Project Recovery Evaluation Report

2018-2019 Evaluation

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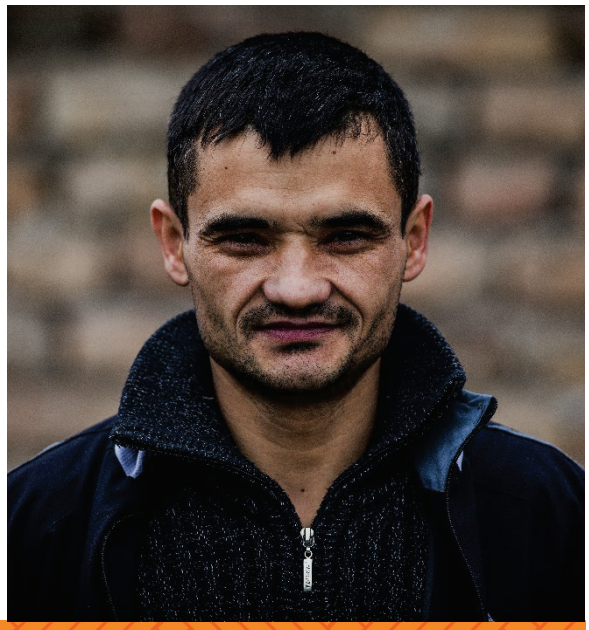

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Executive summary

Project Recovery serves individuals experiencing homelessness and substance use disorders in Ramsey and Dakota counties through drop-in and case management services, linking them to appropriate housing, treatment, and health care supports. To successfully connect their clients to appropriate housing options, Project Recovery works closely with Ramsey and Dakota Coordinated Entry.

This evaluation of second year grant activities provides information to support program planning and improvement. It presents data from interviews with client and patron participants, a Project Recovery training on chemical use for housing providers, and a follow-up web survey with key stakeholders who work with the chemical dependency and homelessness systems, in order to gauge knowledge, collaboration, and barriers in these systems. Key findings from these three sources of data are noted below.

Key findings from participant interviews

- The most commonly used Project Recovery resources were free clothing, toiletries, or other basic supplies (93%) and the mobile food shelf, food assistance or other meals (91%). Of the services that they use, interview respondents noted that the **most helpful services** provided by Project Recovery are the **shower facilities (92%), the mobile food shelf (92%), laundry (90%), mail delivery (90%), and bus tokens (89%).**
- Interview respondents reported improvements in dealing with their day-to-day challenges (61%), in their mental health (46%), and in their physical health (39%). Clients in particular noted positive changes in these areas.
- Most interview respondents reported that their **knowledge of where to go in the community to get the services they need** has increased (78% of respondents) since attending Project Recovery.
- Interview respondents reported that since coming to Project Recovery they are **more willing to rely on outside help** (58%) and they are more **hopeful about the future** (53%).
- Half (50%) of interview respondents felt that since coming to Project Recovery, they can **talk over their problems with someone** they know and have an **increased sense of belonging** (45%).
- Nearly all (98%) interview respondents agreed or strongly agreed that Project Recovery staff understand and respect their culture and they can talk to Project Recovery staff if they needed help with something.
- The most frequently mentioned areas in which interview respondents are still in need of help are getting housing (45%), getting Social Security/SSI (12%) and continued friendship and support (12%).

Key findings from evaluations of training session provided to professionals

Project Recovery provided a training on May 6, 2019 for professionals, and had 35 people enroll. The training was intended to provide those working in the housing field with an overview of commonly used drugs and symptoms, resources for chemical use, and ways in which the chemical health and housing systems could work together. A brief survey was collected at the end of the training. Of the 30 respondents who completed the training survey, 24 respondents worked with housing, three respondents worked with housing and substance use disorders, and three respondents identified as case managers.

- All respondents were satisfied (53%) or very satisfied (47%) with the quality of the training provided by Project Recovery staff.
- All respondents agreed or strongly agreed that the presenters were well prepared, had strong knowledge of the training topic, were clear and understandable, provided helpful information, and responded well to questions.
- Nearly all respondents agreed that the content of the training was what they expected (97%) and what they needed (93%). Slightly fewer agreed that the content was at the appropriate level for them (83%).
- Nearly all respondents who were not already comfortable in these areas agreed that because of the training, they feel more comfortable in their ability to help people access chemical health resources (100%), feel comfortable talking about substance abuse with their clients (96%), and have a better understanding of how to access chemical health resources (92%).
- Respondents gained actionable ideas around how to approach clients about substance use, information about drugs, and learning about treatment options, resources, and the needle exchange program.
- Suggestion for improvement to the training included having more conversation and discussion time (around scenarios, sharing resources, etc.), and less time spent on the overview of drugs; however, about a third of respondents reported that the overview of drugs was the most helpful aspect of the training.

Key findings from stakeholder web survey

- Ninety-two percent of survey respondents said it was somewhat or very difficult for clients to get into housing. About half said it was either very or somewhat easy for clients to get assessed for shelter (49%), but most said it was somewhat or very difficult for clients to get referred to housing (67%).
- The chemical dependency system appears to be more accessible than housing, with only half of respondents (54%) noting it was difficult to get into chemical dependency treatment services. However, looking at the matched analysis, the percent of respondents who said it was difficult to get into CD treatment more than doubled from last year (31% in 2018, and 65% in 2019).
- When selecting the top barriers to linking individuals with chemical dependency with housing services, respondents most often selected clients' criminal background histories (64%) and slow referral processes or long wait lists (49%).
- Slow referral processes or long wait lists was also the most commonly selected top barrier for linking individuals experiencing homelessness with chemical dependency services (56%).
- There is room for improvement in collaboration across sectors as no respondents said that housing and chemical dependency systems work very collaboratively with each other.

Recommendations and next steps

- Based on the interview data, Project Recovery may consider implementing a training for clients on the Coordinated Entry process and the steps involved in getting housing
- If Project Recovery can recruit chemical dependency (CD) providers, it could be useful to provide training on the housing access process as providers felt that a primary barrier for clients as well as staff/professionals was the lack of clarity about the process.
- Similarly, it would be useful to continue training for housing providers to reduce the number of housing providers noting that the CD system is unclear for staff and professionals.
- Project Recovery can continue to work to increase collaboration among the two sectors as professionals in both sectors indicated low levels of collaboration.

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Program description

Project Recovery provides drop-in and case management services to individuals experiencing homelessness and substance use disorders in Ramsey and Dakota counties. Their goal is to successfully link individuals experiencing homelessness and substance use disorders to appropriate housing, treatment, and health care supports. Project Recovery works closely with Ramsey and Dakota Coordinated Entry to ensure individuals experiencing substance use disorders and homelessness can successfully link to appropriate housing options.

Target population

Project Recovery identifies and engages individuals experiencing substance use disorders and chronic homelessness. These are often people who are not connected to emergency shelters and who may be living on the streets or in camps. In addition, many have co-occurring conditions such as mental health and physical health issues.

Services provided

Located at People Incorporated's facility in Saint Paul, Project Recovery's drop-in center provides street outreach (basic survival gear), drop-in services (shower, laundry, Harm Reduction and Recovery groups), and case management assistance (medical, benefits, housing, and shelter referral), with access to People Incorporated's mental health services.

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, reengaging with family members, tribal entities, and communities, and developing trusting, therapeutic relationships with professionals.

Project Recovery provides outreach, treatment support, and recovery maintenance services. They connect individuals with chemical dependency (CD) assessments and treatment services and offer support to people in their recovery.

Client services provided by Project Recovery are outlined as activities in the logic model, included in the Appendix. In addition to outreach, drop-in, and case management services, Project Recovery staff engage stakeholders within CD and Coordinated Entry systems to increase communication and collaboration across these systems.

Additional information about services provided during the grant year is included in Project Recovery's quarterly and year-end reports.

Evaluation methodology

Since October 2010, Wilder Research has worked with People Incorporated to conduct an independent evaluation of Project Recovery. The evaluation provides 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 and data collection

Project Recovery maintains its own case management records. This database collects information about clients at intake, during case management, and at closing. Project Recovery uses this information to complete much of the required reporting for the DHS grant. Project Recovery case managers also collect data about their outreach and engagement activities.

Project Recovery case managers track client goals and progress through an electronic medical record in the form of case notes and case planning assessments. Each client's electronic record is kept up to date, with documentation entered within 72 hours of providing service. Case managers also track their outreach and engagement activities with a focus on documenting the location and number of contacts made. Contacts are tracked according to whether it was a first time or a repeat contact in order to generate an unduplicated number of outreach engagements. Overall, Project Recovery served 91 participants in case management from July 2018 through June 2019. They vastly exceeded their goal of 300 unduplicated contacts and had 679 unduplicated contacts this year. Their work resulted in 45 clients accessing transitional or permanent housing during the grant year.

These data collection efforts and reporting are reflected in Project Recovery's grant reports and are not the focus of this report.

Data collected and analyzed by Wilder Research

Wilder Research collected feedback though face-to-face interviews with program participants to understand more about their experiences with and input on the program. At the conclusion of the training sessions provided by Project Recovery staff, a self-administered questionnaire was collected to provide feedback on the training. Wilder Research also conducted a follow-up web survey with key professional stakeholders in Ramsey and Dakota counties to assess any changes with knowledge and gaps of the Coordinated Entry system.

Feedback from participants

Wilder Research staff conducted 22 in-depth interviews in December 2018 and 20 in-depth interviews in April 2019 with program participants at the drop-in center site (York Avenue).

Project Recovery recruited participants. To avoid duplication, participants were eligible to be interviewed only once during the program year. Wilder Research staff interviewed participants, who were given a $20 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, how Project Recovery has contributed to improvements in their physical health, mental health, or chemical dependency issues, and their suggestions for program improvement.

Training sessions

Project Recovery conducted a training on May 6, 2019, which was geared toward housing providers to gain information about chemical use and resources. Thirty-five professionals enrolled.

A self-administered questionnaire was collected at the end of the training. Of the 30 respondents who completed the questionnaire, 24 respondents worked with housing, three respondents worked with housing and substance use disorders, and three respondents self-identified as case managers.

Web survey

In June 2019, a web survey was distributed to key stakeholders who work in or with the chemical dependency or housing sectors in Ramsey and Dakota counties. Project Recovery staff identified the stakeholders, and 39 people participated, including 14 from substance abuse treatment, 20 from shelter or housing including coordinated entry workers or county administration, and five who identified as case workers.

Wilder Research and Project Recovery staff developed the web survey to assess the knowledge of and barriers to using the chemical dependency and housing and homelessness systems. Participants were asked about how easy it is for clients to access various parts of the systems, what the barriers are for linking individuals with services, their knowledge of the systems, and suggestions for collaboration and training. This round of data collection will serve as a baseline for subsequent administrations of the web survey.

Copies of data collection instruments are in the Appendix.

Findings

Feedback from program participants

Wilder Research staff conducted face-to-face in-depth interviews with 42 participants receiving Project Recovery services this year. Two types of participants were interviewed. Participants currently receiving case management services were defined as clients (N= 24) and those not currently receiving case management services but frequenting the drop-in center were defined as patrons (N=18). Each type of participant had a few questions designed specifically for them. These questions will be identified in the report, as well as any notable differences in responses by participants of either group.

Demographics

About three-quarters (73%) of participants were male (Figure 1). Respondents represented diverse ages, backgrounds, and experiences. Overall, racial and ethnic backgrounds varied and included people who were White or Caucasian (36%), multi-racial (21%), Asian or Pacific Islander (17%), American Indian (14%), and Black or African American (10%). Ten percent identified themselves as Hispanic. Ages ranged from 23 to 62 with an average age of 43. The table below also compares the demographics of the patrons and clients.

