=61 |
|---|--|---|
| Persons with any detox visits | 22 (36%) | 13 (21%) |
| Total visits | 165 | 123 |
| Average visits per person with any detox visits | 7.5 | 9.5 |

Note: A few clients started the program AFTER July 1, 2013. For these clients, Wilder adjusted their prior (1 year look-back) dates and their intervention dates to reflect their program entry date. Average number of detox admissions was computed on those who had a least one visit.

Reductions in county corrections involvement

Finally, Project Recovery asked Ramsey County Community Corrections to check corrections records for 64 participants who were served in Project Recovery between the start of the grant (July 2013) through December 2015. Records were examined for the time period of the one year prior to the grant period (July 2012 – June 2013) or their entry into Project Recovery and compared to the most recent calendar year (January – December 2015).

Results are promising. The number of people who spent time incarcerated was reduced slightly from the year before Project Recovery entry to the most recent calendar year (Figure 3). Likewise, the total number of days incarcerated dropped from 951 to 637, reducing the average number of days spent incarcerated per client by 16 days.

3. County corrections involvement, comparisons of one year prior to program entry versus the most recent calendar year (Ramsey County)

| | Incarcerations one year prior to entry into Project Recovery N=64 | Incarcerations in the most recent calendar year January – December 2015 N=64 |
|--|--|---|
| Persons who spent time incarcerated | 12 (19%) | 10 (16%) |
| Total number of days incarcerated | 951 | 637 |
| Average number of days per client incarcerated | 79.3 days | 63.7 days |

Note: For participants who entered Project Recovery after July 2013, Wilder adjusted their prior (1 year look-back) dates and their intervention dates to reflect their program entry date.

Feedback from program participants

Wilder Research staff conducted face-to-face in-depth interviews with 30 participants receiving Project Recovery services. The interviews were conducted in December 2015 and March 2016 at the Project Recovery drop-in center.

The majority of participants were male (87%). Respondents represented diverse ages, backgrounds, and experiences. Racial and ethnic backgrounds varied and included persons who were African American (20%), multi-racial backgrounds (20%), American Indian (17%), Hispanic (17%), white or Caucasian (13%), Asian American (10%), and other racial and ethnic backgrounds (3%). The age of participants ranged from 29 to 68 with an average age of 45.

Most respondents found out about Project Recovery through friends and first came because of the programs and services they offered

The most common way respondents heard about Project Recovery was through friends (60%). Other participants heard about the program from Project Recovery staff (20%), a staff person at another agency (7%), a homeless person (7%), a family member (3%), or from a flyer (3%).

Respondents indicated that they came to Project Recovery for the programs and services offered (47%), getting help with housing (30%), and/or a place to hang out (23%). A complete list of responses can be found in the Appendix.

Selected responses include:

Resources for homeless people.

Services here. People – helpful staff.

Use of computer, drink coffee, warm-up, take shower, wash clothes.

Free coffee, shower, and some place to be for a while to see friends.

Got out of prison, transition for home, good place, free Internet access for job search, place to shower, landline phone to use, Yellowstone – free food truck like a food shelf, pool table – nice social environment.

Staff helped me out a lot. He made me go to get an ID – 55 years of age – first time I ever had a state ID. He helped me get it.

To get housing.

Homelessness and I needed help because at night it gets so cold.

Place to be at when it was cold during the winter.

A place to go during the day after shelter made me leave until evening.

Most respondents have attended Project Recovery longer than a year and more than once per week

About two-thirds of respondents indicated that they have been attending Project Recovery for more than one year. Ninety-seven percent of respondents indicated that they attended Project Recovery at least once per week.

- The majority of respondents (63%) reported coming to Project Recovery for six months or more (7% for at least six months but less than one year and 57% for one year or more). Eleven respondents (37%) said they participated in Project Recovery for less than six months.
- Most respondents (97%) reported that they came to Project Recovery more than once a week and one person reported that they came once a month.

Respondents feel that the program helped them in specific ways, including improving their mental health and chemical dependency issues.

Respondents were asked a series of questions about possible ways the program may have improved their everyday lives. Areas in which participants reported greatest improvements included: their knowledge of where they can go in the community to get services they need (86%), their ability to respond to day-to-day challenges (73%), their overall mental health (71%) and their overall physical health (69%). Fewer respondents reported improvements in their ability to get safe and stable housing (61%) and get a job (54%).

4. Compared to when you first started coming to Project Recovery, are the following things currently better, worse, or about the same?

| | Better | | About the same | | Worse | |
|---|--------|---------|----------------|---------|-------|---------|
| | n | Percent | n | Percent | n | Percent |
| Your knowledge of where you can go in the community to get services you need (N=29) | 25 | 86% | 4 | 14% | - | - |
| Your ability to respond to the day-to-day challenges you face (N=30) | 22 | 73% | 8 | 27% | - | - |
| Your overall mental health (N=28) | 20 | 71% | 7 | 25% | 1 | 4% |
| Your ability to get safe and stable housing (N=28) | 17 | 61% | 8 | 29% | 3 | 11% |
| Your overall physical health (N=29) | 20 | 69% | 8 | 28% | 1 | 3% |
| Your ability to get a job (N=26) | 14 | 54% | 10 | 39% | 2 | 8% |

Note: The total may not equal 100 percent due to rounding

Respondents were asked to describe how the services they received at Project Recovery improved their mental health, physical health, chemical dependency or recovery issues, employment prospects, and housing situation. A complete list of their responses can be found in the Appendix. Many responses show the overlap between physical health, mental health, and chemical health for this population. Selected responses are listed below.

Physical health

Still alive and have not starved to death.

I do not get sick because I can come to Project Recovery during the day. I had hands treated from frostbite through Project Recovery.

I have heart conditions and now I am taking my pills. If I didn't take my pills my doctors can't cure me.

Helped address ankle problems. Gave ice packs, wraps, etc.

Offer flu shots. Keep you healthy. Donated food, sometimes they have meals here. I just picked up a few sandwiches. Blood pressure checks and other ways help me stay healthy.

They have nurses who work here. When I am not feeling good they're helpful in making an appointment for me to go to Regions Hospital.

Took me to the doctors – transportation and they wait for me when I'm done with the appointment and take me back.

Helped with exercise. Helped with heart condition.

Clean, not drinking hard alcohol.

Mental health

I have peace of mind in coming to Project Recovery. They don't treat me like I am homeless. They treat me like I am a person.

Make me feel happy. Helps me feel known and seen, that I am a good person.

It lifts my spirits when I get to clean up my hygiene and change to clean clothes.

Feel purpose in life again.

Helpful sometimes, some people are crazy.

I was angry. I am no longer that way. It helped with anxiety and stress in general.

Associating with other people has improved my confidence.

They gave me a more positive side for wanting to help. They really understand you and are open to discussing with me my current situation.

Helps me stay focused.

Helped me think more clearly.

Nice place to relax, nice staff, place to chill with girlfriend, socialize, having friends.

Chemical dependency

I used to smoke weed/alcohol. The positive environment influences your thoughts as far as staying sober.

They showed me a film and a lot of books. But it's up to me to continue a sober lifestyle or not.

They help me lessen my autism issues. I drink less.

