

Project Recovery Evaluation Report

2021-2022 Evaluation

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J U N E 2 0 2 2

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Executive summary

They provide a clean, safe environment when they are open. They are there if you need to talk to them or they are willing to come and meet up with you. They treat you as a person versus a number or an assembly line. For me, that's always helpful.

It's like a foundation you have. If I'm somewhere and something ... happens, there's stability. It's like having a coach—a coach to help you get your stuff together.

Just ... being able to call and say hey, I got this going on. What can I do and where can I go from here? [Case manager] will bounce ideas with me until we get it done.

- Case management clients

Project Recovery serves individuals experiencing homelessness and substance use disorders in Ramsey County through outreach 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 Coordinated Entry.

This evaluation of fifth-year grant activities provides information to support program planning and improvement, with a focus on case management clients. It presents data from interviews with Project Recovery clients and information gathered from Project Recovery's program supervisor, with key findings from the data sources noted below.

Key findings from clients and the Project Recovery program supervisor

Wilder Research staff conducted telephone interviews with 15 clients who received Project Recovery services this year and collected information via a questionnaire from the Project Recovery program supervisor. Key themes from these data sources included:

- **As in years past, clients reported that Project Recovery staff met with them in a wide range of locations.** This finding underscores the flexible, low-barrier approach that case managers at Project Recovery took in reaching out to clients where they were in the community.

- **The services that clients most commonly used this year were help with coordinated entry or housing and help with getting basic supplies.** This renewed emphasis on housing (a shift from last year) is consistent with pre-COVID results and is likely due to a move away from Project Recovery’s focus on providing basic supplies and services during the height of the COVID pandemic.
- **Both housed and unhoused respondents indicated that Project Recovery staff have been helpful in the process of working toward housing.** Primary among the ways that staff are helpful is by assisting clients as they navigate the complex paperwork necessary to apply to housing programs.
- **Clients generally reported that their access to clothing, toiletries, and other basic supplies stayed about the same last year.** One respondent noted, “They don’t try to hold anything back. If you need something, they give it to you.”
- **Clients have had varied – and often contradictory – experiences in their ability to access services over the course of the past year.** For example, eight clients reported that food (and food stamps) were easier to get, and three reported that getting food had gotten more difficult. This finding highlights the need to more uniformly educate clients about where services are available.
- **Clients agree that Project Recovery staff are respectful, trustworthy, and helpful.** Clients emphasized that Project Recovery case managers were trusted, non-judgmental people. Having someone to talk to at Project Recovery was one of the most helpful services for clients over the past year.
- **Similar to past years, when asked about what could be improved at Project Recovery, most clients suggested the drop-in center expand its hours.** Two people also suggested that Project Recovery increase the number of staff.
- **The program supervisor emphasized the importance of the low-barrier nature of Project Recovery in facilitating the program’s success in engaging clients over the past five years.** The program supervisor pointed out that there are no conditions for accessing basic Project Recovery services—participants do not need to provide a name and identifying information, and they are not required to be sober. This allows for clients to develop trust before accessing more in-depth services.
- **Being client-centered and acting in partnership with clients facilitated the process of accessing services over the past five years.** The program supervisor noted the importance of centering assistance on the client, with the client making decisions and the case manager serving as a guide.

Considerations and next steps

Project Recovery reaches one of the most difficult to serve populations in our community. During the COVID-19 pandemic, their work became even more of a lifeline for people experiencing homelessness and substance use disorders in Ramsey County. The past year represented a new, less restrictive phase of the pandemic, and Project Recovery faced the challenge of continuing to adapt as operations returned to pre-pandemic standards while client characteristics continued to change. Based on this year's evaluation, the following are issues to consider and possible next steps:

- A main theme from interviews this year is that clients have trusting relationships with Project Recovery staff. In order to maintain this trust, it will be important for Project Recovery to continue to be transparent about processes and timelines as affordable and supportive housing continues to be complicated to access. This challenge will be increasingly significant as the special funding for shelter and housing related to the pandemic expires.
- Beyond limited hours and two mentions of staffing limitations, clients were largely satisfied with Project Recovery as a program. Project Recovery is succeeding in connecting with clients, establishing trust, and providing services in a way that is supportive and client-driven. Project Recovery should maintain this approach in the coming year while simultaneously pursuing, to the extent possible, additional funding in order to expand the hours of operation for the drop-in center and/or staffing.

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Program description

Project Recovery provides outreach, drop-in, and case management services to individuals experiencing homelessness and substance use disorders in Ramsey County. 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 County Coordinated Entry to ensure that 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 of these individuals have co-occurring conditions such as mental health and physical health issues.

For the purposes of this report, individuals who receive case management services are defined as clients.

Services provided

Located at People Incorporated's facility in Saint Paul, Project Recovery drop-in center is central to their service provision. The drop-in center is open weekday mornings and allows clients and patrons a place to shower, do laundry, collect mail, attend support groups, socialize, and meet with their case manager. (When the COVID-19 pandemic started, Project Recovery shifted their drop-in center to be appointment-only and began mostly serving clients in case management. Clients in case management receive help with medical services, substance use treatment, housing, and benefits. In tandem with this change, Project Recovery bolstered their street outreach, going out into the community and meeting people at community spaces and camps, distributing basic survival gear and engaging with people to connect them to services. Project Recovery re-opened their drop-in center in late May 2021, and it has been in full operation for the duration of the past grant year.)

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

All services offered by Project Recovery remain consistent with the principles of harm reduction. First and foremost, 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.

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 has provided 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 individuals who are in recovery. The past year represents the fifth and final year of the current round of DHS funding. Next year, Project Recovery will receive some funding from a grant through the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Data collected and analyzed by Wilder Research

Feedback from participants

The centerpiece of evaluation activities during this fifth grant year was hearing directly from the people who use Project Recovery services. Client perspectives are integral for Project Recovery staff to understand how their program is currently working and to identify areas of improvement. In order to gather client perspectives, Wilder Research modified their standard interview process this year, which usually consists of collecting feedback through face-to-face interviews at the drop-in center site (York Avenue), to include both in-person interviews and phone interviews. From January 2022 to March 2022, case managers at Project Recovery offered clients the option of participating in an interview over the phone or, if a Wilder Research staff person was available, in person on-site. Clients interested in participating were connected with Carrie Au-Yeung or Barite Dawud, research associates at Wilder Research, who conducted all interviews. Interviews were semi-structured, lasted approximately 30 minutes, and participants were compensated for their time with a \$20 Speedway gift card; these gift cards were supplied by Wilder Research and handed out by case managers at York Avenue.

