RAMSEY COUNTY
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Re-directing Users of Shelter to Housing

Program Evaluation

August 2018
Dana DeMaster, Ramsey County Health and Wellness Administration Research and Evaluation Unit

Acknowledgements

We would like to acknowledge Ramsey RUSH partner agencies for their assistance with this evaluation, in particular Tonya Lennox of Catholic Charities and Zach Wolfgram of Radias Health who facilitated and scheduled participation of their clients in the survey. Many Catholic Charities staff and managers helped arrange surveys and their assistance is appreciated.

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Dana DeMaster, principal evaluator

Executive Summary

The Re-directing Users of Shelter to Housing (RUSH) is a project to move the top 100 longest users of Catholic Charities Dorothy Day/Higher Ground shelter and the top 50 longest users of the Union Gospel Mission (UGM) shelter into permanent housing. In the summer of 2016, the Saint Paul Foundation convened a group to plan and design the project. This step was taken based upon the success of Hennepin County's Top 51 project that moved its longest shelter users into housing and the opening of Higher Ground anticipated for January 2017.

The mission of Ramsey RUSH is to "engage long-term shelter users in Ramsey County in transitioning to stable housing while opening access to emergency shelters." The goals of the project are:

- Move the top shelter users into permanent housing,
- Increase the number of shelter beds available to people in need of emergency housing, and
- Recommend policy and systems changes that result in a more sustainable shelter system that better meets emergency shelter needs.

In its planning and design, Ramsey RUSH incorporated the program components identified through research as critical to success. Pearson et al (2009) identifies these as:

- Direct, or nearly direct, placement of homeless people into housing with the program's commitment to ensure the participant is housed permanently;
- No requirement that participants use supportive services, although the program offers and makes services readily available;
- Use of assertive outreach to engage and offer housing to homeless people with mental illness who are reluctant to …engage in services as well as use of harm-reduction approach to substance use, which addresses the harms caused by risk-taking behavior without forcing elimination of the behavior altogether; and
- Continued efforts to provide case management and hold housing for participants, even if they temporarily leave housing.

This evaluation examines the first 100 participants, all from Higher Ground. Case managers are currently focusing on potential UGM participants. The evaluation is focused on identifying systems and policy changes specific to Ramsey County (including partners and providers in the community) that will make this effort sustainable beyond the period funded by the Saint Paul Foundation, support permanent housing options for the long-term homeless, and encourage shelter use that is short-term.

The evaluation questions are:

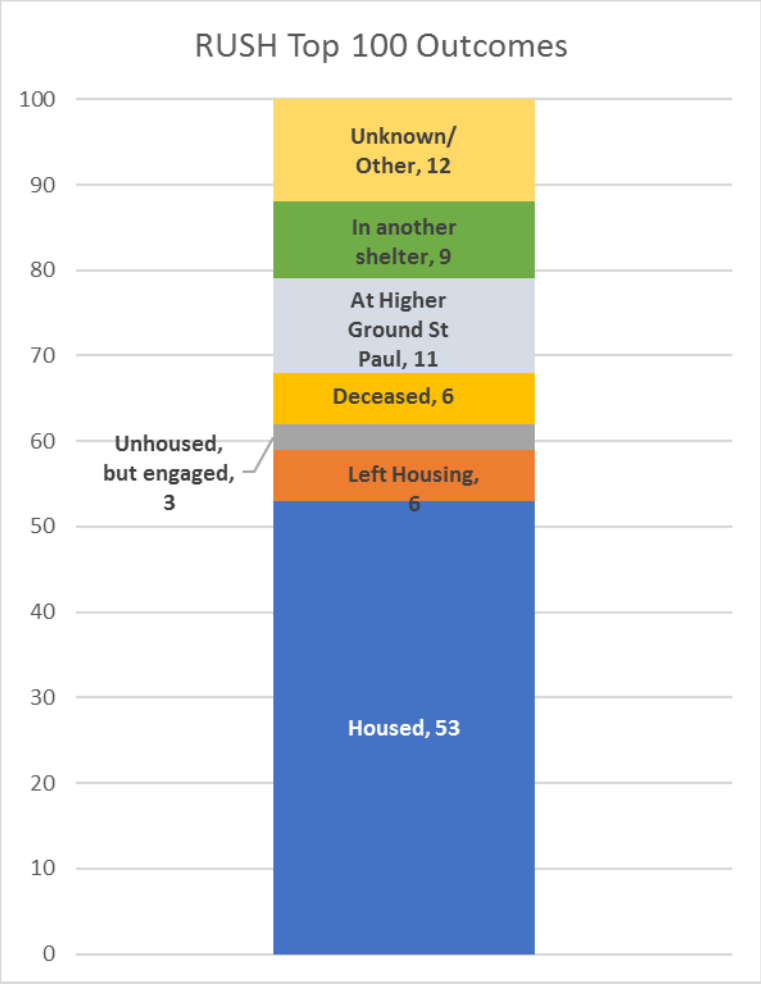
- What types of outreach and recruitment activities successfully built trust with clients?
- What types and intensity of services were needed to maintain housing?
- What were the challenges and opportunities in accessing services, such as wait lists, documentation, eligibility criteria, and availability?
- What are client perceptions of services, choice in housing, systems barriers, and how or if their lives changed once they were in housing?

The evaluation methods included hour-long interviews with 13 clients who had been housed for at least three months, interviews with project case managers and a program manager, and data analysis from the Homeless Management Information System (HMIS), program records, and county administrative databases.

Results

As of July 2018, out of the top 100 shelter users at Higher Ground:

- 53 were housed and remain in housing,
- 6 were housed, but left housing during the first year,
- 6 were deceased;
- 11 remained at Higher Ground and were not engaging with case managers,
- 9 were in other shelters and not engaging, and
- 12 had unknown whereabouts or had left Minnesota.



When Higher Ground opened in January 2017, the top 100 shelter users were offered efficiency apartments on site before RUSH case managers were hired. Twenty-four people moved into housing at that time; 20 are still housed (83 percent). As they did not receive services from RUSH (although they did receive case management and assistance from Catholic Charities staff), they are not included in the following outcome measures.

Of the 76 people offered RUSH services:

- 58 people (76 percent) engaged with case managers,
- 35 were housed (46 percent),
- 33 remained housed (94 percent of those housed),
- 3 are unhoused, but still engaged and working the case managers.

Of the 35 people housed while working with RUSH case manager, the average time between engagement and housing was about 3.8 months. A quarter were housed within a month and 75 percent within 5.8 months.

Very few clients used detox and use before and after RUSH programming showed no impact. RUSH users did not see an increase in the use of financial assistance benefits, such as General Assistance or the Supplemental Nutrition Assistance Program (SNAP). The number of users was relatively small and low uptake can be partially attributed to continuing fear of sharing information with the government.

According to self-report in client interviews, RUSH clients who were housed:

- Had increased eligibility for Medical Assistance (38 percent while homeless compared to 92 percent while housed),
- Had decreased use of the emergency room (62 percent in the last year of homelessness compared to 13 percent while housed),
- Had decreased use of Healthcare for the Homeless and increased use of family clinics and an increase in preventative care like seeing a dentist or ophthalmologist.
- Had increased personal safety, improved sleeping, and decreased stress.

Additionally, a clear theme of the client and case manager interviews were the need for social supports and ties to the community. Loneliness and isolation are real concerns that jeopardize housing stability. While clients were cautiously optimistic, they expressed concern and fear of losing housing and the challenges of building new relationships, routines, and activities.

Recommendations

- Focus on permanent housing from the first day of a shelter stay. Change shelter culture to a housing mindset and provide worker training on customer service. While everyone's job needs to include a focus on housing navigation, continue to provide specific outreach and engagement services that allow for the time necessary to engage reluctant clients.
- Provide financial assistance services on-site or in a place of the clients' choosing and create a physical environment that does not further traumatize people or aggravate mental health concerns. Consider providing training on executive functioning or the impacts of traumatic brain injury.
- Seek a partnership with the Minnesota Department of Public Safety to expedite identification cards for people experiencing homelessness. No one should be homeless simply because they lack identification.
- Provide on-going support in the first year after housing, including basic living skills, problem-solving, and social connections.
- Recognize the need for diverse housing types and work with the city and others to build capacity. Specifically focus on the needs of the elderly.
- Create a plan to move people out of Higher Ground apartments.

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Introduction

Ramsey County's Re-directing Users of Shelter to Housing (RUSH) is a project to move the top 100 longest users of Catholic Charities Dorothy Day/Higher Ground Shelter and top 50 longest users of the Union Gospel Mission shelter into permanent housing. In the summer of 2016, based upon the success of Hennepin County's Top 51 project that moved its longest shelter users into housing and the construction of Higher Ground, the Saint Paul Foundation contacted Ramsey County, Health Partners, and Catholic Charities to express interest in funding a similar project in Ramsey County. The Saint Paul Foundation funded a project manager to help design the project and two case management positions to staff it. The Governance Team, chaired by Ann Mulhalland of the Saint Paul Foundation, and the Design Team, led by the project manager hired by the Saint Paul Foundation, began meeting in July 2016.

Over the next six months, the Design Team chose intervention strategies, identified and prioritized potential clients, worked to engage partner agencies, and hired two case managers – one at Catholic Charities and the other at Radias Health. The Design Team also submitted a mission and goals for the project to the Governance Team.

The mission of Ramsey RUSH is to "engage long-term shelter users in Ramsey County in transitioning to stable housing while opening access to emergency shelters."

The goals of the project are:

- Move the top shelter users into permanent housing,
- Increase the number of shelter beds available to people needing emergency housing, and
- Recommend policy and systems changes that result in a more sustainable shelter system that better meets emergency shelter needs.