I quit dope. I still drink but I don't swallow pills anymore. I got a bunch of pills and didn't take them. I gave them to the nurse to destroy them. I get the coffee filter and destroy them. I tell them I don't want them. Some people want them but I can't do that. I used to but no more.

Housing situation

They helped me know where to stay until I get housing.

I'm working my housing situation. It's a work in progress. There hasn't been a change yet.

I am looking for bigger and better place. They helped them improve rental history.

They helped me get housing by connecting me to the right spot.

Very much. I went from tent to own place.

It was a long hard process. I had to go through a program. At my apartment people check in with me. I got my own place. Project Recovery gets on me about how I got so many people living with me at my apartment but how can I just let them freeze outside?

First apartment I ever had. I don't ever want to leave.

I got to do the paperwork. They tell you where to go and now I just got to fill out paperwork.

Employment prospects

Because they open late and close early, it's difficult. I am trying to finish my college degree. I used to come in the afternoon to get my assignments done but now it's worse.

I used to love going to work. When I got out of prison people may fear me because of my tattoos. I wish they weren't scared. I wish I could work/blend in. I wish I could work with disabled people for instance which is really what I want to do. I would like to just feel like a regular person but I got a start from the bottom.

Educated about employment opportunities.

Provided storage for place to go back to work.

Project Recovery indirectly helped by addressing my housing need.

Internet access – go for good job search on there, resume building. Workforce Center Minnesota.com, Griggs building – I visited. Went there myself – went to orientation over there. It was helpful.

A lot. I try to look for jobs. I want to go back to school to get my GED, community college, get a good job but I never worked in my whole life.

Respondents feel more successful and hopeful about the future

Since their time at Project Recovery, respondents are feeling more hopeful about the future (79%), succeeding more in ways that matter to them (79%), relying on outside help more often (72%), and talking over their problems with someone more often (50%) (Figure 5). Ninety-six percent of respondents believe that Project Recovery contributed to these changes at least “somewhat”, with 74 percent of respondents claiming that the program helped “a lot” (Figure 6).

5. Are you currently doing things less, more, or about the same amount after coming to Project Recovery?

| | More | | About the same | | Less | |
|---|------|---------|----------------|---------|------|---------|
| | n | Percent | n | Percent | n | Percent |
| Your hopefulness about the future (N=29) | 23 | 79% | 6 | 21% | - | - |
| How much you are succeeding in ways that matter to you (N=28) | 22 | 79% | 2 | 7% | 4 | 14% |
| Your willingness to rely on outside help (N=29) | 21 | 72% | 6 | 21% | 2 | 7% |
| How much you talk over problems with someone you know (N=26) | 13 | 50% | 11 | 42% | 2 | 8% |
| How much you trust other people (N=28) | 9 | 30% | 17 | 61% | 2 | 7% |
| How much you get rattled when things go wrong (N=26) | 2 | 8% | 13 | 50% | 11 | 42% |

Note: The total may not equal 100 percent due to rounding

6. How much did Project Recovery directly contribute to the changes you described above?

| N=27 | Less | |
|-------------|------|---------|
| | n | Percent |
| A lot | 20 | 74% |
| Somewhat | 6 | 22% |
| Very little | 1 | 4% |

Note: The total may not equal 100 percent due to rounding

A majority of respondents know about and value the Project Recovery services

Overall, respondents are aware of the services provided by Project Recovery. All respondents reported knowing about the laundry facilities and getting clothing, toiletries, or other basic supplies. Nearly all respondents were aware that Project Recovery provides the shower facilities (97%), internet and computer access (93%), and offers help with housing (93%; (Figure 7). Most, but slightly fewer, respondents were aware that Project Recovery provides case management services (87%), group classes (87%), helps people acquire services for alcoholism or a drug problem (83%), provides physical health screenings and assessments (83%), and provides mental health screenings and assessments (83%).

Project Recovery services used most often by respondents were shower facilities (100%), getting clothing, toiletries, or other basic supplies (97%), laundry facilities (77%), and case management services (69%). The services used least often was help finding a job (25% Figure 7).

7. Since coming to Project Recovery, have you been told about any of the following services? Have you used or plan to use this service?

| N=30 | Respondent told about service | | Respondent used service | |
|---|-------------------------------|---------|-------------------------|---------|
| | n | Percent | n | Percent |
| Getting clothing, toiletries, or other basic supplies | 30 | 100% | 29 | 97% |
| Shower facilities | 29 | 97% | 29 | 100% |
| Laundry facilities | 30 | 100% | 23 | 77% |
| Internet/computer access | 28 | 93% | 19 | 68% |
| Case management services | 26 | 87% | 18 | 69% |
| Help with housing | 28 | 93% | 19 | 68% |
| Getting services for a alcoholism or a drug problem | 25 | 83% | 7 | 28% |
| Mental health screening/assessments | 25 | 83% | 14 | 56% |
| Group classes (for support, education, living skills) | 26 | 87% | 15 | 58% |
| Physical health screenings/assessments | 25 | 83% | 15 | 60% |
| Finding a job | 22 | 73% | 5 | 23% |

Almost all clients expressed that Project Recovery services were somewhat or very helpful. At least nine out of ten respondents who used the service said case management (100%), help finding job (100%), the shower facilities (97%), help finding housing (95%), mental health screening and assessments (93%), and laundry facilities (91%) were very helpful (Figure 8).

8. How helpful was this to you?*

| | Very helpful | | Somewhat helpful | | Not helpful | |
|--|--------------|---------|------------------|---------|-------------|---------|
| | n | Percent | n | Percent | n | Percent |
| Mental health screening/ assessments (N=14) | 13 | 93% | 1 | 7% | - | - |
| Shower facilities (N=29) | 28 | 97% | 1 | 3% | - | - |
| Getting services for alcoholism or a drug problem (N=7) | 6 | 86% | 1 | 14% | - | - |
| Getting clothing, toiletries, or other basic supplies (N=29) | 25 | 86% | 4 | 14% | - | - |
| Laundry facilities (N=23) | 22 | 91% | 2 | 9% | - | - |
| Internet/computer access (N=19) | 15 | 79% | 3 | 16% | 1 | 5% |
| Case management (N=18) | 18 | 100% | - | - | - | - |
| Group classes (for support, education, living skills) (N=15) | 13 | 87% | 2 | 13% | - | - |
| Physical health screenings/ assessments (N=15) | 13 | 87% | 2 | 13% | - | - |
| Help with housing (N=19) | 18 | 95% | 1 | 5% | - | - |
| Finding a job (N=5) | 5 | 100% | - | - | - | - |

Note: The "N" for each service is based only on the number of people who responded that they had used the service.

Respondents were asked why they felt that these services were the most helpful to them.

Selected comments include:

Mental health screening and assessments

Meet your needs, medications and what not.

Showers

When you're out there and don't have friends, shower is helpful.

I believe no other place has this type of service.

It helps me feel better about myself. Helps improve my self-esteem.

I really value keeping clean because if I am clean, I am more presentable for a job, to people, etc.

Getting clothing, toiletries, or other basic supplies

I was very hungry.

It's not always easy to find clean clothes. Trying to find pants that fit.

You can live without a shower but you cannot live without other basic supplies.

