



Project Impact Reports

Shangri-La



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FOREWORD

I'm excited you've picked up a copy of Shangri-La's Project Impact report. I hope from this collection of findings you will feel Shangri-La's dedication to person-centered supports, you will hear the voices of those we serve, and you will see the thoughtfulness we put into this process.

Founded in 1963, Shangri-La is a nonprofit organization serving people with disabilities and disadvantages so they may recognize and achieve their potential. Our programs are designed to help individuals and families thrive at home, at work and in our community. Every day, we work to build inclusive communities where all people are recognized for their abilities and celebrated for their achievements. Shangri-La is proud to employ about 500 people who serve approximately 2,000 people each year in 7 counties throughout Oregon.

When I think about measuring progress towards obtainment of Shangri-La's mission and vision — helping people reach their full potential and creating inclusive communities — we can't simply chart the number of people served, number of jobs obtained, or number of goals met and call it success. We must go beyond the surface. To truly see if Shangri-La is delivering on our mission and vision, we must gain insight into the part of a person that holds their self-worth, their sense of connection, their aspirations, and their desire for personal fulfillment.

It is with this belief that we embarked on our own Project Impact journey. Over the past year, teams comprised of administrative and program leaders rigorously studied all services provided by Shangri-La. Through this process, we clarified the intended impacts that we aspire to achieve, evaluated how we're doing in meeting these intended impacts, and identified experiences and adjustments to bring our services closer to these desired outcomes.

For Shangri-La, Project Impact was and will continue to be so much more than evaluation. Project Impact ensures we are laser focused on the deep, long-lasting impacts we want our programs to have on the people receiving services. It gives us a platform to engage in data-collecting conversations with the people we serve so we can truly and loudly hear their voices and see the bigger picture of what their collective voices are telling us. Project Impact evaluation helps us understand where we're meeting the mark and where we have work to do. It even

goes so far as to clarify the gap between what we're funded for and the resources we need to truly meet our mission. This is exciting as we look at how this might transform our relationships with community partners and supporters.

Ultimately, I believe Project Impact will help us continually elevate our services and allow us to connect in meaningful, long-lasting ways with the people receiving our services. I hope you enjoy reading our evaluation reports as much as we have enjoyed learning from them.

Cheers to all abilities!

Janet Yousey

CEO

INTRODUCTION TO THE PROJECT

The aim of Project Impact is to develop in nonprofits the ability to do credible self-studies of their impact.¹ As such, this is a capacity-building project. The reports in this compendium are written by the nonprofit teams and represent the findings from their data collection and analysis.

This project follows the traditions of participatory evaluation. In a participatory evaluation approach, those who are doing the work also become the evaluators of the effects of the work. This requires capacity-building for the teams, for a self-study form of evaluation requires the development of skills, theoretical understanding, practice in the techniques, and attention to fidelity of implementation in order to ensure the proper level of rigor.

The development of evaluation capacity takes time and iteration. It requires both instruction and practice – training in some of the leading techniques of research accompanied by ongoing applications and practice. This project recognizes the power of partnership, the enrichment of cross-pollination of ideas among like-minded organizations, the durable impact of a learning community, and the potential inspiration for a sector when exemplars are developed and elevated.

Project Impact takes teams of leaders from nonprofits through a process of discovery about the power of evaluation. The idea is to develop the ability to see and communicate the effects of the programs on the people they are designed to serve. There are three primary movements to the project: (1) Intended impact, (2) Inquiry, and (3) Implication.

PROJECT DESIGN

The project begins with a focus on the work of identifying and clarifying the intended impact of each of the participating programs. Once the ideas have been developed and indicators identified, the teams then design a questionnaire to collect data about quantitative measures

¹ This project is primarily focused on developing the ability of staff teams to implement self-studies about the effects of their programs. It is not designed to provide an experimental or quasi-experimental version of impact evaluation. Instead, it is an effort to upgrade the existing capability of each organization and give them the tools to gather data on the attributed impact both qualitatively and quantitatively from the subjects they serve.

and a qualitative interview protocol to collect qualitative data. These data are analyzed. Themes are identified and then translated into findings. From the findings, the teams develop program responses and communiques of their impact.

The fundamental elements of the Project Impact follow an arc of evaluation design:

PART 1 - INTENDED IMPACT

This project begins with the identification and clarification of what effects are intended through the work of each of the projects. Each team develops an articulation of intended impact to include the components necessary for evaluation design.

A. Main Ideas of Impact

Each team identifies and crafts ideas of impact to frame the intention of direct impact for the program. In some cases, these ideas are mapped in relation to the secondary and tertiary impacts of the program to gain clarity about the fundamental notions of desired effect as a direct consequence of the program or service rendered.

B. “What We Mean”

From these primary ideas, the teams then develop a brief explication of the meaning of their ideas of impact. This translates ideas that are occasionally technical and into messages accessible to all.

C. Quantitative Indicators

Teams then identify Quantitative indicators for each of the ideas. The aim is to generate five or six of the most critical indicators for each idea, paying attention to the data power, proxy power, and communication power of each of the key ideas. As well, the intent in this step is to identify a range of cognitive, affective, and behavioral indicators that can be measured through metrics.

D. Qualitative Indicators

Teams also identify qualitative indicators in this stage. These indicators are articulations of the structural and qualitative elements of growth and development that signal progress toward key ideas of impact. The qualitative indicators become the basis for the protocol construction to inform the in-depth interviews in the inquiry phase.

E. Principles of Change

Recognizing that an underlying logic exists for each program, the teams articulate the rationale for their intervention. This step connects what they do (action) to what will

result from what they do (outcome). Each team builds a set of principles that explain why they do what they do in the way they do it. In so doing, the underlying philosophy of logic is exposed and can then be examined through the data from the evaluation.

This section of the project leads each team to develop a clear theory of change, including the outcomes, indicators, and principles embedded in the particular approach that is implemented by each team.

2. INQUIRY

In the inquiry stage of the project, each team designs and implements a strategy for data gathering. These take two forms: a questionnaire to collect quantitative data and an in-depth interview to gather qualitative data.

A. Quantitative Data and Analysis

For each of the quantitative indicators, teams construct items for a questionnaire. Since these projects are not intended to provide experimental or quasi-experimental inquiry, the attribution of effect is built into the questionnaire items. The questionnaire is deployed, in most cases, to the entire population of recipients the program reaches. Data are analyzed mostly using measures of central tendency. The teams then design displays of the data and narrative for their report.

B. Qualitative Data and Analysis

The development of a qualitative design encompasses a number of steps, including the following:

1. Protocol Design. Each team designs an in-depth interview protocol that uses the *Heart Triangle™* method of question design. These produces a protocol of about nine sequences of questions (18 questions in total) to be used as a guide for seeking data about the awareness and reflection of subjects' structural shifts and developments of growth and progress.
2. Sample. Each team identifies a sample of subjects using a purposeful stratified technique to identify a selection representing of the population being served.
3. Data Collection. Interviews a convened, most lasting between 45 minutes and 1 hour in length. Data are collected via notes during the interview, and then augmented immediately following the interview to provide a substantive rendering of the interview.
4. Data Analysis. Team members apply a four-step model of analysis to each of the interviews. This process provides them with an accessible version of analysis and

- interpretation to illuminate the primary themes from each interview. While the process is accessible, working through the data from each interview four times using different lenses of analysis each time provides a rigor to the analytical process that yields insight far beyond what is overt and obvious in the data.
5. **Thematics.** Through a guided and facilitative process, the entire data corpus is then examined. Themes are mapped through meta-analysis of the emerging insights.
 6. **Findings.** The teams then examine each of the themes to discover and communicate the findings. These are rendered with explanation, illustration from the raw data, and significance.

3. IMPLICATION

The intent of the project is not to leave teams simply with a report about their program's effects, but rather to use the insights from the evaluation to guide the further development of the program. This takes two forms:

A. Program Adjustments

The team then takes each of the findings from the evaluation and considers possible program adjustments informed by the discoveries of the evaluation. This keeps the evaluation relevant for program application and improvement.

B. Program Experiments

In addition, the teams work to identify potential design experiments that they might run as an implication of the insights gained through the evaluation.

In this stage, the teams also begin to develop a report of the evaluation findings as well as other possible communiques of their discoveries to staff, stakeholders, funders, and other members of the community.

The Reports

The reports from each Shangri-La cohort are included in the following compendium. These include highlights from the three movements of Project Impact. Since each program has unique strategy and ethos, each report exhibits unique character and personality. Each report also includes both "prove" findings (evidence of impacts being achieved) and "improve" findings (areas for attention and further development). These reports are windows into the effects of the work of each program in the lives of the people they serve.

OUTPATIENT MENTAL HEALTH PROGRAM

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PROGRAM OVERVIEW

Shangri-La's Outpatient Mental Health Clinic (OMHC) vision is to focus on creative ways to provide behavioral health services. We are an innovative clinic that views individuals from a holistic perspective to ensure we are providing person-centered, trauma-informed, and culturally diverse service options. The clinic currently has two locations, one in Shangri-La's Salem office, and the other in Shangri-La's Eugene office. At the time of this evaluation, each clinic is staffed by least two licensed practicing counselors, a case manager, an administrative assistant, and peer support options.

Shangri-La's OMHC provides evaluation and treatment for a range of psychiatric disorders in adults. Medication management is provided through telehealth services by a contracted psychiatric mental health nurse practitioner. Services are provided in the space where the individual is most comfortable. For example, while therapy is typically provided at a clinic site, there are times that the therapist or skills trainer goes to the individual's home to provide the services needed or work with them in the community. Shangri-La collaborates with primary care providers in the treatment of medical problems, which may intersect with the individual's mental health. Services include assessments, referrals for services not provided by Shangri-La, case management, skills training, in-home services, trauma-informed treatment and services, mental health treatment for individuals with intellectual/developmental disabilities, mental health treatment for individuals with serious and persistent mental illness, group therapy, family therapy, peer support services, culturally-specific services, and community outreach when appropriate.

To assess the success of Shangri-La's OMHC in meeting its goals, Project Impact team members from Shangri-La performed in-depth, in-person interviews with 16 program participants to measure the following impacts:

1. Clients will have the ability to develop healthy support systems.

What we mean: Clients will have healthy relationships with supportive people and be better connected to community resources.

2. Clients can rebuild trust in systems and services.

What we mean: Clients will be open to share thoughts and concerns, know how to advocate for their needs, and understand what systems and services can do to help and how to navigate them.

3. Clients are empowered to define and address their own needs.

What we mean: Clients can meet their physical, mental, and environmental needs.

4. Clients will gain the skills to cope with life.

What we mean: Clients will learn how to make informed decisions to reach their goals and gain the skills from education and toolboxes.

EVALUATION METHODOLOGY

Our evaluation aimed to see what kind and quality of impact Shangri-La’s OMHC is having on the clients we are serving. To understand this, we explored two broad evaluation questions:

1. What kind and quality of impact are we having on clients receiving services?
2. What aspects of the program are causing this impact?

Over the course of the project, we developed and refined our ideas of intended impact and indicators, designed and implemented a mixed-methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, identified themes and findings, and considered the implications to those findings for program improvement and innovation.

This project began by identifying and clarifying the intended impact of Shangri-La’s OMHC. Once the ideas of impact were developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact on the mental, behavioral, and emotional changes in clients. We used these indicators to design a qualitative interview protocol and a quantitative questionnaire to evaluate progress toward achieving our intended impact.

QUALITATIVE DATA COLLECTION AND ANALYSIS

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from the program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. At the time, the program served 133 clients. Our sample size was 16, drawn from the following strata of our population:

- Clients receiving medication management and case management only
- Clients receiving therapy and case management only, and
- Clients receiving the wider range of therapy and medication management with other services, such as case management and peer support.

Our interview team consisted of a case manager from each clinic location and two therapists

from the Salem location -- the larger of the two clinics. We convened one-on-one interviews lasting between 45 minutes and one hour in length and collected interview data, with 7 interviews with clients at the Eugene location and nine interviews with clients from the Salem clinic

We then analyzed the data inductively using a modified version of thematic analysis. Each interviewer implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes, and identifying themes) for each interview. Together, we developed common themes from the entire data corpus identifying the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined the dynamics among the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

QUANTITATIVE DATA AND ANALYSIS

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument and had a response of 28 clients (16 from the Eugene clinic and 12 from the Salem clinic), a 22% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings. The most significant insights from the quantitative data are described in the following findings.

FINDINGS

FINDING 1: I MATTER!

Key Insight: There was an overarching trend in the data that showed that not only did the clients need validation, but they also found that validation through Shangri-La clinical services.

The research participants overall stated that they are “feeling more heard.” Some participants indicated that they had a desire for someone to reinforce their thoughts, beliefs, or ideas. Others noted that validation is the most important thing for them. One person, in particular, stated the thing that encourages them is “having [the therapist] validate feelings, and it be okay to feel how I do instead of being a people pleaser... Being validated in my feelings makes me feel more okay to do what I need to do.” They went on to state that, regarding the program helping them care about people, “No. I actually cared too much, and [therapy] helped me care more appropriately.” Many clients reported that they have learned that even ‘bad’ thoughts and feelings are valid to have and how to express them in appropriate ways. They’re learning that “it’s

safe to share” that part of them with someone else and to be vulnerable. They are also learning that they do not need to be ashamed about this part of themselves. A line often repeated was, “my voice is actually important and valued.”

Some participants stated that they feel the clinic team at Shangri-La “get” them and that this is key to having a strong working relationship with them. One individual stated that they “feel more open to reaching out...knowing I have access if I need it.” Also, because of the increased validation, individuals reported that they have learned how to cope with imperfections and things outside their control, and also to lessen the amount they are hurt by invalidation. One said they learned, “I care too much about things that are out of my control, so I need to chill out and focus on what I can control.” Of those clients who responded to our quantitative survey, 88% stated that they felt as though they had “quite a bit” to “very much” more control over managing their mental health and well-being.

Significance

Each person interviewed talked about how they felt they mattered and how they felt validated and valued during their interactions with clinic team members. It was validating for the clinic team to see that clients are using what they are learning during their activities outside the clinic to improve their outcomes, rather than just using what they are learning in the clinic setting. The curious part of this was trying to determine what the clinicians were doing to provide the individuals with the validation they needed to be successful. What makes Shangri-La’s OMHC different? We determined that the “I Matter” finding affects each other finding. When a client stops feeling like they matter transference to other areas occurs. When a client knows they matter, they experience higher motivation to achieve their personal goals. When a client knows they matter, clients make better decisions around self-care, health, safety, and experience a stronger sense of hope for their life. The clinic team must continue to work to identify what specifically about the environment and interactions make people feel like they matter so it can be replicated and remain consistent.