The interviewers asked participants to provide feedback about which Project Recovery services they used this year and the helpfulness of those services; how their life changed over the prior year; and their suggestions for program improvement.

A copy of the client data collection instrument is included in Appendix A.

Five-year retrospective from program supervisor

The current evaluation also draws on five-year retrospective information provided by the Project Recovery program supervisor. The program supervisor has been with Project Recovery for each of the last five years and is thus well-equipped to provide an assessment of the program's evolution over that time period.

In order to obtain the program supervisor's perspective, Wilder Research provided a brief online questionnaire that asked what strategies worked best with Project Recovery clients over the course of the past five years, what were the most significant challenges, whether there were any changes in the Project Recovery population, and whether there were other lessons learned.

A copy of the program supervisor questionnaire is included in Appendix B.

Findings

Feedback from program participants

Wilder Research staff conducted telephone interviews with 15 Project Recovery clients this year.

Most participants identify as men and nearly half are American Indian

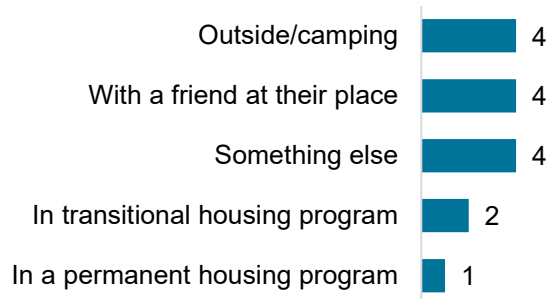
Ten of the 15 participants identified as men (Figure 1). Overall, racial and ethnic backgrounds varied; most commonly, participants identified as American Indian (9 participants). None of the 15 participants identified as Hispanic. Ages ranged from 23 to 64 years with an average age of 48 years.

1. Demographics (N=15)

	Number
Gender	
Men	10
Women	5
Race	
American Indian	9
White or Caucasian	6
Black or African American	3
Other	1
Refused	0
Ethnicity	
Hispanic or Latino	0
Age	
Average age	48 years

This year, the most common living situations were outside or camping (4 participants), with friends at their place (4 participants), and “something else” (4 participants; Figure 2). Three of the four participants who reported their living situation as “something else” stayed in a vehicle, and one stayed in an apartment through a social program.

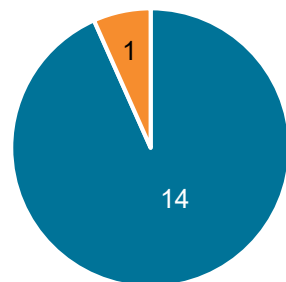
2. Current living arrangement (N=15)



More than half of participants had been in case management for more than one year

When asked how long they had been in case management with someone from Project Recovery, 9 participants reported it had been more than one year. Throughout the prior year, 14 of the 15 participants reported meeting with Project Recovery staff once a week or more, whether by phone or in-person (Figure 3).

3. Frequency that participants meet with Project Recovery staff (N=15)

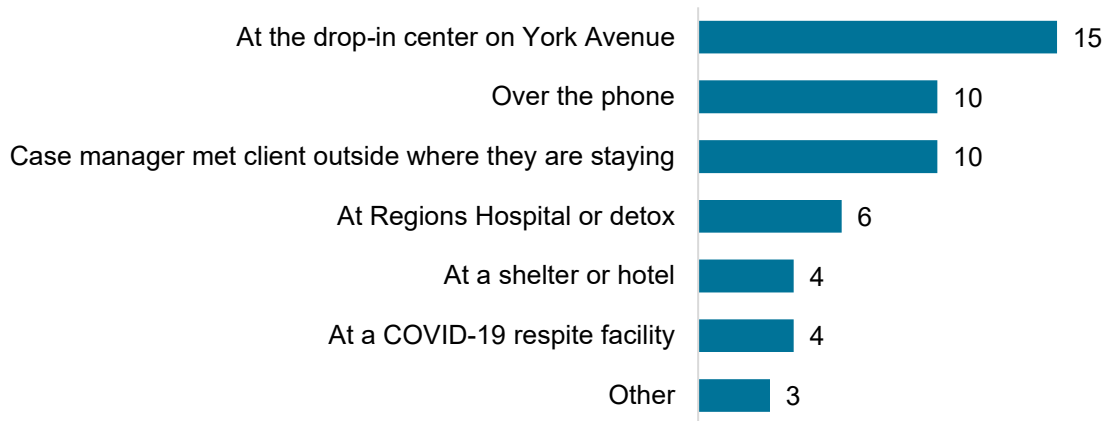


- Once a week or more
- Once or twice a month

Case managers and clients met in a wide variety of locations in the past year

As in year four of the current grant period, Project Recovery staff met with clients in a broad array of locations in year five. When asked from a list of potential settings where they may have met with their Project Recovery case manager in the past year, all 15 participants reported that they had met at the drop-in center on York Avenue. The other most common scenarios were meeting over the phone or the case manager meeting clients outside where they were staying (Figure 4). For participants who reported an “other” location, these locations included at a park, a parking lot, a client’s home, and a gas station. Results from this section highlight the flexible, low-barrier approach that case managers at Project Recovery took in meeting clients where they were in the community.