Laundry

As a person, even if you're on the streets or have a home, you really need good hygiene to be healthy.

There is also laundry, clean towels, and everything.

Case management

That's how you get to know a person – one-on-one and help their needs.

They're the ones that make Project Recovery. If there were no case managers, there would be no Project Recovery. They're helpful whenever I need.

Outside I know people but I don't hang out with anyone. This place saved my life.

Group classes (for support, education, living skills)

Cooking class, you get to cook and eat. We do that together. I am an authentic Mexican cook. I'm going to teach how to make enchiladas next time. Something fun to do. Yummy to my tummy.

Physical health screenings

Staff checks my health.

Help with housing

I didn't think I could ever get housing, but now believe I will get housing here shortly.

I am better connected to housing resources and they seem to know where the best place is for me to go.

Of all the services used, respondents were asked to select the single most helpful or valuable. Respondents reported that the shower facilities (37%), housing assistance (23%), case management (13%), and getting clothing, toiletries, or other basic supplies (10%) were the single most helpful services provided by Project Recovery (Figure 9).

9. Out of all of the services here you mentioned using, which service has been the single most helpful or valuable to you?

| N=30 | n | Percent |
|---|----------|----------------|
| Shower | 11 | 37% |
| Housing | 7 | 23% |
| Case management | 4 | 13% |
| Getting clothing, toiletries, or other basic supplies | 3 | 10% |
| Physical health screenings/assessments | 2 | 7% |
| Laundry | 1 | 3% |
| Mental health | 1 | 3% |
| Group classes | 1 | 3% |

A majority of respondents view Project Recovery as providing culturally appropriate services

All respondents agree or strongly agree that Project Recovery staff are able to relate to culturally diverse people (Figure 10) and are knowledgeable about culturally appropriate programs and services (Figure 11). The majority of respondents felt that the Project Recovery staff understood their cultural or ethnic background (Figure 12).

10. The staff is able to relate to culturally diverse people.

| N=28 | n | Percent |
|-------------------|----------|----------------|
| Strongly agree | 19 | 68% |
| Agree | 9 | 32% |
| Disagree | - | - |
| Strongly disagree | - | - |

11. The staff is knowledgeable about culturally appropriate programs and services.

| N=25 | N | Percent |
|-------------------|----------|----------------|
| Strongly agree | 15 | 60% |
| Agree | 10 | 40% |
| Disagree | - | - |
| Strongly disagree | - | - |

12. Thinking about the staff at Project Recovery, do they work with you in a way that values your culture and traditions?

| N=25 | N | Percent |
|--|----------|----------------|
| Project Recovery staff value culture and traditions | 15 | 60% |
| Project Recovery staff somewhat value culture and traditions | 10 | 40% |
| Project Recovery staff does not value culture and traditions | - | - |

Respondents were asked why they felt that the Project Recovery staff did or did not value their culture or traditions. Two individuals gave responses but did not answer the question shown above. A few selected comments are listed below. A complete list of responses can be found in the Appendix.

Project Recovery values culture and traditions

They honor my religious affiliation.

I feel they do from a standpoint of being a human being. I think coming out of prison I am being treated like a human being. It goes beyond culture and color.

They work with me. It has nothing to do with color. Color blind. No racial tension. The staff is colorblind.

I am a turtle clan. I'm Ojibway. The Indian center where I went to events at about three years ago is a couple of blocks away. When I came to Project Recovery they encouraged me to go to the Indian Center more and now I do go and see the events.

Project Recovery somewhat values culture and traditions

Somewhat, but some people who don't know English don't feel comfortable or feel embarrassed to talk with English staff. We need more people who speak different languages. I think they need to talk to more Hmong people so they know their culture and how they run their culture. They need to understand that more.

Somewhat, but could use a more diverse staff, Asian, Hmong, Korean, etc. Broaden the languages.

Other comments

They don't know what it's like to be in the hood. I've lived in a tough neighborhood. I come here and I'm the only one that is tattooed.

They don't really have a cultural framework. It's just for people.

When asked for suggestions, respondents offered ideas related to amenities, food, hours, and treatment of substance issues

Although many respondents felt that the program staff are doing all that they can with the time and resources available, there were some suggestions for improvements, including improving interaction with the participants, hiring more staff, offering more hours, and providing more food. These are themes from open-ended responses (Figure 13).

13. If you could tell the staff here at Project Recovery one thing to improve, what would it be?

| N=28 (Open ended response categorized into themes) | n | Percent |
|--|---|---------|
| Improve interactions with participants | 8 | 29% |
| No changes | 4 | 14% |
| Hire more staff | 4 | 14% |
| Extend hours | 4 | 14% |
| More food | 3 | 10% |

Comments include:

Improve interactions with clients

Be patient.

Be nice to everyone. There's 2 atmospheres: 1. Homeless addicts. 2. People who don't know much. Some homeless people come here mad and cussing people out. Staff should be nice to them still.

Take chances. Believe that this is somehow for the best of all.

Staff would better allocate services to those that are actually trying to make a change in their life.

Loosen policy on bus tokens a bit, not only for doctor's appointment. People shouldn't have to lie to get bus tokens. Bus tokens should be available so people can go to work.

Don't separate people from their property, especially their alcohol.

Probably reach out to people who may not know about the programs.

Let more people know about the services.

Hire more staff.

They need help because there is a lot of us. They got to get more staff. I don't know how they can put up with us at all but they do and that is amazing.

Someone there to answer questions. Sometimes you just wait to get someone's attention.

Hire more staff.

Have a few more extra staff.

Extend hours

Longer hours. 9 to 5.

Hours – 9 AM to 5 PM instead of short duration of 9 AM to 1 PM.

Stay open longer than 1 pm. 3:30 or 4 pm would be better.

Lengthen the hours of operations to 9 - 5 PM

More food.

More free food available.

Meals here every day.

More food every day.

Other comments.

Better clothes for men.

People who are part of the program should contribute to it.

Improving the safety of the facility.

Shower window is not good, I like light but deflector is needed. Shower is not too clean.

Additional comments

When asked what they still need help with, clients most frequently said housing (33%), health/mental health services (20%), and case management services (20%; Figure 14).

14. What are some things you still need Project Recovery to help you with?

| N=30 (Open ended response categorized into themes) | n^a | Percent |
|---|----------------------|----------------|
| Housing | 10 | 33% |
| Health/mental health | 6 | 20% |
| Case management services | 6 | 20% |
| Project Recovery to meet my needs | 4 | 13% |
| Education/employment | 4 | 13% |
| Transportation | 3 | 10% |
| More shower/bathroom/laundry facilities | 3 | 10% |
| Help connecting to services/resources | 3 | 10% |
| Clothing | 2 | 7% |
| Help with justice system | 2 | 7% |
| Protect the garden | 1 | 3% |

^a Respondents could have answered with more than one thing to receive help with from Project Recovery.

Of the 28 clients who answered the question, “Why do you think people do not come to Project Recovery?”, 16 respondents (57%) felt others have made a decision not to come, 14 respondents (50%) felt that other people may not have heard about the program, and 4 respondents (14%) felt they may have had a transportation barrier. A complete list of responses can be found in the Appendix.