Possible Responses

- Do everything we can to make every client walking through the door feel important.
- Ensure comfortable, trauma-informed environment throughout the clinics.
- If people are slipping back to other areas, try to find if it is related to validation.
- Case managers remember to slow down and genuinely check-in with each person.
- Make better use of the ‘no-show’ report and rates. No-show rate correlates with engagement in services.
- Revamp ‘no-show’ letter to ensure it covers the why consistent services are important and how to reach out for more help/services.

- Future: Implement exit interviews for those leaving services. Try to identify why (insurance, grievance, just because) they are leaving.

FINDING 2: BREAKING DOWN THE WALLS

Key Insight: Many clients experience a lack of trust in the systems they must access to get the resources they need.

Of the 16 individuals interviewed, 14 expressed a great distrust in human services systems and have had many bad experiences with them on an ongoing basis. We heard throughout our interviews that the systems are difficult to navigate, disheartening, and seem to put up more roadblocks than help with even the smallest resource. Clients, when accessing systems for things such as medical benefits, financial assistance programs, or food benefits, are often bombarded with long, complex, technical applications to complete that hold little room for error, are written at college reading levels, and usually must be completed without support from professionals. Eligibility for programs is often heavily contingent on collaboration and documents from multiple agencies and providers that require a deep understanding of how multiple systems and providers work together or advanced advocacy skills.

Clinic staff have helped clients navigate systems that cause them great anxiety. This can help change the client's perception of the system. However, the lack of trust in the systems continues with the client believing that they will not get the resources they need in the end. A common system that clients attempt to navigate, but lack trust in is the Social Security Administration. Clinicians cannot guarantee that a system or agency will provide the benefit the client needs. However, case managers can help the client better navigate the system, have realistic expectations regarding the process, eligibility, benefits, and educate clients on how systems work separately and in conjunction with one another. Therapists can help clients learn self-advocacy skills, coping skills for anxiety, skills to build trust and deal with disappointment, etc. One client stated, "In the past, the system didn't stop bullying me, which made me lose trust in mental health systems." This client is now working to get past his lack of trust with the system and working towards getting healthy. This success was related to the work he did with his case manager to navigate the system and with his therapist on how to emotionally process the journey.

In addition to people working to overcome trust issues in the systems, our quantitative data showed that 79% of clients stated that their ability to trust systems has somewhat to very much improved, and 76% said their ability to navigate the systems has more than somewhat improved since they started services with Shangri-La's OMHC. Many clients stated that support in making the right choices has helped them work through the processes which have been roadblocks for many years.

Figure 1. Improved ability to trust systems

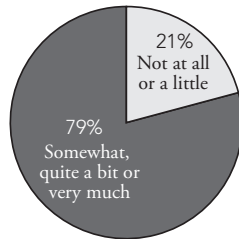
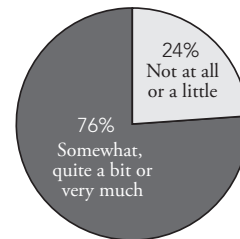


Figure 2. Improved ability to navigate systems



Significance

This finding is significant because it shows that clients trust Shangri-La and that their trust in systems has increased. While we can't control the other systems, we can help clients navigate the systems, and our data indicate that we are effectively doing that. One of the main goals of a mental health provider is to help people become empowered to manage their own lives, including resources, benefits, and programs. Without a sense of trust, clients are less likely to access the system resources and programs they need to meet their basic needs, be successful in their lives, or achieve growth. Building a client's trust in systems lays the foundation for them to pursue the help they need, whether they remain in services with our clinic or exit mental health services altogether. While clients are in services, the act of accessing systems with case management and therapy support helps clients build skills, create knowledge and understanding of how to apply for benefits, navigate programs, self-advocate and obtain supports that are meaningful for them and ultimately gives them ownership and power over their own treatment and lives.

Possible Responses

- Take the time to find out why clients don't trust systems.
- Consider the development of a peer support systems/resource liaison.
- Clients/peer support can use their experiences to create resource guides for people (e.g., medical transport benefits, how to make your food stamps go farther, etc.)
- Train the clinic team on the most commonly accessed resources and how to access and navigate the system, possibly with support from previous case management that still works within the organization
- Case manager to host group resource information sessions.

FINDING 3: RIGHT MEDS...RIGHT ME

Key Insight: When medications are taken as prescribed, people feel better.

Shangri-La's OMHC provides medication management through a telehealth provider. The clients

receiving services stated that the prescriber was easy to talk with and understood their needs. Of the medication (med) management clients served, 90% reported in the qualitative surveys that their medications helped them to be in control of their symptoms and better manage their lives. When clients took their medications as directed, they saw results. While we did not gather quantitative measures directly related to medication management, the quantitative data revealed that 89% of individuals feel they have more control over managing their mental health and well-being.

The importance of medication management came through as a significant finding. The medications are helping people feel more in control of their lives and lead to a better understanding of quality of life for those receiving service in the clinic. Engagement in their treatment is evident when clients are seeing results and learning new skills to participate in their recovery. A client who is seeing a therapist and going to medication management services stated, "My new meds make me want to start doing things instead of sleeping and watching tv all day. I am eating better and walking to see the sights."

Significance

The clinic team was surprised that medication management via a telehealth method was so widely accepted and that many of the clients felt like they mattered and trusted the process and the provider. The team identified that having the 'right' prescriber on board is a critical factor. A surprising impact was how much "just meds" is doing for some people that are not receiving therapy as well. A challenge is the need for more prescriber time or time to support psychiatric mental health nurse practitioners. Everything crumbles if med management is not working for those involved.

Possible Responses

- Implementation of a med management tracking system will help with prescription management.
- Ensure the team has a back-up prescriber.
- Develop a position that focuses on medical assistance.
- Educate the clinic team on the most common medications, how they work and the symptoms.
- Provide ongoing training on medication trends, including new meds.

FINDING 4: KNOWLEDGE IS POWER

Key Insight: People are learning the key factors that positively influence their life, leading to a stronger support network.

When completing this qualitative study, our data revealed that the educational component of

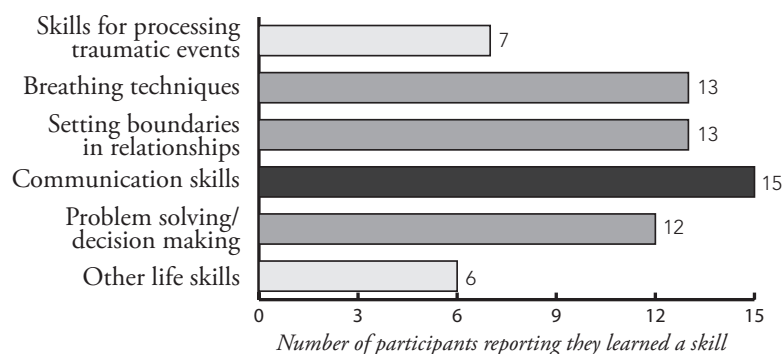
treatment is fundamental to how people understand their relationships/connection to others and how quality of life is truly impacted by what we know. In assessing the data, many people identified that prior to services, they had not known what a healthy relationship was or how to get it in their life. One participant reported that, "Choosing good and healthy relationships has provided me a safe community to be a part of." Another participant said that "this is the first time I'm learning what healthy relationships are; I didn't really know before." Overall the quantitative data supported this. All of the surveyed participants that felt the question was relevant to their treatment stated that since being with the clinic, they better understand what the characteristics of a healthy relationship are, and all but 2 of those surveyed stated that this had improved the quality of their relationships.

Over and over again, the data spoke to the idea of "you know more, you do more, you are more." In the survey data, 89% of participants reported learning how to access additional resources (an average of 3.96 resources per person) and stated that they were using 68% of the new resources they had learned about. Overall the survey found that in all but one case, learning how to access their environment was not only having an impact on their health and well-being but also increasing their knowledge of how to improve this for themselves. In other key findings, such as the importance of feeling empowered, many spoke to the idea that they understood that it was important, but they were not sure how to make it happen for themselves.

One key component arose from this, which was the idea of the feelings of being "in control of my life." All but one of the quantitative survey participants indicated that they had learned skills from Shangri-La that are helping their life (such as coping skills, boundary skills, problem-solving, communication, or life skills), with an average of 2.4 types of skills gained by each participant. In our interviews, one participant reported that "I'm feeling more in control of my life, which means I've been able to go grocery shopping on my own, even when half in crisis. I have more empathy for myself, and I am getting out of the house more."

Significance

Figure 3. Skills learned by those served



We determined that a lot of the credit goes to our staff. The staff all educate the clients on how things work, why things may be happening, barriers, what's working, and what's not working. When clients become educated and gain deep knowledge and insight into their own lives, they learn and develop the skills to identify each piece of their life puzzle and assemble it in a way that brings wholeness and completion to different areas of their lives. This is a profound finding because many clients have experienced great trauma in their lives, have had fragmented experiences, broken relationships, and heavy struggles and often don't know how they got to this point in their life. With education and knowledge, not only are they able to reframe and bring healing and wholeness to their past, they are able to identify things in themselves and their environment they are currently encountering and will encounter in the future and maintain the wholeness they are building through healthy relationships and boundaries, as well as form their lives in ways that are meaningful through insight, tools and awareness.

Possible Responses

- Continuing education.
- Meaningful groups.
- Finding a way to get people excited about learning.
- Building in more peer support.
- Meet with Project Able to talk about how to help with cognitive disabilities
- Help people connect with community education resources – classes, print outs,.
- Resource Night – punch, pie and presentations from outside agencies.

FINDING 5: THE POWER OF EMPOWERMENT!

Key Insight: A surprising theme in the data was how many people feel more empowered as a result of the services they receive, and how much this empowerment is impacting them.

One trend in the interview data was people that said that they are not letting people step on them or take advantage of them anymore. One client stated that one of the things they are learning is "to not let people take advantage of me. To help people not be selfish." They are self-reporting, feeling more assertive, and having a right to their feelings and voice. One said, "It's okay to not live my life for other people...being able to stick up for myself is very empowering, being able to shut down abusive conversations." Many clients are not letting other people put their needs before their own or putting themselves last.

One stated that one of the things they have learned is "knowing what I'm capable of and using that to guide me toward life, not trying to please everyone," focusing instead on trying to please themselves. Another person stated that they are "learning to put up boundaries and rules," in their relationships. Yet another person served stated that their treatment team "helped

me realize how important to set boundaries instead of giving up and letting people walk all over me. I'm human and deserve respect." That person went on to say they "should be more proactive about seeing doctors to prevent my pain. Just because other people might have something more severe, it doesn't mean my pain is invalid. I don't deserve to be hurting and afraid all the time." Yet another client said they "used to bend over backward, get walked all over and taken advantage of, but I've learned I need to take care of myself and say no."

Clients have also been reporting that they now realize they have value and self-worth in ways they did not notice before. One summed this up by stating, "I feel more confident all around." Another said, "I am learning that life isn't just happening to me. I have the ability to make it better. I am worth the effort. Deep down inside I know that I'm worth it, and I deserve the good life." One of the participants directly stated, "I see myself as more valuable, in terms of self-worth...I do belong here and deserve to be [alive] as much as anyone else." One made the statement, "I like myself. I love myself. And that's from coming here."

The other major trend in this area among those interviewed was people realizing their needs matter (ranging from self-care needs, to coping skills, to their opinions and feelings), and that they should fight for these needs. One pointed out succinctly, "It's okay to have those needs." People surveyed were stating that they are taking more time for themselves (gym, time on the beach, walks, etc.), and are using more coping skills (deep breathing, positive affirmations, negative thought suppression, avoiding triggers, etc.). Overall in the quantitative survey, 100% of the clients stated that since being in the program, they feel more empowered to address their health and well-being. They are also more honest about what support they need from the people around them. They are realizing "boundaries are okay to set with people so [they] don't get taken advantage of and can get [their] needs met too." Another mentioned that they "don't bottle things up like [they] used to anymore." A different client stated, "I'm trying to put myself as a priority."

Also, people reported having the ability to tackle things they were not able to before, breaking down problems into smaller pieces that they can self-manage. One states, "I've been learning to be more independent and to reach out and do things that make me uncomfortable...I can handle new emotions and memories... I've gone from 'I can't do anything on my own' to being more independent." They went on to state that they felt they could never get a job, but now see that this is an achievable goal for them. Some stated that they are more in control of their life, and their symptoms, and are now able to do more things by themselves that previously they were unable to achieve without assistance. In the quantitative surveys, every participant but one stated that as a response to this program they feel some control in managing their own mental health and well-being. One interviewee said his "current situation isn't perfect, but I feel I can fix that now...more insight and energy to fix it." Another said, "I'm not a crying mess, so I can think beyond what's happening right now." One person exclaimed, "I can go grocery shopping on my own, even when half in crisis." Another person said, "Anything is possible, and new experiences

aren't as scary...This is not the ending chapter. There's so much more to discover."

Significance

The "self-talk" of clients is becoming more positive. Through this process, we found that people are feeling stronger and more capable than they were before. When they feel empowered, they can accomplish their personal goals. The sheer volume of people who felt empowered was eye-opening. The challenge continues to be that people are intrinsically motivated by different things and determining how to get past emotional, relational, financial, and other various challenges and barriers to keep people feeling empowered. Continuing to analyze when things start to turn in a different direction.

Possible Responses

- Education on empowerment.
- Find ways to help clients inspire others who lack inspiration.
- For clients who may not feel as empowered, try an intrinsic motivation evaluation to find out what areas they can work on and how to value different areas.
- Keep using this evaluation as we move forward to continue to analyze.

FINDING 6: THE TRIANGLE OF SECURITY

Key Insight: People served by the clinic suffer more than we realize. Many aren't even having their basic needs met. They are stuck at the bottom of Maslow's triangle (hierarchy of needs) and are not aware of the Heart Triangle of Impact (i.e., believe, love, become).

Our study was formulated to find out how we have impacted clients in our outpatient mental health clinic to develop healthy support systems, to rebuild trust in systems and services, to define and address their own needs, and to gain the skills to cope with life. In each of these four impacts we measured, clients were able to express to us how our services have impacted them around each issue and helped them believe different, love different, and become different. However, surprising at first glance and obvious at second, clients experiencing homelessness and lacking the supply of their basic needs (shelter, food, water) were unable to access the Heart Triangle of Impact. We often refer to the Heart Triangle of Impact as self-actualization in Maslow's terms, and according to his theory, one must acquire safety/security, love/belonging, and self-esteem as essential building blocks as they climb the pyramid or triangle.

One participant, who was homeless at the time of this interview, when asked about being empowered to manage their needs, stated "[I'm] trying to get back on my feet and keep from going down this path again." When asked further about what energizes them most, they said, "When things start looking up." This communicates to our clinic interviewers the notion that this

client is so concentrated on survival, that she is struggling to engage with self-actualization/ heart triangle shifts in thinking. The client in this example was unable to engage with concepts around targeted impacts such as, how she is becoming empowered, how she is loving herself and being energized or believing that things will change based on circumstances, as opposed to her efforts and empowerment to make changes in her own life.