The Design Team chose to use a Housing First model with intensive case management as the intervention. Dozens of evaluations of this model have reported its effectiveness (Tsemberis, et al 2004; Pearson, et al 2007; Toros, et al, 2012; Steriopoulos et al 2015; Sun 2012; Pearson, et al 2009; Montgomery et al 2013; Raine et al, 2007). Housing First is a philosophy that centers on quickly moving people experiencing homelessness into permanent housing and then providing support and services as needed, rather than requiring people are stable (sober, receiving treatment for mental illness) before being housed. Burt (2003) states that "Starting in the early 1990s…these studies consistently found that *if housing was supplied*, people would come in from the streets and remain stably housed. Without the housing component, however, no amount of other services affected levels of homelessness." Tsemberis et al (2004) conclude that "Our results attest to the effectiveness of using the Housing First approach in engaging, housing, and keeping individuals housed who are chronically homeless and dually diagnosed. The Housing First program sustained an approximately 80 percent housing retention rate, a rate that presents a profound challenge to clinical assumptions held by many Continuum of Care supporting housing providers who regard the chronically homeless as 'not housing ready'…There is no empirical support for the practice of requiring individuals to participate in psychiatric treatment or attain sobriety before being housed."

These evaluations found that this model decreased shelter use; increased permanent housing; decreased use of public services like jails, police, emergency rooms, and hospital stays; impacted sobriety and mental health positively; and cost less than having people in shelters. Project 50 in Los Angeles' Skid Row generated estimated cost savings of $4,774 per person or $238,700 over two years (Toros, et al 2012). Stergiopoulos (2015) found cost savings of CaD $4,849 per participant in Vancouver, Canada, in addition to important quality of life improvements for participants.

Ramsey RUSH has incorporated the program components identified through research as critical to success. Pearson et al (2009) identifies these as:

- Direct, or nearly direct, placement of homeless people into housing with the program's commitment to ensure the participant is housed permanently;
- No requirement that participants use supportive services, although the program offers and makes services readily available;
- Use of assertive outreach to engage and offer housing to homeless people with mental illness who are reluctant to …engage in services as well as use of harm-reduction approach to substance use, which addresses the harms caused by risk-taking behavior without forcing elimination of the behavior altogether; and
- Continued efforts to provide case management…, even if they temporarily leave housing.

Clients were chosen based upon total days at in shelter, regardless of other conditions such as mental illness or substance use. Other Housing First programs have prioritized people with these conditions or those dually diagnosed. This evaluation focuses on the original 100 shelter users, all from Higher Ground/Dorothy Day. Case managers are currently transitioning from working with clients at Higher Ground to those at the Union Gospel Mission.

Throughout the report client comments from interviews are highlighted in the blue text boxes.

Evaluation

Individualized supportive services using a Housing First model have been well-evaluated. There is consensus among evaluators that these are effective approaches – both from a service perspective and a costs perspective. This intensive model gets people housed, keeps many of them housed, and saves money. There is no doubt that this is an effective model. Therefore, the evaluation questions are not about effectiveness of this model.

The evaluation is focused on identifying systems and policy changes specific to Ramsey County that will make this effort sustainable beyond the period funded by the Saint Paul Foundation, support permanent housing options for the long-term homeless, and encourage shelter use that is short-term.

The evaluation questions are:

- What types of outreach and recruitment activities successfully built trust with clients?
- What types and intensity of services were needed to maintain housing?
- What were the challenges and opportunities in accessing services, such as wait lists, documentation, eligibility criteria, and availability?

- What are client perceptions of services, choice in housing, systems barriers, and how or if their lives changed once they were housing?

In addition to the systems change questions, the evaluation will track performance measures using quantitative data from the Homeless Management Information System (HMIS) and state administrative databases to provide accountability and answer basic questions regarding program outcomes. These are:

- Number of people offered the program
- Number of people accepting services
- Number of people housed
- Number of days between program enrollment and housing
- Type of housing
- Number of people housed at six and 12 months
- Eligibility/receipt of mainstream benefits at entry and exit (General Assistance, Supplemental Nutrition Assistance Program, Minnesota Supplemental Aid)
- Why people declined to participate (if possible to obtain)

Methods. In addition to a literature review and review of program documents, such as meeting minutes, systems change data was collected in two ways. First, both case managers were interviewed in April 2018 and a program manager from Catholic Charities was interviewed in July 2018. Interview questions are in Appendix C.

"I am still getting used to the natural freedom of not living in a facility. It's hard to make my own choices, but I am getting better at it."

Second, 13 clients who had been housed for a minimum of three months were interviewed using a structured survey tool. The survey was based on the survey tool used in Toronto, Canada's Streets to Homes project.[1] The survey tool is in Appendix B. Client surveys were administered as in-person interviews. Case managers and other staff at partnering agencies scheduled the interviews that were conducted by Ramsey County Health and Wellness Administration Research and Evaluation Unit staff. Participating clients received a $25 Target gift card to thank them for their time. Interviews were conducted in a location of the client's choosing, most often at Higher Ground, in a common room in their building, or the client's home.

Finally, quantitative data from HMIS and state administrative data bases were reviewed.

Limitations of the Study. When designing the evaluation, we knew that interviewing clients would be challenging. Although interviewed clients were in housing, most did not have telephones and could be difficult for case managers and other program staff to reach to schedule for an interview. Case managers and program staff left flyers about the appointments in client mailboxes, but many did not respond. In particular, 24 people were housed at Higher Ground before the RUSH case managers began working with people. These clients had no connection to the RUSH case managers and might have not realized they were participating in a project. It was difficult to convince these people to participate.

[1] http://www.homelesshub.ca/sites/default/files/txqjqfm0.pdf

Some clients were unwilling to be interviewed. In addition to wariness of strangers and government employees, these clients were more likely to have mental illness and cognitive challenges. Due to these conditions these clients may have had a different experience of being homeless (for example, more arrests or emergency room usage) and different experiences being housed than clients who were willing to be interviewed.

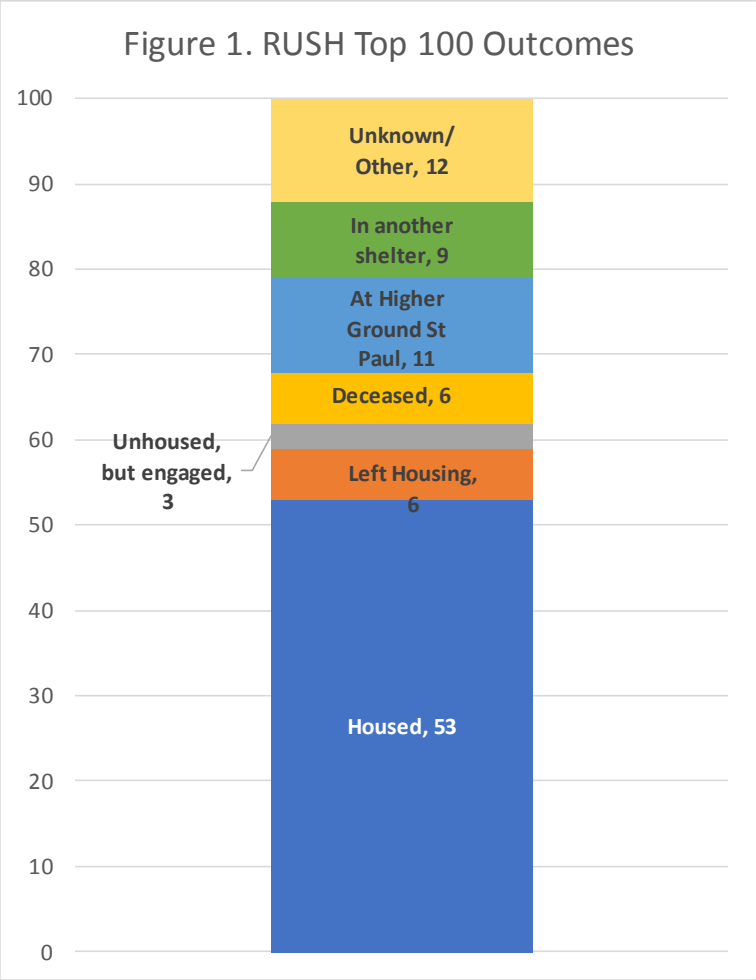
Although clients were generally open with interviewers and shared personal stories and experiences, we expected a tendency to describe things positively and under-report behavior seen as negative. For example, only one client reported that they used drugs and most denied using alcohol.

> "I am trying to quit smoking. I never would have considered it in the shelter because it was too stressful. Now I can relax and make better decisions."

Research into the accuracy of self-report data has shown that for the most part people are honest about their service usage, but cognitive impairments, time, and different understandings of services can lead to inaccurate reporting. Clasefi, et al (2011) found that homeless clients with a history of severe alcohol use self-report of jail, detoxification, and emergency room use was aligned with administrative records for more recent experiences (the past 30 days) compared to longer-term recall (three years previous). Hwang, et al, (2016) found that "adults experiencing homelessness were quite accurate reporters of their use of health care, suggesting that clinicians and researchers may use self-reported health care utilization data with relative confidence." People were more likely to report accurately for more recent health care use (such as in the last 12 months), hospitalizations rather than clinic visits, and if they did not have any cognitive impairments. Finally, Pollio, et al (2006) found that while client self-report does not always agree with service agency records, it was less to do with honesty or recall and more related to different understanding of services. For example, if a shelter provided a bed and group therapy, the client recalled the bed and the therapy as two different services where the shelter only reported the bed.

The survey instrument was designed to encourage accurate responses. Sensitive questions regarding mental health care, substance use, and involvement with police or corrections were asked later in the survey providing time for rapport to be established between the interviewer and the client. These questions were placed between other, less sensitive questions. The recall period was the last 12 months, not the entire time they were homeless. In the introduction, clients were assured of confidentiality, told they could decide not to answer any question they were uncomfortable with, and that they purpose of the survey is to help other people find housing.

Results



Of the original top 100 Higher Ground/Dorothy Day shelter users, 59 were housed. As of July 2018, 53 of those 59 were still housed. Figure 1 shows the outcome of all 100. Twenty were still staying in shelter and uninterested in participation, three were still in shelter but working with the case managers, six were deceased, and 12 had unknown whereabouts or other outcomes such as leaving Minnesota.