Respondents were asked if they had anything additional to say about Project Recovery. A complete list of their responses can be found in the Appendix. Examples of their responses include:

This place saved my life. Years ago I was going nowhere and towards a really bad lifestyle and places that would have messed me up. I could've been through some terrible things if it weren't for Project Recovery.

I wish they had more funding for transportation tokens, razors and boots.

I really appreciate help with showering and clothing.

Love the services and experience here.

It's a nice place to be and the staff is helpful.

Expand laundry, prioritize campers over those who have apartments and jobs. Very helpful. Helped me with everyday necessities. Project Recovery helped me from being homeless.

Conclusion and issues to consider

Project Recovery provides a variety of needed services for people who have multiple issues including homelessness, chemical dependency, and mental illness. The program provides individual case management services, group sessions, and a variety of other drop-in center services to their clients. Participants interviewed gave high ratings to Project Recovery staff and services.

Although the number of people with emergency room visits remained relatively flat from prior to program entry to the current calendar year, the number of visits increased. This may be related to the fact that some participants are dealing with chronic illnesses. Outcomes related to reductions in detox use and incarceration are promising. The number of people with detox visits decreased by 15 percentage points, and the number of participants who spent time incarcerated dropped slightly by three percentage points. Moreover, the number of days incarcerated dropped by an average of 16 days per person. This shows that the program may be helping to stabilize participants and reduce the severity of their systems involvement.

Project Recovery provides a variety of needed services to a high risk and difficult to serve homeless population. Respondents are grateful for concrete services, such as shower facilities, but they also see the value of supports such as case management and help finding housing. More importantly, many respondents give a lot of credit to Project Recovery for helping them make changes in their lives. Over two-thirds of respondents report that Project Recovery helped them improve their physical and mental health. Over three-quarters state they are more hopeful about the future. Respondents feel supported by the staff with their day-to-day issues.

When asked for suggestions for improvement, many clients had no suggestions and spoke about their positive relationships with staff. A few respondents offered suggestions related to improving interactions between staff and participants, increasing the number of staff as well as increased hours of services, and more availability of food.

As Project Recovery examines future programming for this segment of the homeless population, it will be important to explore ways to secure more funding in order to continue to provide these essential services as well as the potential for adding more staff or offering more hours for drop-in services. It may also be critical for the program to continue to connect with community partners to offer food, other resources, and supportive housing options.

Appendix

Responses to open-ended questions by Project Recovery participants

Project Recovery participants responses to open-ended questions are organized into themes and are included below.

A1. How did you first hear about Project Recovery?

| N=30 | n | Percent |
|--|----------|----------------|
| Friends | 17 | 57% |
| Project Recovery staff member | 6 | 20% |
| Other homeless people | 3 | 10% |
| Through someone at a homeless service agency | 2 | 7% |
| Family | 1 | 3% |
| Advertisement/flyer | 1 | 3% |

Friends

Friend. (3)

Friend brought met.

Through a friend.

Girlfriend.

My friends come here all the time. Shower/food.

One day I walked with a friend here.

Friends that let me know about transportation help and washing.

Through another homeless person that was a friend.

Heard about it through a friend.

Someone, like an acquaintance, announced that this was a place I could go to.

Girlfriend that used to attend Project Recovery.

A friend who had used the program services.

My best friend. He knew about another Project Recovery project. It's a Minnesota thing where you hang out at Project Recovery and play pool. I liked it ever since. I'm usually an outdoors person. I heard about this, Project Recovery, 4 years ago.

My friend carried me to here.

A friend told me about it. It was nice.

Project Recovery staff

Staff member and owner.

Street outreach from Project Recovery staff member.

I was sleeping on Kellogg Bridge and woke up to a pair of socks with a note on it. It was Monday outreach. I was homeless.

Staff came through camp and told me about Project Recovery.

Outreach worker.

They found me. I was camping out 3 to 4 years ago. I almost beat them up because I didn't know about them. Save my life these people. They even got me in ID. A place to live – an apartment. They let me do the garden.

Other homeless people

I was homeless and I found out it had pool and chill relaxing environment.

Heard about this through other homeless people that came.

Downtown at their old building from a guy who I hang out in the streets.

Through someone at a homeless service agency.

Case manager informed me about Project Recovery to help mine friends.

Pastor at Union Gospel Mission and a few friends informed me about it.

Family

Sister.

Advertisement/flyer

Flyer at the Maplewood library about homelessness.

A2. What brought you to Project Recovery in the first place?

| N=30 | n | Percent |
|--|----------|----------------|
| To access program services/resources | 15 | 50% |
| Place to hang-out during the day | 8 | 27% |
| To find housing/respondent is homeless | 7 | 23% |

To access program service/resources

They gave me a gift.

The free services provided. Showers, coffee, TV, etc.

Resources for homeless people.

Hearing that Project Recovery could help with clothing, food, supplies, tents, etc. and the staff likes to help people.

Internet, coffee, playing pool, drop-in center.

Outreach from Project Recovery staff.

Services here. People – helpful staff.

Use of computer, drink coffee, warm-up, take shower, wash clothes. Also, just a place to be.

Free coffee, shower, and some place to be for a while to see friends.

To drink coffee and to get food here when it is served.

Doing showers and laundry.

Better showers. Also, helped out with clothes.

Got out of prison, transition for home, good place, free Internet access for job search, place to shower, landline phone to use, Yellowstone – free food truck like a food shelf, pool table – nice social environment.

I needed services because I was homeless.

Staff helped me out a lot. He made me go to get an ID – 55 years of age – first time I ever had a state ID. He helped me get it.

To find housing/respondent is homeless

Access to public housing. Community meal. Job postings.

Homeless and my sister wanted me to get housing.

Housing needs.

Finding apartment, warm place, relax.

To get housing.

Just being homeless. I had neck surgery

Homelessness and I needed help because at night because it gets so cold.

To recover from homelessness.

A place to hang-out during the day

Was a relaxing place to come to, less clustered than other places.

When I got kicked out of my apartment.

People here. I know many.

Place to be at when it was cold during the winter.

A place to go during the day after shelter made me leave until evening.

Just to hang out here. It's a different drop-in center. It's bigger.

Visit friends.

A3. Why do you say that [service] has been the most helpful or valuable to you?

| N=29 | n | Percent |
|--|----|---------|
| Shower facilities | 11 | 38% |
| Help with housing | 6 | 21% |
| Case management | 4 | 14% |
| Getting clothing, toiletries, and other basic supplies | 3 | 10% |
| Physical health screening | 2 | 7% |
| Laundry facilities | 1 | 3% |
| Mental health screenings | 1 | 3% |
| Group classes (for support, education, living skills) | 1 | 3% |

Shower facilities

Significant need and desire to stay clean. They also give you all the necessities needed.

I really value staying clean and having good hygiene.

It is a top priority for mine hygiene-wise.

When you're out there and don't have friends, shower is helpful.

Shower is easy going and it is private. There is also laundry, clean towels, and everything. Sometimes my day is full of hateful people and it's good to meet courteous people here.

I believe no other place has this type of service.

Showers are more important because the clothes last longer in a clean state.

It improves your self-esteem.

It helps me feel better about myself. Helps improve my self-esteem.

I really value keeping clean because if I am clean, I am more presentable for a job, to people, etc.