On the flip side of this finding, we see the impact of how a person who began in the program as homeless, but has since become stably housed, can experience the Heart Triangle of Impact. She shared in her interview that since engaging in services with Shangri-La, she has begun to "...stay away from bad people and find good relationships with classmates" in her college program. To further clarify, she stated, "I am established and no longer surviving. I have more capacity to pursue good relationships than I did before." This same principle of having security applies to her relationships with systems and agencies. She states, "Being grounded gives me the capacity to connect better with other resources." Beyond her feeling that safety and security gives her capacity for relationships, she also is engaging with Heart Triangle impacts on a deeper level, as reflected in this comment, "I know that I am worth it. I know that things will work out for me." She believes that she has value (she loves herself), and she believes in her future (believes differently).

It is not really possible to determine from the quantitative surveys how much that data supports or disputes the qualitative findings because demographic questions such as housing status were not included in the survey for the sake of brevity and anonymity. Without that data, along with no one self-disclosing their homelessness in any of the quantitative surveys, it is unknown whether unmet basic needs account for some dips in some participants' data, or if there are other factors at work.

Significance

This area was shocking yet not shocking. What is encouraging is that the same truth that has been holding since Maslow's Hierarchy, that basic needs must be met in order to meet their other needs, is still true. A certain level of stability is necessary to be regulated, and individuals cannot be in constant chaos if they want to work on other priorities in their lives. Sometimes we can't help people change their circumstances, but we can help them have a shift in their response to the situation and continually remind them of their strength and abilities.

Possible Responses

- Develop a campground for homeless individuals.
- More collaboration with people who have resources.
- Roommate matching and working with private landlords.
- Finding ways/funding to achieve over the other barriers that are keeping people

- homeless. For example, transportation to a job could be a bike, a ride share, etc.
- Treatment focused more on case management for these individuals versus therapy in order to get stabilized at first.
- Case manager spend a day with the client.
- Money set aside that can help with meals, coffee, socks, coats, hand warmers, etc.
- Find ways to better understand – probation officer plug in ways to help but things get stolen – realistic situations.
- Educate team on the persepective that some people don't want to be housed.

FINDING 7: VALUE A LIFE, SEIZE THE FUTURE

Key Insight: Many participants expressed to our interviewers, that before they began services with Shangri-La OMHC, they did not hold a sense of value for their life, let alone believe in a future for themselves.

Multiple participants in our study communicated that before they engaged with Shangri-La, they didn't feel in control of their lives, they didn't have hope for their future and in more extreme, yet still too common cases, felt that their lives were not valuable and that the best solution to their situation was to commit suicide.

To speak to the lack of self-valuing of one's life prior to entering services, one participant stated, "I had no desire to live anymore before meeting [Shangri-La's OMHC medication prescriber]. I was suicidal. I was ready to punch out. I had too many ways of it planned out to carry it out." In response to receiving services, this same participant comments on the changes they have experienced and their view of their future. They said,

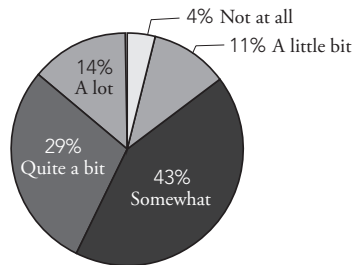
"I see myself in a couple of years down the road being in a way better place than I am now. I can only imagine from here on out that I will be on a positive note. This is a newer thought for me. I will be on medication for most of my life, but as far as the PRNs (as needed medications), I feel like I can eventually lower them down and manage it on my own without medication.

Another person reported in her interview, "Before I started taking medication, I had no hope for anything." She now states, "I have learned that a better quality of life is possible." Like this client and others, now that they are engaged in services and experiencing the positive effects of medication management and therapy, their perception of their value is shifting, and they are beginning to see new possibilities for their future, such as a higher quality of life on the horizon, the ability to manage negative symptoms with tools other than medication and an overall sense of hope for their future.

According to participants surveyed, 75% of the clients felt more empowered to address their

health and well-being. We attribute this empowerment to the 86% of increase in their ability to assess how their environment affects their health and well-being. Being able to assess one's self makes it possible to assess what elements of the self are affected by the environment and what elements are not. Clients also, in becoming more aware of themselves, are more aware of their personal needs and how to address them, whether that means altering the environment or doing internal work and processing.

Figure 4. Client Sees How the Environment Affects their Health and Well-Being



Significance

The number of clients that seem to have value in their life and that we ARE making a difference was great to hear. Not only does realizing one's own value prolong a person's life, but it greatly increases the quality of life. Recognizing one's own value improves a person's relationship with others, restores hope, and makes people plan for the future and pursue personal goals of any scale. It is so amazing how just a small spark of caring helps to make the difference. One spark can move people forward, even just with baby steps. It is still shocking how much people didn't value their life before treatment with our clinic.

Possible Responses

- Building capacity for connection and figure out how to bill for it.
- Figure out how to do triage and who these people are right off the bat. Triage continues after the initial intake.
- Building space to be intentional.
- Find out how to measure success. When are they better? – psychometric that measures quality of life. Hope scale?

FINDING 8: SHANGRI-LA SHARES YOUR CARES

Key Insight: Shangri-La is providing a unique Mental Health treatment experience that people are getting the help that they need in a meaningful way.

The data spoke to the amount of trust that people have within Shangri-La and the mental health

treatment services. One of the comments that arose from the data indicated that people felt like “I don’t have trust in the system, but I trust you guys.” What is interesting about this finding is that Shangri-La OMHC has similar services as other agencies, yet the data points to the highly relational component and staff as the factors that are creating trust in the systems. One participant reported, “You guys go above and beyond for me, I didn’t know about all the resources that existed. My house even got cleaned.” Another participant said, “I have a safe, nonjudgmental place to talk.” In analyzing the data, roughly 11 out of 16 qualitative interviews showed that any positive changes surrounding engaging with/rebuilding trust in systems come from having “amazing experiences with the Shangri-La staff.” When asked about how Shangri-La services are impacting the person’s life, they responded, “I didn’t expect to get this level of help. I have been through a lot of services in the past and not gotten this level of help. I was scared to start counseling because of that. It’s brought me a long ways.”

One of the aspects that we have found to be surprising is that the clinics have been newly developed, and the oldest location is less than three years old, and the newest location had only been open about six months at the time of the interviews and survey. During that time, there have been many “growing pains” and some would say it to be chaotic; however, this was not reflected in the data that was collected. People surveyed indicated that they trust Shangri-La and believe in the services that they are getting, for example, there was feedback that Shangri-La has a trauma-informed environment, which is creating a safe place to engage in services. One participant reported that “I work on myself every day. There are a lot of people like me. I’m not alone, and there are resources. I can reach out for myself, and there is a place (Shangri-La) where I feel safe.” Another participant reported, “My support and Shangri-La keeps me inspired.”

Though there was a universal notion that all of our clients surveyed trust us, but don’t trust other agencies, an interesting discovery was made. 74% of our clients surveyed after receiving our services and support, accessed an average of 2 new resources that were learned about from our staff. We attribute this to some common themes found throughout our study, which includes finding 4, which showed us that ‘Knowledge is Power.’ Knowledge and education empower clients not only to learn more about themselves and expect more for their lives, but it also gives them personal resources and capacity to access supports and services outside of Shangri-La’s treatment services.

Significance

We are doing all the right stuff. The data showed that people feel safe in our environment, or we have been able to make people feel comfortable. Many people that enter services with mental health providers come from pasts rife with traumatic events, feeling unsafe and untrusting of people in general. The process for healing and growth begins with the environment and trauma-informed approach service professionals provide to clients. If clients don’t feel safe and

comfortable, they will be much less likely to receive care and achieve personal success and growth in their lives. People competent and able to have a sense of humor could be key. Staff are real and people like to talk with staff, but they also can accomplish things for the clients and follow-through for them. Why are we that special place that people want to come back to and trust us? How much we value professional development could also be a big impact on this, as people are more able to meet people where they are at and follow-through on new processes if they as staff are better informed as to new things coming out to help. We have been able to find solutions where others have not been able to. We have a lot of change in our space and staff.

Possible Responses

- Finish trauma-informed survey review.
- Communicating change with people (i.e., office closures, snow days, etc.). Be mindful of any changes coming up.
- Implement all-inclusive symbols. Show where single stall bathroom is and keep staff mindful.
- Increase cultural competency.

CONCLUSION

The study itself garnered many benefits, not the least of which was providing an avenue to learn more about the clients we serve and some of the unintended impacts on their lives. The data being looked for in the survey was about their supportive relationships, connection to services, their ability to define and address their own needs, and their ability to utilize a toolbox of skills to cope with life. However, underneath these themes, the research showed a great impact on the clients feeling like their voices were heard and feeling empowered, a feeling of being included in a trauma-informed service, and many gained a sense of self-value that they did not have prior to services. There was also an unexpected and surprising result in the number of people only receiving medication services that were still showing these drastic changes in their life-view. Knowing the latter of these is going to be a big driving force for putting a focus on enabling better availability of the medication management services to those that would find clinical benefit from them.

Additionally, this showed areas that need improvement, not only organizationally, but also systematically. Overall determining that people in Shangri-La's Outpatient Mental Health Clinic's services were suffering more than realized upon intake; and that those suffering from a lack of basic needs had a constriction on their ability to achieve fulfillment in any of the other areas, was a startling result. Knowing that these basic needs are essential at the start will help mold and drive the way that some services are performed from now on. Another bit of data that was gleaned from this was that people's trust in systems/services is growing more than most

of the researchers anticipated; however, knowing that most of that disparity is clients trusting this specific service, and still distrusting external systems will also be a guiding factor that can impact how services continue from this juncture. There is still a large amount of work to do in order to try and improve trust in systems, and a focus of services needs to be placed on ways to make this more accessible for the people served by this program.

However, it is likely that the biggest gain from this experience and the largest factor for further pursuit within the department is also the largest conundrum. People are feeling validated by services. People are experiencing a large amount of trauma-informed care and gaining a higher expectation and understanding regarding quality of life. People see their treatment in this service as a unique experience; however, no one on the research team knew why this would be different than the services provided by competitors and other providers in the field. It is quite possible that the largest take away was not that the team is succeeding in the research areas, but that the team is succeeding in unexpected areas that they are somewhat befuddled by and that more research needs to be done to determine not only what the mechanisms are that are creating these positive experiences, but also how to ensure that nothing in those areas change as the clinic develops and grows.

STEPS FORWARD

In conclusion, we hope to strengthen the Outpatient Mental Health Clinic by making the following adjustments:

1. Hiring an additional QMHA/Case Manager position to assist current case managers in the following areas:
 - Medication Management Liaison with PMHNP and Client
 - Ongoing evaluation of no-shows and engagement
2. Ensure each clinician is taking the time to realize when a client may be slipping back to determine if it is due to the 'I Matter' finding and how it can be resolved.
3. Hire a back-up prescriber.
4. Create a resource guide that identifies a clear description of what is available to clients.
 - Train clinic team on resources available.
 - Resource night for clients
5. Create an environment where it is okay to slow down and ensure that each staff is checking in with clients at a real level.
6. Additional training and education for staff on medications and how they work with different symptoms; in addition to continual education about being trauma-informed and making time to evaluate the trauma-informed workplace.
7. Develop an ongoing evaluation system for the following areas:
 - What groups would be meaningful for clients

- Quality of Life
 - Hope Scale
 - Trauma informed environment
8. Explore additional funding sources to help with meals, coffee, hygiene items, and other needed items for those in need being served by the clinic.
 9. Ensure ongoing communication between team members and clients.
 10. Research possibility of adding the “All Inclusive” symbol in the lobby of each clinic.
 11. Continue doing this same study on a periodic basis to not only note changes in services and impacts (positive or negative), but also to continue to stop in with clients and learn more about them, and what new unexpected trends may develop.

RENTAL ASSISTANCE PROGRAM

Jennifer Dominguez, Cassandra Hatfield, Alicia Jones

PROGRAM OVERVIEW

Shangri-La's Rental Assistance Program (S-RAP) provides rental assistance and case management supports to individuals with severe mental illness in Lane County who are under supervision of the Psychiatric Review Board, involved with parole and probation or the public safety system throughout Lane County, or being released from Oregon State Hospital or Residential Treatment Facility in Lane County. Individuals served are homeless or at risk of being homeless, suffer from a serious mental illness, and are interested in living in Lane County. This program was born in February of 2016 and is funded by the Oregon Health Authority.

Currently, S-RAP provides temporary rental assistance and supportive services to 30 individuals in Lane county. The program assists these individuals with moving into transitional or permanent housing, with the goal of ultimately achieving long term stability. Out of the 30 individuals in the S-RAP program, 24 of the participants live in Eugene, four participants live in Springfield, and two live in Junction City. All participants are single adults. Ages range from 19-80 years old. S-RAP currently provides services for 17 females and 13 males. Twelve of these participants came from a Residential Treatment Program or are currently involved with parole and probation or the public safety system throughout Lane County. Twelve of the participants were referred by The Eugene Mission, which is the largest shelter for chronically homeless individuals in Lane County. The remaining six participants were referred to S-RAP from partnering agencies to provide services for people with mental illness in Lane County.

INTENDED IMPACT

As a result of the support provided by S-RAP, we intend that:

- **Individuals are consistently able to recognize and meet basic needs.**
What we mean: Individuals learn to recognize the importance of personal hygiene, meet nutritional needs, have shelter, and understand the importance of medical needs.
- **Individuals are gaining necessary life skills.**
What we mean: Individuals will become financially literate and be able to utilize

community resources such as insurance and federal benefits and gain the ability to maintain stability after S-RAP.

- **Individuals are practicing healthy interpersonal skills.**

What we mean: Individuals will gain competency in maintaining healthy interpersonal relationships.

- **Individuals are understanding how, when, and why to advocate for themselves.**

What we mean: Individuals will gain confidence in their ability to advocate for their needs in a constructive way, as well as an understanding that they have a right to do so.

EVALUATION METHODOLOGY

The primary aim of our evaluation was to identify how and to what extent we are impacting the lives of the individuals served in the S-RAP program. The Project Impact team worked between January-June 2019 to identify and refine our intended impacts, conduct in-field interviews, and complete data analysis.

This project began by identifying and clarifying the intended impact of S-RAP. Once the ideas of impact were developed, we used the Heart Triangle™ model to help us identify indicators of impact on the transformational changes in our participants. The team used these indicators to develop an extensive interview and analysis protocol, as well as a detailed retrospective survey to obtain quantitative data.

QUALITATIVE DATA COLLECTION AND ANALYSIS

We put together a 37-question in-depth interview protocol based around our intended impacts. Each question was crafted so that when asked, each participant would first reflect on any changes in their knowledge, actions, or feelings. They would then be prompted to dig deeper to assess if they had experienced any changes in their beliefs, habits, or acceptance and sense of ownership related to their basic needs, relationships, future planning, and community involvement.