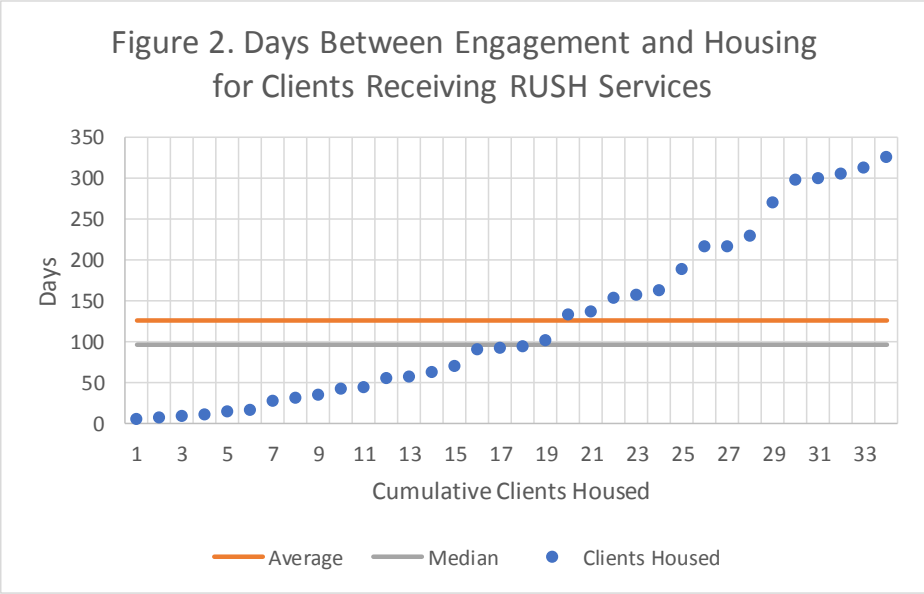
It is important to note that 24 people were housed at Higher Ground prior to the start date of the RUSH case managers. Although they received services from Catholic Charities staff, they did not participate or engage with RUSH. The outcome measures that follow are not reported for these 24 people. These people were more likely to leave their housing than those that worked with RUSH case managers. Four of the 24 left housing compared to two of the 35 who were housed by RUSH case managers.

Of the 76 people offered RUSH services, 58 people accepted services and engaged with case managers at some point (76 percent). Of those engaged, 57 percent (35 people) were housed, although two have since left their housing. Table 1 shows the current status by whether or not people were engaged with the case managers. People who did not engage with case managers were more likely to have unknown whereabouts or other statuses, such as having left the state.

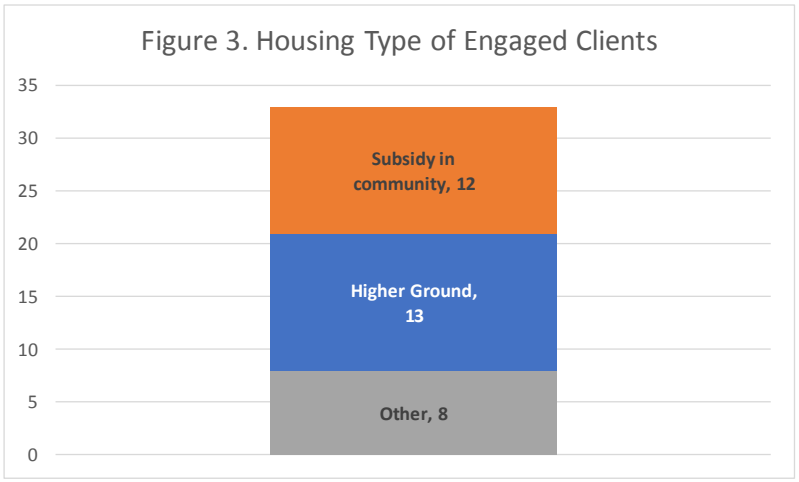
Table 1. Current Client Status by Engagement

	Not Engaged	Engaged	Total
Total	16	60	76
Housed, still housed	0	33	33
Housed, left housing	0	2	2
Unhoused, engaged	0	3	3
Deceased	3	3	6
In Higher Ground shelter	2	9	11
In shelter, other	2	7	9
Unknown/Other	9	3	12

Of the 35 people who were housed after receiving services from RUSH, the approximate average days between engagement and housing was 126 or about 4.2 months. The median was 97 days or about 3.2 months. About one-third were housed within a month, while 75 percent were housed within 208 days or 6.9 months. The shortest was four days while the longest took nearly a year. Figure 2 shows the average days in orange, the median days in grey, and each client is represented by a blue dot.



As shown in Figure 3, of the housed clients who were engaged, 39 percent (13 people) were housed at Higher Ground, 36 percent (12 people) had a subsidy in the community[2], and 24 percent (8 people) were housed in other places such as Mary Hall or public housing.



An expected outcome was a greater connection to mainstream financial assistance benefits, such as the Supplemental Nutrition Assistance Program (SNAP) or General Assistance (GA). Two more people received SNAP after engagement and four more received GA after engagement. The same number of people received Minnesota Supplemental Aid (MSA) and Group Residential Housing (GRH), now known as Housing Supports. Prior to engagement, 44 people (57.9 percent) were not receiving any financial assistance and after engagement 43 people were not (56.6 percent). This shows very little, if any, impact on receipt of financial assistance.

Clients with known Social Security Numbers were matched to detox records to look at detox use in the year before either their date of engagement or the start of the program if they had not engaged. Very few people had detox histories. Nine people, including those housed before RUSH

[2] Case workers used a variety of subsidies including Housing Supports, formerly known as Group Residential Housing, and Section 8. Most were Housing Supports.

case managers were hired, had a detox visit. Of those who were not housed prior to RUSH case managers starting, three had detox visits in the year prior and three did after. For those who were housed prior to RUSH, two had a detox visit in the year before moving into housing at Higher Ground and one did after being housed.

For the 76 clients approached by RUSH case managers, one of the unengaged clients had a detox visit after the program start and, of those engaged with case managers, three had detox visits prior to engagement and two had visits after. Like financial benefits, RUSH participation had little impact on detox use, although detox use was very small overall.

Client Characteristics

Overall, including those who did not work with RUSH case managers, half of the top 100 clients were White, 20 percent were Black, eight percent were American Indian, and 21 percent had an unknown race. Fourteen percent were Hispanic and 66 percent were male. The average age was 56 years and the median was 59 years. The oldest client was 80 years old and the youngest was 21 years.

Table 2 compares the 76 people who case managers sought engagement from to the 24 housed before the case managers were hired. The people housed before the case managers were hired were more likely to be older, White females. Although in both groups there were more men than women, the grouped housed before RUSH had a larger proportion of women. The average age was higher by about six years. The age of the women was even higher; the average age of women housed before RUSH case managers was 65.8 years compared to 54.8 of those working with RUSH case managers and 57 for men housed before RUSH case managers.

Table 2. Client Demographics

	RUSH		Housed Before RUSH	
	Number	Percent	Number	Percent
Total	76	100%	24	100%
Race/Ethnicity				
White	33	43%	17	71%
Black	18	24%	2	8%
American Indian	6	8%	2	8%
Asian	1	1%	0	0%
Unknown	18	24%	3	13%
Hispanic	10	13%	4	17%
Gender				
Male	53	70%	13	54%
Female	15	20%	9	38%
Age				
Mean	54.8		61.4	
Median	56		61	
Minimum	21		42	
Maximum	79		80	

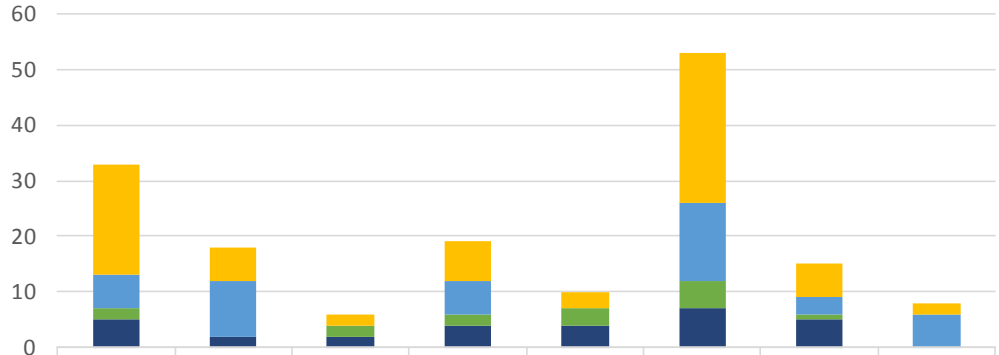
When Higher Ground opened in January 2017, all top 100 users were invited to move into housing at Higher Ground. For these new housing openings, emphasis was placed on the elderly and people with disabilities, so these age differences are in line with that emphasis.

Figure 4[3] shows outcomes for the 76 people who worked with RUSH by race/ethnicity and gender. Small numbers of participants make comparisons difficult, but housed participants

[3] One Asian participant was reported with unknown race due to small numbers and data privacy.

tended to be White and male. Sixty-one percent of White people were housed compared to about a third of other groups and 51 percent of males were housed compared to 40 percent of women. The average age of the housed group was 55.5 years (median 57 years) compared to 57.9 years for the group still in shelter (median 60.5 years) and 50.8 years (median 52 years) for those whose whereabouts were unknown. The difference in age was not significant between groups.

Figure 4. Race/Ethnicity and Gender by Status, RUSH Participants



	White	Black	American Indian	Other/ Unknown	Hispanic	Male	Female	Unknown
Housed	20	6	2	7	3	27	6	2
In shelter	6	10	0	6	0	14	3	6
Deceased	2	0	2	2	3	5	1	0
Unknown	5	2	2	4	4	7	5	0

Client Surveys

Thirteen clients completed surveys between October 2017 and June 2018. The average age of surveyed clients was 62 years, ranging from 37 years to 78 years old. All but one were male. For the 12 that reported a race/ethnicity, six were White (50 percent), four were African American (33 percent), one was Asian, and one was American Indian.

> "I get to shave by myself."