Nice routine to take a shower every day.

Help with housing

I was able to bring family over to their home.

Got me off the streets.

I didn't think I could ever get housing, but now believe I will get housing here shortly.

I am better connected to housing resources and they seem to know where the best place is for me to go.

Shelter over my head to protect me from weather.

Keeps me off the streets, gives me some stability.

I've been outside so it's helpful. I hope I get an apartment soon.

Case management

That's how you get to know a person – one-on-one and help their needs.

I feel listen to and hopeful because of their services.

They're the ones that make Project Recovery. If there were no case managers, there would be no Project Recovery. They're helpful whenever I need.

Outside I know people but I don't hang out with anyone. This place saved my life. I'm learning.

Getting clothing, toiletries, and other basic supplies

I was very hungry.

It's not always easy to find clean clothes. Trying to find pants that fit.

You can live without a shower but you cannot live without other basic supplies.

Physical health screening.

(Staff) did the outreach. He was great. Education part of alcohol/drug class was very helpful. Also the positive art class – used to go with ex-partner and loved how it made her happy.

Staff checks my health.

Laundry facilities

As a person, even if you're on the streets or have a home, you really need good hygiene to be healthy.

Mental health screenings

Meet needs, medications and what not.

Group classes (for support, education, living skills)

Cooking class, you get to cook and eat. We do that together. I am an authentic Mexican cook. I'm going to teach how to make enchiladas next time. Something fun to do. Yummy to my tummy.

A4. In what ways, if any, has coming to Project Recovery and these services improved your physical health?

| N=28 | n | Percent |
|--|----------|----------------|
| Health improved because of services provided by Project Recovery | 12 | 43% |
| Project Recovery provided transportation to doctor appointments | 4 | 14% |
| Exercise/being active improved health | 4 | 14% |
| Has not changed physical health | 4 | 14% |
| Other | 4 | 14% |

Health improved because of services provided by Project Recovery

Still alive and have not starved to death.

Getting over here, helped with physical health.

I do not get sick because I can come to Project Recovery during the day. I had hands treated from frostbite through Project Recovery.

Gets me out of my car.

I have heart conditions and now I am taking my pills. If I didn't take my pills my doctors can't cure me.

I am about 50% more healthy because they helped me by not being out there.

Good. Come here and relax.

I took part in smoking cessation. They helped with good care and access to meds. Showers keep me clean. Being safe.

Helped address ankle problems. Gave ice packs, wraps, etc.

Offer flu shots. Keeps you healthy. Donated food, sometimes they have meals here. I just picked up a few sandwiches. Blood pressure checks and other ways help me stay healthy.

They have nurses who work here. When I am not feeling good they're helpful in making an appointment for me to go to Regions Hospital.

Yes, my health is better: I have high blood pressure, haes polyp, and problems with my feet.

Project recovery provided transportation to doctor appointments

Helped me get to a doctor to know about my physical health.

Medical appointments – they gave me a bus pass to get to the appointments.

They show me where to go to the places I need to go like hospitals and clinics.

Took me to the doctors – transportation and they wait for me when I'm done with the appointment and take me back.

Exercise/being active improved health

Helped with exercise. Helped with heart condition.

I work out, play tennis, bike around.

I have not been sick. The program keeps the respondent active.

I work here a lot and so that gives me exercise.

Other

Yes.

Very good.

Clean, not drinking hard alcohol.

I was arrested.

A5. In what ways, if any, has coming to Project Recovery and these services improved your mental health?

| N=28 | n | Percent |
|---|----------|----------------|
| Reduced stress/improved outlook on life | 11 | 39% |
| Positive benefits from staff support | 6 | 21% |
| Improved focus/thinking | 5 | 18% |
| Supportive and encouraging environment | 3 | 11% |
| Mental health is not an issue | 3 | 11% |

Reduced stress/improve outlook on life

I am less stressed about life.

I have peace of mind to coming to Project Recovery. They don't treat me like I am homeless. They treat me like I am a person.

It helps me have peace of mind.

Make me feel happy. Helps me feel known and seen, that I am a good person.

It lifts my spirits when I get to clean up my hygiene and change to clean clothes.

Feel purpose in life again.

Helpful sometimes, some people are crazy.

Stress levels decreased through employees helping with needs. Increased hopefulness about life.

I was angry. I am no longer that way. It helped with anxiety and stress in general.

Associating with other people has improved my confidence.

When I am here, I am not depressed.

Positive benefits from staff support

Helpful to know there are nice people out there. Willing to help those in need.

They give me advice and prescriptions.

They gave me a more positive side for wanting to help. They really understand you and are open to discussing with me my current situation.

They sit back and will talk to you and listen.

I talked to staff about some problems.

I'm still meeting with the psychologist who is trying to help me. She is from Africa. She's straightforward and honest. She's cool. See her twice a month.

Improves focus/thinking

Helps me stay focused.

Helped me think more clearly.

My memory improved.
Good. Think better.
Helps me with my thinking.

Supportive and encouraging environment

Nice place to relax, nice staff, place to chill with girlfriend, socialize, having friends. (Group bike rides, canoes, softball team or volley ball teams would like.)
By me hanging out here and being active with people. Getting out here to play with friends.
I like the system here. Never knew it to be set up, never thought of it this way. Psychologically the showers and PC. It helps tremendously, helps motivate you to transition back to a home – keeps you sane, these things are usually taken for granted.

Mental health not an issue

None needed.
Neutral. Neither positive nor negative.
Not applicable. I'm mostly here with my friend to check out some classes.

A6. In what ways, if any, has coming to Project Recovery and these services improved your recovery from alcoholism or substance abuse?

| N=30 | n | Percent |
|---|----------|----------------|
| Supportive and encouraging environment | 11 | 37% |
| Alcoholism or substance abuse has not been an issue | 3 | 10% |
| Services have not helped | 3 | 10% |
| Not applicable | 13 | 43% |

Supportive and encouraging environment

Seeing the people come in whose lives are ruined through drugs and substance abuse. Also counseling that they provided was helpful.
When I go to class, I learned more on alcoholism because they show videos.
Gave me relief when I had housing. Meet people.
Being positive and supportive.
Helped me to not get drunk with hard liquor anymore.
When I am here, I am not using. They offer classes to help with substance use/abuse.
I used to smoke weed/alcohol. The positive environment influences your thoughts as far as staying sober.

Going to the recovery groups. It helps me think about not using alcohol and drugs. I stopped with drinking. I used to do that every day but now it lessened. I think I can lessen the drug use since my alcohol use decreased.

They showed me a film and a lot of books. But it's up to me to continue a sober lifestyle or not.

They help me lessen my autism issues. I drink less.

I quit dope. I still drink but I don't swallow pills anymore. I got a bunch of pills and didn't take them. I gave them to the nurse to destroy them. I get the coffee filter and destroy them. I tell them I don't want them. Some people want them but I can't do that. I used to but no more.

Alcoholism or substance abuse is not an issue

I don't use drugs/alcohol. I stopped 10 months ago.

I don't use drugs or do alcohol.

No, I'm sober 9 years.

Services have not helped

Can't say it is helped or not. I still smoke the same amount of cigarettes.

No.

Not yet.

