

Program Plan:

A New Way – Preparing the Homeless and Chemically Dependent for
Healthy Stable Living

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Introduction:

In January of 2012 there were about 500 homeless individuals counted in Whatcom County. During the survey, the Whatcom County Coalition to End Homelessness asked participants about any disabilities their household had. The results concluded that at least 80% of these homeless individuals had a disability, including chemical dependency. It is an ongoing concern that chemical dependency and homelessness go hand in hand. An individual's chances of becoming homeless increase when there is a pre-existing concern for chemical dependency; they also have higher chances of chemical dependency once becoming homeless. (Whatcom County Coalition to End Homelessness, 2012, pp.13)

Substance abuse can be a direct cause of an individual becoming homeless. As an addiction, substance abuse can disrupt many areas of a person's life. This can include pushing away friends and family leaving the individual without a support system, loss of job leaving the individual unable to pay bills and afford housing, or could even result in behavioral issues and consequences related to them (such as prison). However, it is also common for homelessness to be a cause of chemical dependency. Once an individual is without a home they begin to feel a loss in self-esteem and loss of ability and will to care for oneself; therefor leaning them in the only direction they think will help them to feel better about their current situations, drugs or alcohol.

Unfortunately the reality of the situation is that once an individual becomes homeless and chemically dependent they are exponentially less likely to sustain the ability to regain employment or secure permanent housing and have lost their entire social support network. At this point different priorities become apparent. Instead of seeking personal development and employment stability, individuals focus their time and energy strictly on survival, where finding food and shelter are more important than drug treatment. It is near impossible to completely

beat a substance abuse addiction while on the streets when a range of substances are so widely used and accepted by the homeless community.

Currently in Whatcom County there are plenty of agencies offering housing and chemical dependency programs. These can vary depending on your age, gender identity, type of substance abuse, and so on. Opportunity Council, Whatcom Homeless Service Center, Bellingham/Whatcom County Housing Authority, Interfaith Coalition, Lydia Place, Catholic Community Services, and the Young Women's Christian Association are just a few organizations that help the homeless population with finding stable housing in Whatcom County. They are a few among many agencies that offer day shelters, transitional housing programs, permanent affordable housing, halfway housing, or emergency shelter programs. The list for substance abuse assistance programs is just as long. In Whatcom County alone there are at least 14 various organizations that offer chemical dependency treatment. These include Catholic Community Services, SEAMAR, Advanced Choices, Whatcom Counseling and Psychiatric Clinic, Whatcom Community Detox, and Bridges Treatment and Recovery. From the listed organizations above, the obvious pattern I can depict is the lack of organizations that offer a combination of substance abuse case management and housing case management (Catholic Community Services is the only agency that has programs for both of these concerns). Once communities begin to focus more on how these social issues connect rather than trying to solve them separately, it will be much more possible to reduce the number of homeless individuals and chemical dependents. With this in mind, I have created a program that will help to bridge the gap between these concerns.

Program Description:

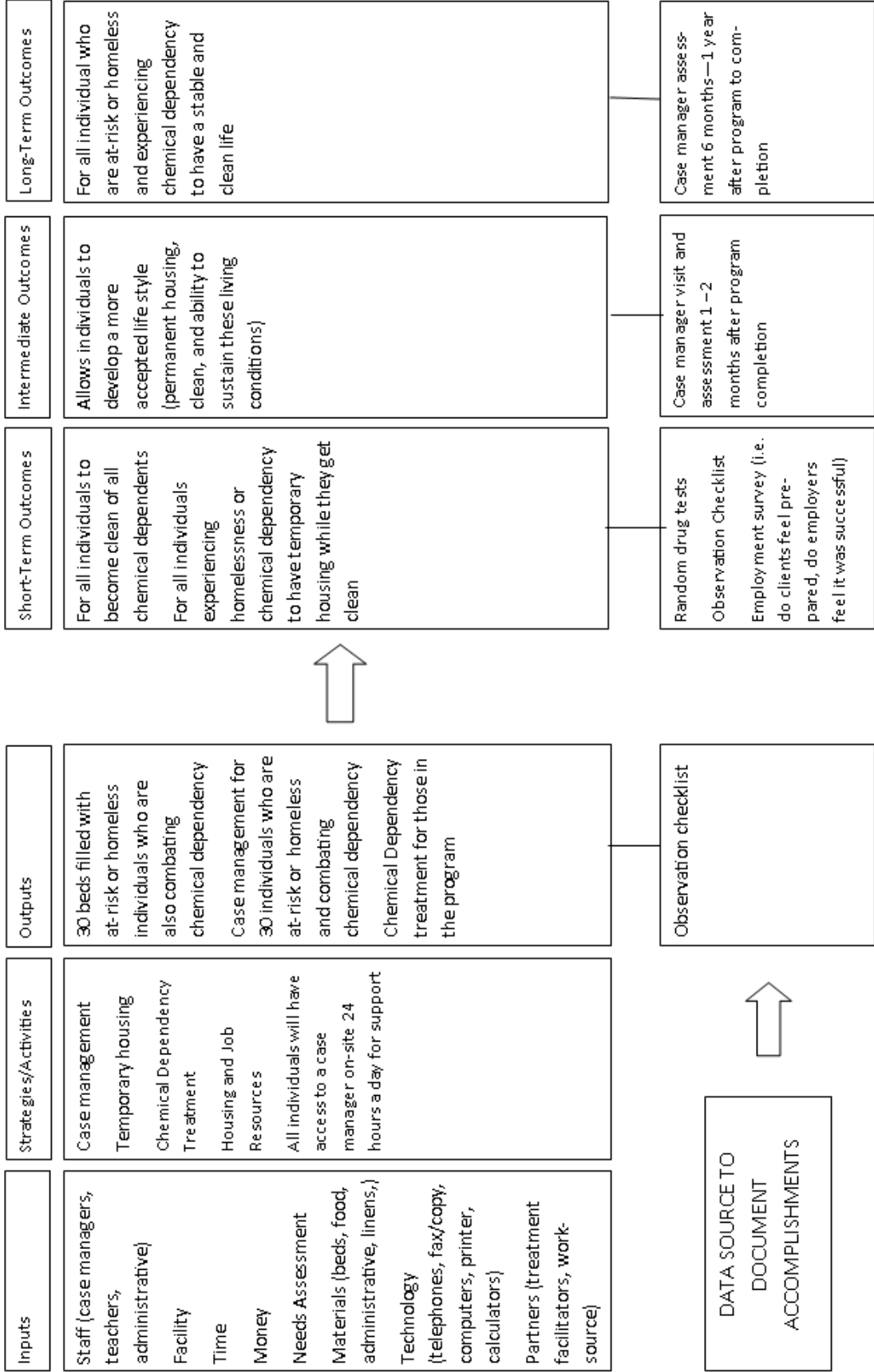
A New Way is developed with individuals who are co-experiencing chemical dependency and homelessness within Whatcom County in mind. Our goal is to reduce the number of individuals who are experiencing chemical dependency and homelessness. By allowing individuals to develop a more socially acceptable life style (permanent housing, not chemically dependent, and able to sustain these living conditions) we will help program participants to have a stable and clean life.

The curriculum specifically designed for A New Way includes a partnership with community agencies and organizations that treat chemical dependency. The best fit for this program to partner with is Catholic Community Services (CCS). CCS is a well known agency in Bellingham Washington with a specific program developed to treat individuals with a chemical dependency. If collaborating with Catholic Community Services does not work out another option I have in mind is Northwest Recovery or Advanced Choices. Both of these organizations also work with individuals struggling through chemical dependency and would be a good partner for A New Way. If possible, it may be a possibility to sign a contract with more than one agency.