1. Demographics

	Patrons (N=18)		Clients (N=24)		Total (N=42)	
	N	%	N	%	N	%
Gender						
Male	11	61%	19	83%	30	73%
Female	6	33%	4	17%	10	24%
Transgender	1	6%	-	-	1	2%
Age						
Average age	43.3 years		43.3 years		43.3 years	
Race						
Black or African American	1	6%	3	13%	4	10%
American Indian	2	11%	4	17%	6	14%
Asian or Pacific Islander	3	17%	4	17%	7	17%
White or Caucasian	8	44%	7	29%	15	36%
Multi-racial or another race	3	17%	6	25%	9	21%
Unknown	1	6%	-	-	1	2%
Ethnicity						
Hispanic or Latino	1	6%	3	13%	4	10%

Note. Percentages may not sum to 100% due to rounding

Most participants (45%) were staying outside/camping (Figure 2). Other participants reported staying with friends (12%), in transitional housing (7%), in shelters (7%), any place they can (5%), or on the train (2%). Nine participants (21%) were living in permanent housing. Clients were more likely to be living outside or camping, while patrons were more likely to be in permanent housing or staying with friends. This could be due to the fact that patrons are sometimes former clients that have received housing through working with case managers. Differences in the current living arrangements between the clients and patrons are shown in the next table.

2. Current living arrangement

Current living arrangement	Patrons (N=18) N	Patrons (N=18) %	Clients (N=24) N	Clients (N=24) %	Total (N=42) N	Total (N=42) %
Outside or camping	6	33%	13	54%	19	45%
In permanent housing	6	33%	3	13%	9	21%
With friends	4	22%	1	4%	5	12%
In shelter	1	6%	2	8%	3	7%
In transitional housing	1	6%	2	8%	3	7%
Anywhere I can	-	-	2	8%	2	5%
Train	-	-	1	4%	1	2%

Most respondents come to Project Recovery because of the programs and services offered

Respondents indicated that they come to Project Recovery for the programs and services offered (57%), getting help with housing (24%), and/or a place to hang out (19%). Selected responses to the open-ended question include:

> *I come to take showers, get resources for everything, and get things like clothing, supplies, and things that I need.*
>
> *I like that they do laundry. I can take showers, educational classes for smoking, sex education. Jobs. Help people get services, food stamps. People are friendly and helpful.*
>
> *I like the services they provide - acupuncture, Tai Chi, health/cooking classes, groups, wellness classes, spiritual growth. Keeps me away from bad people.*
>
> *Try to get assistance with housing, social security and mental health.*
>
> *Set me back on track. I was homeless, very stressed, and didn't know how to come back. But with help, I came back to Project Recovery. Now I am working on getting housing.*
>
> *When I get into my mood, I want to be around people I know and have the same problems like me.*
>
> *Relax and stay warm in winter. Get food somehow.*
>
> *Get mail. I need help with paperwork for services like GA and Medicaid.*

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

Close to three-quarters of respondents (71%) indicated that they have been attending Project Recovery for more than one year (Figure 3) Ninety-one percent of respondents indicated that they attended Project Recovery at least once per week (Figure 4). Patrons and clients had similar responses.

3. How long have you been coming to Project Recovery?

	Patrons (N=18) N	Patrons (N=18) %	Clients (N=24) N	Clients (N=24) %	Total N	Total %
Less than a month	-	-	1	4%	1	2%
1 – 6 months	4	22%	3	13%	7	17%
7 – 12 months	2	11%	2	8%	4	10%
More than a year	12	67%	18	75%	30	71%

4. How often do you come to Project Recovery?

	Patrons (N=18)		Clients (N=24)		Total	
	N	%	N	%	N	%
Once a week or more	16	89%	22	92%	38	91%
Once or twice a month	2	11%	1	4%	3	7%
Less than once a month	-	-	1	4%	1	2%

Respondents feel that the program has helped them improve their physical health, mental health and chemical dependency issues

Respondents were asked a series of questions about possible ways the program helped them in their everyday lives. At least two in five participants reported improvements in all areas (Figure 5) The top two areas of improvement reported by patrons and clients were better knowledge of where to go for needed services (65% of patrons and 88% of clients) and improved ability to respond to day-to-day challenges (47% of patrons and 71% of clients.) Overall, clients were more likely to indicate that things were better in all areas by nearly 20 percentage points, except for knowledge around coordinated entry (63% of patrons reported improvement and only 41% of clients reported improvement). The table below shows their combined responses.

5. 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	%	N	%	N	%
Your overall physical health (N=41)	16	39%	16	39%	9	22%
Your overall mental health (N=39)	18	46%	19	49%	2	5%
Your ability to respond to the day-to-day challenges you face (N=41)	25	61%	13	32%	3	7%
Your knowledge of where you can go in the community to get services you need (N=41)	32	78%	9	22%	-	-
Your knowledge of coordinated entry or how you can get housing (N=38)	19	50%	17	45%	2	5%

Note. Percentages may not sum to 100% due to rounding.

Only clients, those receiving case management services, (N=24) were asked to describe in what ways, if any, had services they received at Project Recovery improved their mental and physical health, chemical dependency or recovery issues, and housing situation. Due to the complexity of responses, the interview also changed from having closed-ended questions in December to having open ended questions in April to describe mental and physical health. Overall, those who gave more narrative responses noted positive changes and improvements in their lives. Many responses show the overlap between physical health, mental health, and chemical health for this population. Respondents also noted that without housing, improvements in the other areas are challenging.

Physical health (N=10)

At least two respondents noted that getting insurance, being able to have good hygiene, and having help getting food has made a difference in their physical health.

> *I am out in the elements. I am able to get cleaned up and able to get some food. This is why my physical health is so much better.*
>
> *I don't have any real physical problems. I have gained weight since coming - I needed to do that.*
>
> *Got medical insurance through Project Recovery. Helped with heart disease (medical services).*
>
> *A lot: 1) They helped me get an insurance card. 2) Provided transportation to medical appointments and other places. 3) Helped with food.*

Mental health (N=10)

At least two respondents mentioned that having the space to go during the day, Project Recovery services and assessments, and being with the staff and community at Project Recovery have helped them improve their mental health.

> *They gave me more hope on a lot of things. Gave me more hope because I got the mental health evaluation to help me get my kids back and gave me hope because I got housing. That's good isn't it?*
>
> *I am so much more stable. I have someone I can rely on to help me every day. That takes a lot of stress out of my life.*
>
> *They provide opportunities for socialization - that has helped. The staff are concerned if I tell them something is wrong and they try to help (that makes me feel better.) They help get me going.*
>
> *The services helped me feel better because I know now how to find the help I need.*
>
> *They have a place where you can relax and watch TV and play pool. You feel better when you get off the streets for a while.*
>
> *I get up earlier now - I can face the day. Just being able to come here and be with people here. It makes my days go better. Without this, I don't know where I would go during the day.*
>
> *They got me a Rule 25 and help getting into an inpatient program. They got me connected with a psychiatrist and helped me get the medications I needed.*

Chemical dependency (N=24)

At least two participants noted that physically being at Project Recovery helps in terms of both an alcohol-free space and the services and support they receive. Multiple clients mentioned that having support of staff and their peers has helped with their chemical dependency.

> *They got me going to meetings and stuff and asked me if I go to them. He's more a friend than a worker. I don't have too many people like that. They trust me and I don't want to do them wrong, so I got to do it. I want to prove them right and it makes me feel good - yeah! I don't do either, not even smoke that much anymore - been going smoking class. Only drugs I do now are my meds. Just have to find different people to hang with. Staff said you have to find a new crowd, and that's what I'm doing.*
>
> *It helps here. The groups, talking to other group members here to get their perspective. Hard to keep away from "wrong crowd." Ok when here but hard to stay sober out there.*
>
> *Use alcohol - haven't helped me stop drinking; except to come here because I can't drink here.*
>
> *The hygiene (shower) facilities and bus tokens make my day livable, and help keep the depression from kicking in and me having to go back to a sober house to live.*

Housing (N=24)

Nine clients noted they were working with Project Recovery staff to get housing, eight clients mentioned they have or have gotten into housing during their time working with Project Recovery, and seven clients said they have not yet had worked on or had success in getting housing.

> *Not yet, but I am hopeful.*
>
> *I am working with my counselor and am on a list to get an interview for an apartment.*
>
> *We started to work on housing and will be again when we meet this week.*
>
> *They got me a house and furniture and stuff - frying pans, skillets, etc. They always give you a lot of stuff.*
>
> *A lot. Wasn't homeless anymore. Finished GE classes, helping to get my kids back.*

Clients describe their understanding of the coordinated entry system and other work they do with their case managers

Housing, bus tokens, and "whatever is needed" were the top responses from clients (N=24) when they were asked to describe the types of things that they work on with their case managers. Clients also mentioned getting help with paperwork, medication, and getting an identification card. Other items mentioned by one client each included: getting them to appointments, teaching living skills, finding a place to stay, planning the next step, talking to people for them, taking care of legal items, helping with Social Security, and taking care of them.

Nearly three-quarters of clients (71%) reported that their case manager talked to them about the coordinated entry system and how to get housing, and 61% of clients reported that they have completed a coordinated entry housing assessment. To gauge how clients are understanding the new coordinated entry system, we asked them to describe how the system works. There was a fair bit of uncertainty (7 clients did not know or felt they knew nothing about it) but in general clients saw it as essentially making appointments, filling out paperwork, going on a waiting list, and eventually getting housing. A couple clients mentioned the concept of prioritizing housing based on length of homelessness and health status. In their own words, clients describe how they believe the coordinated entry process works.

> *I got housing already. I got housing November 1st. I had to go to meetings and appointments and they did all the paperwork. Said it was going to be awhile but then they got me a place quick and then they got me furniture and stuff - blankets, towels, dishes.*
>
> *Make appointments. Make you wait a month or two and then you get a voucher.*
>
> *They (Project Recovery) helps you get on a list and there is a waiting period.*
>
> *People that come to the library with housing resources; don't know, my memory's not very good.*
>
> *They give you a number to call and eventually they'll call back. You're on a list. They'll call you. You go to an appointment. Go through paperwork, sign paperwork, then you get apartment.*
>
> *I don't know. I just filled out the application and waiting in line.*
>
> *Not really- I have TBI and no short-term memory. I can't think through things in a logical way or remember the exact things I have done or need to do.*
>
> *I don't remember - it was 8 months ago and I never understood it.*

> *1) You have to be homeless. 2) Then you answer a lot of questions, like "How did it (losing home) happen?", "Where do you stay now?", "How do you support yourself?" and ask for information on your health. Based on your answers to these questions, you get points, and have to have a certain number to qualify. 3) Then you are a waiting list. 4) Then you get a rental agent and can find a place.*
>
> *Case manager mentioned it to me: It's the new program, they enter your information in so you can potentially get housing. Your eligibility is based on your long-term (length of) homelessness and health. Project Recovery submits your application to the county - that's all I know.*

Clients were asked to talk about what worked well and what did not work well with this coordinated entry process. For some clients, the process went smoothly and quickly, and for others, they are still waiting and are having a challenging time with long waits and lack of communication.

What went well with the coordinated entry process?

> *Went to transitional housing, then they said it was ok and they got me a place.*
>
> *They take care of everyone. They don't care your religion, sexual preferences.*
>
> *I was here before and then came back but didn't have to do whole process again. Got to pick back up. That was good. Almost had a place. Lost it, don't know what happened, get very discouraged.*
>
> *Determined to help me get housing, get my life in order.*
>
> *Staff was very resourceful. Staff is my case manager.*
>
> *Everything has gone well. Got housing quickly. Will not be big enough to support all the kids but can't do anything about that until the ICWA letter comes through.*
>
> *I thought it would be hard, but it went smoothly. Worked just fine.*
>
> *Went well: Once they gave me enough points to qualify, it went OK. I have a lot of health problems (heart failure, gout, sleep apnea) - they say they put people with health problems ahead of others.*

What did not go well with the coordinated entry process?