The average time spent homeless was five and a half years and the median time was five years. The shortest reported time homeless was six months and the longest was 13 years. Of the 12 who responded to the question, all but three reported that they had been homeless prior to the most recent time, most more than once. When asked why they became homeless, the most common reasons were financial, often related to a loss of employment. Several people cited health or disability reasons. Some were unable to keep a job due to health issues and two lost housing because it was not accessible for people with disabilities. One cited family break-up. A few others could not remember.

Engagement and Housing Process. When first approached by the case managers, survey respondents had three main recollections. Many remembered being offered a free stay in pay-

for-stay beds at Higher Ground. A few reported that they were involved in volunteering or mentoring other shelter users so were aware of RUSH before it was offered. Several more were approached with an offer for an apartment vacancy, either at Higher Ground or off-site. A few said they were not interested at first, but the pay-for-stay experience helped convince them that change might be good for them and that the case managers were helpful and trustworthy.

Nine of the 13 people surveyed reported that the case manager gave them something when they first met. The most common incentive item was transit passes (four respondents) followed by help getting forms filled out for things like Supplemental Security Income (SSI) or an identification card (three respondents). Other items included Twins tickets, socks, clothing, and personal hygiene items.

> "The adjustment to having freedom is hard. I have to make choices now. I have a lot of fear of being evicted."

Case managers provided assistance with various things during the early engagement period and while looking for housing. Table 3 shows the most common things people received help with. Case managers helped complete rental applications (69 percent), provided transit passes (62 percent), answered client questions, assisted with getting identification or a birth certificate, and arranged rental subsidies (46 percent each). Other help included filling out forms, encouragement, getting a money order, and completing a gym membership application.

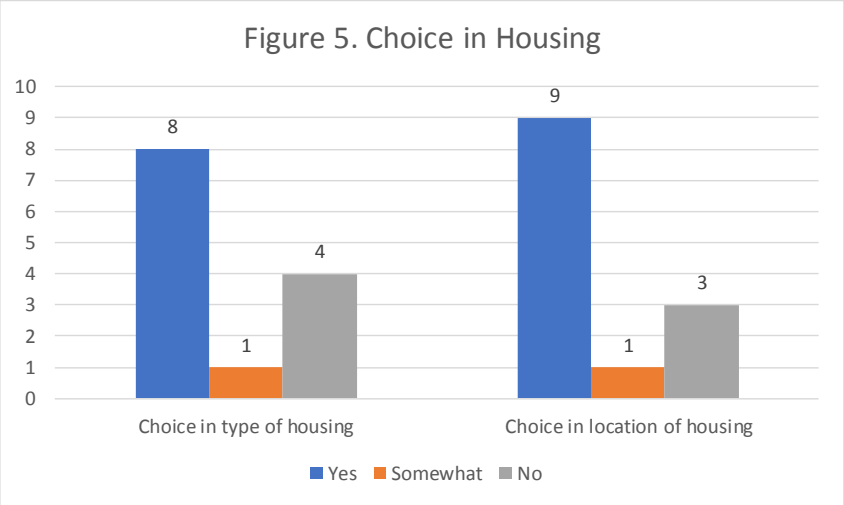
Most clients also received help from other people, most commonly Catholic Charities staff.

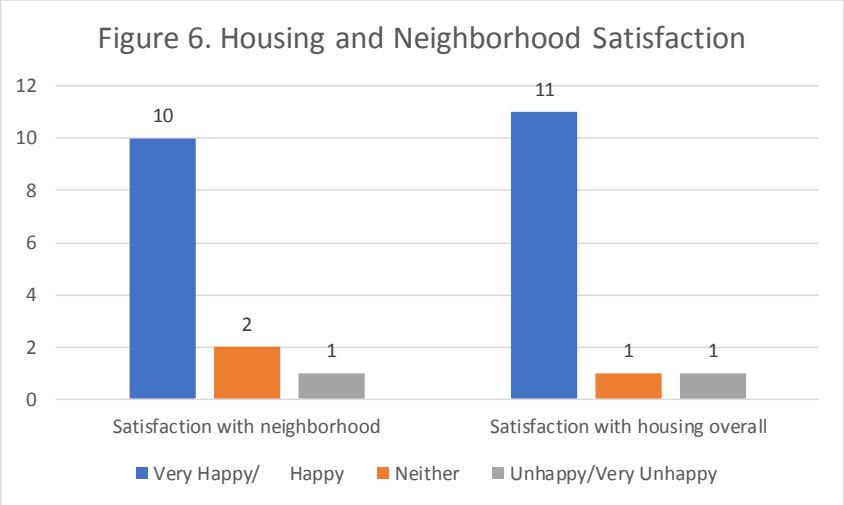
Table 3. Help received from case manager while looking for housing

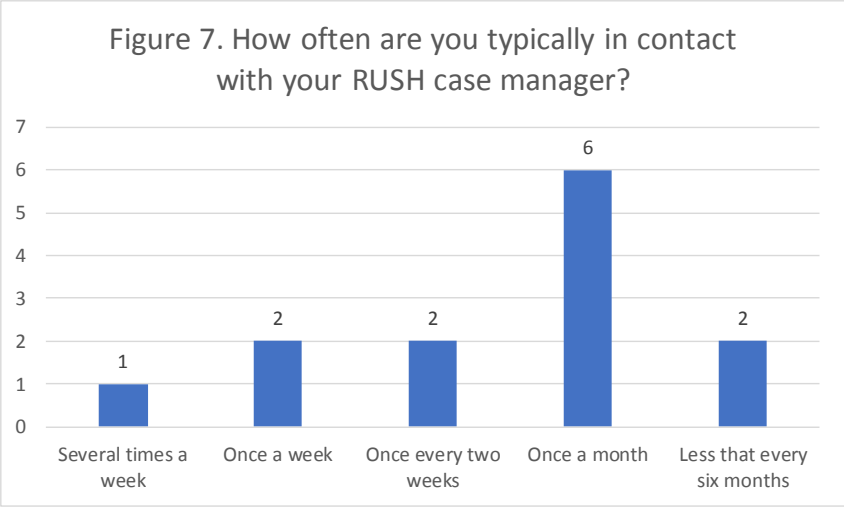
I received help from my RUSH case manager:	Yes	Percent
Total responses	13	100%
Help with rental applications	9	69%
Transit Passes	8	62%
Answered my questions	6	46%
Help getting an i.d. or birth certificate	6	46%
Rental Subsidy	6	46%
Help getting county benefits	5	38%
Brought people to meet with me	5	38%
Other	5	38%

When asked what the most helpful thing was most clients mentioned a housing subsidy and the work of making appointments, bringing them paperwork, advocacy with landlords, and understanding and educating them on the process. Clients felt that case managers made the process easy and kept them informed about what was happening.

When asked what was difficult about finding housing most said that nothing was difficult and that case managers made it easy. Those that did cite challenges said mostly things that were internal to themselves such as not being interested in change or fear of not being able to keep their housing.







As Figure 5 shows, most respondents agreed that they had choice in the type of housing and the location of housing. Raine and Marcellin (2007) found that choice in housing was an important factor in housing stability. In their study of a similar group of people in Toronto, Canada, found that those people who felt "they had the most choice in type of housing were most likely to report the highest satisfaction with their housing." People who felt they had a choice, liked their housing more and, therefore, stayed in their housing longer.

While Raine and Marcellin were able to interview 88 people and draw more meaningful conclusions, of the 13 RUSH clients surveyed those who felt they had choice also reported greater satisfaction with the housing. (Figure 6)

Those who were happy or very happy with the neighborhood said that they felt that way because it was familiar or close to friends; close to amenities like the library, theaters, and restaurants; and close to transit. Those who were neither happy or unhappy or were unhappy said that they wanted to be closer to shopping, would like to live in a small town rather than the city, or that they were not close to friends. In regard to overall satisfaction with their housing itself, those who were happy or very happy most commonly cited it being peaceful and quiet.

Those who were unhappy or neither happy or unhappy were mostly in Single Room Occupancy (SRO) apartments, such as Higher Ground or Mary Hall. They did not like having to share a kitchen or other spaces; did not like noise or bad smells such as cigarette smoke or kitchen smells; and had personal safety concerns. One person commented that he saw Mary Hall as a necessary step, but planned to move as soon as he was able. Another lamented that they could not move to the suburbs or a small town, saying that living in the city was stressful.

Support While Housed. The next part of the survey was about supports and quality of life after clients were housed. Clients were interviewed after they had been in housing for at least three months. Some were interviewed at that time, while others had been housed longer, some up to six months. Three-quarters of respondents reported that their need for support and services had stayed the same since being housed (10 of 13). Figure 6 shows how often respondents were typically in contact with their RUSH case managers at the time of the interview. Everyone reported that that was the right amount. Most reported that during the first month they saw their case manager at least once a week and then visits tapered off after about two months.

> "I love having a kitchen and cooking. Between SNAP and food shelves I am eating healthier than I have in years. I was proud to offer you coffee that I brewed."

The most common type of supports were help applying for financial assistance benefits at Ramsey County, furniture and housewares, transit passes, and listening to their concerns. Table 4 shows survey responses. The "other" responses were all social. People mentioned help re-connecting with their church, facilitating a connection to a local park recreation center, and helping get a library card.

Table 4. Help received from case manager once housed

I received help from my RUSH case manager:	Yes	Percent
Total responses	13	100%
Dealing with Ramsey County Financial Assistance Services	10	77%
Furniture or housewares	8	62%
Listening to my concerns	7	54%
Transit passes	7	54%
Health insurance	5	38%
Food/Groceries	5	38%
Connecting to services in your neighborhood	5	38%
Grocery shopping	4	31%
Dealing with landlord	3	23%
Getting clothing	3	23%
Making a medical appointment	3	23%
Mental health services	1	8%
Connecting with family	1	8%
Budgeting	0	0%
Finding volunteer or social opportunities	0	0%
Planning for education or training	0	0%
Finding employment	0	0%
Other	3	23%

When asked what was the most helpful clients reported that Bridging (a program that provides furniture) and other furniture and household goods, help with paperwork with both the county and SSI, and listening. The reported challenges were mostly related to the logistics of being housed and being responsible for oneself. One person said, "Getting into the rhythm of helping myself is hard. Just taking care of myself." Several said it was difficult to manage bills as they had not been responsible for that for many years.