Logic Model:

The logic model developed for this program outlines how the program will work. It provides an insight to the planned activities, short term, and long term goals. Please see the following page for more details.

Over All Program Goal Statement:
 To reduce the number of individuals experiencing homelessness and chemically dependency.



Description of planned activities –

As each client enters the program they will be assigned a case manager to provide support and guidance for their treatment and transition into permanent housing. Housing and job resources will be made available by the case manager as well at the time case manager feels appropriate. Although clients will have a specific case manager they will work with throughout their time in the program there will also be one on staff at all hours of the day they can turn to for emergencies or times of high stress when they need support the most.

A New Way provides temporary housing for all its clients. This is a single facility in which all clients reside split up among gender identification. There will be separate rooms holding between 2 – 4 clients each. Temporary housing will last until the client is able to obtain permanent housing.

Chemical dependency treatment is another service available to clients. This will be with one of our partnering agencies. Treatment will be discussed between the case manager, client, and treatment facility and will remain strictly anonymous to all other parties.

Implementation:

Timeline for preparing the program:

Task:	Date:
Secure Program Location	January
Contract with Partner Agencies	January
Hire and Train New Staff Members	January
Purchase Required Materials (Computers, Utensils, Notebooks, Etc.)	January
Develop and Distribute Fliers and Newsletters	February

Timeline for the average client:

Task:	Date:
Attend Intake Evaluation with Case Manager, Orientation, Assigned a room	Day 1
Begin chemical dependency treatment with partner agency (this may continue for a few weeks to find a good fit)	Day 2
Meet with Case Manager (will meet every week or more frequently depending on case manager's professional opinion)	Day 7
Client meets with case manager to begin developing permanent housing resources	Day 32
(3 months after entering program) Case manager assesses client progress / success in the program	Day 120
(6 months after entering program) Case manager assesses client progress / success in the program and to assess if client is ready to leave program	Day 210
(about a year after entering the program) case manager assesses client progress / success in the program (at this point client may have left program and be on their own)	Day 365-390

Difficulties to implementing the program –

As with the development of any organization there are multiple issues that could happen within this beginning stage and with A New Way, we are no exception. There are a few challenges that I expect we may experience when implementing this program. One concern would be finding the space and resources for opening up. This would include having available funding, finding an affordable and sizable facility, finding and hiring employees on time, and being able to develop and distribute marketing materials in a timely manner.

Another challenge that could arise is filling the spaces we have available once we are open. This challenge is immediately tackled through marketing (fliers, posters, newsletters, et cetera) and can hopefully be avoided. However, if we do have an issue with brining in clients, our marketing techniques will be reevaluated and developed to spread awareness of our services to our community in a different way. This could be seen as a community outreach team being

developed to visit common areas for homeless individuals to reside or visit throughout the day (such as soup kitchens). Ideally, if we evaluate our marketing techniques early on and understand our areas of success and where we need to improve we can avoid the difficulties of finding clients.

Developing partnerships within our community can also be a concern in the implementation of A New Way. Without our partner agencies our program will not be successful and will not be able to carry out its goals. In order to gain the trust of chemical dependency treatment facilities we would need to really market our programs to them. This would include showing them our mission and goals and how we plan to achieve them, informing them of how we are helping the community, and also what benefits they will receive through partnering with us. We will promise them advertisement in newsletters, social media sites, our webpage, and any other form they request. We will hope for them to sponsor our program and charge a reduced rate for treatment but will be willing to pay the agencies what we can agree to.

Program Evaluation Plan:

What needs to be evaluated –

Ideally by the end of our first year in the program the success of A New Way will be evaluated. Ideally we would like to know if our clients are leaving the program feeling confident in their ability to stay clean from any previous chemical dependencies and ability to sustain permanent housing. This would mean our clients would have a way of paying for housing, food, and other living essential and would be able to keep this living environment a healthy clean space. If needed this would include having a helper come visit the house to clean or take care of any needs the client may have due to a disability or other concern. Another area we would like to see being successful is the level of support offered to our clientele. From this evaluation we would like to find out if there was adequate support provided to all clients from staff members as

well as in client – client interactions. We would also like to know if having a case manager on staff at all hours of the day and night was useful to our clients.