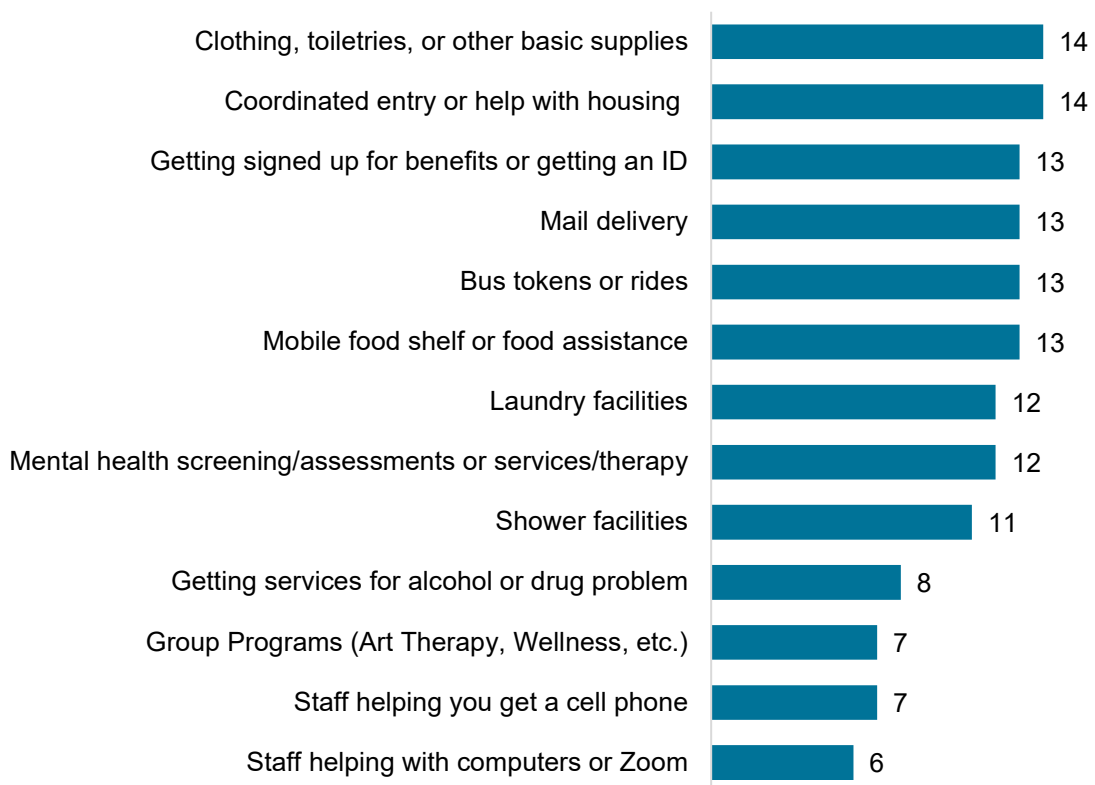
4. Locations where participants met with their case manager in the past year (N=15)



Help with coordinated entry or housing and with getting basic supplies were the most commonly used services this year

Nearly all participants reported that Project Recovery staff helped them with coordinated entry or housing, and with getting clothing, toiletries, or other basic supplies (Figure 5). This renewed emphasis on housing (a shift from last year) is consistent with pre-COVID results and is likely due to a move away from Project Recovery’s focus on providing basic supplies and services during the height of the pandemic. The proportion of participants using mental health screening/assessments or services/therapy, jumped from 7 of 15 last year to 12 of 15 this year (as had previously been typical); however, the number of participants getting services for alcohol or drug problems was 7 last year and 8 this year, which is still below earlier levels.

5. Services used by participants in the past year (N=15)



Of all the services used, participants were asked to select the single most helpful or valuable service. Their open-ended responses were organized into categories. Similar to other years when this question was asked, participants had a hard time choosing just one service that was helpful, with respondents reporting an average of 1.7 services as most helpful and two respondents answering that “all” or “pretty much all” of the services at Project Recovery were the most helpful. This year the most common response was that supplies for basic needs were the most helpful thing provided. The other most helpful service was help in getting benefits such as SNAP and medical assistance. (Figure 6).

Participants report the most helpful service in the past year:

Just walking through these doors. Getting me hooked up with my GA and Medical Assistance and just getting here. ... I also learned about Coordinated Entry.

The showers have been the most helpful and then the mail. Most of it has been helpful. When I contact them they are usually helpful. It’s rare that they don’t have something to help me.

6. Most valuable services (N=15)

(Open-ended response categorized into themes)	Number
Basic needs supplies (e.g., hygiene kits, food, clothing)	5
Help with benefits (e.g., SNAP, Medical Assistance)	4
Coordinated Entry / housing	2
Transportation (bus tokens, rides)	2
Basic needs supplies (e.g., blankets, clothes, hygiene kits, food)	2
Showers	2
Transportation	2
Everything (“all of them,” and “pretty much all of them”)	2
Mental health services	2
Other: mail, IDs, cell phone	1 each

Note. Clients sometimes noted more than one service as being the most helpful to them. Therefore, the total exceeds the 15 clients interviewed.

Project Recovery staff provide integral housing support to both clients who currently have housing and those who do not

Three participants reported they currently had their own housing, and 12 reported they did not. For the three with housing, one had housing through a transitional housing program, and two had their own housing through a permanent housing program.

The three participants currently in housing were asked in what ways staff helped them get their housing. Participants described how Project Recovery staff provided housing aid by taking them to housing appointments, talking to housing providers (e.g., Guild Services) on their behalf, joining them for appointments with landlords (e.g., to do walk-throughs, sign leases), and arranging for financial support to pay security deposits.

When asked how staff help them keep housing, participants again described how the different types of support and services that staff provide help them maintain their housing. One person reported that, because of their age, disability status, and mental health issues, Project Recovery staff were working to move them to a psychological/medical/rehabilitation facility for the elderly with nursing support available. Another respondent reported that a Project Recovery staffer helps him with basic tasks like paying bills so that he doesn't fall behind on rent:

Without him I wouldn't have my house. I can't read and write. He helped me find a place where I could keep my dog. ... I wouldn't be able to pay my bills, wouldn't know which way to turn.

Similarly, another respondent reported that Project Recovery staff help them keep on top of their housing by explaining housing specifics that they might not comprehend:

[They] help me through certain situations like things I don't understand, when the housing people are telling me to do things. They help work with things I don't understand.