Due to the scale of S-RAP, our Project Impact team thought it best to try and interview and evaluate as many participants as possible. Therefore we were successfully able to interview 29 out of 30 program participants.

QUANTITATIVE DATA AND ANALYSIS

In addition to the qualitative information that was collected, we developed a 24-question survey to collect quantitative data on our indicators of impact. The survey was very straight to the point and consisted of short answer questions, rate scale questions, and multiple choice. We received 23 out of 29 quantitative responses to the survey that we sent out.

FINDINGS

FINDING 1: TRUST IS A MUST

Key Insight: Participants are gaining a better sense of trust within themselves, in others around them, and in social systems.

The data supports the idea that many participants are developing a greater sense of trust within themselves to make better decisions for their lives, including working towards meeting their basic needs and their ability to maintain housing. We also discovered there was an improvement in trust for those around them, especially in the family that is there to support them and the social systems that are put in place to help them be more successful.

For many participants, it appeared improvement began with simply having an open mind and by experiencing positive outcomes. One participant shared, "I would say that my trust has increased. I have learned that there ARE people that I can count on." It was very apparent that due to the support that S-RAP provided, participants see that there are support systems that work. We quickly realized that this awareness is due in large part to the consistency of S-RAP in their lives; consistency is the key. "I am more open to trusting now," said another participant. "I feel like I can trust better now that I have a support system."

For many participants, though, trust is still one of the biggest barriers and a continued struggle. "I still don't trust people," mentioned one participant. So, while we see for many program participants that their trust has improved, we have not neglected the fact that there is much more that needs to be done for others in this area.

Significance

We found it encouraging that the majority of participants were showing more willingness to be open to trusting. This newfound willingness to trust will help open more doors and present itself as a positive attribute to their future, especially when it comes to things like getting a job, interactions with their landlord, and meeting new people.

Possible Responses

- Annual check-in/evaluation.
- Goal setting around past trust "issues."
- To become certified QMHA, we can provide support groups for participants.

FINDING 2: THOSE WHO DON'T LEARN FROM THEIR PAST ARE DOOMED TO REPEAT IT

Key Insight: Participants in S-RAP are committed to maintaining their stability because they do

not want to repeat past mistakes or revert to their old ways. For many, they simply do not want to be homeless again.

The study made it very apparent that the majority of S-RAP participants remain committed to maintaining their stability because they do not want to repeat their past mistakes or end up back where they were before entering the program. They fear losing what they have now; stable housing, financial assistance, support, and guidance. One participant stated, "I don't want to lose my place. If it weren't for Shangri-La, I'd probably still be living at the mission." Many program participants made it very clear that they fear becoming homeless again, and that is the main reason they work hard to maintain what they have. "I have felt a lot of disappointment towards myself in the past around being homeless. I don't want to feel that way ever again," said another.

Significance

One of S-RAP's biggest goals is to help participants develop a meaningful and stable life for themselves, as well as the ability to maintain it. However, we hope that with time, their drive for stability comes from a love of what they have and not just from the fear of losing it. We do foresee this becoming a problem for the S-RAP program down the line. If participants don't start developing a deeper sense of pride towards maintaining their stability, it could result in continuing to depend on the program to help keep them stable rather than wanting to keep themselves stable and thriving. See Finding 5 regarding dependency.

Possible Responses

- Help them develop ownership around following through with commitments and requests.
- Work with each participant to help them discover what is important to them about maintaining their stability, beyond not wanting to become homeless.

FINDING 3: THE TIES THAT BIND

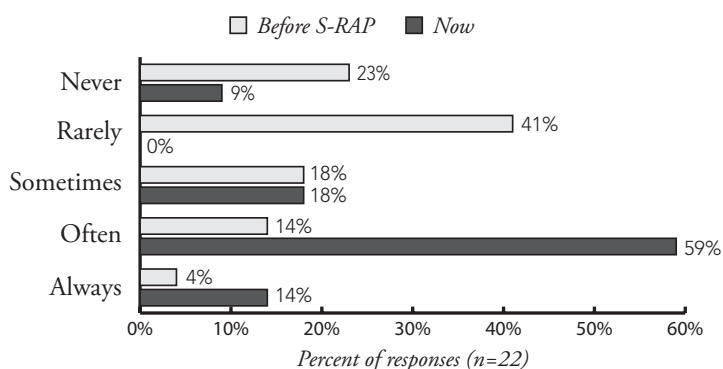
Key Insight: Even though many participants are excited about, and are actively working on, mending strained relationships from their past, many still struggle to do so in their present.

The data show that a fair amount of the participants still struggle with relationships with their family members and peers. Many appear to be consistently working toward mending previously damaged relationships - previously meaning before they entered the S-RAP program - and have seen tremendous progress.

The quantitative survey that was conducted revealed that only eight out of the 22 program

participants responding to this question (36%) claimed to have had engaged in healthy conversations with their family members and or peers before entering the S-RAP program. Over 60% either said they had never engaged in healthy conversations with family or peers or that they rarely did. The survey also showed that since being in S-RAP, 91% of program participants responding to this question reported having positive and healthy conversations with their family members and/or peers sometimes, often, or always. It was exciting to discover that a majority (59%) reported they have healthy conversations often (see Figure 1).

Figure 1. How often do you engage in healthy conversations with your family and peers?



During the interview process, we realized that many participants have also recognized that some of their relationships are not worth mending or would be more harmful to mend than to leave unrepaired. “I don’t trust my granddaughter. I don’t trust my family. They don’t make great choices, so I usually keep away from them,” expressed one participant. While we believe having and nurturing healthy relationships with family is beneficial to the overall mental health of the individuals, we also believe it is important for them to recognize when it’s more beneficial to cut off relationships that do more harm than good.

Significance

The extent to which the majority of participants are actively and successfully mending their previously damaged relationships went beyond our expectations. The ability to recognize what relationships need to be repaired and to understand the importance of that for their future is significant progress. We were surprised to see how many program participants were able to recognize which relationships were not beneficial to their recovery process and were effectively able to keep their distance.

Possible Responses

- Surveys regarding relationships when they enter the program and annually.
- Host family events throughout the year.

FINDING 4: SENSE OF PURPOSE OR JUST SURVIVAL?

Key Insight: Participants lack a sense of self-purpose but believe their ability to survive is their sole purpose.

Many program participants struggle to see beyond what they consider their limitations, whether mental or physical. The data showed that participants appear to have been able to learn new skills, understand the importance of meeting their basic needs, and recognize what it means to cultivate and nurture positive relationships. Still, their sense of self-worth or sense of purpose did not seem to have a place in that.

When asked what they feel like their purpose in life is, the majority of answers indicated participants are able to meet their basic needs and maintain their living situation, but not a substantial purpose for themselves beyond that. “I have a purpose to stay alive and be safe,” stated one participant. “I don’t feel like I have a specific purpose yet, but I do have stability,” said another. Stability plays a key role in participants’ paths to success, but it remains to be seen if they are gaining a deeper sense of purpose beyond just surviving and living day-to-day.

Even though there wasn’t a plain statement we could pull from our interviews to support this, we believe that participants lack the feeling of self-purpose because their lives previous to being in the program didn’t allow them to explore the possibilities beyond just surviving. When you are solely trying to survive all the while struggling with chronic mental illness, there isn’t much room to explore a life beyond even just knowing where you are going to sleep that night. We hope that with time, as participants begin to feel more secure in their living situations, learn to trust themselves more and more each day, and develop healthy relationships with family and peers, that they will begin to realize their true purpose beyond their ability to maintain four walls and roof.

Significance

The most interesting discovery we found was that participants were speaking as though their ability to survive was their sole purpose in their life. There were only a few cases that presented a deeper meaning for themselves beyond that. When it comes to building a healthy foundation for their future, we believe it is important for participants to feel like they have a stable living situation. But we also believe it should be an enjoyable one. We hope that by discovering this, we can help redirect participant mindsets from worrying they might lose what they have down the line to enjoying what they have now.

Possible Responses

- Education around the difference between meeting your basic needs and what their purpose could be.

- Challenging participants to explore their passions and interests and assisting them to do so, as well as presenting opportunities for them to showcase their talents and interests.
- Recognition of successes to help boost confidence. Help them gain a sense of pride in their successes in hopes that they choose to continue to improve and thrive.

FINDING 5: DEPENDENCY IS ACCOUNTABILITY

Key Insight: Without constant accountability and support from the program, participants doubt their ability to maintain their stability and success. They are developing a level of dependency that may be harmful to their overall growth.

From the data, we discovered that the overwhelming majority of participants felt as if they would be unsuccessful in maintaining their stability and progress without consistent support from the program.

“I know they will be there when I need them,” said one participant. Another said, “Being held accountable is crucial for me.” “Without them, I would be lost,” said another. Yet another said, “I don’t know what I would do if they weren’t here.” These are just a handful of the responses we received when participants were asked about their trust in themselves to maintain their stability.

When asked how comfortable they are with filling out a rental application on their own, 17 out of 23 participants (77.3%) said “yes.” Percentage-wise we would consider that great, but during the interview process, we did get the vibe that many participants didn’t feel confident to successfully achieve that on their own.

While we want participants to feel like they are being supported, we do not want them relying on the program to the point of severe dependency. S-RAP’s main goal is to help people become independent and self-sufficient.

Significance

It was interesting to discover that the majority of participants feel dependent on the program to drive and maintain their success. This discovery tells us that the amount of support we are providing has created a dependency that may become a disservice to them in the long run.

Possible Responses

- Implement a structure or policy around the amount of support service we provide with the idea that with gradually decreased support, their independence increases.

Evaluation of their ability to be self-sufficient from when they start in our program and evaluation annually to determine if there is growth in their independence from when they started. Is there growth?

Finding 6: Fear Has Made Itself at Home

Key Insight: Fear of the unknown prevents participants from stepping out of their comfort zones and integrating into the community. Their fear is also preventing them from branching out and capitalizing on their life interests.

The data shows that participants in the program fear what they do not know. “Being around strangers makes me uncomfortable,” said one individual. The inability to trust hinders their progress and ability to integrate into the community and thrive. Many participants have set goals around becoming contributing members of society but have yet to meet those goals due to the fear of the unknown, as well as the fear of repeating past mistakes. (See Finding 2). For many others, this gap in progress comes from their struggle to see beyond the limitations of their mental or physical health. “Dealing with my mental health is overwhelming. I have a hard time with consistency because of my disabilities,” said one participant. “My seizures are a barrier when it comes to having a job for me. I have lost jobs because of it, and there is really nothing I can do about it,” said another program participant.

Significance

It was insightful to discover that their fear of the unknown is preventing participants from living up to their full potential. Their inability to integrate into the community will prevent future opportunities for growth. They will miss out on resources that could assist them in being successful as well as help remove some of their barriers. Their fear of following their passions may prevent them from finding their sense of self-purpose.

Possible Responses

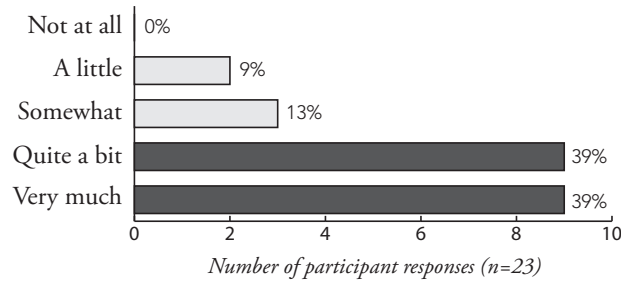
- Mandate two community activities per year as a part of the program.
- Provide opportunities for community engagement.
- Provide support groups (coping with mental illness, skill-building, trust).

FINDING 7: GAINED INDEPENDENCE

Key Insight: One of the main ingredients to being independent is living on your own. For the majority of program participants, this is what kickstarted their path to living a more independent and self-sufficient life.

The data support that participants who went from being homeless or living in a group home to obtaining and maintaining a stable home to live in increased their confidence in their ability to be independent. Our quantitative data showed that 18 out of 23 respondents (78.2%) reported that they are quite a bit or very much more confident in their ability to be independent since being in S-RAP (see Figure 2).

Figure 2. How much more confident are you in your ability to be independent since being in the program?



During the qualitative interviews, one participant stated, “I feel like I can stand on my own better than I ever imagined. I feel more independent.”

It was apparent that many program participants felt a new sense of pride since obtaining and getting settled into their home. One participant mentioned, “I am excited to decorate more. I really want to put up a new bookshelf and really make this place my own.” With confidence and pride in their independence comes the ability to work towards maintaining happiness for their future.

Significance

We found it very encouraging that the majority of participants gained a greater sense of independence and confidence in themselves since obtaining housing.

Possible Responses

- Continue to challenge participants to engage in exercising their independence. Examples: Renewing food stamps, going to an appointment using public transportation on their own.
- Requiring applicants to fill out the rental applications and conduct mock house inspection on their own. Give more education on how to be successful in this.

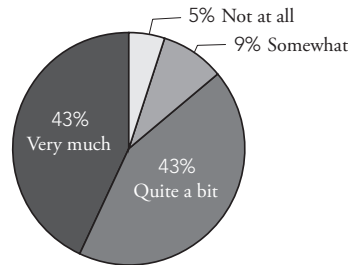
FINDING 8: FROM NOPE TO HOPE

Key Insight: Participants are openly expressing more hope for their future.

The data illuminate that participants recognize more possibilities for their future, aside from what their situation was before entering the program. Some are developing newfound talents that are being used as coping mechanisms to better their mental health. “I love to sew. It helps me redirect when I’m not feeling my best mentally,” one individual said. There is a present and newfound hope for a positive outcome in many of their lives. “Every day has a new possibility,” commented another.

Figure 3 shows that 86% of respondents to the survey reported having quite a bit or a very much more positive outlook on their future today than before they started in S-RAP.

Figure 3. How much more positive is your outlook on your future today compared to before being in S-RAP? (n=23)



We also discovered that some participants have visions of their future already. Said one individual, "I want to take part in group support meetings, like as a mentor. I want to help others who are going through what I have been going through dealing with mental illness." There were a few cases where participants mentioned helping others who are suffering from chronic mental illness. "I think with purpose comes more fulfillment and I just really want to help others struggling with their mental illness," said another participant.

It was encouraging to see that program participants are experiencing positive outlooks for their future. From what we gathered during the interviews, those who are actively working towards meeting their basic needs, engaging in healthy conversations with family or peers, consciously dealing with their mental illness, and fighting for stability gave more positive insight into what they envision for their future.

In Finding 4, we highlighted that the majority of participants interviewed do not feel as though they have a purpose beyond surviving day-to-day. It was, therefore, interesting to discover that the majority also appear to have a positive outlook when it comes to their future. We wonder if the fear participants have for trying new things, as mentioned in Finding 6, is what is keeping them from acting upon their goals now instead of just hoping for the future.