Three people reported that they had thought about leaving their housing. One person's comment summarized what all three said, "I had to take what I could get. I plan to move as soon as I am able."

Quality of Life. The final section of the survey related to quality of life and ways life may have changed since being housed. Survey respondents were asked to think about the last year they were homeless and compare it to things since being housed.

"At Dorothy Day I had a volunteer job and lots of friends. I felt important. Now everyone has their own room and I don't see anyone."

As Table 5 shows, use of health care changed for most people. In the last year they were homeless only five people (38 percent) had health insurance compared to 12 people (92 percent) now. Most used Healthcare for the Homeless for their health care needs prior to being housed (nine people or 69 percent). Usage of Healthcare for the Homeless decreased to four people, while seven (54 percent) were now using a family clinic. Emergency room use decreased from eight people (62

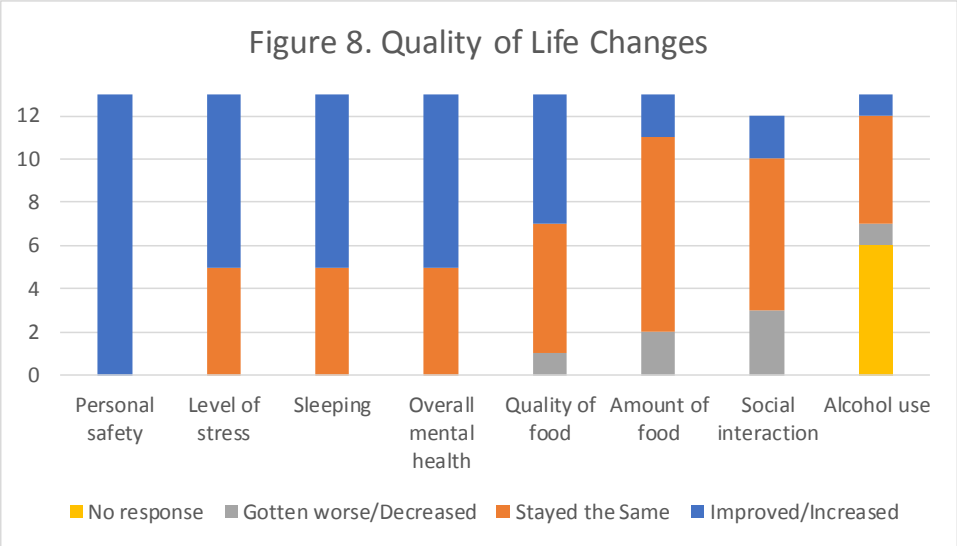
percent) to one person. Of the eight who used the emergency room in the last year they were homeless, seven reported using it once and one reported using it twice. Visits to optometrists and dentists also increased.

Table 5. Health care use

	While Homeless	Since Housed
Have health insurance	5	12
Where did you go for health care?		
Healthcare for the Homeless	9	4
Family clinic like Health Partners	1	7
Emergency room	8	1
Admitted to hospital	2	1
Other specialist	0	0
Psychiatrist	0	0
Dentist	0	2
Eye doctor	1	2

Respondents were asked a series of questions about how different aspects of their lives may have improved, stayed the same, or gotten worse since being housed. Figure 8 shows the summary. Everyone reported an increase in personal safety, citing the dangers of assault at shelters and no longer being as vulnerable to theft because they were not carrying all their possessions. Sixty-two percent (eight people) reported that their level of stress, sleeping, and overall mental health had improved. People talked about how peaceful and quiet their new apartments were and the impact this had on their stress level and ability to sleep. People talked about developing a routine and having a set bedtime.

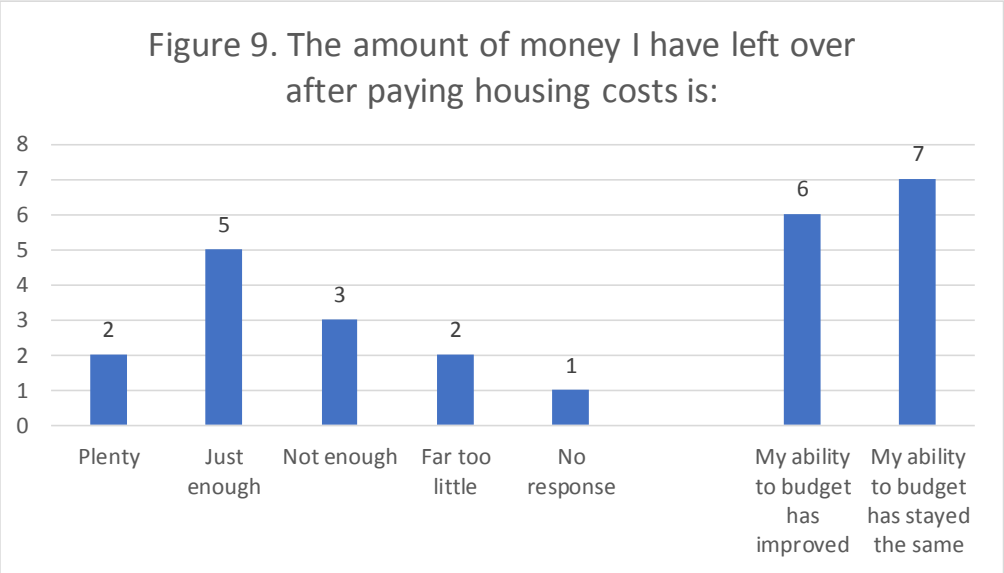
Responses regarding food were mixed and depended on the type of housing. People living in SRO housing with shared kitchens said their food quality and quantity had either not changed or had gotten worse. Those people were more likely to rely on meals served at Mary Hall and generally were unhappy. People with their own kitchens tended to report increased quality and quantity. They talked at length about how much they enjoyed cooking and having choices.



Responses to social interaction were also mixed. People described how easy it was to meet and see friends when they were in the shelter. One person said how waiting in line or being in the shelter offered opportunities for social interactions and now they had to seek them out which was difficult. People were aware that the social interactions at the shelter were not always the best for them, potentially leading to negative interactions, but that it was now lonely. Some people felt connected, saw themselves as mentors for people newly homeless, and had a sense

of belonging in the shelter. They were trying to build new connections and community. Some people were more positive, but said they mainly keep to themselves or said it was healthy to have some "alone time."

Only one person said that they used drugs and that their drug use had not changed. Seven people answered the question regarding alcohol use. Five said that it stayed the same. One person said it had decreased, noting that they do not want their alcohol use to "ruin a good thing." The other said he used more, but saw it as a positive. He said he rarely drank while at the shelter due to fears of personal safety, but now enjoys going out once a week to happy hour with friends and being able to have a beer at the end of the day.



When asked about finances five said they had just enough money and two said they had plenty (Figure 9). Another five said they either had not enough or far too little. Six reported a better ability to budget, with several saying they were able to start saving money. All respondents had very low incomes, with most having no income. Of those that did, most had either General Assistance (GA) or SSI. One person was able to move from GA to SSI after being housed. A few had self-employment income that varied from month-to-month and a few received income from family. Overall, average income remained the same when they were housed as when they were homeless.

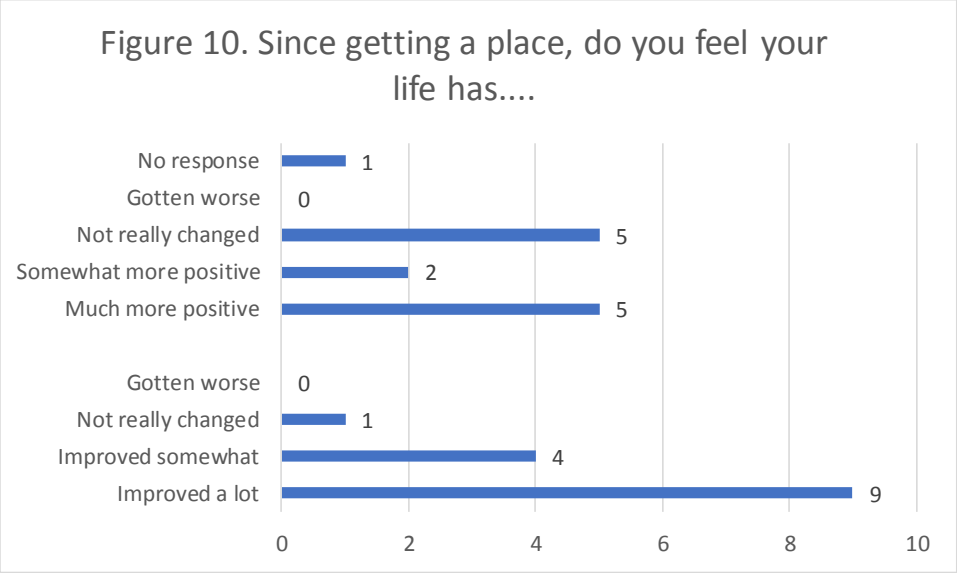
Survey respondents were also asked about their use of services like 911, ambulance, detox, or arrests in their last year of homelessness compared to now. Self-reported use of these services decreased although very few people reported using them at all. (Table 6) This is likely due to age. Most people were elderly and were not likely to have police contact or have behaviors that would lead to 911 calls or detox simply

Table 6. Use of Emergency Services and Police/Courts Involvement

In the last year you were homeless and since you've been housed, have you:	While Homeless	While Housed
Called 911	2	0
Called an ambulance	1	1
Called the Fire Department	0	0
Went to detox	0	0
Been arrested	3	0
Spent time in jail	2	0
Gone to court on charges	2	0

because of age.

Survey respondents were asked how their life was overall since being housed and if their outlook for the future had changed. (Figure 10) All but one person said their life had either improved somewhat or improved a lot. When asked how it was improved people talked about privacy, personal safety, and things they did not like about the shelter, like waiting outside in the cold or rain. Responses about the future were mixed, with seven saying their future outlook had improved, five saying it had not changed, and one who refused to answer. Those who said their future outlook had improved talked about the ability to make plans, having hope, and desire to reconnect with family. Those who said it had not really changed expressed ambivalence. Some were still adjusting to new freedoms and responsibilities. One said they were "waiting for the other shoe to drop" and another "I take it one day at a time. The future is a lot to think about."