Both housed and unhoused respondents indicated that Project Recovery staff have been helpful in the process of working toward housing, and participants spoke to a number of ways that staff are helpful. Primary among them is helping to navigate the complex paperwork necessary to apply to housing programs. As one participant said: "They filled out all of the paperwork for me." Staff also make referrals and identify and call housing options on behalf of clients and get clients onto waiting lists. Other ways that staff help are by laying the groundwork for people to get housing, including getting clients IDs and helping them determine what their eligibility for certain social programs (e.g., Social Security) means for housing options.

They are working with me and my wife to get housing. They're helping us getting joint housing. We are just signing up and we just began and I don't know how it all works.

For the 12 participants who did not have housing, half (6 participants) said that Project Recovery staff *had* helped them get shelter over the past year, such as a hotel referral or a bed in a 24-hour shelter (e.g., Harriet Tubman, Union Gospel Mission). The other half of unhoused participants said that Project Recovery staff had not helped them get any shelter over the past year; however, most of these reported that staff had, in fact, tried to help, but the participants were either waiting for housing due to factors such as mental health, criminal history, family composition, or housing backlogs, or the participants themselves didn't follow through:

[They help by] making calls and trying to set stuff up for me, but it's all me. They help me, but I don't follow through. But [case manager] has been trying.

Several of those who reported that staff did not help said that staff had tried to help but that they “didn’t want to be helped,” had “screwed it up,” or felt they were “self-sabotaging.” Those who had gotten help from staff said that staff helped them get into a variety of temporary housing options, including shelters, in-patient treatment programs, hotels, and figuring out stays with family or friends.

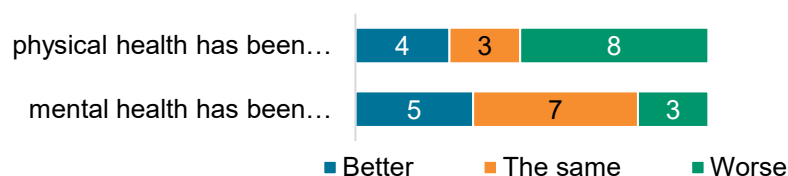
About half of participants reported that their physical health had gotten worse in the past year, and about half reported that their mental health had stayed the same. A minority reported improvements in physical and mental health.

Just over half of participants (n=8) reported that their physical health had gotten worse in the past year (Figure 7). However, the same number reported that Project Recovery staff had provided assistance that supported their physical health. Most commonly, participants reported that staff helped by getting them set up with medical appointments and providing access to food, showers, and laundry. Additionally, staff helped clients by monitoring health symptoms/injuries, encouraging healthy behaviors (e.g., getting exercise, eating healthy), arranging to have medication delivered to clients, helping clients get vaccines and boosters, and encouraging clients to seek medical care.

I walk a long ways. I walk from downtown to here and back, so I do get exercise. They encourage it and tell me I need it. [And] they helped me with my foot since I have a hole in it. I had surgery on it. They make sure it's cleaned up and they check on it.

7. Physical and mental health of participants over the past year (N=15)

Over the past year, participants'



Just under half of participants (n=7) reported that their mental health had stayed the same over the past year and three indicated that it had gotten worse (Figure 7). However, 11 participants noted that Project Recovery had helped with their mental health in some way in the past year. As in years past, the most common way that Project Recovery staff helped participants with their mental health was by simply being there to talk to. Participants said that case managers at Project Recovery are supportive and make themselves available to talk. One client described their case manager as “like a younger brother to me.”

[Case manager] is always there to listen. When I am freaking out, I text him like a mad man about anything bothering me. So he provides me advice. There is always someone to talk to. ... I talk to [case manager] the most since we share a religion.

[They] helped me get rid of my anger. I just wanted to fight and beat up anything. I was frustrated. They taught me better options. I was in and out of jail, prison too, but [case manager] helped me out. I talked to him, called him, he be right by my side.

Less common ways that clients reported help from Project Recovery included getting doctor’s appointments, setting up a mental health assessment, and ensuring they were adhering to medication and attendance at therapy appointments.

Two respondents did note that there is high turnover among case managers and that Project Recovery seems insufficiently staffed, pointing out that this can sometimes present challenges for connecting with case managers:

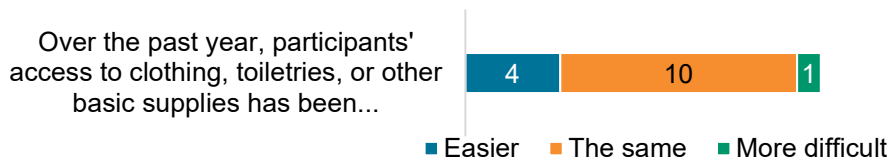
They are there and want to help, which keeps me from feeling like there is no way out. There is always someone there to help and talk to someone. ... It’s hard that they can’t keep people long and it’s hard working with a few different people. I have been working with [case manager] and he has been here the longest.

I don’t think there are enough well-being checks. They need to call in and check in more. ... Knowing that I have these health problems, there should’ve been more of a check-up. I find that inadequate because there is inadequate staffing numbers. They can only do so much, especially in the time frame.

Participants overall had varied perceptions of whether getting clothing, toiletries, or other basic supplies was easier, the same, or more difficult over the past year, but most reported that access to supplies was about the same.

Participants were asked if their access to basic supplies changed at Project Recovery and in the community at large over the course of the past year. Most commonly (n=10), clients reported that access to basic supplies stayed about the same as the prior year (when access increased during the height of the COVID pandemic). A few (n=4) reported it was easier to obtain toiletries and other basic supplies, and one reported it was harder (Figure 8).

8. Access to clothing, toiletries, or other basic supplies over the past year (N=15)



4 reported it was easier to get basic supplies

Every month I meet with the case manager. They check on me to make sure I have everything. They take us shopping and give us bus tokens and quarters to wash our clothes.

We do have laundry facilities that I can use. ... The laundry facilities, food, and transportation are all major things that they helped me with.

10 reported it was the same

I just come in and ask, and they are more than willing to help me.

They don't try to hold anything back. If you need something, they give it to you.

1 reported it was more difficult to get basic supplies

It's been difficult because everything is short and they just opened up again. They haven't got [supplies] yet.