A7. In what ways, if any, has coming to Project Recovery and these services improved your housing situation?

| N=28 | n | Percent |
|--|----------|----------------|
| Project Recovery is in the process of helping client acquire housing | 13 | 46% |
| Project Recovery helped client acquired housing | 9 | 32% |
| Project Recovery has not helped client acquire housing | 6 | 21% |

Project Recovery is in the process of helping client acquire housing

I've been educated on living situation in Minnesota but not intending to stay.

In process.

They helped me know where to stay until I get housing.

I'm hopeful. Not able to get housing yet.

In the process, so I don't know.

They're helping me now.

In progress.

Staff is helping me with this now.

Still in progress.

They gave me referrals to housing, how to apply for it, and get into it. Staff member drove me to court so I could get housing.

Motivating, referral program for low income housing.

They will contact soon.

I'm working my housing situation. It's a work in progress. There hasn't been a change yet.

Project recovery helped client acquire housing

Helped me follow housing rules and get housing.

I am looking for bigger and better place. They helped them improve rental history.

They helped me get housing by connecting me to the right spot.

Very much. I went from tent to own place.

It was a long hard process. I had to go through a program. At my apartment people check in with me. I got my own place. Project Recovery gets me on about how I got so many people living with me at my apartment but how can I just let them freeze outside?

They're helpful in moving out or GUILD program. I have many caseworkers.

They got me into a home.

I'm getting an apartment in a couple of days.

First apartment I ever had. I don't ever want to leave.

Project Recovery has not help acquire housing

I haven't used the program yet but I'm sure they have plans and more. I'm focusing on my health at the moment.

I got to do the paperwork. They tell you where to go and now I just got to fill out paperwork.

I'm not looking now because I'm with my girlfriend. With a subsidy I can't have her with me.

Not yet helped.

None yet.

Have yet. Have not had a chance to.

A8. In what ways, if any, has coming to Project Recovery and these services improved your chances of employment?

| N=30 | n | Percentage |
|---|----------|-------------------|
| Project Recovery has not helped the client | 14 | 47% |
| Project Recovery gave client resources and job seeking assistance | 10 | 33% |
| Client is employed | 2 | 7% |
| Not applicable | 4 | 13% |

Project Recovery has not helped the client

Not yet but it will. (5)

Has not helped.

Because they open late and close early, it's difficult. I am trying to finish my college degree. I used to come in the afternoon to get my assignments done but now it's worse.

None for now because I'm new.

I used to love going to work. When I got out of prison people may fear me because of my tattoos. I wish they weren't scared. I wish I could work/blend in. I wish I could work with disabled people for instance which is really what I want to do. I would like to just feel like a regular person but I got a start from the bottom.

I'm disabled so we've never gone through that. I know they can help.

Mental health. It would help if I could but I still got neck problems from work.

Not really. I don't look for employment. I get tribal money every month, \$800 a month. It's plenty enough.

I have to do my appointments. My head is kind of goofy. Sometimes I don't take the meds. I don't sleep. Sometimes for days. Sometimes just three hours a day.

I'm disabled. I don't have any disability benefits from the state yet.

Project Recovery gave client resources and job seeking assistance

Educated about employment opportunities.

Made client want to start their own business.

There really helpful. They have lots of knowledge and good programs.

Coming soon, in long run, security and stability.

Provided storage for place to go back to work.

Project Recovery indirectly helped by addressing my housing need.

Using Internet to complete job applications.

Internet access – go for good job search on their, resume building. Workforce Center Minnesota.com, Griggs building – I visited. Went there myself – went to orientation over there. It was helpful.

A lot. I try to look for jobs. I want to go back to school to get my GED, community college, get a good job but I never worked in my whole life.

I can use the Internet with job searches. I have a resume already and I kind of updated it as I need to.

Client is employed

Helped client to get a job in another state.

Everything fine. I had a job.

A9. What are some things you still need Project Recovery to help you with?

| N=30 | n* | Percent |
|---|----|---------|
| Housing | 10 | 33% |
| Health/mental health | 6 | 20% |
| Case management services | 6 | 20% |
| Project Recovery meets needs | 4 | 13% |
| Education/employment | 4 | 13% |
| Transportation | 3 | 10% |
| More shower/bathroom/laundry facilities | 3 | 10% |
| Help connecting to services/resources | 3 | 10% |
| Clothing | 2 | 7% |
| Help with justice system | 2 | 7% |
| Protect the garden | 1 | 3% |

*=Total number is more than the total N because respondents requested more than one thing to receive help with from Project Recovery

Housing

Finding housing.

Housing. (3)

Finding a place for me and my girlfriend.

Acquiring housing.

Housing. Section 8 in particular. Needs a deposit of money for rent. One time to get started.

Housing – any kind.

Housing. I have a felony. It's hard for felons to find a place to stay. It usually disqualifies you. Few choices, mostly have to deal with slumlords; it doesn't matter if you have first/last month's rent; none of that matters. Need felony-friendly housing options.

I asked them about place to stay

Health/mental health services

Mental health needs. (2)

Help with health issues.

Drug/alcohol use – cut back on it. Try to help me recover. To stop doing drugs/alcohol completely.

Where to acquire counseling.

Figure out which treatment to go to.

Case management services

Case management.

Case management process.

To work more advantageously with case manager because after lunch I get tired in the appointment and it gets cut short because I'm tired.

Speed up the process on everything such as housing for me and employment. Some caseworkers sit there and do nothing.

More staffing to do outreach program so main staffing can do their work.

Working together to accomplish my goals.

Project Recovery meets needs

Meeting my needs to dry my socks, etc.

Nothing.

Whatever I need they help me.

I can't think of anything that they don't already provide.

Education/employment

Help with education.

Help with employment.

Employment readiness.

Employment – same issues, if they would focus more on people with felony – Need felony-friendly employment options.

Transportation

Bus tokens.

Need transportation tokens.

I need a bus pass for work.

Help connecting with services/resources

Help with a budget and money.

Need help with getting health insurance.

Where to go for food.

More shower/bathrooms/laundry facilities

More showers. Blow dryer in bathroom would be nice, extra outlets.

Another bathroom (shower stalls and toilet).

More washer/dryers for laundry.

Clothing

Provide better services with shoes, it doesn't have to be brand new.

Long underwear. Athlete socks.

Help with justice system

Report with criminal justice system.

Help me fill out forms, legal paperwork.

Protect the garden

Some people destroy the garden. We all work hard to sustain the garden. Some people destroy the musk melons. Protect the garden. Relaxing to garden. I do three gardens. They call it therapy. I think it fun.

A10. Why do you think people do not come to Project Recovery?

| N=30 | n | Percent |
|-----------------------------------|----------|----------------|
| People choose not to come | 16 | 53% |
| People don't know about it | 14 | 47% |
| Don't know why people don't come | 3 | 10% |
| Transportation barriers | 2 | 7% |
| Project Recovery needs more staff | 1 | 3% |

**=Total number is more than the total N because respondents requested mentioned more than one reason as to why people do not come to Project Recovery*

People choose not to come

Don't need to depend on somebody.

Some people are just lazy.

People don't want to help.

Issues people are having prevent them from caring like addiction and lack of motivation.

Some people don't come because they feel scared or embarrassed but I don't think they should feel that way because there are people here who open their hearts to help you.