Discussion

What types of outreach and recruitment activities successfully built trust with clients?

Building a relationship and engaging clients in services typically took at least three weeks. Both case managers had a list of people and their pictures from Catholic Charities identification cards, but said that if they approached a client and said, "I have you on this list," the client was immediately suspicious. They talked to shelter staff to better understand the person's situation and what their immediate needs might be. They both cautioned, however, that shelter staff might have negative opinions or experiences with clients so were careful not to let themselves be biased based on shelter staff's comments. They saw value in being a "fresh face" and starting from an authentic, genuine space.

> "It's hard to make choices, but I am getting better at it."

Many times, the first few interactions involved giving the person something or helping address a need. Most common were transit passes or help obtaining an identification card or birth certificate. Some people were offered a free stay in pay-for-stay rooms at Higher Ground. These concrete actions built trust and opened a door where the client could see the case managers as helpful and reliable.

Case managers also said that it is important to respect when people do not want help, but to be persistent. They noted a careful balance between offering services regularly, but not creating an environment where clients avoid them or go to another shelter. As one of them said, "I could tell who was really resistant and I would tell them, 'Hey, I know you didn't want to talk to me last time, but I just want to see if you need anything like socks or bus tokens,' and then try to engage them on some level. Then, I could say, 'I've been giving you socks for three months and I know you don't want to talk about housing, but there is this opening."

In addition to these concrete actions, case managers noted two general themes that inform outreach and recruitment. First, our urgency is not necessarily clients' urgency. For many of the people on the RUSH list, homelessness was a long-term situation. They did not often feel the same sense of urgency to change that shelter staff and case managers experienced. One case manager described how people when they are first homeless want help and call often or contact case managers often. After a few years, however, homelessness and shelter life are well-known and become normal. For these people, housing represents a big change in their lives that contains many unknowns. For them, outreach is slower and means gradually exploring how life could be different. Providing a free pay-for-stay bed was often effective for this group as it allowed them to experience freedoms and choices (like accessing mail when they want or sleeping when they want) that incentivized moving into an apartment.

Secondly, and related to the first, is the impact of rumors or accepted folklore around housing. Many were skeptical that a zero-barrier subsidy existed or that they do not have to accept county benefits. There were many preconceived ideas of what housing entailed that case managers had to educate clients about. Once they understood what was available, many were interested. At the same time as RUSH, Catholic Charities tested a policy change for women

shelter users where non-participation with housing search could result in shelter restrictions. Although this test was for a small group of people, rumors spread and some people felt pressure to engage with RUSH case managers although they were not part of the target group.

It is also important that 24 people were housed, 20 of whom remained housed, before the RUSH case managers started. Although these people received assistance from Catholic Charities staff, they did not have the more intense and intentional engagement and outreach that the other 76 people did. Having housing available is critical and many long-time shelter users could become housed if housing and subsidies were available.

What types and intensity of services were needed to maintain housing?

In the first month after being housed case managers typically visited clients at least weekly and tapered off over the first three months to a weekly phone call. This depended on client needs and the type of housing. For those housed in building with on-site staff and an assigned case manager, there was typically a warm hand-off to the new case manager and monthly check-ins. For those in more independent settings case managers had more regular contact.

> "In the beginning I didn't see my case manager enough. I was really nervous. Now I am doing okay and other people need the help more."

The most important concrete assistance was with housewares and furniture. Often clients had nothing and, as one case manager described, it is difficult and depressing to be in an empty apartment without even an air mattress or plates. Clients on full subsidies with no income needed help obtaining cash to pay for laundry. Many clients had to be taught how to do things like pay rent with an electronic card, use a mobile phone, and how to pay bills. In the interviews, clients expressed anxiety about these daily living tasks that may be taken for granted for people who have not experienced homelessness. RUSH clients were often elderly and had been homeless for more than a decade so lacked basic living and technological skills.

The other most common service need was advocacy and help navigating county financial assistance benefits. Panic easily set in when General Assistance grants were cut off due to lost paperwork. Clients with low literacy levels needed assistance completing and understanding forms. Elderly clients needed help understanding how to use Electronic Benefit Transfer (EBT) cards. Clients needed assistance arranging for diagnostic assessments or other disability or health-related documentation required for program eligibility.

> "I was used to living outside and in the shelter. I didn't know things could be different."

Both case managers talked about the tension between available housing and housing that is a good fit for a particular client. Case managers commented that it is important to find a good fit for the housing to be successful. For example, one said, "For clients that are [at Higher Ground], it would be a disadvantage for them to be in the community because of their mental health or their comfort. They are used to living within this three-block radius." For others, Higher Ground is too chaotic and loud (particularly those

with anxiety) and others benefit from being farther away from people they know at the shelter. Some do not do well without a staff person to calm them or direct them back into their apartments as compared to a private landlord or neighbors who would not be able to handle a disruptive person.

Housing fit not only related to the need for services on-site, but also the neighborhood and amenities. Some people were comfortable using public transit and, therefore, benefited from being near transit lines, while others relied on walking for transportation and needed shops and services within easy walking distance. One case manager said they had a client that liked to read and they made sure his housing was near a library.

The final "service" or support necessary to retain housing is one not often thought of by service providers and institutions, but is common and a basic need to all people – to belong and feel connected to a community and to have a place that feels like home. The importance of connecting people to hobbies and social interactions, as well as creating a "homey" atmosphere in apartments cannot be overstated. Both case managers and clients mentioned the importance things like art or framed pictures for walls or getting a houseplant. Both also talked about how the time between moving in and when Bridging or other furniture or housewares were available was difficult. One participant said that he thought about leaving his apartment when it was just "me, blank walls, and an air mattress," but now with rugs, furniture, pictures and decorations he felt at ease and was happier.

What were the challenges and opportunities in accessing services?

The biggest opportunity was very simple – this project's focus on this particular group. The group on the RUSH list a different than overall shelter users as they tended to be elderly and had complex medical and mental health issues. These tended not to be the people using services such as detox or being arrested. This group often purposely avoids attention. As one case manager put it, "The guys were so introverted, under the radar, and unaware of social services and no one said, 'Hey, I can hold your hand and walk you through this process." RUSH clients are easy to overlook and ignore and, for many, just being engaged and getting attention was new and many easily moved into housing once someone was paying attention.

Another opportunity was dedicated outreach staff. Prior to RUSH, Higher Ground lacked staff dedicated to patient, long-term outreach. Staff of housing programs receive payment once someone is housed so are incentivized to work with those most interested in housing. The typical RUSH participant took about four months to engage and house. Current outreach resources are not structured to allow for this wait. Shelter staff are expected to provide some housing navigation, but it is only one part of their job duties and they do not have the time or resources to provide the level of intensity afforded RUSH case managers.

Zero barrier subsidies were critical. These subsidies made it possible to find housing for people with common barriers such as no income or criminal histories. For many RUSH clients these subsidies provided a way for them to move into housing without having to apply for financial assistance or complete diagnostic assessments and paperwork they found intrusive.

Case managers described challenges at each point in the RUSH housing process: outreach/engagement, maintaining housing, and long-term needs. During outreach and engagement, they saw poor customer services and negative relationships between shelter staff and residents as a particular challenge. Some staff were unwilling to pass messages or share information with clients. Case managers had to be aware of poor relationships between clients and staff because contact from certain staff could derail the outreach and trust-building process. As one case manager put it, "I feel like a lot of [shelter staff] are burnt out and a little bit jaded on their opinions and views and their patience with clients. It's incredibly frustrating to see and it can hinder my relationship with that client because if I'm with someone who is disrespectful to them and then I get paired with that person…Just treat people nicely no matter how bad your day has been, I promise you their day has been worse." In addition, rumors and poor relationships with shelter staff were cited as reasons people disappeared or went to another shelter. If case managers were aware of a negative relationship, they would often play "good cop/bad cop" with clients during the outreach and engagement phase and try to leverage that negative relationship.

Client characteristics were challenges that made housing placement nearly impossible for some. Landlords and housing programs almost always will not accept sex offenders. People who are undocumented immigrants were also very difficult to place, lacking identification, Social Security Cards, and unable to apply for county benefits. People who were documented immigrants but had lost their documentation were also in a difficult spot. Trying to convince people to get replacement documents or get information about their legal status was challenging because, as one case manager described, "they're so afraid that they are going to get deported or locked up that they're not even going down that rabbit hole." People with severe mental illness could be placed if they would engage, but some were too delusional to participate. A criminal history is also a challenge and prevents people from accessing many types of housing. If clients were not able to be placed at Higher Ground, case managers maintained a list of what they called "shady" landlords who were willing to overlook common rental requirements. This was not viewed as a great solution though as some clients were vulnerable to abuse or exploitation from landlords who, while flexible about requirements, did not have ethical standards to protect tenants.

When talking about outreach and recruitment, case managers noted the disconnect between the urgency of the shelter or program staff and clients' urgency or interest in change. Once a person is engaged, they are often ready and want to move immediately. They are now urgent in their desire for change. That urgency then faces a new disconnect when they encounter long wait lists for housing, long waits to obtain identification or immigration documentation, or other bureaucratic delays. Case managers have to work to maintain client interest and optimism while they wait, often more than a year, for all the different bureaucratic mechanisms to function. During that wait clients become demoralized, lose interest in housing, or disappear. A few have died while on waiting lists for housing. There are no good work-arounds for these delays.

What are client perceptions of services, choice in housing, systems barriers, and how or if their lives changed once they were housing?

As noted in the survey results section, the majority of interviewed clients reported that their life had improved either a lot or improved somewhat since being housed. Nearly all now had health insurance (38 percent while homeless compared to 92 percent once housed), were receiving regular medical care, experienced fewer emergency room visits, and experienced increases in personal safety, quality of sleep, and mental health.