> *Did not go well: All the waiting - I was camping outside. Took me 2+ years the first time.*
>
> *Not gone well: I have to do the intake all over again, even though all of my information is the same as when I did the assessment before.*
>
> *Not so well - The time it takes - the wait is getting to me and I haven't had an interview yet or seen an apartment. Don't know who or what is causing the delay.*
>
> *At first I had to go to a lot of meetings and didn't like it. Then I just went to them and opened up and then they got me a place. At first meetings were for housing, some were for Mental Health and some were for meds.*
>
> *Don't have a home yet.*
>
> *The fact that you get only two chances, the third you are on your own.*
>
> *Their communication - state/DHS? It is hard not knowing just have to wait, lots of back and forth. Ask if they've heard anything every time I come to Project Recovery.*
>
> *Correspondence – Case Manager needs to be calling the state more. Why isn't staff calling more? He should be talking to them more. What is his caseload like? He's too busy for me.*
>
> *Slow.*

Clients were also asked if they had any questions of the coordinated entry process. Their questions are below.

> *How do I get in?*
>
> *Just how long it will take and what else needs to be done?*
>
> *Should I communicate with "them" or does PR do it alone?*
>
> *I think I understood how it works, but would like to know why it doesn't work faster for people who have proved they are homeless.*
>
> *I'm not sure how it all works. They say they select people based on their long-term homelessness. But the case manager at the county did not tell me that I could qualify because of my mental illness and physical injury (TBI), but the people here at Project Recovery tell me that mental illness and my physical injury does count. The people here are fantastic.*

Patrons, those who did not receive case management services, describe their need or desire for working with a case manager

Fifty-six percent of patrons (N=18) remembered talking about meeting with a case manager at Project Recovery. This is a potential area of growth for Project Recovery to increase the number of patrons who are approached about case management. Seven patrons had received case management services from Project Recovery in the past. Of those seven, five reported still receiving some services from Project Recovery. Six of the 18 patrons (33%) reported working with case managers from another organization.

The patrons who were interested in working with a case manager but were not currently doing so mentioned lack of knowledge about the process and mental health or other health needs as barriers to get started. For those who did not want to work with their case manager, at least two people mentioned not needing case management services or having another case manager somewhere else.

If interested in a case manager, what do you need to get started?

> *Never been homeless, I don't know what I need. So far people I have talked with, they are very helpful.*
>
> *Don't know how to go about doing it.*
>
> *I need the case manager and mental health assessment to see if I have mental health. Apartment qualifications.*
>
> *Want to get counseling or something set up for mental health and I could use physical health. Being transferred out of housing into different housing. Not aware of everything. I don't know if you can use both Housing First and Project Recovery.*
>
> *Need to do assessment. Next door, the mental health assessment.*

Respondents feel more successful and hopeful about the future

All respondents were asked how they were doing now compared to before they came to Project Recovery. Respondents reported relying on outside help more often (58%), feeling more hopeful about the future (53%), talking over their problems with someone more often (50%), having an increased sense of belonging (46%), and being less likely to become upset when things go wrong (46%) (Figure 6). Patrons were more likely to say they were willing to rely on outside help (65% patron, 50% client) and less likely to become upset when things go wrong (59% patron, 35% client). Clients were more likely to say they were talking over problems more often with someone they know (58% client to 34% patron). The other items were similar across patron and client responses.

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

	More		About the same		Less	
	N	%	N	%	N	%
Your willingness to rely on outside help (N=40)	23	58%	14	35%	3	8%
Your hopefulness about the future (N=40)	21	53%	11	28%	8	20%
How much you talk over problems with someone you know (N=40)	20	50%	15	38%	5	13%
How upset you get when things go wrong (N=41)	6	15%	16	39%	19	46%
Your sense of belonging (N=40)	18	45%	15	38%	7	18%

Note Percentages may not sum to 100% due to rounding.

A majority of respondents use and value the Project Recovery services

Project Recovery services used most often by respondents were getting clothing, toiletries, or other basic supplies (93%), mobile food shelf (91%), bus tokens (88%), and shower facilities (88%) (Figure 7). The majority of clients also used laundry facilities (71%), mail delivery (69%), internet and computer access (67%), group classes (62%), coordinated entry or help finding housing (60%), mental health screenings/assessments (60%), primary care through Livio or Behavioral Health Home or physical health screening/assessments (55%). The service used least often was acquiring services for alcoholism or a drug problem (26%).

Overall, a higher percentage of clients than patrons reported using Project Recovery services. However, clients and patrons were equally likely to use to the internet/computer. A higher percentage of patrons reported attending groups such as support or living skills groups (67% for patrons vs. 58% for clients). (Figure 7)

7. Since coming to Project Recovery, have you used this service?

	Patrons (N=18)		Clients (N=24)		Total (N=42)	
	N	%	N	%	N	%
Getting clothing, toiletries, or other basic supplies	15	83%	24	100%	39	93%
Mobile food shelf, food assistance, or other meals	15	83%	23	96%	38	91%
Shower facilities	14	78%	23	96%	37	88%
Bus tokens	13	72%	24	100%	37	88%
Laundry facilities	10	56%	20	83%	30	71%
Mail delivery	8	44%	21	88%	29	69%
Internet/computer access	12	67%	16	67%	28	67%
Group classes (for support, education, living skills)	12	67%	14	58%	26	62%
Coordinated entry or help with housing	8	44%	17	71%	25	60%
Mental health screening/assessments or services/therapy	7	39%	18	75%	25	60%
Primary care through Livio or Behavioral Health Home and physical health screening/assessments	6	33%	17	71%	23	55%
Getting services for a alcoholism or a drug problem	3	17%	8	33%	11	26%

Almost all respondents expressed that Project Recovery services were "somewhat helpful" or "very helpful." The following table shows the "very helpful" ratings for each service. About 9 out of 10 respondents who used the service rated the mobile food shelf (92%), shower facilities (92%), laundry facilities (90%), mail delivery (90%), and bus tokens (89%), as "very helpful." Group classes (58%) received the lowest percentage of respondents who gave ratings of "very helpful" (Figure 8).

8. Of the services used, how helpful was this service to you?

	Patrons		Clients		Total	
Service was "very helpful"	N	%	N	%	N	%
Mobile food shelf, food assistance, or other meals (N=38)	15	100%	20	87%	35	92%
Shower facilities (N=37)	13	93%	21	91%	34	92%
Laundry facilities (N=30)	9	90%	18	90%	27	90%
Mail delivery (N=29)	7	88%	19	91%	26	90%
Bus tokens (N=37)	11	85%	22	92%	33	89%
Getting clothing, toiletries, or other basic supplies (N=39)	14	93%	19	79%	33	85%
Primary care through Livio or Behavioral Health Home and physical health screening/assessments (N=23)	5	83%	14	82%	19	83%

8. Of the services used, how helpful was this service to you? (continued)

	Patrons		Clients		Total	
Service was "very helpful"	N	%	N	%	N	%
Mental health screening/assessments or services/therapy (N=24)	5	71%	13	77%	18	75%
Coordinated entry or help with housing (N=25)	7	88%	11	65%	18	72%
Internet/computer access (N=28)	7	58%	13	81%	20	71%
Getting services for a alcoholism or a drug problem (N=10)	2	67%	5	71%	7	70%
Group classes (for support, education, living skills) (N=26)	7	58%	8	57%	15	58%

Of all the services used, respondents were asked to select the single most helpful or valuable service based on the services used. Their open-ended responses were organized into categories. Respondents reported that the shower facilities (21%), mental health services (17%), housing assistance (12%), group classes (12%), were the most helpful services provided by Project Recovery (Figure 9). In addition to specific services, multiple people also mentioned that everything was helpful or that staff in general were helpful.

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

N=42	N	%
Showers	9	21%
Mental health screenings or services	7	17%
Housing	5	12%
Group classes	5	12%
Mobile food shelf	3	7%
Bus tokens	3	7%
Staff	3	7%
Mail	2	5%
Internet/computer access	1	2%
Getting clothing, toiletries, or other basic supplies	1	2%
Physical health screenings or services	1	2%
Everything	3	7%
Staff	3	7%

Note: Respondents sometimes noted more than one service as being the most helpful to them. Therefore percents do not sum to 100%.

Respondents were asked why they felt that these services were the most helpful to them. Selected comments include:

> *There is nowhere else to shower when you are living out there - camping or in a car.*
>
> *Starting to feel better, don't feel depressed and down talking to them. I like sitting down and talking to them. Now they also give me my meds. Mondays are always my appointments.*
>
> *Mental health services have had the biggest impact.*
>
> *The group, you can have a better life with them, giving a chance.*
>
> *Housing is my biggest need - the most important to me. I have stayed in lots of shelters and don't want to stay in places (programs) like Higher Ground even though it is nice and new. I need my own place to feel OK*

> *Shower, laundry, transportation, services for alcoholism, basic supplies and needs are important because I am in the area. I have problems with transportation. They have classes and the people are very nice. I keep coming back and get more help*
>
> *Saves money on transportation that I can use for food and other things that I need.*
>
> *Everyone is on food stamps and running short on food. Food truck is helpful, I'll use it today.*
>
> *The physical health screenings and sitting down and talking to staff. Because it keeps me out of jail and do positive things working.*

A majority of respondents agree that Project Recovery staff are available, help them, and understand their culture

Respondents were asked a series of questions about their work with the Project Recovery staff. Overall, respondents "agreed" or "strongly agreed" that the Project Recovery staff understand their culture (98%) and helped them get what they need (93%). Respondents reported that they felt comfortable talking to Project Recovery staff (98%) and could trust at least one member of the staff (93%). There was little difference between the responses of patrons and clients. (Figure 10).

10. Working with staff at Project Recovery

	Number and percent reporting "agree" or "strongly agree"					
	Patrons (N=18)		Clients (N=24)		Total (N=42)	
	N	%	N	%	N	%
Project Recovery staff help me get what I need	17	94%	22	92%	39	93%
Project Recovery staff respect my culture	18	100%	23	96%	41	98%
I feel like I can trust at least one of the staff members at Project Recovery	17	94%	22	92%	39	93%
I am comfortable talking to a Project Recovery staff member if I need help with something	18	100%	23	96%	41	98%

Respondents offered suggestions for improvements related to amenities, food, hours, and treatment of substance issues

Respondents made a few suggestions for improvements, including offering more hours, hiring more staff, improving services, improving interaction with the participants, providing more showers, and providing more help finding housing. These are themes from open-ended responses (Figure 11).

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

N=42 (Open-ended response categorized into themes)	N	%
Extend hours	9	21%
Improve services	7	17%
Improve interactions with participants (including follow-up/through, getting to know people/listening, etc.)	7	17%
Hire more staff	4	10%
More showers	3	7%
More help with housing	2	5%

When asked what they still need help with, clients most frequently said housing (45%). Over one-tenth of respondents (12%) reported that Project Recovery is meeting their needs (Figure 12.)

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

N=42 (Open-ended response categorized into themes)	N	%
Housing	19	45%
None/Project Recovery meets my needs	5	12%
Support/continued friendship	5	12%
Social Security/SSI	5	12%
Health/mental health	4	10%
More classes/groups	4	10%
Identification	3	7%
Transportation	2	5%
Job	2	5%
Mail	2	5%

Note. Participants could list multiple items they still need help with, so percentages will not sum to 100.
Six respondents also mentioned other services including laundry, furniture, food, paperwork, stop smoking, and SNAP.