They got apartments and don't need project recovery.

They probably don't believe that it'll help them.

Because they're not in need.

Insecure issues or lots of things going on in their life or they haven't heard of it.

Lack of trust in system in general. Lack or relationship with people.

People don't want to rely on anyone else.

People don't want to change. People who are not chemical dependent don't want to come because they feel they don't belong because services seem to be targeted towards them.

Maybe they are real old and can't get around. Project Recovery is not real popular.

Depends on the people, I go straight to work.

Because they're working.

Because they are sketchy, closed up in their minds.

People don't know about it

People don't know about it. (7)

Many don't realize it's here.

Don't know about it. People don't want to share about it because they are selfish and don't want you to have their resources.

They should send Project Recovery representative to Dorothy Day to teach people about services.

People don't know about it because they are illegal immigrants.

Don't know about it. A lot of people who know about it don't say anything about it.

Don't know about it. Street outreach seems to be less and this is a reason.

They just don't know about it. Others go to Catholic Charities/Dorothy Day/Listening House. Project Recovery might need to increase marketing. I like the quiet environment but they need to become more visual for others.

Transportation barriers

Little out-of-the-way from downtown. Transportation is likely an issue.

Transportation hinders them.

Project Recovery needs more staff

I think that the frustration of getting attention from staff. I don't know if Project Recovery has a fund-raising on generating access.

A11. What should Project Recovery do to get more people to know about the program and services?

| N=30 | n | Percent |
|----------------------------------|----------|----------------|
| Post flyers and signs | 10 | 33% |
| More outreach | 7 | 23% |
| Advertise | 5 | 17% |
| Other suggestions | 5 | 17% |
| Increase word of mouth referrals | 4 | 13% |

Post flyers and signs

Flyers in homeless shelters where people would need help.

Flyer – paper.

Pass out flyers.

Flyers around homeless shelters.

Flyers all over downtown area and Midway area.

Put fliers up where the homeless are.

Brochures and flyers.

Flyers at Dorothy Day or the Mission. Leave a flyer where they know people are sleeping.

Put up flyers on poster boards. When they market, let people know it is safe. Write marketing materials in Spanish and Hmong.

Flyers with address on them and directions on how to get here by bus/car. Number 71 bus drops me off nearby here. Maybe if people knew that it would help. It is two blocks walk to building – Project Recovery building. Building out off a bit but I like it the way it is.

More outreach

Go looking for homeless people. I have info cards and travel looking for them. Sometimes people think I work here but I don't, last time I found a young couple sleeping under the bridge. They would've got run over by other people on the streets. They got help from Project Recovery and now got housing.

Two more outreach.

Outreach to different camps.

Go to other shelters and let people know about the facility.

Go to more charitable organizations.

Longer hours of outreach at the Maplewood library.

More outreach people.

Advertise

Advertise.

Radio and TV advertisements. Local papers as well.

I think if they have more advertising at Dorothy Day and other shelters. Because when you advertise like that, it'll catch people's eyes and they'll go check it out.

TV commercials – billboards – with address. Expensive but would help. Even if I like the little number of people here now, I still like more people to benefit from the program.

Billboard, advertise more.

Other suggestions

I don't think Project Recovery can handle more people here. Project Recovery needs to build up more before opening its doors to more people.

Help more, spend more time helping the person.

They're only open for a couple of years. Eventually through time they'll spread. More offices and sites in major cities – St. Paul, Minneapolis, Rochester/Mankato.

Be American and let God take the approach. Don't try to force things.

People need the program to stop using drugs and I have nothing to do with what they want to do. Staff risks their life talking to those on drugs.

Increase word of mouth referrals

Spread idea through word-of-mouth.

Increase word of mouth about organization. Hand out pamphlets and fliers.

Referrals through word-of-mouth from people that already go here.

When I go out in the streets they spread the word about the program. I've brought four here.

A12. If you could tell the staff here one thing to improve, what would it be?

| N=29 | n | Percent |
|-----------------------------------|----------|----------------|
| Improve interactions with clients | 8 | 28% |
| No changes | 4 | 14% |
| Have more hours | 4 | 14% |
| Hire more staff | 4 | 14% |
| Other | 4 | 14% |
| More food available | 3 | 10% |
| Don't know | 2 | 7% |

Improve interactions with clients

Be patient.

Be nice to everyone. There's 2 atmospheres: 1. Homeless addicts. 2. People who don't know much. Some homeless people come here mad and cussing people out. Staff should be nice to them still.

Take chances. Believe that this is somehow for the best of all.

Staff would better allocate services to those that are actually trying to make a change in their life.

Loosen policy on bus tokens a bit, not only for doctor's appointment. People shouldn't have to lie to get bus tokens. Bus tokens should be available so people can go to work.

Don't separate people from their property, especially their alcohol.

Probably reach out to people who may not know about the programs.

Let more people know about the services.

Hire more staff

They need help because there is a lot of us. They got to get more staff. I don't know how they can put up with us at all but they do and that is amazing.

Someone there to answer your questions. Sometimes you're just waiting to get someone's attention.

Hire more staff.

Have a few more extra staff.

Extended hours

Longer hours. 9 to 5.

Hours – 9 AM to 5 PM instead of short duration of 9 AM to 1 PM.

Stay open longer than 1 pm. 3:30 or 4 pm would be better.

Lengthen the hours of operations to 9 - 5 PM.

No changes

Nothing. (2)

I don't think they have to change anything. Whatever they have is good.

Gee, I like it here. It's cool.

Other comments

Better clothes for men.

People who are part of the program should contribute to it.

Improving the safety of the facility.

Shower window is not good, I like light but deflector is needed. Shower is not too clean.

More food available

More free food available.

Meals here every day.

More food every day.

A13. Is there anything else you want to say about Project Recovery?

| N=30 | n | Percent |
|--|----------|----------------|
| Positive comments about Project Recovery | 23 | 77% |
| Nothing to add | 7 | 23% |

Positive comments about Project Recovery

This place saved my life. Years ago I was going nowhere and towards a really bad lifestyle and places that would have messed me up. I could've been through some terrible things if it weren't for Project Recovery.

Big thank you! They make great coffee.

Doing a great job.

A great programs and things to move forward.

Staff worked very hard for clients. This one place that will help you get on the right track.

It is a great program. If you stick with it long enough, things will happen.

Keep it going.

They are awesome!

Longer hours, but some people come here to slack off, so.

There's good people here.

I see the possibilities.

Staff do their jobs because they love people. (Staff) has changed her ways and her old attitude.

I wish they had more funding for transportation tokens, razors and boots.

Program is doing great. People that work here are doing awesome.

Really enjoys help for with showering and clothing.

Love the services and experience here.

I appreciate all the resources that they have to offer.

It's a nice place to be and the staff is helpful.

Good place to be. Very helpful. Especially the caseworkers are really helpful.

I like it. They are good job.

Expand laundry, prioritize campers over those who have apartments and jobs. Very helpful. Helped me with everyday necessities. Project Recovery helped me from being homeless.

A14. Do you feel staff at Project Recovery work with you in ways that values your culture and traditions? Why or why not?

Project Recovery values culture and traditions

The staff is very understanding, helpful in honoring those traditions.