This optimism was tempered, however, by uncertainty about the future. Three-quarters of respondents reported that their need for support and services had not changed since being housed. After needs like furniture and housewares were taken care of, their most commonly cited needs were social. Many had most of their social interactions at the shelter and some had either official volunteer or unofficial mentoring roles that they valued. The loss of these routines was difficult. Those that reported higher satisfaction and a more positive outlook at made connections in their community and were developing new routines.

> "Life was insane before. Housing enables me to do things. You can't do anything when you are homeless because you are too busy being homeless."

When asked about what was difficult about getting housed, the majority of respondents said it was very easy. This speaks to the efficacy of the program and case managers and the different views from an institutional/agency perspective and the lived experience of the clients. Most were unaware of the complex work the case managers were doing to arrange for housing. From their perspective the challenges related to being housed were personal. Participants struggled with having the freedom to make choices and experienced uncertainty or fear about the future, including their ability to remain housed.

In particular, people in SRO housing were not as optimistic. Whether at Higher Ground or other sites, such as Mary Hall, they were grateful for the opportunity, but did not view their current housing very favorably. In the first three months after housing, people are often very much in an adjustment period where even simple household tasks are overwhelming and having housing is novel. After three months, however, the novelty starts to wear off, new routines begin to be established, and some people become dissatisfied with aspects of their current housing. Many people in SRO housing expressed the desire for housing without shared kitchens and common areas, a place where they could have grandchildren or friends spend the night, and a desire to get away from the shelter (for those at Higher Ground). They were not sure what resources or help was available to help them make another move.

Recommendations

- Focus on permanent housing from the first day of a shelter stay.

Prior to RUSH, Higher Ground lacked staff whose sole job was engagement and housing navigation, particularly for people who may take months to engage. Shelter staff did not necessarily see this as part of their jobs and are usually too busy with providing safety, shelter, and cleanliness at the shelter to do the intensive work necessary. Staff of housing programs are paid when people become housed and so are incentivized to work with those interested in housing.

In addition, many RUSH participants were quiet, introverted, and compliant with shelter rules, all of which make it easy for them to be overlooked. As case managers noted, shelter users new to homelessness have a sense of urgency and will often engage quickly, while those experiencing years of homelessness need encouragement to see how life could be different. Until all long-time homeless people are housed, on-going resources for engagement with this group are necessary. For others, creating a culture of engagement and focus on housing from the start is necessary. Shelter staff need regular customer service training and management needs to create a cultural shift that focuses on positive engagement.

- Provide financial assistance services on-site or in a place of the clients' choosing and create a physical environment that does not further traumatize people or aggravate mental health concerns. Consider providing training on executive functioning or the impacts of traumatic brain injury.

Interactions with the Ramsey County Financial Assistance Department provide a gateway to income and a connection to services that leads to greater financial stability. This is both through the initial stages of housing when GA and SNAP provide crucial income, as well as longer-term supports such as a transition to SSI or employment. In the application phase, many clients are nervous about providing personal information to the government, have low literacy levels that make completing forms difficult, or challenges making and keeping appointments or obtaining necessary documentation. On an on-going basis, challenges around recertification and the panic caused by lost or interrupted benefits can make housing situations precarious. Lost or misplaced paperwork that results in a temporary loss of benefits can lead to people losing or leaving housing. Many RUSH participants have traumatic brain injuries (TBI) or lack executive functioning skills, as well as significant mental health needs and complications due to advanced age.

House a team of financial workers at the Opportunity Center who can be mobile and meet clients where they are, rather than requiring clients to come to county offices. Create an environment that does not further trauma or further aggravate people with mental health and executive functioning challenges.

- Seek a partnership with the Minnesota Department of Public Safety to expedite the process of obtaining identification.

A common theme was the wait for identification cards. Once a client is engaged, it is difficult to keep them engaged and optimistic, while they wait for various bureaucratic processes and waiting lists. At times, some people were in shelter for a year waiting for identification. A wait of months was typical. No one should be homeless solely because they could not get identification.

Connect with Minnesota Housing and the Minnesota Interagency Council on Ending Homelessness, which is made up of 11 state commissioners, to help raise awareness on the importance of identification for housing and create pathways to a lasting partnership focused on an expedited process for getting identification for people experiencing homelessness.

- Provide on-going support in the critical three to six-month period after people are housed.

Interviewed clients all said their need for services had either not changed or had increased since they were housed. Many were still in what case managers described as a state of shock or disbelief that happens in the first few months of being housed. In addition to new anxieties and stresses, they expressed difficulty with daily living tasks –how to do things like cook or shop or use a phone, fear that they would lose their housing, and stress of having choices. When that initial shock wears off and the regular stresses of daily living occur is a crucial time for maintaining housing. Continuous support and guidance is critical.

- Recognize need for diverse housing types, not just SRO housing at Catholic Charities, and work with city and others to build capacity.

It goes without saying that our community needs more housing for people of all income levels. People cannot live in housing that does not exist. However, we also need more and more diverse types of housing that meet the needs of this population. As Higher Ground apartments and supportive housing spots were used up, RUSH case managers had to rely more on less reputable landlords who were willing to be flexible. This opened an opportunity for abuse, particularly of vulnerable older adults. More housing with services is needed as well as more senior housing that serves elderly people who are vulnerable and may also be victimizers themselves. Many senior public housing facilities cannot handle people with lengthy criminal records who also have dementia and complicated health and chemical health needs.

Many RUSH clients felt safest and most comfortable remaining on-site at Higher Ground, nearby familiar people and places, but Higher Ground and the Opportunity Center are not the only needed solution to long-term homelessness. For some people, remaining at Higher Ground or nearby was too stressful. To be successful in housing they needed to be in other communities. Housing programs with staffing and services, but in a more diverse geographical area will be needed.

- Create a plan for people moving out of Higher Ground housing.

As stated above, SRO housing at Higher Ground and the Opportunity Center works well for some people, particularly in the first year or two of being housed. Over time, however, their needs will change and some already want more freedom or to be away from the shelter. People currently staying at the shelter will need these apartments so to continue this work concrete plans need to be made for moving people into more suitable housing and a means of identifying who is ready for such a move.

Appendix A: Governance and Design Teams

RUSH Governance Team
Ramsey County Commissioner Jim McDonough
Ann Mulholland, Saint Paul Foundation
Nancy Homans, City of Saint Paul
Tina Curry, Ramsey County Financial Assistance Services Department
Christine Michels, Catholic Charities
Dr. Charles Morgan, Union Gospel Mission
Julie Kleinschmidt, Ramsey County Manager
Donna Zimmerman, Health Partners
Marie Ellis, Saint Paul Chamber of Commerce
Ryan O'Connor, Ramsey County Health and Wellness
Tim Marx, Catholic Charities

RUSH Design Team
Tina Curry, Ramsey County Financial Assistance Services Department
Bridget Blomer, Ramsey County Financial Assistance Services Department
Tenecia Johnson, Ramsey County Financial Assistance Services Department
Alyssa Conducy, Ramsey County Chemical and Adult Mental Health
Maria Wetherall, Ramsey County Veterans Services
Naly Yang, Ramsey County Health and Wellness Administration
Julie Grothe, Guild Incorporated
Christin Michels, Catholic Charities
Nick Gisi, Union Gospel Mission
Jan Scott, Ramsey County Community Corrections
Jodi Nottger, People Incorporated

Appendix B: Client Survey Questions

RUSH Client Survey

Thank you for your participation in this survey. The purpose of the survey to the hear your experiences, so that we can better help you and to help others move from the shelter into housing. Your opinions are valuable to us.

The survey will take about 45 minutes to complete. We will ask you a series of questions about the help you received from Tonya/Zach, your current housing situation, and how your life may have changed since moving out of the shelter.

Your participation is completely voluntary and your answers will be confidential. No one except the interviewers will know that you said the things you did.

You can refuse to answer a question and we can stop at any time. If you would like to take a break, please let me know. When we are finished, you will receive a $25 Target gift card.

Today's date: [Click to select a date.]

Interviewer: [Your Name]

Client Case Manager: Click or tap here to enter text.

Background

To begin with, I would like to hear about your background.

1) What is your birthdate?

[Click to select a date.]

2) Would you identify your gender as:

☐ Male ☐ Female ☐ Transgender ☐ Other ☐ No answer

3) How would you describe your race/ethnicity?

3a) If you identify as American Indian, are you enrolled in a tribe? Which one?

☐ No ☐ Yes Tribe: [Explanation]

4) When was the last time before moving into your current place that you had a place to live?

☐ _____ days ☐ _____weeks

☐ _____Months ☐ _____ years

☐ Do not know ☐ No answer given

5) Have you been homeless at other times in the past?

☐ Yes ☐ No ☐ No response

5a) If yes, how often and how long?

6) What would you say is the main reason you became homeless?

Housing process

The next few questions are about your experiences while you were working with Zach/Tonya to find housing. Your answers will help us learn from your experiences so we can help other people who want to find housing.

1) Tell me about when Zach/Tonya first approached you. What did they say? What did you think?

2) When you first talked with Tonya/Zach, did they give you anything, like socks, or take you anywhere, like out for a coffee or a sandwich?

☐ No ☐ Yes ☐ No response

2a) If yes, what did they give you?

☐ socks	☐ transit passes	☐ a meal	☐
☐ other clothing	☐ coffee	☐	☐ Other _____
☐ personal hygiene items, like toothpaste or deodorant	☐ cigarettes	☐	☐ No answer given

3) On the following list, which are things that Zach/Tonya offered you that helped you get housing?

☐ Help with rental applications	☐ Transit passes	☐ Answered questions	☐
☐ Help getting an i.d. or birth certificate	☐ Help with a rental subsidy	☐	☐ Other _____
☐ Help completing an application for GA, SNAP, or other public	☐ Arranged to have people meet you rather than go to	☐	☐ No answer given

assistance an office

4) Other than Zach/Tonya, did anyone else help you get housing?

☐ No ☐ Yes, Who? What agency? _____ ☐ No response

5) What do you think really worked for you about Ramsey RUSH? What was the most helpful for you in finding housing?