Significance

It was encouraging to find that through meeting their basic needs, participating in healthy relationships with family and peers, and making a conscious effort to maintain their mental stability, participants discovered a newfound hope and outlook for their future. For those who haven't quite gotten to that point yet, we realize that more follow-up needs to be done with each individual to make sure they are meeting their monthly goals that are set by the program to ensure we are doing our best to help them live up to their full potential.

Possible Responses

- Skills portfolio - for each person, we will create a “toolbox” of things that they’ve learned in the program that they can take with them after they exit.
- Identify how we can get participants better on track with their monthly goals and follow-through.

CONCLUSION

INSIGHTS INTO IMPACT

Through our findings, we were able to discover how and why program participants’ lives have been positively affected since they entered into the S-RAP program. These findings also brought to light certain areas of the program we will need to refine and improve.

The S-RAP Project Impact Team started with the following intended impacts:

Individuals are consistently able to recognize and meet basic needs, meaning individuals learn to recognize the importance of personal hygiene, meet nutritional needs, have shelter, and understand the importance of medical needs. During the interview process, we found that the majority of participants were aware of what their basic needs were and are actively working towards meeting them with the assistance of S-RAP. Having a secure and safe place to live is what appears to be most important to the majority of participants as seen predominately in Finding 4.

Individuals are gaining necessary life skills, meaning individuals will become financially literate and be able to utilize community resources such as insurance, federal benefits, and gaining the ability to maintain their stability after S-RAP. When conducting the quantitative survey, we discovered that since starting in S-RAP, 20 out of 23 of the participants we interviewed check their finances frequently each month. Before S-RAP, only 13 out of 23 checked their finances frequently. In fact, five participants claimed they had never checked their finances before they were in S-RAP. It is encouraging to know that the vast majority of participants have learned the importance of tracking their finances and are learning the importance of budgeting.

Individuals are practicing healthy interpersonal skills, meaning individuals will gain competency in maintaining healthy interpersonal relationships. This intended impact was clearly present throughout the entire process. As seen in Finding 3, participants have been very successful in practicing healthy interpersonal skills and mending previously damaged relationships with family and peers. Survey responses indicate an increase from 50% percent of participants claiming they never participated in healthy conversations with family or peers before entering into S-RAP to 91% now saying they

actively engage in healthy conversations with their family and peers sometimes, often or always. It is very exciting to see that this part of the program is quite successful thus far.

Individuals are understanding how, when, and why to advocate for themselves, meaning individuals will gain confidence in their ability to advocate for their needs in a constructive way, as well as understand that they have a right to do so. Unfortunately, there were no clear signs of self-advocacy in S-RAP participants throughout this process. We feel as though this may have something to do with their dependency on the program, as described in Finding 5.

Through the quantitative survey, we did discover that 13 out of 23 participants are more comfortable with bringing up conflict with their landlord or rental manager since being in S-RAP, which was encouraging to find.

Our first need-to-improve take-away from this process is that we need to find a better way to support, teach, and encourage our participants to be strong, independent members of society without allowing them to become enabled by the amount of support we are providing. With the goal being that participants will feel confident in their ability to maintain their stability after they exit S-RAP. One of our next steps forward will be to create a “Skills Portfolio” for all participants containing everything they learned while in our program, as well as useful tools they can use for their future.

Our second biggest take-away was that participants lack a sense of pride in who they are, what there are capable of, and who they can become. It was very evident that participants feel as though they are in a place in their lives where they need to survive more than thrive. While we did see that the majority of participants have a clear presence of hope for their future, there is also a clear void of confidence in their ability to execute their future plans and goals on their own. We hope that by challenging them to explore their passions and interests now, they will begin to see a clearer path for themselves and be able to work better through their stresses and struggles. Many participants have dreams of helping others that deal with a chronic mental illness. This is one of the reasons we hope to become QMHA certified, so we can provide support groups for those who would benefit from it, as well as serve as a platform for participants who would like to provide support themselves to others in need.

STEPS FORWARD

In conclusion, we hope to improve and strengthen S-RAP's program with the following adjustments.

- Become certified QMHA - with that, we can provide support groups for participants

who struggle with chronic mental illness.

- Create a “Skills Portfolio” for each person, containing information regarding what they learned while being in our program, to take with them when they exit to use as a “toolbox” for their future.
- Challenge participants to explore their passions and interests and present them with more opportunities to showcase them. (Benson Art Gallery, local booths, etc.) In turn, this may help them develop a greater sense of self-purpose.
- Recognize successes to help boost confidence. Help them gain a sense of pride in their successes in hopes that they choose to continue to improve and thrive.
- Host family/friend events throughout the year.

LEAP DAY SERVICES

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ACKNOWLEDGMENTS

The Project Impact team would like to express our gratitude to the Shangri-La's Life Enrichment Activity Program participants and their staff who shared their time, insight, reflections, and views with us throughout the data collection process. We feel truly honored that they feel comfortable sharing their hearts with us and look forward to improving services for them through this data.

PROGRAM OVERVIEW

Shangri-La's Life Enrichment Activities Program (LEAP) provides community integration opportunities and day services activities (DSA) for individuals who experience intellectual and developmental disabilities in Lincoln, Lane, and Marion counties. The programs are funded through the Oregon Department of Developmental Disabilities (ODDS). LEAP services include support with volunteering, communication, community access, interpersonal relationships, personal needs, safety, and improving self-awareness and self-control. These services are provided in group settings as well as one on one support if an individual needs it or prefers it.

Currently, LEAP is supporting nine individuals in Lane county, 11 in Lincoln county, and 32 in Marion county.

INTENDED IMPACT

As a result of the support provided by LEAP Day Services, we intend that:

- **Individuals can safely communicate their wants and needs.**

What we mean: Participants are self-aware and are advocating for themselves and the things they want. They are confident in making personal decisions and communicate decisions/needs/wants in their own way communicating appropriately for the environment.

- **Individuals are engaging and influencing their community.**

What we mean: Those supported by LEAP will become an active member of their local community by volunteering, accessing local vendors, and recognizing and practicing

social norms. They are visible and present in local activities that assist with education for the local community to reduce bias.

- **Individuals are exploring new environments to discover preferences.**

What we mean: Those who attend LEAP will discover their preference by exploring different activities, new people, atmospheres, and exposure outside of their homes, in hopes of identifying likes and dislikes.

EVALUATION METHODOLOGY

The Project Impact team worked between January - June 2019 to identify and refine intended impacts, conduct in-field interviews, and complete data analysis. Our evaluation aimed to see what kind of impact the LEAP has on participants. To assess the program's success in achieving the intended impacts, the Project Impact team developed an in-depth interview protocol to capture qualitative data and a detailed retrospective survey to obtain quantitative data.

QUALITATIVE DATA COLLECTION ANALYSIS

Using the Heart Triangle™ method of evaluation that attempts to uncover transformational changes, we developed a 14-question in-depth interview protocol. Each question sequence asked program participants to first reflect on any changes in their knowledge, actions, or feelings, and secondly, to delve deeper to assess if they experienced any changes in their beliefs, habits, or acceptance and sense of ownership and agency related to basic needs, relationships, future planning, and philanthropy.

Each interview was conducted in approximately 30 minutes in a one-on-one setting by a Project Impact team member. In most interviews, there was an additional support staff present, so the interviewer was able to seek staff input as well. With the population we support, communication can be a challenge. The team used the Heart Triangle™ method to interview and analyze data. Data were captured through vigorous note-taking during the interview. These notes were augmented immediately following the interview to include details such as body language assessments and initial thoughts regarding the interview.

During data analysis, the Project Impact team uncovered themes that permeated throughout the conversations with the program participants. To do this, we sorted through the responses provided by each participant and formed descriptions (what changes occurred because of the program, how they occurred, why they occurred, and how they connected back to the Heart Triangle™ model of development) to categorize significant ideas. We then interpreted each of these descriptions and identified various themes regarding participant changes. We evaluated the themes that persisted throughout the interviews and developed our most significant findings.

QUANTITATIVE DATA AND ANALYSIS

In addition to the qualitative in-depth interviews, we developed a 7-question survey to collect quantitative data on our indicators of impact. This instrument consisted of short answer questions and multiple-choice questions. The analysis of this data provided quantitative results to corroborate our qualitative findings.

Due to the scale of the LEAP programs, the team agreed that the sampling strategy was to interview and survey each program participant/family. The team was successful in interviewing and surveying 24 of 28 program participants.

FINDINGS

FINDING 1: WHERE'S THE GROWTH?

Key insight: The data showed that skill development and identifying growth was not a major part of the individuals' pleasure with LEAP programs.

This is an area of opportunity for the LEAP programs at Shangri-La. Day service is defined by the state as programs that should be about skill-building and growth, but through the interviews, it was evident that this piece of the LEAP program is not the preferred activity of the participants. Some of the barriers to getting quality data on this are that the individuals we support struggle with thinking about past or present. When asked questions about whether or not they feel like they have grown, some struggle with remembering what they were like before the LEAP program. When asked about what they have learned in our programs, their responses seemed to move towards confusion, as evidenced by a lack of response or "I don't know."

In some of the interviews with our nonverbal clients, staff shared details about the participant's growth in interpersonal relationships such as knowing boundaries and communication skills. One of our verbal clients was able to share that they have learned that they like seeing people happy and making choices for themselves. In another interview, it seemed like the most growth came in relationships with friends and other staff members. We believe others are experiencing this growth, as well.

Significance

As previously stated, the state currently defines day services as skill-building. This finding shows that skill-building isn't the preference of the individuals in the program. This is important to us as we will need to figure out how to fit growth into our program, ensuring we meet the state requirements while making sure the client's choice in activity is honored. We will need to figure out a tracking system for growth, define it, and work with clients to understand what it is.

Possible Responses

- Establish a way to celebrate success. (Certificates of completed tasks or growth and keeping a portfolio for each client, reinforcing verbiage if this is something we continue to track.)
- Clarify our tracking on growth by updating action plans that are focused on growth and completing quarterly reviews of Individual Service Plan (ISP) goals.

FINDING 2: SAY WHAT??

Key insight: The data and the process illuminated that barriers to communication affect the individual's full participation in some of Shangri-La's programs and activities.

The data collection itself was hard to gather due to many diversified communication struggles and barriers. For the non-verbal and less verbal participants, we had to depend on second-hand communication from the staff member's perspective rather than directly from the individual participant's experience. The data revealed the need for diversified communication approaches and the uniqueness of each of the individuals served. It cannot be a cookie-cutter approach.

The data also pointed out that for a few participants, the communication barriers or lack of communication skills cause some misunderstandings between the participants. Some of the data indicated that participants had learned new skills, such as the ability to communicate likes and dislikes, and having a choice in activities. Our quantitative survey results showed 73% of participants would say that they can more clearly communicate likes and dislikes, 23% said sometimes they feel they can. It is our opinion that this is due to the need for individual communication preferences.

For instance, one participant said, "I have learned to speak up for myself when I am home." Another participant pointed to his eyes and used sign language to indicate tears. When asked what that meant, he said, "Larry makes me mad." Later in the interview, he stated, "I have learned to Larry I am mad." Through years of working with this participant, we know this to mean that he has learned to tell Larry when he is mad and communicate it in a way that staff can support him.

Significance

This finding is impactful, as too often in human services, people are expected to fit into the organization's system versus the organization adjusting our system to fit their needs. LEAP is really about helping people build skills to be able to interact with their world. We need to be taking an individualized approach across the board, including communication, and it should be outlined in their needed supports. In the future, data collection should be tailored more to each person instead of a standard format.

Possible Responses

Communication assessment for each client.

- ISP goals around communication.
- Positive reinforcement and staff role modeling.
- Adaptive equipment or occupational therapists through outside funding.

FINDING 3: WHERE AM I NEEDED?

Key insight: Volunteering is a big part of daily activities.

Volunteering involves a person with his or her community in many different ways. The volunteering locations gain hours of support, as the volunteers gain life skills and job placements. In our interviews, we heard that the participants felt more welcomed in their community than when they started; they are not afraid of asking for help from others, including community members, not just the staff supporting them.

The participants will walk into a volunteer location and know what they need to do. They have built skills to remember the next steps and what jobs come first as the volunteer sites are consistent. In some locations, they work as a team and in others are paired with other volunteers or staff. Volunteering has helped some participants in motivating them to leave the house and help their community and build connectivity skills.

Because our LEAP programs support three different counties, it was evident from the difference in data that volunteering is a huge part of the program in Salem but isn't as significant in Lincoln and Lane counties. From our quantitative data, which surveyed all three locations, 52% of participants said that they did not volunteer, and 42% said that they did enjoy volunteering. Only 6% stated they only enjoy it sometimes.

Significance

Community integration is a key part of the LEAP program, and volunteering is a big way for individuals to meet and connect with other community members. Building these relationships in the community will help people feel confident as they continue in life, having gained some connectivity skills and a sense of broader participation. A significant part of this finding was that it showed a missed opportunity for the coast programs, as the valley client data showed how much they value volunteering, and the coast does not have the same opportunity.

Possible Responses

- Develop relationships with rural community partners, possible connections with tribes.
- Explain the benefits of volunteering and what it can do to benefit life.

- Get volunteer information upon entry into program – needed for background checks in some volunteer sites.
- Train staff on how to help people volunteer and get management involved.
- Tying volunteer opportunities to their likes and interests.

FINDING 4: YOU’VE GOT A FRIEND IN ME.

Key insight: The small group community opportunities offered in LEAP aid in participants feeling comfortable to engage with others and develop friendships.

The data provided by the participants at the LEAP program showed that friendships, engagement with others, and socializing with others are important to all of the participants interviewed. Since LEAP changed their community group size and schedule to smaller groups that can focus on community activities that each person enjoys, it is evident in the data that participants are benefitting in a variety of ways. We heard in our interviews that these smaller groups provide the participants with the ability to engage with their peers, along with those in the community when volunteering or during community activities. As one participant said, “The friends I have made. They are important to me. I only had a family before.”

In our quantitative data, 80% of surveyed participants said that they feel like they are part of a community.

Significance

This finding was particularly significant as it shows a valued piece of our service that is unfunded. Smaller group numbers and facility time that are valued by our clients is not a sustainable service with our current funding in Oregon. This also showed that this aspect of our program is the preferred piece people enjoy about LEAP.

Possible Responses

- Continue to evaluate groups and people’s likes and dislikes.
- Continue to offer smaller group activities.
- Role modeling positive interactions.
- More community involvement; teaching how to meet people in the community.
- Show how to care for people you care about, positive friend relationships and role modeling.

FINDING 5: CHOICE - CHOOSE YOU DO AND CHOOSE YOU WILL

Key insight: Our data has indicated that being offered choice is a recurring theme when asking participants about their service experience.