Participants have had varied – and contradictory – experiences of what services were easily accessible during past year

Services that are easier to get

Participants were asked if any services have been easier for them to access over the course of the past year. Food was the most common resource that was cited as easier to access, with eight clients reporting that it was easier to get food or food stamps. Clients also commonly (n=5) reported that getting access to medicine was easier over the course of the past year. A few clients (n=3) simply stated that “everything” or general access was easier in the past year. Less commonly cited were housing, clothing, and transportation, which were mentioned by just one to two clients each as being easier to access.

Through Project Recovery it has been easier. The main pills that I need for my epilepsy, they make sure I have. They make it easier to eat and get clothes. They are pretty good.

Services that are harder to get

Many of the same services that some participants described as being easier to access were categorized by other participants as being more difficult to access during the past year. Notably, three participants described getting food as being more difficult, and three also reported that getting housing was more difficult.

Housing has been the worst one, and I have been homeless, and I have never had a place of my own. It's not them, but it's my mental health and other barriers like no rent history and felonies.

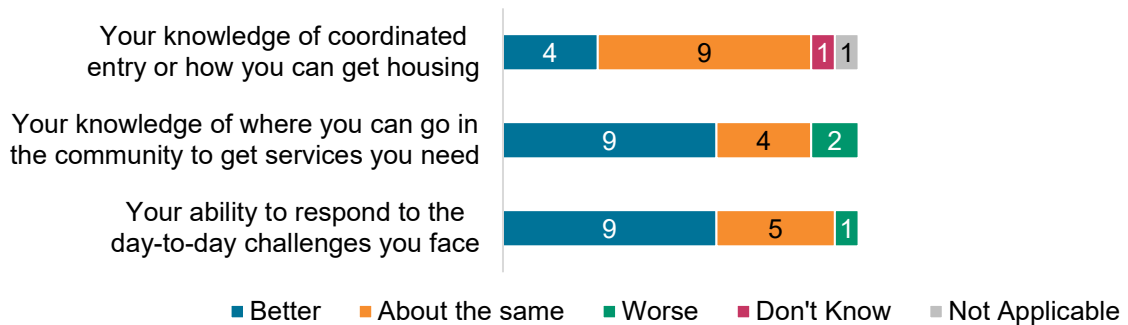
One participant each said that getting diagnostic services, working with Child Protective Services, and dealing with Social Security was harder.

These results reflect the unique situations of each client that Project Recovery serves. It also points out a potential need to more uniformly educate clients about where services are available.

Participants report varied levels of improvement toward Project Recovery's short-term outcomes

All participants were asked how they were doing now compared to before they came to Project Recovery on three key measures listed as short-term outcomes in Project Recovery's logic model (see Appendix C). This year, participants' knowledge of where to go in the community to get needed services and their ability to respond to day-to-day challenges they face were the outcomes where the most participants (n=9 for each outcome) reported improvement (Figure 9). For coordinated entry or how they can get housing, most respondents (n=9) reported that their knowledge had stayed the same, and no respondents indicated that their knowledge had gotten worse.

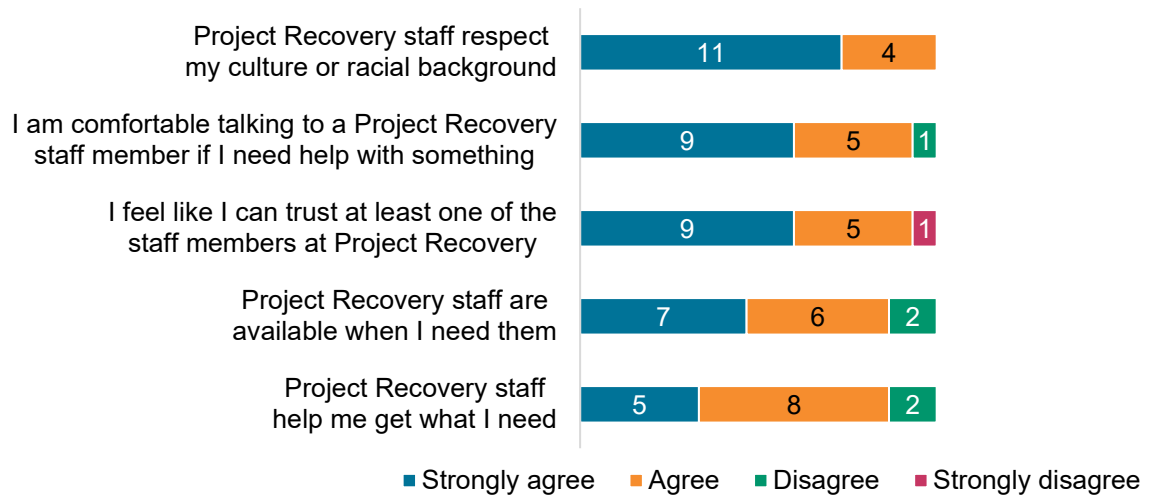
9. Compared to when you first started coming to Project Recovery, are the following things currently better, worse, or about the same? (N=15)



Participants agree that Project Recovery staff are respectful, trustworthy, and helpful

Participants were asked a series of questions about their work with Project Recovery staff. Overall, all participants “agreed” or “strongly agreed” that Project Recovery staff respected their culture or racial background, and all but one felt comfortable talking to staff when they needed help with something (Figure 10). Almost all participants felt that they could trust at least one staff member (n=14), that staff helped them get what they need (n=13), and that staff were available when they needed them (n=13).

10. Working with staff at Project Recovery (N=15)



Similar to past years, when asked about what could be improved at Project Recovery, participants suggested the drop-in center be more available

Participants’ main suggestion for improvement – to extend the drop-in center hours - was similar to past years. In all, 10 clients responded that the drop-in center hours should be longer.

Be open an hour earlier or an hour later.

More hours would be one thing. The time they open to the time they close could be more hours since there is not enough. More hours in the afternoon.

Extend their hours. We need a lot more hours.

Two people suggested that Project Recovery increase the number of staff, and one person suggested that Project Recovery increase the number of female staff in particular. Other recommendations for improvement suggested by one person each were to do more projects, do more field trips, provide more food, help clients find housing, and not “assume we all come from the same situation.” One client also suggested that Project Recovery staff should take better care of themselves:

How about not letting others make them work too hard? Don't let them run you to the ground.