6) While working with Ramsey RUSH, what did you find most difficult about getting a place to live?

7) What else would have been helpful to you in finding housing?

8) Do you feel you had a choice in the type of your housing?

☐ Yes ☐ Somewhat ☐ No ☐ No response

9) Do you feel you had a choice in the location of your housing?

☐ Yes ☐ Somewhat ☐ No ☐ No response

10) Overall, how satisfied are you with your neighborhood?

☐ Very Happy ☐ Happy ☐ Neither happy or unhappy ☐ Unhappy ☐ Very Unhappy

☐ No Response

10a) Please explain what you like or don't like about your neighborhood?

11) Overall, how satisfied are you with your housing?

☐ Very Happy ☐ Happy ☐ Neither happy or unhappy ☐ Unhappy ☐ Very Unhappy

☐ No Response

11a) Please explain what you like or don't like about your housing?

Housing supports

The next few questions are about support you may have received since you moved into your place. We are asking your about help you may have received so that people working with Ramsey RUSH can do a good job helping other people. Anything you say will be confidential.

1) Have you moved since first finding housing with Ramsey RUSH?

☐ No ☐ Yes ☐ No response

1a) If yes, how many times? _____

1b) What was the reason for moving?

2) Which of the following have you received help with since being housed?

☐ Listening to your concerns	☐ Dealing with Ramsey County FAS	☐ Grocery shopping	☐ Transit passes
☐ Dealing with your landlord	☐ Getting clothing	☐ Budgeting	☐ Health insurance
☐ Finding furniture or housewares	☐ Groceries	☐ Connecting you to services in your neighborhood	☐ Making a medical appointment
☐ Mental health services	☐ Finding volunteer opportunities	☐ Planning for education or training	☐ Finding employment
☐ Connecting with family	☐ Making a mental health appointment	☐ No response	☐ Other _____

3) Did you receive this help from Tonya/Zach or someone else?

☐ Tonya/Zach ☐ Someone else ☐ Both Tonya/Zach & someone else ☐ No response

3a) If you received help from someone else, who was it? _____

4) Since you were housed how often are you typically in contact with Tonya/Zach?

☐ Once a day ☐ Once every two weeks ☐ Once every six months

☐ Several times a week ☐ Once a month ☐ Less than once every six months

☐ Once a week ☐ Once every few months ☐ No response

5) Do you feel that the amount of contact you have with Tonya/Zach is:

☐ Not enough ☐ About the right amount ☐ Too much ☐ No response

Please explain:

6) Since you've been in housing, has your need for support services changed?

☐ Increased ☐ Stayed the same ☐ Decreased ☐ No response

7) What kind of help offered since you've been housed has been the most helpful?

8) What do you think is most difficult about keeping your current place?

9) Have you ever thought about leaving your housing?

☐ Yes ☐ No ☐ No response

9a) If yes, why did you decide to stay?

Quality of life

These final questions are about your experiences while you were homeless or in the shelter and since you've moved into your housing, and how things may have changed for you. Please remember that you don't have to answer any questions you don't feel comfortable with.

1) Where did you stay most often when you were homeless?

☐ Dorothy Day/Higher Ground shelter	☐ Salvation Army	☐ With friends/family	☐ Abandoned building
☐ Union Gospel Mission	☐ St Stephen's	☐ A friend or family's property, like a garage	☐ Skyway
☐ Our Savior's Shelter	☐ Other shelter	☐ Park or public square	☐
☐ Parking ramp	☐ Car/truck/van	☐	☐
☐ Camping outdoors	☐ Transit shelter/on bus or train	☐ Other _____	☐ No response

2) When you were homeless did you have health insurance, like from MA?

☐ Yes ☐ No ☐ No response

3) Do you have health insurance now?

☐ Yes ☐ No ☐ No response

4) Think about the last year when you were homeless, where did you go for health care?

☐ Healthcare for the Homeless	If yes, how often
☐ Family clinic, like Health Partners or Health East	If yes, how often
☐ Emergency room	If yes, how often
☐ Admitted to hospital	If yes, how often
☐ Other specialist	If yes, how often
☐ Psychiatrist	If yes, how often
☐ Dentist	If yes, how often

☐ Eye doctor If yes, how often

☐ None ☐ No response given

5) Since having a place, where have you gone for health care?

☐ Healthcare for the Homeless If yes, how often

☐ Family clinic, like Health Partners or Health East If yes, how often

☐ Emergency room If yes, how often

☐ Admitted to hospital If yes, how often

☐ Other specialist If yes, how often

☐ Psychiatrist If yes, how often

☐ Dentist If yes, how often

☐ Eye doctor If yes, how often

☐ None ☐ No response given

6) If you have stayed in the hospital, did you ever get admitted to the hospital just to get off the streets?

☐ Yes ☐ No ☐ No response

6a) If yes, how many times? _____

7) Do you feel that the amount of food you eat has changed?

☐ Increased ☐ Stayed the same ☐ Decreased ☐ No response

Please explain:

8) Do you think the quality of food you eat has changed?

☐ Improved ☐ Stayed the same ☐ Gotten worse ☐ No response

Please explain:

9) Do you feel your level of stress has changed?

☐ Improved ☐ Stayed the same ☐ Gotten worse ☐ No response

Please explain:

10) Do you feel that your sleeping has changed?

☐ Improved ☐ Stayed the same ☐ Gotten worse ☐ No response

Please explain:

11) Do you feel that your personal safety has changed?

☐ Improved ☐ Stayed the same ☐ Gotten worse ☐ No response

Please explain:

12) Do you feel that the amount of social interaction you have has changed?

☐ Improved ☐ Stayed the same ☐ Gotten worse ☐ No response

Please explain, for example, changes in time spent with friends, activities in the community, etc:

13) Since finding housing, do you feel your overall mental health has changed?

☐ Improved ☐ Stayed the same ☐ Gotten worse ☐ No response

Please explain, for example, less depressed or anxious, have someone to talk to?

14) If you use alcohol, since finding housing do you feel your alcohol use has changed?

☐ Increased ☐ Stayed the same ☐ Decreased

☐ Not applicable/don't use ☐ No response

If it has changed, how?

15) If you use drugs, since finding housing do you feel that your drug use has changed?

☐ Increased ☐ Stayed the same ☐ Decreased

☐ Not applicable/don't use ☐ No response

If it has changed, how?

16) After paying for your housing costs (rent, utilities) do you feel the amount of money you have left for the rest of the month is:

☐ Plenty ☐ Just enough ☐ Not enough

☐ Far too little ☐ No response

Please explain:

17) Do you feel that your ability to budget your money has improved since you've moved into housing?

☐ Yes ☐ No ☐ No response

Please explain:

18) Think about your income sources in the last year you were homeless and your income sources now. What sources of income did you have:

	While Homeless		**Since Housed**	
	Yes (amount)	No	Yes (amount)	No
General Assistance (GA)				
Supplemental Security Income (SSI)				
SSDI or RSDI				
Self-employment				
A job with wages				
Veterans Benefits				
Workers Compensation				
Unemployment Insurance				
Child or spousal support				
Retirement benefits				
Panhandling				
Friends or family				
Other				

19) In the last year you were homeless and since you've been housed have you needed:

	While Homeless		**Since Housed**	
	Yes, how often	No	Yes, how often	No
911 Services (you called or someone called for you)				
Ambulance				

Fire department				
Detox				
Been arrested				
Spent one or more nights in jail				
Gone to court on charges				

20) Overall, since getting a place, do you feel your life has:

☐ Improved a lot ☐ Improved somewhat ☐ Not really changed

☐ Gotten worse ☐ No response

Please explain:

21) Overall, since moving into your place, has your outlook about your future changed?

☐ Much more positive ☐ Somewhat more positive ☐ Not really changed

☐ Gotten worse ☐ No response

Please explain:

22) What three changes do you think would improve Ramsey RUSH?

1.
2.
3.

23) Is there anything else you'd like to say about your experience with Ramsey RUSH?

Appendix C: Case Manager and Catholic Charities Manager Questions

Case Manager Questions

Recruitment and Outreach

1) Walk me through your process when you are preparing to meet someone. Are there pre-engagement strategies that help you?
2) What have been the most effective means of outreach and recruitment?
3) How do you build trust with clients?
4) How long does it typically take from your first encounter with someone to their agreeing to participate? Are their factors that make this faster or slower? (services, participants, staff, environment)
5) Why do people not want to participate? What prevents them from participating?
6) Is there anything you don't have access to that would help increase participation? Are there any systems barriers preventing participation?
7) What are your work arounds when you encounter a barrier?

Housing

8) What types of housing have people been placed in? For each type, what are the benefits and disadvantages?
9) Walk me through the process when someone first moves in. What supports, services, or assistance do you facilitate in those first weeks?
10) Are there system barriers to housing clients (not client-related)? What are they? How have you overcome them?
11) After the first month, what kinds of supports are needed for clients to remain in housing?
12) Do you feel your caseload allows you to offer on-going support to clients in housing?
a. Who should be providing these supports? What should the hand-off look like? Would this differ in different housing settings?

Overall

13) Other than funding, what needs to change to continue this work?

Program Manager Questions

1) What have been the most effective means of outreach and recruitment?
2) I want to confirm that people were told they would be on restriction if they didn't participate in RUSH. Do you think this policy was helpful or not? What led to this decision? At what point did this start?
3) What do you see as the role of shelters in moving people into housing? How does that fit with the daily task of providing for basic needs?
4) Many of the RUSH participants were elderly. Is the job of a shelter different when working with the elderly? How?
5) Some of the people who were interviewed were lonely and felt socially disconnected. "At Dorothy Day I had a volunteer job and lots of friends. I felt important. Now everyone has their own room and I don't see anyone." Does Catholic Charities have a role in helping

people maintain or build connections? How does this relate to long-term housing stability, both for people at HG and in other places?
6) What types of housing have people been placed in? For each type, what are the benefits and disadvantages?
7) Are there system barriers to housing clients (not client-related)? What are they? How have you overcome them?
8) Other than funding, what needs to change to continue this work?

Appendix D: Bibliography

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