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

Respondents were asked if they had anything additional to say about Project Recovery. People who commented most frequently explained how much they appreciated the program and the staff.

> *I definitely appreciate them. I don't know where I would be without them - probably in jail. They are here to do a good job at what they do. They respect us. They have brought light into my future. At [other shelters] they never treat us as respectfully as they do here.*
>
> *They have been very helpful, patient. They work well with individuals who are mentally disabled. The conversations are intellectual/articulate. They are positive people.*
>
> *The staff are great people. They help you a lot - in the ways that you need it - and they point you to the right place to go if they can't help directly.*
>
> *This is the best place to go and get information. They actually help you by being on the phone with you so you don't waste time getting the run around. They know what to say and how to say it to actually get help. Others just hand you a piece of paper and that's it.*

Feedback from training provided by Project Recovery

Project Recovery conducted a training for participants on May 6, 2019. The goal of the training was to provide those working in the housing field an overview of commonly used drugs and symptoms, resources for chemical use, and ways in which the chemical health and housing systems could work together. A brief survey was collected at the end of the training. Of the 30 respondents who completed the training survey, 24 respondents worked in housing, three respondents worked in housing and substance use disorders, and three respondents identified as case managers.

Respondents were satisfied with the training and the presenters

All 30 respondents reported that they were satisfied (53%) or very satisfied (47%) with the training. All respondents agreed or strongly agreed with the statements about the presenters. (Figure 13).

13. Overall ratings of the presenter.

	Strongly Agree		Agree		Disagree		Strongly disagree	
Overall, the presenter(s) (N=30)	**N**	%	**N**	**%**	**N**	**%**	**N**	**%**
Had strong knowledge of the training topic	23	77%	7	23%	-	-	-	-
Were clear and understandable	20	67%	10	33%	-	-	-	-
Were well prepared	19	63%	11	37%	-	-	-	-
Responded well to questions	19	63%	11	37%	-	-	-	-
Provided helpful information of materials	15	50%	15	50%	-	-	-	-

Respondents also provided some additional comments on the presenters and the materials, in particular noting that less time on the actual drugs and more time on conversations and scenarios would be helpful. Their feedback is listed below:

> *I thought there would be materials available but I'm also happy paper was not wasted.*
>
> *A little more organization on slide presentation.*
>
> *More examples, more examples of how to talk to clients or addressing them.*
>
> *I liked the overview of substances - I would have liked more tangible conversational ideas.*
>
> *More information about working with clients while they are using.*
>
> *Getting more into how to have conversations about dry use and successful techniques, spending less time on actual drugs (most familiar).*
>
> *Good questions/scenarios - maybe more time for that and less on drug 101 part since most professional are familiar with that.*
>
> *Very useful information.*

The vast majority of respondents agreed or strongly agreed with the statements about the content of the training. Ninety-seven percent agreed that the content of the training was what they expected (Figure 14).

14. Ratings of the content of the training

	Strongly Agree		Agree		Disagree		Strongly disagree	
(N=30)	**N**	%	**N**	**%**	**N**	**%**	**N**	**%**
The content of this training was what I expected.	14	47%	15	50%	1	3%	-	-
The content of this training was what I needed.	12	40%	16	53%	2	7%	-	-
The content of this training was at the appropriate level for me.	11	37%	14	47%	5	17%	-	-

The training had a positive impact on respondents

Respondents were asked to provide feedback on the training's effect on their understanding and comfort level working with clients. Respondents who already had a strong understanding or level of comfort before the training were asked to indicate that in their answer. About one in five respondents reported that they already had a strong understanding of how to access chemical health resources (17%), felt comfortable talking about substance abuse with their clients (20%), and felt comfortable in their ability to help people access chemical health resources (17%).

Nearly all respondents who were not already comfortable or had a strong understanding agreed or strongly agreed with statements that they feel more comfortable in their ability to help people access chemical health resources (100%), feel comfortable talking about substance use with their clients (96%), and improved their understanding of how to access chemical health resources (92%) because of the training (Figure 15).

15. Improved understanding or level of comfort because of the training

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
I feel more comfortable in my ability to help people access chemical health resources. (N=25)	5	20%	20	80%	-	-	-	-
I will feel more comfortable talking about substance use with my clients. (N=24)	9	38%	14	58%	1	4%	-	-
I better understand how to access chemical health resources for people I work with. (N=25)	5	20%	18	72%	2	8%	-	-

Twenty-four respondents (80%) reported gaining at least one actionable idea they could use in their work. Their ideas included thoughts on how to approach their clients about substance use, information about drugs, resources, treatment options, and the needle exchange program.

Respondents were asked to describe the ways, if any, they could better communicate or collaborate with substance abuse providers or housing providers/Coordinated Entry. Thirteen respondents (43%) made suggestions, including:

- Improving communication methods with clients
- Working with landlords
- Sharing or investigating available resources
- Talking about harm reduction
- Doing outreach with others and working together

Overview of drugs and symptoms was helpful, but participants also want more information on conversations and interactions

When asked what the most helpful aspect of the training was, of the 20 respondents who commented, half of the respondents stated that the overview of drugs and signs and symptoms of chemical abuse was helpful. Close to one-third (30%) valued the open discussions about the drug issues and guidance on how to deal with them. A few respondents reported that it was helpful to receive information on the harm reduction model. Others found it helpful to learn about resources that are available.

> *Better understanding of different drugs and symptoms.*
>
> *Drug education and accessible resources.*
>
> *Refresher on intoxication, what to look for and signs of withdrawal.*
>
> *Sign and symptoms - how to deal with different levels of change.*
>
> *Awareness of substance abuse issues and guidance on how to address those issues.*
>
> *I learned about additional supportive treatment such as Suboxine.*

When asked for suggestions for improvements to the training or the content, some respondents suggested the content could have been more about conversations and interactions with clients and less about drug information. In addition, the training topics could have been targeted more toward the audience and provided more in-depth information and more resource sharing. Two respondents wanted to have a longer training, while one mentioned shortening it. One respondent thought that having materials would have been helpful.

> *I would like a deeper dive into the topics.*
>
> *Maybe more on the program and more of a resource sharing piece including all people in the room. Share resources and knowledge.*
>
> *More tangible examples of conversations.*
>
> *Specifically more conversation of resources.*
>
> *To learn more harm reduction approaches/conversations.*
>
> *Less information on drugs and more interacting with clients and landlords.*
>
> *The explanation on drugs was a bit dry and extended. Shorten it or make it more interactive.*

And lastly, respondents were asked about what topics they would suggest for future trainings. Their responses are listed below:

> *I always have questions!!*
>
> *Mental health and housing.*
>
> *More in-depth training.*
>
> *More treatment center information. Have someone who works at a treatment center here.*
>
> *Resource sharing from training participants.*
>
> *Specific county resources.*

Systems follow-up web survey

In 2018, Wilder conducted a web survey to collect baseline information from providers, county administrators, and other stakeholders who professionally interact with the homelessness and/or chemical dependency systems. The survey asked about the ease of use for both systems, the top three barriers for both systems, general familiarity with the systems, and perceptions of and suggestions for collaboration between the systems. In June, Wilder conducted a one-year follow-up survey to see if perceptions had changed after a year of training and further interaction with the coordinated entry system.

Matched analysis

In order to get a sense of what change may have occurred over the course of the year, Wilder Research conducted a matched analysis of the 17 individuals who took the survey in both the baseline and the follow-up year. This is often the best way to look at change across years as it shows changes over time for the same group of people. This is particularly important as there were differences in the number of participants, and variations from year to year in the numbers representing each sector, from baseline to follow-up.

Due to some incomplete responses, changes to the survey sample due to staff turnover, and a small number of matched pairs, the matched data are less robust, and findings are primarily presented using this year's data only. Matched analysis of baseline and follow-up data are is included in a side bar in cases where the analysis showed a change over time.

Participants

Overall, 39 participants took the survey, 41% from Dakota County and 59% from Ramsey County. Fifty-one percent of respondents said they were either a shelter or housing provider, county administration related to housing, or Coordinated Entry staff, and 36% said they were a substance abuse treatment provider or county administration related to substance abuse (Figure 16). Five people said they were case managers, but it is unclear whether they worked primarily in housing or substance abuse. The data are discussed overall, as well as by county and by sector.[1]

16. Which of the following best describes your role or sector?

Have you referred clients to any of the following:	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Substance abuse treatment provider	36%	19%	48%	-	100%
Shelter or housing provider	41%	56%	30%	80%	-
Case manager	13%	6%	17%	-	-
County administration related to housing	5%	13%	-	10%	-
Coordinated Entry (for housing)	5%	6%	4%	10%	-

Note. Percentages may not sum to 100% due to rounding.

[1] The case managers are included in the overall and county data, but are not grouped with the housing or substance abuse categories.

In Ramsey County, 48% of participants identified as substance abuse treatment providers and/or administration, compared to only 19% of Dakota County participants. Similarly, 75% of Dakota County participants indicated a role related to housing, compared to only 35% of the Ramsey County participants. Therefore, there is an uneven representation of housing and substance abuse roles between the two counties; data from Ramsey County may be more representative of substance abuse roles, while data from Dakota County may be more representative of housing roles.

Referrals

To understand the types of referrals the stakeholders have been making, we asked if they had referred clients to a variety of services. Coordinated Entry was the most common referral (87%), and all Dakota County participants as well as nearly all housing sector participants had made a Coordinated Entry referral (Figure 17).

Matched analysis (N=17):

More respondents referred clients to coordinated entry this year than last year (77% had made a referral in 2018, and 88% had made a referral this year).

17. Referrals to services

Have you referred clients to any of the following:	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Coordinated entry or coordinated assessment for housing	87%	100%	78%	95%	71%
Mental health treatment	82%	81%	83%	75%	93%
Group Residential Housing or permanent supportive housing	82%	88%	78%	80%	86%
Substance abuse treatment or recovery support	79%	81%	78%	75%	93%
Case management services	79%	81%	79%	80%	79%
Section 8 or other subsidized rental housing	74%	94%	61%	85%	50%

Note. Percentages may not sum to 100% due to rounding.

Ease of use

We asked participants how easy they feel it is for clients to get assessed for shelter, to get a housing referral, and to get in to housing. Thirty-eight percent said it was somewhat or very difficult to get assessed for shelter and housing (Figure 18). Sixty-seven percent said it was somewhat or very difficult to get a housing referral (Figure 19), and all but three stakeholders (92%) said it was somewhat or very difficult for clients to get into housing (Figure 20). The stakeholder perceptions suggest that the housing assessment process is easier in Dakota County than in Ramsey County, as 81% of Dakota County participants said it was very or somewhat easy, compared to 26% of Ramsey County participants. This difference could be attributed to the fact that there were more housing providers responding from Dakota County; however, the difference was more pronounced by county than by sector.

Matched analysis (N=17):

Housing appears to be even harder to access this year. The percentage of respondents who said it was very difficult to get into housing nearly doubled from last year (increased from 41% to 77%).

18. In general, how easy is it for clients to get assessed for shelter and housing through Coordinated Entry?

Ease	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very easy	8%	13%	4%	-	14%
Somewhat easy	41%	69%	22%	65%	14%
Somewhat difficult	28%	13%	39%	25%	29%
Very difficult	10%	6%	13%	5%	14%
Don't know	13%	-	21%	5%	29%

Note. Percentages may not sum to 100% due to rounding.