Our data shows that people are enjoying being able to make choices about their daily activities and look forward to continuing to make choices in the future. One participant said, “I like being part of making the calendar. I speak up about what I want to do. The staff tells me that it is important to make my choices.” Said another, “Shangri-La gives me choices. I can decide whether to go places or do things.”

Choice was one of the main themes that were brought up throughout our interviews. The data also suggest that there is room in other parts of their lives where choice could be offered outside of the service. This also suggests that this is a component of the service that should be a focus and offered as much as possible.

Significance

The Intellectually and Developmentally Disabled (I/DD) community can potentially be a population of people-pleasers, so choice can be subjective. Choice came up in almost every interview and shone a light on the fact that choice in this population can be a limited choice and not a true choice. Choice for the individuals in our programs should look the same it does for any human being, as it is a basic human right: choice in activity, where to live, what they like, do not like. A limited choice can look like offering someone either an apple or an orange. A real choice may be asking them what they would like to eat. The data challenges our assumptions of our belief that some clients cannot choose.

Possible Responses

- Continue to explore new opportunities; don’t cycle through the same options.
- Have choices in different ways.
- Staff training around how people communicate/how to offer choice.
- Exploring choice outside of activities: sit in the front seat, roll down the window.
- Use of assistive devices.
- Reinforcing when people make a choice.

FINDING 6: ADVENTURE AWAITS

Key insight: The data showed us that the availability of having adventure and opportunities in LEAP services promotes goals, community inclusion, change, and choice.

From the interviews, we discovered that adventure and opportunities resonate with the individuals that attend LEAP. Some perspectives show us that going to new places and having new adventures can be rewarding. As one participant shared, “Going around and meeting new people and seeing new jobs and meeting new people for everything.” Having the choice to attend new activities and new places, whether that be volunteering or being part of the

community, can help individuals get new perspectives. Participants expressed sentiments like “I like my community now.” and, “I like being in the community more.”

Significance

This was a significant finding since people with I/DD have a hard time trying new things or feeling safe enough to do so. Some of the population we support have been told there are only certain places they can be and don't feel they belong in the broader community. Though Shangri-La has long been fighting against this by offering new opportunities, there are still some of our folks who hold on to this belief. Staff can sometimes also be a barrier to trying new things, and we need to challenge them to find new opportunities in the community. Some staff are only comfortable in their preferred surroundings and are unwilling to step out of their comfort zone even if it is a preferred activity for the client. Other staff barriers can be feeling like there isn't enough time during the program to really think outside the box and meet everyone's needs. It was encouraging to us that people love the adventures because the programs work hard to provide these opportunities.

Possible Responses

- Visual pictures of things participants have done.
- Creating an 'Out and About' board.
- Talking calendar – What are we doing today, Alexa?
- Open to non-traditional sites for people to visit.
- Staying up to date on opportunities.
- Keeping ISP goals in the calendar.
- Individualized planning sessions with appropriate levels of projects.

FINDING 7: SAME TIME, SAME PLACE.

Key insight: Participants communicated during their interviews that LEAP is a constant in their lives -- something that they can depend on and know to expect.

The data showed that those who attend LEAP know what to expect when they walk in the door. They know what is going to be offered and which community activities to expect. But the program also allows participants to choose what they (in their small groups) want to do in the community. Routines can look different for each group, as they all have different calendars and activities planned. Each group has their assigned hours each day and are dropped off and picked up in the same location. This level of routine and consistency has aided the participants in feeling safe and comfortable.

Significance

Our clients were able to identify that they all thrive on routine as it helps them feel safe and comfortable at LEAP. This finding challenged us by identifying that this can stifle spontaneous adventures and can sometimes breed negative behaviors if they are used to a routine and something changes.

Possible Responses

- Focus on ISP goals around building flexibility skills - learned helplessness.
- Spontaneous curve balls to give opportunities for participants to demonstrate flexibility.

CONCLUSION

In conclusion, the team was pleased with the data we were able to collect and how it tied back to our intended impacts. It was surprising to see that some of the significant findings did not tie back to the intended impacts, such as growth and routine, and encouraging to see that we are right on track with most of our intended impacts. Routine is not necessarily an intended impact but helps support people feeling comfortable in the intended impacts of the program. Also, growth isn't called out directly, but it is part of LEAP's intention for participants to gain or further develop skills that support other impacts being achieved.

At LEAP, we want individuals to communicate their wants and needs safely. Two of our findings fell in alignment with this desired impact. When it came to the "choose you do and choose you will" finding, it was impactful that individuals felt they could speak up about calendar choices and that they were heard. Again, there is still the opportunity for growth in this area around offering a true choice versus a limited choice. In our "say what" finding, it was evident through the interviews that individuals who are verbal are feeling more confident in speaking up about their feelings and for themselves. As we look forward, taking a more individualized approach in how people communicate will ensure all individuals are able to communicate with their staff in their preferred way.

LEAP also strives for our participants to be active members in their local communities. It is evident through the findings that this is currently a mixed area of impact. In the valley, LEAP participants feel this is a big part of the program, and most enjoy it. But our quantitative data showing that under 50% of total LEAP participants are even volunteering shows a missed opportunity in our rural locations. The other finding that supported this impact is "you've got a friend in me" in which individuals were able to tell us how the smaller groups have helped them feel more confident in accessing their community. With 80% of the participants stating they feel they are part of a community, this impact seems like an area of strength in our current program.

LEAP's final intended impact is for individuals to explore new environments for discovering preferences. This impact was supported by the finding "adventure awaits." Participants are enjoying new opportunities to learn about their communities and what is available to them. They are enjoying trying new things, and we need to continue to push staff to think outside the box and offer new opportunities.

STEPS FORWARD

We hope to strengthen LEAP by making the following adjustments:

- Focus on ISP goals as ISP goals are state-mandated as a way to track the progress of skill development in our program.
- Develop or find an established staff training on role modeling and have all LEAP staff go through it annually.
- Work with staff on reinforcing themes and giving verbal affirmations.
- Develop communication assessments with each team to help LEAP staff be able to give more individualized supports based on an individual's communication preference.
- Research grants or funding for adaptive communication equipment and identify who in our programs would benefit from such equipment.

Future evaluation on these results will be incorporated into part of the individuals annual planning session as well as a deeper dive week with the overall organization.

EMPLOYMENT PATH AND COMMUNITY EMPLOYMENT SERVICES

Teri Marsh, Vanessa Garrison, Martha Russell, Elizabeth Fraumeni,
Nick McCrea, Michelle Furman

PROGRAM OVERVIEW

Employment Path and Community Employment Services are provided to adults with intellectual and developmental disabilities (I/DD) in Marion, Polk, Yamhill, Lane, and Lincoln counties. Services are provided in a variety of settings, from Shangri-La owned and operated businesses to job coaching in a variety of businesses throughout our communities. The program focuses on the employment goals of each individual, whether it be increasing or discovering skills in order to gain additional or new employment, increasing hours worked or achieving stability in their current employment.

INTENDED IMPACT

Employment Path and Community Employment Services are designed to be person-centered and driven by the individual with identified goals towards community employment. As a result of the support provided by Employment Path and Community Employment Services, we intend that:

- **People with I/DD are prepared and able to make their own decisions.**
What we mean: People with I/DD will develop self-confidence leading to independence, empowerment, and self-advocacy.
- **People with I/DD are engaged in their professional and financial success.**
What we mean: People with I/DD will gain competency to the best of their ability to manage their own finances, learn new skills, and establish goals.
- **People with I/DD are living the life they choose.**
What we mean: People with I/DD will be able to contribute to society, work the hours they want, and retire as they choose.

EVALUATION METHODOLOGY

The aim of our evaluation was to see what kind and quality of impact Employment Path and Community Employment Services is having on adults with I/DD. To understand this, we

explored two broad evaluation questions:

- What kind and quality of impact are we having on adults with I/DD that are participating in employment training or working in community jobs?
- What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed-methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified themes and findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began by identifying and clarifying the intended impact of Employment Path and Community Employment Services. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact on the mental, behavioral, and emotional changes in our participants. We used these indicators to design a qualitative interview protocol and a quantitative questionnaire to evaluate progress toward achieving our intended impact.

QUALITATIVE DATA COLLECTION AND ANALYSIS

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. The number of program participants was 85. Our sample size was 30, drawn from the following strata of our population:

- Employment Path – participants working in Shangri-La owned and operated businesses;
- Community Employment – participants working in businesses outside of Shangri-La and utilizing job coaching services; and
- Geography – participants selected from Florence, Newport, and Salem in both Employment Path and Community Employment services.

Our interview team consisted of Teri Marsh, Michelle Furman, Vanessa Garrison, Martha Russell, Elizabeth Fraumeni, Nick McCrea, Kathy Sewell. We convened one-on-one interviews lasting from between 45 minutes and one hour in length and collected interview data.

We then analyzed the data inductively using a modified version of thematic analysis. Each interviewer implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes, and identifying themes) for each interview. Together, we developed common themes from the entire data corpus identifying the overarching and

inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined the dynamics among the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

QUANTITATIVE DATA AND ANALYSIS

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 85 people and had a response of 49 for a 57% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

The most significant insights from the data are described in the following narrative.

FINDINGS

FINDING 1: WHO CARES ABOUT MONEY?

Our data shows that it isn't the actual dollars earned that motivate our individuals the most, but the human touch and accolades. Our interviewees expressed the importance of earning money to pay their rent and other bills, keep their pets, and purchase what they need and want. However, they are not concerned with or motivated to excel by the "dollars and cents." No one mentioned how much they earn. As one interviewee put it, "I pick up my check, but don't even look at it until I get home, so it doesn't distract me."

We found that the majority of those we spoke with talked more about the verbal support such as, "You did a good job," "You're so strong," "You did that so well," "I am so proud of you," or the fist bumps or the hand on a shoulder. Interviewees described these as big motivators to do better.

We noticed throughout the interviews that the majority of our interviewees were happy with their hours and are satisfied with what they have, or at least didn't express the need for more. Long term goals and dreams were not priorities in their lives. We did, however, have a few individuals that were inspired to look for other positions and one who has actually scheduled an appointment with Job Source to look for jobs in the community.

Significance

The significance of our findings around employment for people with I/DD was that the number of money people earned or the number of hours they worked was not the driver for them. Having a job and a title that they could talk about with others was the most important. Hearing from their co-workers and supervisors that they thought they did good work and being able to

share that they did the job were the reasons that they enjoyed and wanted to work.

People who were older and had been working in sheltered environments were very proud of themselves and their jobs and are feeling pressure to do more. This has contributed to worries about their future employment. Much of this is due to changing systems within Oregon and requirements that people with I/DD must have numerous meetings with a variety of County and State agencies related to community employment and having a goal to get a job in the community. Younger people who have not been working in sheltered environments long term have different expectations around employment and did not seem to have the same worries about the future.

People did indicate that they feel secure and that they will be taken care of. They do not worry about losing a job because their basic needs of housing, food, and living expenses are being met by other resources. There are no real consequences if they lose a job. This contributes to the amount of money being earned and the number of hours not being important.

Possible Responses

Adjustments

- Consider short term goals rather than long term to accommodate long term goals not being a priority.
- Unpaid training (money isn't important, gain skills before starting the job).
 - Scaffolded approach from independent training, paid training, paid job
 - Learned skill sets contribute to confidence
 - Consider/develop unpaid training sites in the broader communities. More job shadowing
 - Short term, maybe three months

Experiments

- Blended funding - partner with DHS to suggest ODDS pay for unpaid training.

FINDING 2: WHY DO I NEED NEW FRIENDS?

The data showed that people receiving employment services believe that their co-workers are their friends. In many cases, they also may live with some of their co-workers. We were surprised that none of the interviewees expressed a desire to make new friends. In fact, they were adamant about their co-workers being enough, with most of their co-workers also being people with disabilities. When one younger interviewee, two years out of high school, was asked about friends from school or his neighborhood, he responded, "We don't keep in touch much. I have plenty of friends at work, the guys like me. I really don't want to make new friends; I have enough."

While no one actually said that they had poor experiences with people in the broader community, it was implied. When asked about outside activities, one interviewee said he loves going bowling. Does he go with friends? Yes, but his friends from home and work only. When asked if there was anyone else he would like to invite to go with him, he named several people, but they were all staff.

Several people participate in volunteering at different locations. Our data showed that they value the activity as an opportunity to help in the community. Being able to help others is important to them and makes them feel like they are contributing. They would not volunteer if it wasn't part of their plan or goals and did not see it as something they would continue.

Many interviewees talked about the push for "community employment" and that they did not want to work for anyone other than Shangri-La. They want to work with their friends and their current supervisors. They expressed that the many changes in employment services are frustrating and hard to understand. It has made people feel upset and like they are being pushed out. One interviewee, when asked about looking for a job, responded:

I am not looking for a job in the community – I have a job. I have had a job for 15 years. I don't want a new job. I don't want new friends. I am happy. I don't want changes.

Significance

The people who participated in our qualitative interviews and quantitative surveys expressed satisfaction with their relationships and their community engagement. It is interesting to note that on the Quantitative Question – "Do you feel good about yourself when you're a part of your community," 45 out of 49 respondents replied Yes.

Many people are feeling pushed to do more in the community, whether it is a job or to volunteer. They are not interested in meeting new people and don't necessarily want diversity in their lives. People like others who are like themselves. The state push for community inclusion is causing some fear around loss of services, and many interviewees expressed a desire to be left alone. They believe they have plenty of friends and support. We noted that most of their friends are paid staff or co-workers with disabilities, which suggests a dependency on services. When working or volunteering in the community, there is a need for the individual to develop trust and build relationships themselves, rather than a staff person holding those relationships. This is significant, in that without this occurring, the individual only has confidence in their support system, not themselves.

Possible Responses

Adjustments

- Make sure that opportunities to meet new people and socialize truly include opportunities to meet and connect with new people, not just the same people in a

different place.

- Make sure there are opportunities to socialize with work friends outside of work.
- Coordinate with residential staff to support opportunities for work socialization opportunities.

Experiments

- Spend time in the community and job shadow.
 - Better job exploration
- Find better ways to connect people in communities with similar interests.
- Make sure the doors are open for community inclusion and new relationships.

FINDING 3: I CAN DO IT!

The data revealed that most of the individuals enjoyed working with other individuals with disabilities. Some came into the program thinking they could not perform certain tasks that were required of them. Once they were given the chance to learn and complete these tasks, it gave them the confidence to try other things, and they felt more encouraged to do so. It also made them more confident knowing that it was ok to make mistakes and to keep trying. They felt encouraged when co-workers praised them.

One interviewee expressed having more confidence and being better at his job than he thought he would be. He also shared feeling a sense of belonging and that he has gained skills around advocating for himself, such as asking to work in a different space when he is overwhelmed. He said, "I gained more social skills and a better understanding of the cashiers at the store because now I kinda do it."