Three participants said there was nothing for Project Recovery to improve, and one said there was not “much” they can do to improve their work:

*I can't think of anything since they are doing really well.”
They do everything well. I don't think there's much they can do to improve.*

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

Participants were asked if they had anything additional to say about Project Recovery. Thirteen of those who responded had positive things to say about the program.

*Overall, it's a fair and decent place without judgment. It's a place where you can come and catch your breath and get a little help.
It's been a pleasure and helpful and they should have one more and clone the workers.
They are great and I love them. Since I met them in 2015 I have been with them since and no one else. I am glad I met them. I was living at the mission and I was suicidal at the time, and once I got here they changed that. They helped me get my first apartment, therapy, and doctor's appointments.
Keep doing what you are doing. If they weren't out here I don't know where we would be. Don't change and keep doing what you are doing. You just never know what they will be able to do, but what they are doing right now is perfect.
I am glad it's here and I am glad I met these people; otherwise I would be hurting. I am grateful very much. I love these guys.*

Two participants did share comments that were less effusive, with one couching his praise in terms of staffing limitations:

Most of them are pretty good. It's just there are a lot of bugs that need to be sorted. The main thing is that they are understaffed. They forget what they are doing since they are understaffed.

Another client, however, offered particular words of praise for one Project Recovery case manager, and noted only that Project Recovery should appreciate him more.

They don't honor [case manager]. He does a great job down here. But no one ever honors him. He does wonderful things for everybody. He's sick, he's still gonna come and try to do his best.

Feedback from program supervisor

Wilder Research staff administered a five-year retrospective questionnaire to the Project Recovery program supervisor in June 2022. As noted, the program supervisor has been with Project Recovery for each of the last five years and is, therefore, well-equipped to assess the program's evolution over this time period.

The low-barrier nature of Project Recovery has facilitated the program's success in engaging clients over the past five year cycle.

The program supervisor emphasized that the low-barrier nature of Project Recovery has been essential to its success with client engagement, noting that there are no conditions for accessing basic Project Recovery services—participants do not need to provide a name and identifying information, and they are not required to be sober. Rather, clients are able to obtain basic services and develop trust before choosing to access more in-depth services like treatment and housing.

I can think of so many people over the course of the past few years who started coming in to the drop-in sporadically and did not engage with us much and then started using more drop-in services, and then months later began asking for help with bigger picture things – housing, treatment, etc. I am not sure we would have been as successful with all of these folks if we were asking for names and information immediately.

Being client-centered and acting in partnership with clients facilitated the process of accessing services.

The program supervisor noted the importance of centering assistance on the client, with the client making decisions and the case manager serving as a guide, comparing the relationship to that of a driver and navigator:

Allowing the clients to really drive the car and be the expert on themselves, and having the case manager be the navigator explaining the different routes and allowing the client to choose which direction they want to take, and at what speed.

An essential part of this process, according to the program supervisor, is being transparent and honest about processes, options, and timelines, while supporting the client's goals:

Especially in regards to housing, being transparent and honest about how housing works, what options there are and what [the] timelines may be, and then partnering with clients on that process to housing, while also working with them on housing readiness and other goals in the meantime.

The biggest challenge to the work of Project Recovery is that resources are inadequate.

The Project Recovery program supervisor noted that the most significant challenge to Project Recovery's efforts is that "the resources just really severely don't meet the need." This inability to meet needs in turn makes it more difficult for Project Recovery to establish trust with clients. The program supervisor pointed to the challenges around housing in particular:

The average wait time through Coordinated Entry is about 10 months for a housing referral. It puts us in a challenging place to build hope and trust with people that this long process will be worth it.

Project Recovery has seen unsheltered homelessness growing over the past five years, and the population served by Project Recovery has evolved to include people with higher incomes who cannot afford rent.

The Project Recovery program supervisor observed that the program has seen unsheltered homelessness (e.g., sleeping in tents, vehicles) increase over the past five years. At the same time, the number of folks with higher incomes—through employment or high Social Security Disability Income (SSDI) awards—experiencing homelessness has grown because of the affordable housing shortage and rising rents.

Interpretation and reflection

Across the client interviews and program supervisor questionnaire, three key themes emerged about what makes Project Recovery successful.

1. **Project Recovery is a trusted provider within the community of people experiencing homelessness because case managers are client-focused.** Within the community, Project Recovery is known to be unique and trustworthy because of its focus on individual clients:

I like the fact that when you talk to them they treat you as a person and not just a number. They see you as a person and want to help. They make you become open-minded and see things in a different way. When I first found this place I liked it because it's not like other places that's like 'here is this stuff and here is this place' and they don't pay attention to you.

2. **Project Recovery staff maintain strong relationships and good rapport with their clients.** Multiple clients stressed that they have positive connections with case managers, and that case managers are committed to helping them with whatever their needs might be, from assistance to paying bills to simply having a conversation or listening:

[Case manager] helps pay bills for me. I'm not behind on rent anymore. Without him I wouldn't have my house. I can't read and write. He helped me find a place where I could keep my dog—first a hotel and then housing. I wouldn't be able to pay my bills [without him]. I wouldn't know which way to turn.

I can come down here when I'm angry or mad and talk to him, and he'll ease my mind, and I walk out okay. He'll listen to you.

3. **Project Recovery serves as a stable and supportive anchor for its clients.** Every year in the evaluation we ask clients which Project Recovery service is the most helpful, and this year clients emphasized the benefit of Project Recovery serving as a consistent, reliable presence in their lives:

It's a place where you can come and catch your breath and get a little help.

Just being supportive of me and checking in on me. Knowing someone is always there to support me and talk to me.

It's like a foundation you have. If I'm somewhere and something dumb happens, there's stability.