19. In general, how easy is it for clients to get a housing referral through Coordinated Entry?

Ease	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very easy	-	-	-	-	-
Somewhat easy	23%	38%	13%	35%	7%
Somewhat difficult	51%	56%	48%	50%	50%
Very difficult	15%	6%	22%	15%	14%
Don't know	10%	-	17%	-	29%

Note. Percentages may not sum to 100% due to rounding.

20. In general, how easy is it for clients to get in to housing?

Ease	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very easy	-	-	-	-	-
Somewhat easy	5%	-	9%	5%	7%
Somewhat difficult	28%	38%	22%	25%	21%
Very difficult	64%	63%	65%	70%	64%
Don't know	3%	-	4%	-	7%

Note. Percentages may not sum to 100% due to rounding.

The chemical dependency (CD) systems seem more accessible than housing, as only one-third of stakeholders (33%) said it was somewhat or very difficult to get assessed for CD treatment (Figure 21), and 54% said it was somewhat or very difficult to get into CD treatment services (Figure 22). Respondents from the substance abuse sector were twice as likely to say it was very or somewhat easy to get assessed for CD treatment services than those in the housing sector (86% compared to 40%; Figure 6). This could again be due to county differences, though the differences are more pronounced by sector. This also makes sense given that the substance abuse sector would be more familiar with the assessments for CD treatment services.

Matched analysis (N=17):

Although the CD system appears to be more accessible, those who said it was difficult to get into CD treatment more than doubled from last year (31% in 2018, and 65% in 2019).

21. In general, how easy is it for clients to get assessed for chemical dependency treatment services?

Ease	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very easy	15%	13%	17%	-	43%
Somewhat easy	41%	44%	39%	40%	43%
Somewhat difficult	28%	25%	30%	30%	14%
Very difficult	5%	13%	-	10%	-
Don't know	10%	6%	13%	20%	-

Note. Percentages may not sum to 100% due to rounding.

22. In general, how easy is it for clients to get in to chemical dependency treatment services?

Ease	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very easy	3%	-	4%	-	7%
Somewhat easy	31%	31%	30%	25%	36%
Somewhat difficult	46%	50%	43%	40%	50%
Very difficult	8%	13%	4%	10%	7%
Don't know	13%	6%	17%	25%	-

Note. Percentages may not sum to 100% due to rounding.

Barriers

Participants were asked to choose the top three biggest systems barriers to linking individuals with chemical dependency with housing services. Overall, participants listed criminal background issues with clients (64%) and a slow referral processes or long wait lists (49%) as the biggest systems barriers (Figure 23). Criminal background issues with clients was a top barrier across both counties and the housing and substance abuse sectors. The process for getting housing being unclear for staff/professionals was a particular barrier for the substance abuse sector compared to the housing sector, and could present an opportunity for training (36% to 5%). This was also more pronounced in Ramsey County (22%) than in Dakota County (6%). The substance abuse sector also had a higher percentage of respondents who said that the process is unclear for clients (29% to 10%).

23. What do you feel are the top 3 biggest systems barriers to linking individuals with chemical dependency (not families) with housing services?

What do you feel are the top 3 biggest systems barriers to linking individuals with chemical dependency (not families) with housing services?	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Criminal background issues with clients	64%	69%	61%	60%	57%
Slow referral process or long wait lists	49%	44%	52%	45%	50%
Untreated mental health conditions of clients	36%	38%	35%	40%	29%
Chemical dependency of clients	31%	38%	26%	35%	21%
Housing stock does not match the needs	28%	25%	30%	30%	21%
The process for getting housing is unclear for staff/professionals	15%	6%	22%	5%	36%

23. What do you feel are the top 3 biggest systems barriers to linking individuals with chemical dependency (not families) with housing services? (continued)

What do you feel are the top 3 biggest systems barriers to linking individuals with chemical dependency (not families) with housing services?	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
The process for getting housing is unclear for clients	15%	13%	17%	10%	29%
Paperwork to get into housing is too burdensome	13%	19%	9%	20%	7%
Issues with clients' document requirements (ID, social security, etc.)	10%	6%	13%	10%	7%
Transportation issues with clients	5%	6%	4%	0%	14%
Other systems issues (please specify)	10%	19%	4%	20%	-
I don't know enough about the barriers to housing services to confidently answer	5%	-	9%	5%	7%

Note. Respondents could choose up to three barriers, therefore columns do not sum to 100%.

When asked what the top three biggest systems barriers were to linking individuals experiencing homelessness with chemical dependency services, again, participants listed slow referral processes or long wait lists as the biggest barrier overall and across counties and sectors, with nearly half selecting it as a barrier in each group (Figure 24). This was particularly articulated in the substance abuse sector where 79% listed slow referral processes and wait lists as a barrier. In the substance abuse sector, 43% said that client insurance lapsing was a particular barrier (compared to just 10% of housing). However, housing staff noted more often than substance abuse staff that CD treatment does not match the needs (30% to 14%) and that the process is unclear for staff and professionals (20% to 0%).

Matched analysis (N=17):

Housing system barriers: Untreated mental health conditions (from 12% to 30%) and transportation (from 0 to 12%) increased as barriers for people to get housing. The process being unclear for clients (25% to 12%) and issues with clients' document requirements (25% to 6%) both decreased as barriers.

CD system barriers: Untreated mental health conditions also increased as a barrier for accessing the CD system (from 31% to 53%). Interestingly, transportation decreased as a barrier (from 25% to 12%).

24. What do you feel are the top 3 biggest systems barriers to linking individuals (experiencing homelessness) with chemical dependency services?

What do you feel are the top 3 biggest systems barriers to linking individuals experiencing homelessness with chemical dependency services?	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Slow referral process or long wait lists	56%	56%	57%	45%	79%
Untreated mental health conditions of clients	49%	38%	57%	55%	50%
Difficulty finding treatment that accepts clients with high mental health or other medical needs	36%	31%	39%	35%	36%
CD treatment does not match the needs	26%	31%	22%	30%	14%
Client insurance has lapsed	26%	19%	30%	10%	43%
The process for getting chemical dependency services is unclear for clients	18%	19%	17%	10%	21%
Transportation issues with clients	15%	19%	13%	21%	10%
The process for getting chemical dependency services is unclear for staff/professionals	13%	19%	9%	20%	-
Paperwork is too burdensome	8%	6%	9%	5%	14%
Difficulty finding treatment that accepts MAT (medication-assisted treatment)	5%	6%	4%	5%	-
Other systems issues (please specify)	8%	6%	9%	5%	7%
I don't know enough about the barriers to chemical dependency services to confidently answer	10%	13%	9%	20%	-

Note. Respondents could choose up to three barriers, therefore columns do not sum to 100%.

Knowledge

As expected, those in the substance abuse sector rated their knowledge of the chemical dependency system as being very or somewhat strong (100%) compared to those in the housing sector (45%; Figure 25). Conversely, those in the housing sector rated their knowledge of the housing and homelessness system as very or somewhat strong (90% compared to 31% of the substance abuse sector; Figure 26). Differences between counties participants' knowledge in each system are most likely attributed to the higher percentage of substance abuse sector participants from Ramsey County and the higher percentage of housing sector participants from Dakota County.

25. How would you rate your knowledge of the chemical dependency treatment system in [county]?

Strength of knowledge	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very strong	21%	19%	23%	-	54%
Somewhat strong	45%	38%	50%	45%	46%
Somewhat weak	21%	31%	14%	35%	-
Very weak	5%	6%	5%	5%	-
Don't know	8%	6%	9%	15%	-

Note. Percentages may not sum to 100% due to rounding.

26. How would you rate your knowledge of the housing and homelessness system in [county]?

Strength of knowledge	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very strong	42%	63%	27%	60%	8%
Somewhat strong	29%	31%	27%	30%	23%
Somewhat weak	24%	6%	36%	5%	62%
Very weak	3%	-	5%	-	8%
Don't know	3%	-	5%	5%	-

Note. Percentages may not sum to 100% due to rounding.

Collaboration

This baseline survey indicates room for improvement in collaboration across sectors. No respondents said that the housing and chemical dependency systems currently work very collaboratively with each other to serve clients (Figure 27). Across all groups, most participants said they work somewhat collaboratively or not very collaboratively (both 42%).

27. In general, would you say that providers in the housing and chemical dependency systems currently work together to serve clients…

Level of collaboration	Overall (N=39)	Dakota County (N=16)	Ramsey County (N=23)	Housing sector (N=20)	Substance abuse sector (N=14)
Very collaboratively with each other	-	-	-	-	-
Somewhat collaboratively	42%	38%	46%	45%	38%
Not very collaboratively	42%	50%	36%	40%	46%
Not at all collaboratively	11%	13%	9%	10%	8%
Don't know	5%	-	9%	5%	8%

Note. Percentages may not sum to 100% due to rounding.

Changes in ways housing and chemical dependency systems collaborate

Survey respondents were asked if they have noticed any changes in the way people in housing and chemical dependency systems collaborate together to serve clients. Twenty-three respondents (58%) provided an answer. Of those, nearly one-third (30%) reported that they did not see any changes. Twelve respondents (52%) gave examples of the changes they have seen.

> *There is coordination between housing programs and treatment programs. Treatment coordination, tours for treatment clients, phone interviews are allowed versus required to do in person when clients cannot leave treatment.*
>
> *Many outpatient treatment facilities are beginning to add housing options for clients.*
>
> *When client begins treatment, one needs to aid them in finding housing for discharge.*
>
> *Assisting and/or exchanging information to better [serve] client.*
>
> *Given that all LTH clients must now obtain housing via Coordinated Entry it creates a context that requires collaboration.*
>
> *I think we do this well on an individual basis as we problem-solve around specific situations through case consultations.*
>
> *I think some collaboration is happening, but it isn't getting out to the broader community.*

We collaborate regularly with treatment providers. We complete housing assessments regularly for Cochran recovery programs in Dakota County and update any changes to HMIS.

They collaborate to insure if an individual has to be back to retain a subsidy that the person is discharged and set up with outpatient, if needed.

There are more financial incentives for housing to accept clients with chemical dependency.

Housing programs that do not require CTS to access via coordinated entry tend to work very well with one another.

I have experienced an increase in discharge coordination that helps reduce the number of clients being released into homelessness.

More support is needed with the chemical dependency side once housed.

I have worked with a few chemical dependency providers who are interested in developing housing resources. There are very few sober housing options available.

Probation officers working with housing providers and clients to help address housing concerns.

Suggestions for collaboration and training

Survey respondents were asked to share any suggestions they had to improve collaboration across sectors. Seventeen participants (44%) provided a suggestion. Their recommendations included changes in chemical dependency treatment area (35%), improving flexibility in housing (24%), communication (24%), the collaboration processes (24%), or ways the staff could be better informed (18%). Their suggestions are listed below:

Improvements suggested in chemical dependency treatment

Increase access to treatment with lodging and intensive support services while working with agencies that help people find long-term, independent living. Treatment will help stabilize the individual so that they may have more success with housing.

Be more open to working with housing services staff. Housing staff can be part of the relapse prevention plan and help participants accomplish their chemical health goals!

My housing program is harm reduction but it is also a site based program in a building that includes market renters. It might not be possible, but it would be ideal to be able to match people working on harm reduction but able to maintain a lease with few supports to our building.

Dakota County needs to streamline the process for people to get Rule 25 assessments. It is far too burdensome and has too many steps for somebody who is experiencing homelessness and currently using but is interested in CD treatment.

We need special projects for those that need a long term chemical health treatment stay, and get followed by a housing support worker. People need to do as much time in treatment as needed to be successful.

Securing a bed for inpatient treatment when the client is in the state of readiness and immediacy is important [but] is almost impossible without an extreme amount of time from service providers.