Interviewees expressed feeling encouraged to help and speak up when situations come up. One interviewee shared that he was able to tell the brokerage what he wanted in his plan, while in the past, they would be telling him what he needed. He also said that he could do anything that he puts his mind to. Shared another interviewee, "Everything in my mind about me is good stuff." Another individual is moving out of state, and when asked about getting a new job, he replied, "It will be different, but I will apply. They need landscapers in Colorado too."

Individuals also like being able to make money, so that they can save and buy things they want. One individual was able to buy a car and try to get his license and would like to be able to move into his own place.

Significance

Increased self-confidence is key to people moving forward with employment. Allowing opportunities to learn new skills, apply those skills, and receive recognition for those accomplishments is key to building self-confidence. Also important is managing and learning

from mistakes made on the job; overcoming the challenge and moving forward, knowing that it is ok to make mistakes. As people gain self-confidence, they are interested in trying new things, meeting new people, and gaining more independence. They are also able to advocate for themselves rather than let their teams design their path and goals. It will be important to continue to provide opportunities for people to try new things in an environment of learning, to increase self-confidence. When people believe in themselves and their capabilities, they will begin to set goals for themselves, leading to rich, full lives.

Possible Responses

Adjustments

- More aids to barriers/accommodations.
- Find examples of people like them doing what they want to do.
- Keynote speakers/peer mentoring or sharing to encourage others and show growth.

Experiments

- Homework - watch a video to see how it's done, then we'll try it tomorrow.
- Connecting people with assistive technology.
- Newsletter showing increased confidence and encouragement of skill-building.

FINDING 4: WATCH ME BLOOM.

The data revealed that the interviewees had personal growth when given the time to explore and try new things. One participant shared that she has been able to move out on her own and is now looking forward to getting a nicer apartment since she is saving money because she is working at a community job. Another individual shared that he was able to purchase his car and is now working on getting his license.

Once individuals have been successful in doing a specific activity, they realize that there is a decreased dependency on their staff and others. One individual interviewed shared that after having to have surgery, he was able to independently seek out the paperwork needed to return to work, a task that he would not have been able to do without staff support when beginning his community employment adventure.

The interviewees expressed that when they build trust in their support systems, whether that is a DSP, job coach, or mentor, they can grow and learn new skills and feel supported. When teams, businesses, and support systems raise their expectations, personal growth happens. One participant who started in May 2015, was working three days a week and is now working five days a week.

Significance

People are growing and identifying that for themselves. Our quantitative survey showed a large increase in being proud of themselves since being a part of our program. As people are growing, they feel that they have control of their future, they are believing in themselves and looking towards what is next. They begin to set goals and have a sense of accomplishment. They believe they can do what they want to do and can be a valued part of the community. This is the building block to self-confidence, more independence, and living the lives they choose.

Possible Responses

Adjustments

- Celebrate growth, perhaps awards for attendance, skill gain, other meaningful accomplishments, including personal goals that are influenced by work accomplishments.

Experiments

- Give people opportunities to share growth and accomplishments, perhaps a newsletter (with individuals contributing to the content), in a way that is accessible to all.

FINDING 5: WHISPERS IN THE WIND.

For those that live with intellectual and developmental disabilities, communication can be a challenge. This is often compounded by communication barriers such as difficulty being understood, difficulty processing language and expressing information, and using a form of communication that is not verbal.

The data revealed that those interviewees who could communicate with words felt more “heard” and “seen” than those who have difficulty communicating verbally. When a person does not use words or has trouble communicating with words, they report feeling invisible to those around them. This makes self-advocacy more challenging, as what they communicate is not always understood. Therefore the control they have over their lives is significantly and negatively impacted. One interviewee, who can communicate clearly with words, described using her advocacy skills to speak up for a peer who was not able to do so verbally for themselves. That nonverbal person agreed with her through nonverbal communication, thus confirming the need for a verbal intervention.

Through the interview questions, it was indicated that many people are developing skills around speaking up for themselves, but that they still struggle to feel as though what they have to say matters. Another participant, who works at a community job, expressed frustration with not being understood when she speaks. She shared that coworkers and support staff will assume they know what she wants rather than confirming and following up with her. This leads

to frustration and feeling as though what she has to say is not important to those around her.

Although communication has its challenges, overall, people shared the sentiments of one interviewee who said, “People who doubted me look at me now.”

Significance

We aren’t doing enough to ensure everyone is seen and heard. People really want others to listen to them. Being heard and knowing that people understand what individuals are saying greatly increases the individual’s self-confidence, leading to independence, empowerment, and self-advocacy. In general, most on-going support staff or teams are good at this. People who are interacting with individuals in the community or who have not spent much time with them tend not to explore what the person is really trying to say. They think that it will upset them if they keep asking. This generally is not the case, and it is important for support systems to assist the individual in letting others know that they aren’t being heard. We need to pay attention to those who don’t have the confidence or experience other barriers communicating verbally. We are encouraged that many individuals were strong enough to tell us how they felt about being heard and acknowledged.

Possible Responses

Adjustments

- In 1:1 staff meetings, ask the staff how they have gone above and beyond to hear and see those they support.
- Make sure new people have the informal training/supported experience to learn the individual’s communication style (coffee and conversation).

Experiments

- Offer and encourage attendance to classes and trainings for how to listen better.
- Offer communication training to community employers.

FINDING 6: THREATS FROM THE SHADOWS.

While many of our interviewees felt a strong sense of self-confidence in relation to their support groups, they seem to see those who exist on the outside of those support groups as a possible threat. During the early phases of the interviews, many of us found that as the interviewee became more comfortable with the interviewer, the interviewee’s answers began to change. For example, where earlier questions might have been answered with “I love Shangri-La and never want to work anywhere else,” they would later change to “I’m openly seeking outside employment.” In other interviews, some of the interviewees appeared downright anxious. One interviewee began their interview by saying, “I love Shangri-La, I want Shangri-La to always be

in my life. I've been good. I don't want to go anywhere else."

While we all felt confident that the data received turned out to be truthful in the end, many of us experienced the interviewees' need to find the "right" answer to the questions before feeling comfortable enough to share truthfully. While none of our questions were able to help us get to the bottom of this particular finding, there seemed to be a common thread of thought that while "the boss is someone I can trust, the boss' boss may be someone I have to please."

We discussed the possibility that the recent closing of certain programs and big changes that perhaps weren't communicated well may have caused fear or paranoia that they may be next, or that the wrong answer would result in a potential loss of services. While the reasons for this may be inconclusive, it is reasonable to suggest that Shangri-La does not get a free "trust" pass from the interviewees. Rather, trust has been earned from Job Coaches within Shangri-La along with the interviewees' support groups.

Significance

People value the services they receive and do not want to lose them. They trust their immediate support teams and show dependency on these supports, perhaps not believing that they could navigate life without those specific supports. There is fear that they may lose services if they voice dissatisfaction, thus creating a lack of identification of services that would support their specific needs.

Possible Responses

Adjustments

- Better communication to all stakeholders.
- Individualized (1:1) follow up with individuals when program closures or big changes happen, even if it is not a program in which they are directly involved.

Experiments

- Unpaid training to build skills around worst-case scenario "this is what you have to offer"- marketable skills - building confidence to maintain relationships and build new relationships.
- Find a way to keep staff connected with an individual as they move through services.

CONCLUSION

INSIGHTS INTO IMPACT

People with I/DD who are employed or training within Shangri-La businesses and community jobs are happy with where they are working, happy with their relationships, and are beginning to build self-confidence. They are proud of themselves and what they have accomplished. People

are feeling pushed into leaving Shangri-La businesses and are frustrated with changing rules and expectations from County and State agencies. The continued changes and movement towards community employment and inclusion are a challenge for people who have been involved in services for many years and is an expectation for those who have recently (within the last two years) entered services. There is a dependency on staff and services for relationships, future planning, and self-advocacy. People want to be recognized for doing a good job, learning new skills, and contributing to their communities. They want to help others.

Individuals are working on developing their self-confidence, which is leading to independence, empowerment, and self-advocacy. However, there is work to be done to reduce dependency on staff and services and for them to believe that their voices make a difference; that they can make decisions and advocate for themselves and those decisions.

Establishing goals is not something that most people are doing; rather, they are following a plan with goals established by someone else. The individual does not know what the next steps are and don't seem to really care. Future focus takes a back seat to the here and now. For people to manage and understand their finances, learn new skills, and establish goals, we need to engage them in their own success.

As we support people in making their own decisions, engaging in their success, and living the lives they choose, it is important that they feel heard, know their resources, and understand how to develop their own goals. Not everyone will be able to do all of these things independently. However, staff support should be just that – support. Training and supporting people to do as much as they can for themselves, rather than doing it for them, should be the expectation. This must become a collaborative process for all people involved in the individual's life.

STEPS FORWARD

There needs to be collaboration between residential supports, county and brokerage personnel, guardians, and the employment program to support the individual's skill-building and provide opportunities. This will require a shared understanding of support. We can begin by working within Shangri-La and our residential services, as approximately 35% of the people supported in the employment program are also supported through Shangri-La residential services. We need to recognize individual dependency on staff and discover how we can change this dynamic together to assist people in believing that they can do things themselves and that it is not our job to do it for them.

OPPORTUNITIES FOR FUTURE EVALUATION

We plan to incorporate a scaled-down version of the quantitative survey at annual ISP meetings. We will generate a survey for initial entry into services to learn where people are at and then measure annually.

MENTAL HEALTH HOUSING

Bradley Leland, Tammie Montgomery, Nicki Robinson, Sebrina Gridley,
Claudia Sparrow, Crystal Bishop, Nathan Mart

PROGRAM OVERVIEW

Shangri-La's Mental Health Housing (MHH) Program operates six residential treatment homes for individuals with severe and persistent mental illness in Lane, Linn, Benton, and Marion counties.

These programs are licensed through the health services division of Oregon Health Authority and contracted with each respective county mental health provider, who provide a referral pathway into our programs. Additionally, our county partners typically work hand in hand with our programs and the individuals served by providing clinical services and supports such as therapy, case management and medication management. The programs are funded primarily through the Oregon Health Plan, with a portion of funds being paid by the individual in room and board.

Each program is comprised of a 5-bed residential home within the community (apart from one four-bed program), and staffing is provided around the clock as well as administrative oversight during the week.

Staff provide a wide range of supports including, but not limited to, medication administration, ADL supports, transportation to appointments and community activities, cooking, cleaning, budgeting and shopping, recreational activities, as well as individualized skills training in all areas of daily life.

Our programs are transitional and emphasize stabilization, skill-building, and skills training for the individuals we serve. All aspects of daily life provide an opportunity to teach and to learn. Our staff is trained to assist with identifying our residents' personal recovery and life goals, and to work together with residents to provide person-centered supports.

INTENDED IMPACT

The Mental Health Housing Program is designed to have the following impact on the residents:

- 1. Individuals engage effectively with others and with their broader community.**

What we mean: Residents in our programs often are stepping down from an acute care setting and re-entering the community for the first time. In our programs, they have safe and stable housing, basic life needs are met, and they have staff support, skills training, and advocacy around the clock. Residents live in a safe, supportive environment in which they can learn or re-learn successful life skills and coping strategies.

2. Individuals learn new life skills.

What we mean: Residents in our programs participate in all aspects of daily life in a community living setting, providing opportunities to participate in a wide range of activities and pursuits, as well as build and improve on a broad range of comprehensive life skills from social, vocational and recovery-based skills to basic daily life skills.

3. Individuals are future-focused.

What we mean: Individuals engage in active goal setting and focus daily and weekly activities toward meeting individualized goals. Individuals set goals that promote wellness and independence and maintain autonomy over the direction of their lives.

4. Individuals engage in healthy and positive relationships.

What we mean: Individuals engage in group activities in a community setting, work side by side with staff members, and utilize family or other natural relationships where available to feel a part of a community, engage in positive, healthy relationships, and learn to trust themselves as they engage in trusting relationships with others.

EVALUATION METHODOLOGY

The aim of our evaluation was to see what kind and quality of impact the MHH program is having on the individuals living in our program. To understand this, we explored two broad evaluation questions:

1. What kind and quality of impact are we having on our residents?
2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed-methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified themes and findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began by identifying and clarifying the intended impact of MHH. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative

and quantitative indicators of impact on the mental, behavioral, and emotional changes in our residents. We used these indicators to design a qualitative interview protocol and a quantitative questionnaire to evaluate progress toward achieving our intended impact.

QUALITATIVE DATA COLLECTION AND ANALYSIS

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. The number of program participants was 27. Our sample size was 23 of the 27 individuals served by MHH program who agreed to be interviewed.

Our interview team consisted of Bradley Leland, Tammie Montgomery, Claudia Sparrow, Nicki Robinson, Crystal Bishop, and Sebrina Gridley. We convened one-on-one interviews lasting from between 45 minutes and one hour in length and collected interview data.

We then analyzed the data inductively using a modified version of thematic analysis. Each interviewer implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes, and identifying themes) for each interview. Together, we developed common themes from the entire data corpus identifying the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined the dynamics among the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

QUANTITATIVE DATA AND ANALYSIS

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 27 and had a response of 21, a 77% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings. The most significant insights from the quantitative data are described in the following narrative.

FINDINGS

FINDING 1: THE PLEDGE

We discovered that the people we serve lacked positive community experiences, as well as positive interpersonal relationships. Throughout our interviews, we heard the following sentiments: “There is a lot of trouble in the community and I really don’t like to go out there;”

and, “I don’t do any community activities.” Another person had this to say: “Staff could help me not to be scared when I go into the community,” and “I am afraid of getting arrested by the police again.” While our interviewees did not directly express why they are not having positive experiences in the community, we believe this might be happening for several reasons. For one, some individuals have experienced significant periods of homelessness in their past, and aspects of the “survival” mentality persist for them which make planning ahead and engaging in socially “appropriate” behaviors more difficult. Another possible reason is that, unfortunately, individuals with severe and persistent mental illness experience higher than normal rates of law enforcement contact, and training for law enforcement around how to work with someone with Severe and Persistent Mental Illness (SPMI) is not adequate, resulting in all too common traumatizing experiences of arrest and incarceration.

Significance

For those who have experienced trauma through the cycle of illness, recovery and relapse and spent significant periods of time in hospitals, jails or living on the streets, the community may represent a less friendly, cooperative place, a place that can cause fear, anxiety and frustration and ultimately may present significant barriers for individuals we serve. The very same is true for interpersonal relationships, where trauma in relationships past may obscure or degrade an individual’s ability to trust others, seek and/or accept help, or simply engage in even small, basic human interactions. The challenges individuals face in the community and in their interpersonal relationships can lead to withdrawal and isolation, overdependence on others to get needs met, and/or worsening symptoms of an already difficult illness.