Recommendations

Project Recovery reaches one of the most difficult to serve populations in our community. During the COVID-19 pandemic, their work became even more of a lifeline for people experiencing homelessness and substance use disorders in Ramsey County. The past year represented a new, less restrictive phase of the pandemic, and Project Recovery faced the challenge of continuing to adapt as operations returned to pre-pandemic standards while client characteristics continued to change. Based on this year's evaluation, the following are issues to consider and possible next steps:

- A main theme from interviews this year is that clients have trusting relationships with Project Recovery staff. In order to maintain this trust, it will be important for Project Recovery to continue to be transparent about processes and timelines as affordable and supportive housing continues to be complicated to access. This challenge will be increasingly significant as the special funding for shelter and housing related to the pandemic expires.
- Beyond limited hours and two mentions of staffing limitations, clients were largely satisfied with Project Recovery as a program. Project Recovery is succeeding in connecting with clients, establishing trust, and providing services in a way that is supportive and client-driven. Project Recovery should maintain this approach in the coming year while simultaneously pursuing, to the extent possible, additional funding in order to expand the hours of operation for the drop-in center and/or staffing.

Project Recovery: Client Baseline Interview

Project Recovery is interested in learning more about your experiences in the past year and how the Project Recovery 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, staff 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, no problem. 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 20 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 in case management (with Ian or Elena or someone else)?
 - ¹ Less than a month
 - ² 1-3 months
 - ³ 4-6 months
 - ⁴ 7-12 months
 - ⁵ More than a year
2. How often do you meet with staff from Project Recovery, either by phone or in-person?
 - ¹ Once a week or more
 - ² Once or twice a month
 - ³ Less than once a month

3. In which of these settings have you met with Project Recovery staff in the last year? (Check all that apply)
- ¹ At the drop-in center on York Avenue
 - ² At the Opportunity Center
 - ³ Case manager met you outside where you are staying
 - ⁴ Over the phone
 - ⁵ At a shelter or hotel (like Safe Space, Catholic Charities, or Union Gospel Mission)
 - ⁶ At Regions Hospital or detox
 - ⁷ At a COVID respite facility
 - ¹ Other, please specify _____

3b. Out of all the settings you mentioned meeting (READ “YES” RESPONSES FROM 3), which setting have you been meeting with your case manager the most?

Services

4. In the last year, have you used any of the following Project Recovery services?

How about . . .

	No	Yes
a. Shower facilities?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
b. Laundry facilities?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
c. Mental health screening/assessments or services/therapy?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
d. Getting services for alcohol or drug problems?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
e. Group programs (Art Therapy, Wellness, For You by You, Harm Reduction, etc.)?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
f. Staff helping with computers or zoom (for example to attend a zoom court hearing)?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
g. Getting clothing, toiletries, or other basic supplies?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
h. Coordinated entry or help with housing?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
i. Mail delivery?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
j. Mobile food shelf or food assistance?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
k. Bus tokens and rides?	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
l. Getting signed up for benefits (like general assistance, food stamps, medical insurance) or getting an ID	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	
m. Staff helping you get a cell phone	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
	<input type="checkbox"/> ³ Refused	

5. Out of all the services you mentioned using (READ “YES” RESPONSES FROM 4a), which service has been the most helpful or valuable to you this year?

Housing

- 6a. Do you currently have your own housing?

- ¹ Yes ➔
² No
⁻⁷ Refused
⁻⁸ Don't know

- 6b. What kind of housing do you have?

- ¹ Housing through a transitional housing program
² Housing through a permanent housing program
³ In your own apartment, not part of a program
⁴ Other, specify: _____

- 6c. In what ways, if any, did Project Recovery staff help you get your housing?

- 6d. In what ways, if any, do Project Recovery staff help you with **keeping** your housing?
(Probe: do they provide any supports that help you stay where you are?)

If No:

- 6e. Have Project Recovery staff helped you get any shelter over the past year, such as a hotel referral or bed in a 24-hour shelter? (If yes, probe for which types of shelter).

- 6f. Have Project Recovery staff explained the process for you to get into your own housing?

- ¹ Yes
² No
⁻⁷ Refused
⁻⁸ Don't know

- 6g. In what ways have Project Recovery staff been helpful in the process of getting housing (Probe: have they helped you with coordinated entry or have they helped you apply?)

Questions about the Last Year

I'm interested in learning more about how your life has changed over the last year...

7. Over the past year, would you say your housing situation has:

- ¹ Gotten Better
- ² Stayed the same
- ³ Gotten worse

8b. Can you tell me more about that?

8. Over the past year, would you say your alcohol or drug use has:

- ¹ Gotten better
- ² Stayed the same
- ³ Gotten worse

8b. In what ways, if any, has Project Recovery helped you with your alcohol or drug problem this year?

9. Over the past year, would you say your physical health has:

- ¹ Gotten better
- ² Stayed the same
- ³ Gotten worse

9b. In what ways, if any, has Project Recovery helped you with your physical health this year?

10. Over the past year, would you say your mental health has:

- ¹ Gotten better
- ² Stayed the same
- ³ Gotten worse

10b. In what ways, if any, has Project Recovery helped you with your mental health this year?

11. Over the past year, would you say getting clothing, toiletries, or other basic supplies you need has:

- ¹ Gotten easier
- ² Stayed the same
- ³ Gotten more difficult

11b. In what ways, if any, has Project Recovery helped you with getting the basic supplies you need this year?

12. Over the past year, have there been any services (like medicine, food, or housing) that have been *easier* for you to get?

13. Over the past year, have there been any services that have been *harder* for you to get?

14. What has been the **most helpful** thing Project Recovery has done in the past year to help you stay safe?

Impact of the program

15. 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	About or Better, the same, worse?			REF	DK	NA
a. Your ability to respond to the day-to-day challenges you face	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹
b. Your knowledge of where you can go in the community to get services you need	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹
c. Your knowledge of coordinated entry or how you can get housing	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹

Staff competency

16. 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
a. Project Recovery staff help me get what I need.	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹
b. Project Recovery staff are available when I need them.	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹
c. I feel like I can trust at least one of the staff members at Project Recovery.	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹
d. I am comfortable talking to a Project Recovery staff member if I need help with something.	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹
e. Project Recovery staff respect my culture or racial background.	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁹

Improving the program

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

18. 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.