Improve flexibility in housing

Police and policy to allow landlord to work with client with CD without jeopardizing their rental license for a nuisance call.

I think most homeless service providers are facing the same barriers, mostly the lack of affordable housing. When someone has completed CD treatment, should they be discharged to homelessness - the likelihood of sustaining stability is greatly diminished. In my experience both systems have worked well together - the issue is more a lack of adequate housing.

Housing allowing flexibility for co-occurring issues including mental health, medical health and criminal background. To encourage sober housing programs to adopt policies to allow MAT for clients who successfully complete treatment and MAT is part of their recovery plan. Encourage sober housing programs to allow flexibility in the zero tolerance of use/abstinence as some will struggle with a use episode but still committed to recovery and maintaining sobriety. However, this becomes more difficulty when clients are asked to leave sober homes.

Harm reduction should prevail. Provide more incentives from Dakota County for landlords to rent to those in recovery. Transportation assistance for clients to get to out-patient treatment.

Collaboration/work together

It would be helpful to bring the two systems together to brainstorm these issues. Perhaps a focus group or collaborative?

Recognize how each might be creating barriers to entry for the other and connecting to work through this.

It would be great to think more systemically about how to ensure clients have a consistent response to both needs!

Continued collaboration.

Improve communication

It would be good to know in HMIS other providers such as CD counselors or case managers who are involved. It would also help for CD staff to know who homeless providers are and what they do.

Direct communication at regularly scheduled meetings about what is going on in each area of service where individual concerns can be addressed and recommendations given.

Make more direct connections and establish preferred communication to streamline referral process.

Keep the communication open.

Improvements for staff

Train housing case managers.

Counties struggle to verify homelessness history and this leads to struggles with housing entry. Treatment program staffing is stretched thin, and often clients to not receive much help from staff to find housing.

Job shadowing to better understand services clients have access to in each area. Joint meetings 1x per month. Trainings on each area.

As part of its planning for additional training, Project Recovery asked a subsequent open-ended question about suggestions for the types or methods of training people would like. The most common response (7 out of 14) was a desire for more information on housing issues such as evictions and expungements, how to get around zoning regulations, how to work with Coordinated Entry, more education for landlords and owners and other housing options like sober housing. Other participants (5 out of 14) shared a desire to learn more about the types and levels of care in the chemical dependency system, trauma informed, MAT, and person-centered treatment, and how to incorporate Peer Recovery Support into treatment. One participant would like a training that is specifically for ARMHS workers. Another participant suggested more collaboration at the monthly meetings.

Interpretation and reflection

Program results

Program participant results

Based on the interview data, program participants are utilizing a variety of services provided by Program Recovery to increase their health and wellness. They are working toward achieving their goals with their case managers, feel like they know where to go in the community to get the services they need, and are more willing to rely on outside help. Most participants are waiting for housing, and there is some confusion around the process for getting housing; this could be an area for Project Recovery to clarify with their clients.

Training results

The training session on May 6th appears to have been a success for those housing providers in attendance. All were satisfied with the training and felt that because of the training they would be better able to help people access chemical health resources. The overview of the drugs and symptoms of drug use felt like a good first step for these providers, and follow-up training could focus more on scenarios and resource sharing.

Additionally, Project Recovery was planning to have a training for CD providers on the housing processes; however, it was cancelled because not enough people signed up. This does still feel like an area of need for the CD providers, who reported that their understanding of the housing process was still unclear.

Web survey results

It appears that there has not been much positive change toward the ease in which clients can get housing and get into treatment. If anything, it appears that it has become more difficult, even if the assessments are relatively easy. Criminal backgrounds, slow referral processes, and long wait lists are still issues across the sectors, much as they were last year.

There is still room for increasing knowledge of the opposing sectors for those in the CD and housing fields, and there is room for increased collaboration.

Recommendations

Project Recovery will be working with Wilder Research on continuing and enhancing evaluation activities in the coming year.

Based on the interview results, Project Recovery is considering implementing a training on Coordinated Entry for their clients. They may also consider using a Housing First or Rentwise curriculum to increase client preparedness for housing.

The training for housing providers was a great opportunity for them to learn more about chemical dependency and could be followed by another training, or perhaps a series of trainings, to continue to increase knowledge and comfort. Similarly, a series of trainings could be implemented for CD providers, since it appears there is a need. However, this is more challenging if the CD providers feel it is less necessary.

Through training and more targeted monthly communications, Project Recovery intends to collaborate with more SUD providers and Coordinated Entry assessors in the coming year. Project Recovery intends to use the provider web survey results to help with these efforts. They will review the training suggestions and recommendations to gauge areas of focus for training in the coming year.

Appendix

Client interview

Patron interview

Training feedback survey

Key informant web-based survey

Logic Model

Project Code: 72328 **Case ID: _____**

Project Recovery: Client Interview

Project Recovery is interested in learning more about your experiences here and how the program can be improved.

Participation in this survey is **voluntary** and your answers are **confidential**. You do not have to do this if you do not want to. If you are willing to participate, I will go through the questions with you now. After you finish the interview, we will give you a $20 gift card to thank you for your time.

Is now a good time for you to do this?

IF YES: PROCEED

Before we begin, I want you to know that we are very interested in your honest answers so that we can make the program better for you and others. Some of the questions are personal in nature, but please do not hesitate to speak openly about your experiences. There is no right or wrong answer. If there is any question that you do not want to answer, let me know and we will skip it. Nothing you tell me will affect any services you receive at People Incorporated or Project Recovery, and your name **will not** be identified anywhere. The interview will take about 15 minutes.

The information from all of the interviews we are doing with Project Recovery clients will be a part of a report used to improve services.

Do you have any questions before we begin?

Connecting with the program

1. How long have you been coming to Project Recovery?
   - ☐1 Less than a month
   - ☐2 1-6 months
   - ☐3 7-12 months
   - ☐4 More than one year

2. How often do you come to Project Recovery?
   - ☐1 Once a week or more
   - ☐2 Once or twice a month
   - ☐3 Less than once a month

3. What is your main reason for coming to Project Recovery?

Services

4a. While coming to Project Recovery, have you used any of the following services? How about. . .	No	Yes	4b. IF YES, how helpful was this to you? Very helpful	Somewhat helpful	Not helpful
1. Shower facilities?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
2. Laundry facilities?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
3. Primary care through Livio or Behavioral Health Home or physical health screenings/assessments like blood pressure checks, Hepatitis C testing, or other health screening?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
4. Mental health screening/assessments or services/therapy?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
5. Internet/computer access?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
6. Getting clothing, toiletries, or other basic supplies?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
7. Group classes (for support, education, living skills, Alcoholics Anonymous)?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
8. Getting services for alcoholism or a drug problem?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
9. Coordinated entry or help with housing?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
10. Mail delivery?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
11. Mobile food shelf, food assistance, or other meals?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3
12. Bus tokens and rides?	☐2	☐1 ➡ ☐3 Refused	☐1	☐2	☐3

5a. Out of all the services you mentioned using (READ "YES" RESPONSES FROM 4a), which service has been the <u>most</u> helpful or valuable to you?

5b. Why do you say that has been the most helpful or valuable to you?

Case management

6. We also understand that you get case management services from Ian, Alex or someone else at Project Recovery where you work with them to get different services and referrals to help your situation. What types of things do you work with your case manager on?

7a. Has your case manager talked to you about the coordinated entry system and how to get housing?

☐[1] Yes ➡
☐[2] No
☐[3] Don't know

7b. Can you tell me what you know about how the coordinated entry process works? [*For interviewer: to get housing, an assessor asks the client questions through the VI-SPDAT. Then the assessment gets sent to the county where it is prioritized according to client scores (need/characteristics) and housing availability. When housing becomes available, the client will get a call notifying them of the availability. This is different than the previous system in that all assessments go through one systemized process and case managers do not individually call to try to get clients into different housing options.]*

7c. Have you been able to complete a coordinated entry housing assessment?

☐[1] Yes
☐[2] No

7d. Can you tell me about how the coordinated entry process has worked for you, including anything that has gone well and anything that has not gone well?

7e. What questions do you still have about how the new process works?

Impact of the program

8. In what ways, if any, have the services at Project Recovery improved your physical health?

9. In what ways, if any, have the services at Project Recovery improved your mental health?

10. In what ways, if any, have the services at Project Recovery helped you with your recovery from alcoholism or substance abuse?

11. In what ways, if any, have these services helped you to improve your housing situation?

12. I am going to read a list of items. Compared to when you started coming to Project Recovery, are the following things currently better, worse, or about the same?

	Would you say that is now…					
How about …..	**Better,**	**About the same,**	**or worse?**	**REF**	**DK**	**NA**
a. Your ability to respond to the day-to-day challenges you face	☐1	☐2	☐3	☐7	☐8	☐9
b. Your knowledge of where you can go in the community to get services you need	☐1	☐2	☐3	☐7	☐8	☐9
c. Your knowledge of coordinated entry or how you can get housing	☐1	☐2	☐3	☐7	☐8	☐9
d. Your overall mental health	☐1	☐2	☐3	☐7	☐8	☐9
e. Your overall physical health	☐1	☐2	☐3	☐7	☐8	☐9

13. I am going to read another list of items. Thinking about now compared to when you started coming to Project Recovery do you do the following things more, less, or about the same amount.

How about.....	Now is that….. More,	About the same,	or less?	REF	DK	NA
b. How upset you get when things go wrong	☐3	☐2	☐1	☐7	☐8	☐9
c. Your hopefulness about the future	☐3	☐2	☐1	☐7	☐8	☐9
d. Your willingness to rely on outside help	☐3	☐2	☐1	☐7	☐8	☐9
e. How much you talk over problems with someone you know	☐3	☐2	☐1	☐7	☐8	☐9
f. Your sense of belonging	☐3	☐2	☐1	☐7	☐8	☐9

Improving the program

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

Staff competency

Next I am going to read some statements about your work with staff at Project Recovery:

Please tell me how much you agree or disagree with each of the following statements.

	Would you say you… Strongly agree,	Agree,	Disagree, or	Strongly disagree?	REF	DK	NA
16. Project Recovery staff help me get what I need.	☐4	☐3	☐2	☐1	☐7	☐8	☐9
17. Project Recovery staff are available when I need them.	☐4	☐3	☐2	☐1	☐7	☐8	☐9
18. I feel like I can trust at least one of the staff members at Project Recovery.	☐4	☐3	☐2	☐1	☐7	☐8	☐9
19. I am comfortable talking to a Project Recovery staff member if I need help with something.	☐4	☐3	☐2	☐1	☐7	☐8	☐9
20. Project Recovery staff respect my culture.	☐4	☐3	☐2	☐1	☐7	☐8	☐9

Wrap up

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

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

Demographics

The **last** few questions will provide us with some background information about the people who agreed to be a part of this interview.

23. With what gender do you identify?
    - ☐1 Male
    - ☐2 Female
    - ☐3 Self-identity (Describe_____)

24. How old are you?
    _____ years
    - ☐-7 Refused
    - ☐-8 Don't know

25. What do you consider to be your racial or ethnic background? Would you say… **(CHOOSE ONE)**
    - ☐1 Black or African American,
    - ☐2 American Indian,
    - ☐3 Asian or Pacific Islander,
    - ☐4 White or Caucasian, or
    - ☐5 Something else? (This could include mixed race.) (Describe:_____)
    - ☐-7 Refused
    - ☐-8 Don't know

26. Are you of Hispanic or Latino origin?
    - ☐1 Yes
    - ☐2 No
    - ☐-7 Refused
    - ☐-8 Don't know

27. Are you currently staying… **(CHOOSE ONE)**

☐[1] Outside or camping,
☐[2] In shelter,
☐[3] In a transitional housing program,
☐[4] In a permanent housing program
☐[5] With friends at their place, or
☐[6] Something else? (Describe:_____)
☐[-7] Refused
☐[-8] Don't know

Those are all the questions I have. THANK YOU for your time!