They are available for what you need from your cultural background and let you choose from many options.

The way they welcome client. They don't turn anyone away.

They do things to make the client feel known.

Many different cultures come through. Staff seems to know the right thing to do for each one.

If they don't understand, they will try to find someone who does.

I don't demand lots of different things.

You don't bring your culture and religion down here. But I know they'll help you find resources you need.

Good. It's part of their job. It's average.

Respectful and don't push you to conform to anything.

They are willing. Their doors are open.

Show respect no matter what happens.

Everything they do.

Staff is very open-minded and can relate to my life because they have also been homeless.

For Christmas the staff celebrated with me by bringing out food.

They honor the respondent's religious affiliation.

I feel they do from a standpoint of being a human being. I think coming out of prison I am being treated like a human being. It goes beyond culture and color.

They work with me. It has nothing to do with color. Color blind. No racial tension. The staff is colorblind.

Good, positive.

They treat me fairly.

I am a turtle clan. I'm Ojibway. The Indian center where I went to events at about three years ago is a couple of blocks away. When I came to Project Recovery they encouraged me to go to the Indian Center more and now I do go and see the events.

Project Recovery somewhat values culture and traditions

Somewhat. Case manager never discussed culture so I don't know if they understand.

Somewhat, but some people who don't know English don't feel comfortable or feel embarrassed to talk with English staff. We need more people who speak different languages. I think they need to talk to more Hmong people so they know their culture and how they run their culture. They need to understand that more.

Somewhat, but could use a more diverse staff, Asian, Hmong, Korean, etc. Broaden the languages.

Project Recovery does not value culture and traditions

No. They don't know what it's like to be in the hood. I've lived in a tough neighborhood. I come here and I'm the only one that is tattooed.

No. They don't really have a cultural framework. It's just for people.

Project Recovery Logic Model

+ People Inc. Project Recovery logic model: December 2013

| Resources | Activities | Outputs | Short-term outcomes | Intermediate outcomes | Long-term outcomes |
|---|---|---|---|---|---|
| Project Recovery staff (Outreach Program Manager, LADC Program Supervisor, Outreach Case Manager, administrative assistant) | <p>Outreach services</p> <ul style="list-style-type: none"> • Visiting camp sites & street locations • Developing trust • Engaging potential clients | <ul style="list-style-type: none"> • # of visits to outreach locations • # of potential clients met | <ul style="list-style-type: none"> • Increased number of high needs clients who engage in drop-in or case management services | | |
| Other People Inc. staff (e.g. therapist, Nurse Manager, Clinical Manager, Division Director, Housing First case managers) | <p>Drop-in Center services</p> <p>Basic needs:</p> <ul style="list-style-type: none"> • Meals/food assistance/ transportation to food shelf • Laundry • Showers • Clothing closet • Survival gear • Storage <p>Engaging clients and establishing trust:</p> <ul style="list-style-type: none"> • Games/ social activities <p>Other services</p> <ul style="list-style-type: none"> • Computer for resumes/ job search | <ul style="list-style-type: none"> • # of meals provided • # transported to food shelf • # using laundry, shower, clothing, gear and storage • # participating in games/ social activities • # using computers | <ul style="list-style-type: none"> • Improved nutrition • Increased hygiene/ cleanliness • Improved clothing/ survival gear / storage • Clients develop a trusting relationship with staff • Clients have a safe place to relax and stay warm • Improved ability to find available jobs | <ul style="list-style-type: none"> • Better able to meet own needs • Clients seek case management services from staff • Completion of resume / job applications | <ul style="list-style-type: none"> • Decreased detox use • Decreased ER use • Less police involvement |
| Volunteers | <p>Case management services</p> <p>Benefits</p> <ul style="list-style-type: none"> • Assist with welfare, disability, unemployment, or other benefits applications • Help clients get ID <p>Housing</p> <ul style="list-style-type: none"> • Assist in finding housing | <ul style="list-style-type: none"> • # assessed as needing/ eligible for benefits • # who applied / received new benefits • # who obtain ID • # willing to be connected to housing | <ul style="list-style-type: none"> • Increased # of clients who receive benefits • Improved housing & employment readiness • Clients connected to housing • Improved independent living skills | <ul style="list-style-type: none"> • Stable & reliable income sources • Obtain housing • Able to care for themselves • Connected to or have knowledge of how to access & keep needed services • Connected to needed medical and mental health services • Established coping | <ul style="list-style-type: none"> • Stable housing • Increased rates of employment • Better income supports • Improved physical, chemical, and mental health • Increased quality of life • Decreased detox use • Decreased ER use |
| Interns | <p>Physical health and wellness</p> <ul style="list-style-type: none"> • Develop independent living skills • Assist in connecting to needed services | <ul style="list-style-type: none"> • # receiving physical or mental health care coordination | <ul style="list-style-type: none"> • Connected to primary doctor / therapist • Clients access | | |
| Community Partners | <ul style="list-style-type: none"> • Care coordination for medical and mental health services | <ul style="list-style-type: none"> • # in wellness | | | |
| County | <ul style="list-style-type: none"> • Wellness groups • Wellness clinic & Hepatitis C testing | | | | |

| | | | | | |
|--|---|--|---|---|---|
| <p>partners (e.g. Detox, Mental health crisis services)</p> <p>Funding from DHS ADAD</p> | <ul style="list-style-type: none"> • Transportation to appointments <p>Mental and chemical health</p> <ul style="list-style-type: none"> • MI/CD evaluations • On-site therapy • Harm reduction groups • Recovery groups • Peer led groups • Connecting clients to therapist or treatment <p>Education and employment</p> <ul style="list-style-type: none"> • Assist in finding a job • Assist with school or job training enrollment <p>Relationships</p> <ul style="list-style-type: none"> • Assist in making connection to family | <p>group</p> <ul style="list-style-type: none"> • # using clinic or Hepatitis C testing • # transported • # of MI or CD evaluations • # in on-site therapy • # in groups • # connected to therapist or treatment • # of job applications • # enrolled in school or training • # of family contacts by staff | <p>needed medical / other appointments</p> <ul style="list-style-type: none"> • Increased knowledge of harm reduction • Clients get needed help and support • Increased employment & school enrollment • Improved connections to family • Increased # who have goals, plans, purpose and meaning | <p>mechanisms for mental health</p> <ul style="list-style-type: none"> • Improved self-esteem • Improved physical health • Keeping people alive • Decreased chemical use • Established coping mechanisms for chemical use • Renewed relationship with family • Increased hope for future | <ul style="list-style-type: none"> • Less police involvement |
| | <p>Working with community and county partners</p> <ul style="list-style-type: none"> • Volunteer and internship program/develop experience with homeless alcoholic client population • Presentations about services provided • Develop relationships with detox and community partners | <ul style="list-style-type: none"> • # of volunteers /hours • # of interns/ hours • # of presentations to community organizations • # of releases signed to share information | <ul style="list-style-type: none"> • Establish relationships with community partners to provide better service • Increased collaboration with detox and communication about client needs | <ul style="list-style-type: none"> • Increased coordination of services | <ul style="list-style-type: none"> • Consistent coordination of services to clients • Improved service delivery • Improved client outcomes |