Sample and Method –

The best way to evaluate this program is through a survey and focus groups. My questions would be targeted toward clients within the program and graduates of the program, case managers and teachers, and employers. Ideally we would expect to receive all 30 surveys from current clients, at least half of the surveys from previous clients, surveys from all case managers and teachers, as well as at least half of the surveys given to employers.

First, the survey will be distributed to all current clients as well as all graduated clients whom we have accurate contact information for. They will be asked to return the completed survey to the program office or their case manager. If the survey is given to the case manager it will then be passed on to the program office where all forms will be collected and analyzed. The survey will also be passed on to teachers and case managers within this program as well as partnering programs. Lastly, it will be asked for the employers who have had an interview with one of our clients to fill out the survey as well.

Focus groups will be held Monday – Thursday, alternating days and times each week. Only one focus group will be held each week. These focus groups will be split up between clients, staff, and employers. During these group meetings the same questions as listed on the survey will be discussed.

Separate from these methods this program will be evaluating its success with independent clients as well. It is part of the curriculum that the case manager does at least two follow up visits with the clients after they move out of the temporary housing facility. This would be seen at two or three months after graduation and again at nine or ten months after graduation. The reason for this would be to track the improvement of the clients and ensure they

are continuing to practice the skills and learning they were provided with while in treatment and job preparedness.

Data Analysis –

The data from surveys will be coded and analyzed through Microsoft Excel. Results will then be put into an analytical paper reflecting on knowledge gained from the evaluation, debating the success of the program.

Notes taken from focus groups will be analyzed and coded as well. It will be input to Microsoft Excel and examined. Results from this data will reflect the success of the program and will be reported back to the program managers.

Once all data has been collected and analyzed, the gathered information will be compared to program goals and objectives in order to fully understand its level of success.

Surveys / Focus Group Questions:

Survey and focus group questions to clients:

- Do you feel confident in your ability to sustain a safe and healthy living environment?
- Do you feel confident in your ability to remain clean?
- Will you continue to provide support for others in and out of this program in their struggles, whatever they may be?
- Did you receive support from other individuals in the program?
- Did you receive support from staff members?
- Did you attend all appointments with your assigned case manager?
- Did you utilize a case manager on staff other than your own?
- Did you appreciate having a case manager available at all hours of the day?
- What areas in the program curriculum were not helpful to you? Why?

Survey and focus group questions to staff members:

- Do you feel our partner chemical dependency treatment facilities are a good match for our clients?
- Were your clients able to follow the program curriculum?
- Did you provide support for the clients when they needed it?
- Were you able to provide housing resources for each of your clients that fit their specific needs?
- What improvements would you like to see done to our program to increase client success rates?

Conclusion:

In conclusion, by implementing A New Way the number of individuals experiencing both chemical dependency and homelessness will decrease. This program helps to alleviate these coexisting concerns through case management and an increased social support network for individuals who previously didn't have one. By having a temporary housing unit that houses all clients in the program, they will have each other to lean on for support when their struggles appear too difficult to handle. They will also have access to a case manager at all hours to support the individual and provide guidance for their choices. A New Way meets the direct needs of these individuals while teaching them how to show and provide support for one another and their community. Clients completing the program will have the ability to sustain a healthy and stable lifestyle accepted by the local community and will have constant support from those around him/her. Through this experience I would expect to see graduated individuals having an increased desire to support themselves and those they meet and build relationships with (i.e. friends, family, co-workers, et cetera).

References:

National Coalition for the Homeless. (2009). Substance abuse and homelessness. Retrieved from: <http://www.nationalhomeless.org/factsheets/addiction.pdf>

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