[GIVE R GIFT CARD AND HAVE THEM SIGN THE GIFT CARD TRACKING FORM FOR SHANNON'S RECORDS].

Project Code: 72328 **Case ID: _____**

Project Recovery: Patron Interview

Project Recovery is interested in learning more about your experiences here and how the program can be improved.

Participation in this survey is **voluntary** and your answers are **confidential**. You do not have to do this if you do not want to. If you are willing to participate, I will go through the questions with you now. After you finish the interview, we will give you a $20 gift card to thank you for your time.

Is now a good time for you to do this?

IF YES: PROCEED

Before we begin, I want you to know that we are very interested in your honest answers so that we can make the program better for you and others. Some of the questions are personal in nature, but please do not hesitate to speak openly about your experiences. There is no right or wrong answer. If there is any question that you do not want to answer, let me know and we will skip it. Nothing you tell me will affect any services you receive at People Incorporated or Project Recovery, and your name **will not** be identified anywhere. The interview will take about 15 minutes.

The information from all of the interviews we are doing with Project Recovery clients will be a part of a report used to improve services.

Do you have any questions before we begin?

Connecting with the program

1. How long have you been coming to Project Recovery?
   - ☐1 Less than a month
   - ☐2 1-6 months
   - ☐3 7-12 months
   - ☐4 More than one year

2. How often do you come to Project Recovery?
   - ☐1 Once a week or more
   - ☐2 Once or twice a month
   - ☐3 Less than once a month

3. What is your main reason for coming to Project Recovery?

Services

4a. While coming to Project Recovery, have you used any of the following services? **How about. . .**	**No**	**Yes**	4b. IF YES, how helpful was this to you? **Very helpful**	**Somewhat helpful**	**Not helpful**
1. Shower facilities?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
2. Laundry facilities?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
3. Primary care through Livio or Behavioral Health Home or physical health screenings/assessments like blood pressure checks, Hepatitis C testing, or other health screening?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
4. Mental health screening/assessments or services/therapy?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
5. Internet/computer access?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
6. Getting clothing, toiletries, or other basic supplies?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
7. Group classes (for support, education, living skills, Alcoholics Anonymous)?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
8. Getting services for alcoholism or a drug problem?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
9. Coordinated entry or help with housing?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
10. Mail delivery?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
11. Mobile food shelf, food assistance, or other meals?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				
12. Bus tokens and rides?	☐2	☐1 ➡	☐1	☐2	☐3
	☐3 Refused				

5a. Out of all the services you mentioned using (READ "YES" RESPONSES FROM 4a), which service has been the <u>most</u> helpful or valuable to you?

5b. Why do you say that has been the most helpful or valuable to you?

Case management

6a. While at Project Recovery, has anyone talked to you about meeting regularly with Ian or Alex to receive case management services? Case management means working with Project Recovery staff to get different services and referrals to help your situation.

☐[1] Yes ➡

☐[2] No

☐[3] Don't know

6b. Have you gotten case management services from a Project Recovery staff before?

☐[1] Yes ➡ Are you still getting them?

☐[1] Yes

☐[2] No

☐[2] No

7a. Are you currently working with a case manager at another organization?

☐[1] Yes ➡

☐[2] No

☐[3] Don't know

7b. Where are you receiving case management services?

☐[1] From a shelter staff

☐[2] From a county worker

☐[3] From someone else

8a. Are case management services something you are interested in getting from Project Recovery staff?

☐[1] Yes ➡ What else do you need to get started with case management? [Probe: what has been keeping you from getting case management?]

(If you'd like me to, I can let the Project Recovery staff know that you are interested in receiving case management and what else you specifically need – would you like me to do that? The rest of your answers will remain confidential. Yes/No) Name _____

☐[2] No ➡ Why not? [Probe: Do you have another case manager at a different organization? Do you feel like you don't get along well with the staff? Do you feel like you don't need it?]

9a. While at Project Recovery, has anyone helped make a connection or refer you to services outside of Project Recovery?

☐1 Yes ➡
☐2 No
☐3 Don't know

9b. What was the connection or referral for? (check all that apply)

☐1 Treatment or detox
☐2 A shelter or other non-permanent housing
☐3 Permanent housing
☐4 Mental health services/therapist
☐5 Primary care health services (Livio, Behavioral Health Home)
☐6 Other

9c. How helpful was that referral(s) for you?

☐1 Very helpful
☐2 Somewhat helpful
☐3 Not helpful

Impact of the program

10. I am going to read a list of items. Compared to when you started coming to Project Recovery, are the following things currently better, worse, or about the same?

	Would you say that is now…					
How about …..	**Better,**	**About the same,**	**or worse?**	**REF**	**DK**	**NA**
a. Your ability to respond to the day-to-day challenges you face.	☐1	☐2	☐3	☐7	☐8	☐9
b. Your knowledge of where you can go in the community to get services you need.	☐1	☐2	☐3	☐7	☐8	☐9
c. Your knowledge of coordinated entry or how you can get housing.	☐1	☐2	☐3	☐7	☐8	☐9
d. Your overall mental health.	☐1	☐2	☐3	☐7	☐8	☐9
e. Your overall physical health.	☐1	☐2	☐3	☐7	☐8	☐9

11. I am going to read another list of items. Thinking about now compared to when you started coming to Project Recovery, do you do the following things more, less, or about the same amount.

How about.....	**Now is that…..** More,	About the same,	or less?	REF	DK	NA
b. How upset you get when things go wrong	☐3	☐2	☐1	☐7	☐8	☐9
c. Your hopefulness about the future	☐3	☐2	☐1	☐7	☐8	☐9
d. Your willingness to rely on outside help	☐3	☐2	☐1	☐7	☐8	☐9
e. How much you talk over problems with someone you know	☐3	☐2	☐1	☐7	☐8	☐9
f. Your sense of belonging	☐3	☐2	☐1	☐7	☐8	☐9

Improving the program

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

Staff competency

Next I am going to read some statements about your work with staff at Project Recovery:

Please tell me how much you agree or disagree with each of the following statements.

	Would you say you… Strongly agree,	Agree,	Disagree, or	Strongly disagree?	REF	DK	NA
14. Project Recovery staff help me get what I need.	☐4	☐3	☐2	☐1	☐7	☐8	☐9
15. I feel like I can trust at least one of the staff members at Project Recovery.	☐4	☐3	☐2	☐1	☐7	☐8	☐9
16. I am comfortable talking to a Project Recovery staff member if I need help with something.	☐4	☐3	☐2	☐1	☐7	☐8	☐9
17. Project Recovery staff respect my culture.	☐4	☐3	☐2	☐1	☐7	☐8	☐9

Wrap up

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

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

Demographics

The **last** few questions will provide us with some background information about the people who agreed to be a part of this interview.

20. With what gender do you identify?
    - ☐1 Male
    - ☐2 Female
    - ☐3 Self-identity (Describe_____)

21. How old are you?
    _____ years
    - ☐-7 Refused
    - ☐-8 Don't know

22. What do you consider to be your racial or ethnic background? Would you say… **(CHOOSE ONE)**
    - ☐1 Black or African American,
    - ☐2 American Indian,
    - ☐3 Asian or Pacific Islander,
    - ☐4 White or Caucasian, or
    - ☐5 Something else? (This could include mixed race.) (Describe:_____)
    - ☐-7 Refused
    - ☐-8 Don't know

23. Are you of Hispanic or Latino origin?
    - ☐1 Yes
    - ☐2 No
    - ☐-7 Refused
    - ☐-8 Don't know

24. Are you currently staying… **(CHOOSE ONE)**

☐[1] Outside or camping,
☐[2] In shelter,
☐[3] In a transitional housing program,
☐[4] In a permanent housing program
☐[5] With friends at their place, or
☐[6] Something else? (Describe:_____)
☐[-7] Refused
☐[-8] Don't know

Those are all the questions I have. THANK YOU for your time!

[GIVE R GIFT CARD AND HAVE THEM SIGN THE GIFT CARD TRACKING FORM FOR SHANNON'S RECORDS].

Training Feedback Survey – Project Recovery

Event/Location: _____ **Date:** _____

We need your feedback! Wilder Research is conducting an evaluation of this training on behalf of People Inc. Your responses are very important to us and will guide future planning. Your name will not be connected with your responses. Please take a few minutes to answer the following questions.

1. What sector do you work in?

☐1 Housing ☐2 Substance Use Disorders ☐3 Other (please specify _____)

Please indicate how satisfied or dissatisfied you were with the…	**Very dissatisfied**	**Dissatisfied**	**Satisfied**	**Very satisfied**	**Don't know**
2. Overall quality of the training.	☐1	☐2	☐3	☐4	☐8

Please tell us how much you agree with each of the following statements regarding the presenters.

Overall, the presenter(s)…	**Strongly disagree**	**Disagree**	**Agree**	**Strongly agree**	**Don't know**
3. Were well prepared.	☐1	☐2	☐3	☐4	☐8
4. Had strong knowledge of the training topic.	☐1	☐2	☐3	☐4	☐8
5. Were clear and understandable.	☐1	☐2	☐3	☐4	☐8
6. Provided helpful information or materials.	☐1	☐2	☐3	☐4	☐8
7. Responded well to questions.	☐1	☐2	☐3	☐4	☐8

8. Do you have any additional feedback on today's presenters?

_____

_____

Please tell us how much you agree with each of the following statements regarding the content of this training.

	Strongly disagree	**Disagree**	**Agree**	**Strongly agree**	**Don't know**
9. The content of this training was what I expected	☐1	☐2	☐3	☐4	☐8
10. The content of this training was what I needed	☐1	☐2	☐3	☐4	☐8
11. The content of this training was at the appropriate level for me	☐1	☐2	☐3	☐4	☐8

We are interested in hearing more about what you learned from the training. Please tell us how much you agree with each of the following statements regarding the content of this training.
If you already had a strong understanding or level of comfort before the training (e.g. you currently work in that field) and do not feel like your knowledge increased, please select "I already had a strong understanding of this."

Because of this training…	**Strongly disagree**	**Disagree**	**Agree**	**Strongly agree**	**I already had a strong understanding of this**	**Don't know**
12. I better understand how to access chemical health resources for people I work with.	☐1	☐2	☐3	☐4	☐5	☐8
13. I will feel more comfortable talking about substance use with my clients.	☐1	☐2	☐3	☐4	☐5	☐8
14. I feel more comfortable in my ability to help people access chemical health resources.	☐1	☐2	☐3	☐4	☐5	☐8

TURN OVER – MORE QUESTIONS ON BACK

15. As a result of your participation in this training, did you gain at least one actionable idea to take back to your work?

☐1 Yes: *Please describe:*_____

_____

_____

☐2 No

16. In what ways, if any, can you better communicate or collaborate with substance abuse providers or housing providers/Coordinated Entry?

_____

_____

_____

17. What was <u>most</u> helpful about this training?

_____

_____

_____

18. What, if anything, would you change about the content or delivery of this training?

_____

_____

19. Do you have any remaining questions about the Coordinated Entry or chemical health processes?

☐1 Yes (*What are your questions?* _____)

☐2 No

20. What topics would you suggest for future trainings?

_____

_____

Thank you for your feedback!

Key Informant Web-based Survey

People Inc.'s Project Recovery program received a grant from Minnesota Department of Human Services' Alcohol and Drug Abuse Division (ADAD) to collaborate with providers serving individuals experiencing homelessness and chemical dependency.