19. With what gender do you identify?

- ¹ Male
- ² Female
- ³ Self-identity (Describe _____)
- ⁻⁷ Refused
- ⁻⁸ Don't know

20. How old are you?

- _____ years
- ⁻⁷ Refused
 - ⁻⁸ Don't know

21. What do you consider to be your racial or ethnic background? Would you say...

- ¹ Black or African American,
- ² American Indian,
- ³ Asian or Pacific Islander,
- ⁴ White or Caucasian, or
- ⁵ Something else? (Describe: _____)
- ⁻⁷ Refused
- ⁻⁸ Don't know

22. Are you of Hispanic or Latino origin?

- ¹ Yes
- ² No
- ⁻⁷ Refused
- ⁻⁸ Don't know

23. 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 In your own apartment, not part of a program
- ⁶ With friends at their place, or
- ⁷ Something else? (Describe: _____)
- ⁻⁷ Refused
- ⁻⁸ Don't know

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

[EXPLAIN GIFT CARD PROCESS].

B. Program Supervisor Questionnaire

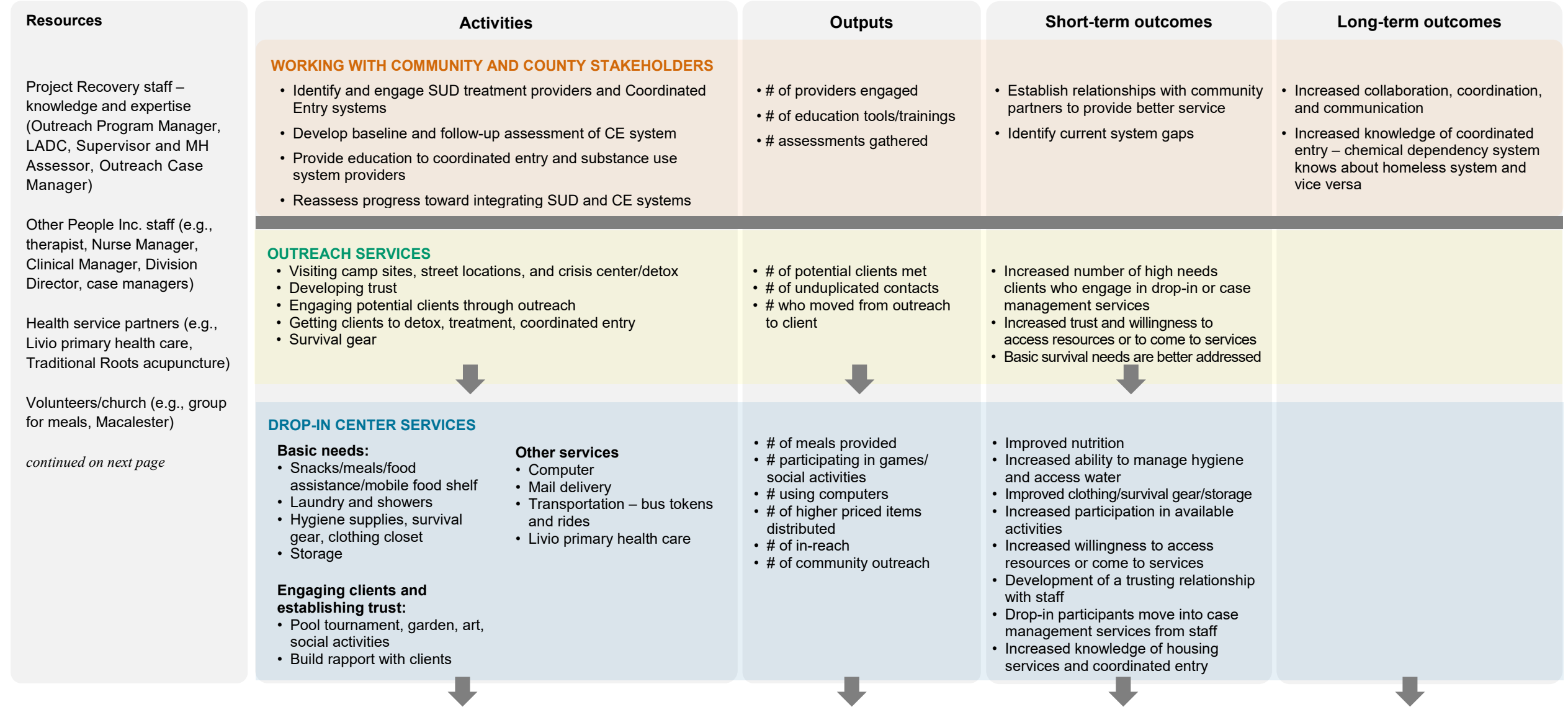
Project Recovery Program Supervisor Online Questionnaire

Looking back over the past five years of the grant...

1. What do you think worked best in terms of the work and strategies that Project Recovery implemented with clients?
2. What were the biggest challenges?
3. Did you notice any changes in the population?
4. Are there any reflections on other lessons learned that would be helpful to the field?

C. Logic Model

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



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

Resources	Activities	Outputs	Short-term outcomes	Long-term outcomes
<p><i>continued from previous page</i></p> <p>Internship program</p> <p>People served (those who have been there for a while, former clients)</p> <p>Community Partners (Regions, MACV, ACS tobacco use)</p> <p>County partners (e.g., Detox, coordinated entry with Dakota and Ramsey, treatment)</p> <p>CCBHC</p> <p>Funding from DHS ADAD, People Inc. Funds, donations</p>	<p>CASE MANAGEMENT SERVICES</p> <p>WORK ON PERSONAL GOALS IN ANY CATEGORY</p> <p>Benefits</p> <ul style="list-style-type: none"> Assist with MNsure, 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) <p>Housing</p> <ul style="list-style-type: none"> Assist in finding housing Assist in connecting to needed services and housing referrals <p>Physical health and wellness</p> <ul style="list-style-type: none"> 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 <p>Mental and chemical health</p> <ul style="list-style-type: none"> 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 <p>Relationships</p> <ul style="list-style-type: none"> Assist in making connection to family Build rapport with clients <p>Legal</p> <ul style="list-style-type: none"> Connect with probation and help navigate the system 	<ul style="list-style-type: none"> # 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

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