Part of the grant is to help people who interact with the homelessness and chemical dependency systems better understand how to access shelter and housing services (through coordinated assessment) and how to access the substance abuse treatment and recovery system.

This survey asks questions about your experiences accessing services for this population, changes you've noticed between the two systems, and your thoughts about how the system could be improved. Your participation is completely voluntary.

Answers will be collected and reported by Wilder Research. All information will be kept completely confidential by Wilder, and no reports will be made that allow an individual respondent to be identified. Please contact Maddie Hansen at Wilder Research (madeleine.hansen@wilder.org; 651-280-2721) or Jodi Nottger at Project Recovery (Jodi.nottger@peopleincorporated.org; 612-607-9413) if you have any questions about the survey.

Thank you for your help!

1. Which of the following best describes your role or sector? (Choose the one that best fits)

❒1 Substance abuse treatment provider → GO TO 2 (all others go to 3)
❒2 Shelter or housing provider → GO TO 2 (all others go to 3)
❒3 Coordinated Entry (for housing) → GO TO 2 (all others go to 3)
❒4 Mental health treatment
❒5 Case manager
❒6 County administration related to housing
❒7 County administration related to substance use
❒8 Law enforcement
❒9 Other (please specify)

2. [IF substance abuse treatment provider or shelter/housing provider is checked, ASK] Which of the following best describes your role?

❒1 Management
❒2 Direct service staff
❒3 Assessor
❒4 Other administrative staff

3. Have you referred clients to any of the following? (Check all that apply)

❒1 Coordinated entry or coordinated assessment for housing
❒2 Substance abuse treatment or recovery support
❒3 Mental health treatment
❒4 Group Residential Housing or permanent supportive housing
❒5 Section 8 or other subsidized rental housing
❒6 Case management services

First, we are interested in learning more about your understanding of the systems serving individuals experiencing homelessness and chemical dependency in Ramsey (Dakota) county (NOTE, WE CAN SEND OUT SEPARATE VERSIONS BASED ON COUNTY).

Based on your experiences/impressions:

4. In general, how easy is it for clients to get **assessed** for shelter and housing through coordinated entry?

Very easy, ... 1

Somewhat easy, ... 2

Somewhat difficult, or 3

Very difficult?..... 4

Don't know 8

5. In general, how easy is it for clients to get **a housing referral** through coordinated entry?

Very easy, ... 1

Somewhat easy, ... 2

Somewhat difficult, or 3

Very difficult?..... 4

Don't know 8

6. In general, how easy is it for clients to get **in to** housing ?

Very easy, ... 1

Somewhat easy, ... 2

Somewhat difficult, or 3

Very difficult?..... 4

Don't know 8

7. What do you feel are the **TOP 3** biggest **systems** barriers to linking individuals with chemical dependency (not families) with housing services? (Please only select 3 responses)

❒1 Slow referral process or long wait lists

❒2 The process for getting housing is unclear for clients

❒3 The process for getting housing is unclear for staff/professionals

❒4 Paperwork to get into housing is too burdensome

❒5 Criminal background issues with clients

❒6 Transportation issues with clients

❒7 Untreated mental health conditions of clients

❒8 Chemical dependency of clients

❒9 Issues with clients' document requirements (ID, social security, etc.)

❒10 Housing stock does not match the needs

❒11 Other systems issues (please specify)

❒12 I don't know enough about the barriers to housing services to confidently answer

8. In general, how easy is it for clients to get **assessed** for chemical dependency treatment services?

Very easy, ... 1

Somewhat easy, ... 2

Somewhat difficult, or 3

Very difficult? 4

Don't know 8

9. In general, how easy is it for clients to get **in to** chemical dependency treatment services?

Very easy, ... 1

Somewhat easy, ... 2

Somewhat difficult, or 3

Very difficult? 4

Don't know 8

10. What do you feel are the **TOP 3** biggest **systems** barriers to linking individuals (experiencing homelessness) with chemical dependency services? (Please only select 3 responses)

❒[1] Slow referral process or long wait lists

❒[2] The process for getting chemical dependency services is unclear for clients

❒[3] The process for getting chemical dependency services is unclear for staff/professionals

❒[4] Difficulty finding treatment that accepts clients with high mental health or other medical needs

❒[5] Difficulty finding treatment that accepts MAT (medication-assisted treatment)

❒[6] Paperwork is too burdensome

❒[7] Transportation issues with clients

❒[8] Untreated mental health conditions of clients

❒[9] Client insurance has lapsed

❒[10] CD treatment does not match the needs

❒[11] Other systems issues (please specify)

❒[12] I don't know enough about the barriers to chemical dependency services to confidently answer

11. How would you rate your knowledge of the chemical dependency treatment system in [county]?

Very strong, ... 1

Somewhat strong, ... 2

Somewhat weak, or 3

Very weak? 4

Don't know 8

12. How would you rate your knowledge of the housing and homelessness system in [county]?

Very strong, ... 1

Somewhat strong, ... 2

Somewhat weak, or 3

Very weak? 4

Don't know 8

13. In general, would you say that providers in the housing and chemical dependency systems currently work together to serve clients…

Very collaboratively with each other, ... 1

Somewhat collaboratively, ... 2

Not very collaboratively, or 3

Not at all collaboratively? 4

Don't know 8

14. In the past year, what changes, if any, have you noticed in the way people in the housing and chemical dependency systems currently **collaborate** together to serve clients? Please give any examples that you have noticed.

_____

_____

_____

15. What suggestions do you have for improving the way the chemical dependency and homelessness systems work with one another?

_____

_____

_____

16. Project Recovery is planning to develop materials as well as trainings to help chemical dependency and homelessness systems providers understand the populations served and the services provided by the other system. What suggestions do you have for topics, ways of training, etc.?

_____

_____

_____

17. Do you have any other comments?

_____

_____

_____

Thank you very much for taking time to do the survey. We may be contacting you in a year to ask if you've noticed any changes in the way the systems service individuals experiencing homelessness and chemical dependency. In addition, we will email out to participants a summary of the results of the evaluation of this initiative.

Please provide your updated contact information for a follow-up survey and the results of the evaluation.
Your name will not be associated with your responses in any reporting

Name_____
Phone_____
Email_____

Please contact Maddie Hansen at Wilder Research (madeleine.hansen@wilder.org; 651-280-2721) or Jodi Nottger at Project Recovery (Jodi.nottger@peopleincorporated.org; 612-607-9413) if you have additional questions.

Logic model

People Inc. Project Recovery Logic Model: DHS Alcohol and Drug Abuse Division grant

Resources

Project Recovery staff – knowledge and expertise (Outreach Program Manager, LADC, Supervisor and MH Assessor, Outreach Case Manager)

Other People Inc. staff (e.g. therapist, Nurse Manager, Clinical Manager, Division Director, case managers)

Health service partners (e.g. Livio primary health care, Traditional Roots acupuncture)

Volunteers/church (e.g. group for meals, Macalester)

continued on next page

Activities

WORKING WITH COMMUNITY AND COUNTY STAKEHOLDERS

- Identify and engage SUD treatment providers and Coordinated Entry systems
- Develop baseline and follow-up assessment of CE system
- Provide education to coordinated entry and substance use system providers
- Reassess progress toward integrating SUD and CE systems

OUTREACH SERVICES

- Visiting camp sites & street locations & crisis center/detox
- Developing trust
- Engaging potential clients through outreach
- Getting clients to detox, treatment, coordinated entry
- Survival gear

DROP-IN CENTER SERVICES

Basic needs:

- Snacks/meals/food assistance/mobile food shelf
- Laundry and showers
- Hygiene supplies, survival gear, clothing closet
- Storage

Engaging clients and establishing trust:

- Pool tournament, garden, art, social activities
- Build rapport with clients

Other services

- Computer
- Mail delivery
- Transportation – bus tokens and rides
- Livio primary health care

Outputs

- # of providers engaged
- # of education tools/trainings
- # assessments gathered
- # of potential clients met
- # of unduplicated contacts
- # who moved from outreach to client
- # of meals provided
- # participating in games/ social activities
- # using computers
- # of higher priced items distributed
- # of in-reach
- # of community outreach

Short-term outcomes

- Establish relationships with community partners to provide better service
- Identify current system gaps
- Increased number of high needs clients who engage in drop-in or case management services
- Increased trust and willingness to access resources or to come to services
- Basic survival needs are better addressed
- Improved nutrition
- Increased ability to manage hygiene and access water
- Improved clothing/ survival gear/storage
- Increased participation in available activities
- Increased willingness to access resources or come to services
- Development of a trusting relationship with staff
- Drop-in participants move into case management services from staff
- Increased knowledge of housing services and coordinated entry

Long-term outcomes

- Increased collaboration, coordination, and communication
- Increased knowledge of coordinated entry – chemical dependency system knows about homeless system and vice versa

People Inc. Project Recovery Logic Model: DHS Alcohol and Drug Abuse Division grant (continued)

Resources

continued from previous page

Internship program

People served (those who have been there for a while, former clients)

Community Partners (Regions, MACV, ACS tobacco use)

County partners (e.g. Detox, coordinated entry with Dakota and Ramsey, treatment)

CCBHC

Funding from DHS ADAD, People Inc. Funds, donations

Activities

CASE MANAGEMENT SERVICES

WORK ON PERSONAL GOALS IN ANY CATEGORY

Benefits

- Assist with MN Sure, GA, food support, disability, unemployment, or other benefits applications
- Help clients get ID (birth certificates, name changes, etc.)
- Coordinate services with other entities (e.g. county, corrections)

Housing

- Assist in finding housing
- Assist in connecting to needed services and housing referrals

Physical health and wellness

- Linkage to primary care through Livio or Behavioral Health Home
- Wellness groups and clinic (acupuncture, tobacco use reduction, sleep hygiene, etc.)
- Work with MDH infectious disease
- Transportation to appointments

Mental and chemical health

- MI/CD evaluations (e.g. WHOQoL, suicide risk estimation tool, brief assessment, Rule 25, VI-SPDAT, DA, Comprehensive evaluations)
- Treatment (goal) plans
- On-site mental health services
- Peer led groups
- Connecting clients to therapist or treatment

Relationships

- Assist in making connection to family
- Build rapport with clients

Legal

- Connect with probation and help navigate the system

Outputs

- # of WHOQoL assessments administered pre/post
- # of people case managed
- # assessed as needing/ eligible for benefits
- # who applied / received new benefits
- # who received housing assessment
- # receiving physical or mental health care coordination
- # in wellness group
- # of MI or CD evaluations
- # in on-site mental or chemical health groups
- # connected to therapist or treatment
- # of job applications
- # enrolled in school or training

Short-term outcomes

- Increased number of clients assessed for housing
- Clients feel a sense of community, belonging and purpose
- Clients feel an increase in hope
- Improved social relationships
- Increased management of MH symptoms
- Increased access to primary care resources, mental health resources, housing, county benefits, CD treatment, etc.
- Increased sobriety or harm reduction
- Increased awareness of how substance use impacts functioning
- Increased identification of CD/MH triggers
- Increased awareness and skill building of health (e.g. stress, diet, tobacco)
- Improvements in a least one area of individualized goals (health, CD, etc.)
- Improved connections to family

Long-term outcomes

- Increased satisfaction with services provided
- Improvements in quality of life (WHOQoL)
- Clients have stable housing and are happy in housing with supports in place (linked to ARMS, targeted case manager, etc. for ongoing support)
- Developed skills to maintain housing
- Developed strategies to manage CD/MH
- Reduced or eliminated chemical use so it is not problematic in housing or relationships
- Managed mental health so it is not problematic in housing or relationships

Wilder Research
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Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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