Possible Responses

Adjustments

- Daily planning meetings.
- Weekly house meeting.
- Therapeutic groups and community outings.

Experiments

- 1:1 goal check in’s with residents.
- Tools for staff and house managers to effectively document progress.

FINDING 3: STAMP IT OUT

Individuals in our MH housing program want to transition into a more independent lifestyle. Throughout our interviews we heard things like, “[Being in the program has] given me the freedom to make my own choices and be in the driver’s seat in my own life. I thought I wasn’t

worth making an effort with [before], and that’s a very life-threatening way to think.” Residents spend time building skills and supports that will help bolster them in their independence and pave the way for them to live on their own, or as close to that as possible. Residents are developing skills like accessing public transportation, learning to budget, shop and cook for themselves, manage their medications and treatment-related activities with self-direction and purpose, and take part in recreational activities of their choice that enrich their lives and reinforce positive engagement with the greater community they live in.

No matter the person though, everyone has their own reservations when it comes to getting out and making things happen. Residents described having challenges with trust, stability, personal relationships, and community engagement. All of these are very important in building a person up to be able to rely on themselves and their community to become the strong independent person they want to be. For our residents, it is difficult to feel confident in their ability to get out there on their own when there are societal and social stigmas surrounding mental health. Whether that is that they feel insecure or inadequate in social settings, or if it’s making it difficult to reach out for help because they don’t want to be someone who needs therapy,” the things that other people tell them about how they “should” be can be detrimental to their self-worth and how they view themselves or their place in their community.

Significance

To help eliminate or reduce the stigmas surrounding mental health or to help repair the damage that these stigmas have caused, we as an organization need to instill an environment of self-love and reassure residents that mental health is important, and having struggles is far more common than is publicized. Since birth we are subjected to what is considered “normal” or how we “should” be or “should” feel through media and social nuances. Creating an environment where it is okay to talk about mental health, where you are valued no matter where you are on your journey, and that there are resources and people out there to help you is crucial in building a baseline for individuals to be able to trust in themselves and their communities, to look past this stigma and see their value through their own eyes.

This finding presents a challenge that is bigger than our organization, but it is something that we can work together to try to minimize in the community. Ending stigma around mental health within our own staff is a first step. Staff can be an important part of encouraging people, building up individuals’ self-esteem and helping them realize that mental health is a common struggle.

Possible Responses

Adjustments

- Eliminating casual language that can feed into the stigma.

- Participating in events like national night out and other educational outreach events.

Experiments

- Community outreach (public speaking events, community workshops to learn more about the true meaning of mental health and its importance).
- Normalize mental health in the public eye through media (literature, etc.).
- Get involved with NAMI on an organizational level.
- Mental health outreach to schools (teach youth that mental health is important to take care of).

FINDING 4: SHOW ME, STEP BACK, AND WATCH ME GO!

One thing we learned through analysis of our interviews was that when lending a helping hand, it is so easy to just say “Here, let me do that for you.” It’s human nature to want to help someone out by showing them how we would do something or doing it for them but in a lot of cases this can be detrimental to a person’s individuality and independence. You’ve probably heard the adage, “Give a man a fish, he’ll eat for a day. Teach a man to fish and he’ll eat for a lifetime.” Helping someone out who is trying to learn the skills to be on their own by doing things for them instead of providing resources and knowledge for them to do it themselves could be hindering their success. Not only is it not teaching them anything about how to do things on their own, but it is developing a dependence and comfort in having someone else provide for them instead of them having to put in the effort to learn and grow themselves. “I’m worried I’m becoming lazy...” One individual said in his interview.

Learning skills can be difficult, and often individuals will struggle as they work to get their footing. Watching someone you know or care about struggle is hard and makes us want to give them a boost, help them out by doing that difficult thing for them so they no longer have to worry about it. Even though it is hard, people need to flounder and make mistakes sometimes as they grow and learn. Throughout their entire lives every individual at every age is learning and developing; the human brain is an amazing thing and with successes come failures. Failure is hard to watch, and it’s very hard to go through. But it’s something everyone ultimately needs to experience to be successful in life and in any skill. As supporters, we naturally want to reach out our hand and pick someone up when they fall, let them lean on us to prevent it from happening again. We learned through our interviews that what we should be doing is help them up when they fall, but then help them understand what didn’t work, how they might be able to do it better next time, and then let them go again on their own. The skills individuals develop through trial and error have a much stronger foundation than those that are handed to them, and when self-direction is suppressed, so is the natural learning process. One interviewee said, “It is really important to a person to be able to have choices and make the right ones and

pray about it.”

Significance

Our interviews have shown repeatedly how much our individuals want to be able to have the opportunity to go out and do things on their own; to grow their own independence. A response from an individual who is job hunting was, “My job coach pretty much does all searching for me. He won’t let me even go attempt to search for jobs. Like he does it all, he goes to companies and tells them about me.” This shows that some staff are just doing instead of leading or teaching. Why is their job coach doing this? Maybe they are afraid the individual won’t be able to search correctly, but that’s a chance that person needs to be given to try. Failure is a necessary evil. It doesn’t mean we can’t be helpful; we can’t be there when things are tough. But it does mean we should be walking alongside as partners, not taking the lead and leaving them behind.

This finding shows a narrow line that is walked when providing care for another person. Some people are on different levels of what they are comfortable and confident doing, but everyone deserves a chance to try things on their own, even if they are new or difficult. Building trust in oneself involves building a strong foundation in your skills. We learned that it’s important to be the safety net while allowing for failure and misstep to occur as learning experiences.

Possible Responses

Adjustments

- Provide opportunities to try – to step out to the edge of someone’s abilities
- Allow clients to lead activities
- Minimize staff “helicoptering,” step back and let client have space in activities.

Experiments

- Implement more client led groups and activities in the community

FINDING 5: THIS IS MY GOAL.

We discovered that talking about the clients’ goals with them was not only important to them but needed. Clients’ goals from our sample included things as specific as “brushing my teeth twice daily” to getting “a job,” to as broad as “my goal was stability.” As one client said, “I would have been homeless still without their support.” The same individual also said, “With their support I have got my ID, stayed off meth and got a job.” Hearing clients tell us about their goal attainment process, and what their goals meant to them, we realized that providing these groups/meetings with the people we serve to talk about their dreams and future planning was a big part of them feeling successful and capable.

Significance

The individual who was interested in find a job stated, “I would like to be successful at working and have pride for having a job. Being able to be around people that are working as well.” This statement touches on so many aspects of our mission and vision, expressing a desire for autonomy, for integration into the larger community, and for the fulfillment and personal feelings of success in setting and achieving a goal. At the time of this report, this individual is now working in a local restaurant! Another client stated, “When I was in a tailspin the staff always brought me back to that goal,” which indicates the importance of staff support and consistent focus on goals in the programs. The significance of helping clients set self-directed goals and working to achieve them made a large positive impact in the lives of individuals in our sample, leading each toward self-direction and purpose.

Possible Responses

Adjustments

- Prepare individuals better for the service planning (goal setting) process (i.e., provide examples and foster meaningful conversations with residents around individualized goals)
- Alter daily documentation to focus on goal progress versus a “generalized” daily progress note

Experiments

- Weekly 1:1 dream meetings to follow up on goal progress
- Monthly ‘focus on a service plan’ at each staff meeting to promote staff focus on individual goals

FINDING 6: MY BIGGEST BARRIER – ME!

During our interviews, clients expressed their desires to gain autonomy in their lives, work on themselves, and improve their self-care. Overcoming the struggles and barriers residents may have in their lives can prove difficult. Residents described facing challenges ranging from how to meet their own basic needs so that they’re “not too hungry, angry, broke or tired” to difficulties with keeping the environment clean (“I do leave things unorganized”) to general feelings of “fear.” One resident stated, “It’s not that I can’t do things, it’s that I’m disconnected.” Another felt that his guardianship was a barrier to his wellbeing and happiness. He expressed, “I can’t get them to step down...If I was my own guardian, I could make my own decisions, have my own apartment, have people come see me, keep me company.” Yet another talked about self-sabotage, stating, “I could be a specialist at that...you know, cutting off my own nose to spite my face.”

Regardless of what the barrier is, taking time to focus on mental health wellness and staying

active in promoting recovery often makes the difference in challenging and overcoming it. One client said during their interview, “I like the daily reminders to take my medication. This has helped me feel secured in my ability to live on my own.”

Significance

Access to proper mental health care and other important resources will help clients to build the support that they need to help them feel more confident in their abilities to maintain their physical and mental health and well-being. Shangri-La’s MHH program and behavioral health program have worked in overlapping areas for some time without teaming up or connecting both sides of the services (residential and clinical). There are clear benefits to providing more comprehensive “in-house” integrated services which will enable us to respond and meet needs more quickly and accurately.

Possible Responses

Adjustments

- Work with OPMH to identify areas that services can be integrated, develop a plan or a pilot area to begin
- Determine whether adding Payee services is necessary and/or beneficial

Experiments

- Identify how bringing individuals to OPMH and out of county clinical services would impact specialized programs (PSRB, .370)
- Seek county approval to move clients to OPMH

FINDING 7: ACTIONS SPEAK LOUDER THAN WORDS

A lot of the time, clients rely on staff to be there when they need them. Clients need staff support in situations like going to the bank and advocacy at appointments with providers. Whether they need support or just someone to be there, it is important to build trust.

It’s easy to make promises and plans, but following through with them is the most important part. Saying you’re going to do something has much less weight than showing someone they can depend on you. We heard throughout our interviews that clients need to know that the people they are supposed to depend on will actually pull through for them. One interviewee noted, “I’m really glad that you came and on-time.”

We found that staff turnover and inconsistent training amongst the staff team has reduced trust amongst the residents. One resident said that some of the staff in the home cause her to “just shut down,” while others “go the extra mile for me.”

Significance

Making sure that we are telling the clients something and following through with what we are telling them is the only way to build a strong base for a system of trust. Knowing what we are talking about and making the client feel safe and secure about what we are telling them is crucial for building trusting relationships with those we serve.

The lack of trust between residents and staff inhibits connection and the development of positive, supportive relationships, which would serve to empower growth and change in the residents' lives. Staff follow-through with residents and fostering meaningful engagement often makes the largest difference for each resident.

Possible Responses

Adjustments

- Encourage staff follow-through
- Minimize any schedule conflicts or unexpected absences/schedule swaps
- Keep calendars up to date as far out as possible

Experiments

- Implement some sort of attendance reward system
- Provide trainings to staff about keeping schedules and follow through

CONCLUSION

Mental illness affects many people in our community.

- Approximately 1 in 5 adults in the U.S. (46.6 million) experiences mental illness in a given year.
- Approximately 1 in 25 adults in the U.S. (11.2 million) experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—10.2 million adults—had a co-occurring mental illness.
- Serious mental illness costs America \$193.2 billion in lost earnings per year.
- Individuals living with serious mental illness face an increased risk of having chronic medical conditions.
- Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.

When studying the impact our services have on people living in our 24-hour homes for people with mental illness, the data revealed we have work to do in reducing and eliminating stigmas

¹ National Alliance on Mental Illness. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>.

in our communities. And these stigmas are getting in the way of people being successful at moving to lower levels of support. In fact, as people ready themselves to reduce their levels of support, fear is often expressed in rejoining a community that holds people with mental illness in a negative light. At Shangri-La, we believe it's our responsibility to actively reduce these stigmas through education in the communities we are a part of. We also believe it's our responsibility to uphold an organizational culture that empowers people with mental illness and holds a safe place for all people to be who they are. In addition to this, it is our responsibility to ensure all staff, and especially those staff working in our 24 MH homes, have clear understanding of how to support people with mental illness. We can reduce stigmas around mental illness, and we are dedicated to doing this work, at all levels, inside and outside of Shangri-La.

INSIGHTS INTO IMPACT

Linking our findings back to our intended impacts has shown that we are in fact meeting some of our goals, but there are some areas where we can improve how we are going about things. Residents in our programs are on the road to transition out into a more independent living setting. Our homes provide many supports for residents and staff/programs teach them valuable skills they will need moving forward in their own lives. These needs are being met very well in MHH homes, but the process of transitioning residents into independent living can be tough. This must be handled on a person-to-person basis and more resources will be put into helping every resident move at their own pace to become the level of independent that they strive to be. Setting goals is a very important part of our program, and individuals are encouraged to set and meet their own at their own pace. This tool will help them when they are transitioned into an independent living setting, keeping individuals accountable for their growth.

Community programs are readily available to individuals who are interested in joining in. There are many activities run by Shangri-La that clients are encouraged to participate in regularly. The area where we can improve is community-run programs. Many individuals want to spend more time out in the community unsupervised by staff and want to choose what community activities they can participate in. Individual-run groups are also a place where we as an organization can grow. Providing the opportunity for clients to participate in and run their activities and groups will be a great stepping stone in their path to independent living. Creating natural relationships and engaging in building trust and social interactions with others on their own is very important.

STEPS FORWARD

Based on what we've learned in this evaluation, we will take the following steps to improve and enhance our impact on residents:

- 1. Increase staff engagement/relationship building** – Implementing a structured, focused

effort to promote and increase staff engagement through training and structuring engagement activities within the program.

- 2. Implement weekly 1:1 check in's with residents (goals/dreams)** - Enhancing focus on all aspects of service planning, goal setting, and implementation through increased engagement with residents around goals and a new documentation strategy.
- 3. Implement structured groups and meetings** – Enhancing focus on engagement and structure to ensure positive and therapeutic relationships and supports.
- 4. Merge services with Shangri-La's Outpatient Mental Health Clinic to integrate services.**
- 5. Engage the larger community** with outreach and education around mental health awareness.

OPPORTUNITIES FOR FUTURE EVALUATION

This deep dive into evaluating our program has given us valuable insights into where we are doing well and where we can grow as an organization and better help our individuals served on their path to reach their goals in life. Creating a system of consistent qualitative evaluation would benefit our organization greatly. Not only admission interviews and discharge interviews but making sure we are evaluating how our program is affecting each individual as they are going through the program, growing and changing. People are dynamic creatures. Making sure the program is more personalized and grows and shifts with the individual will be astronomically beneficial to making sure Shangri-La's MHH program is providing the intended impacts.

INTELLECTUAL AND DEVELOPMENTAL DISABILITY (I/DD) HOUSING PROGRAM

Tiffani Olsen, Kelli Rogers, Holly Pharms, Gary Barber, Tarah Murfin,
Curtis Brown, Stacey McCurry, Tyler Wolfe

Additional Interviewers: Daniel Waine, Don Newsom,
Jennifer Gray, Tracy Beck, and Mary Lawson

OVERVIEW

Shangri-La envisions a community that accepts all people for their abilities and celebrates their achievements. In our I/DD department, we provide supports to individuals, specializing in three different programmatic focus areas: 24-Hour Comprehensive Housing Services (24-Hour), Supported Living, and Adults and People with Disabilities (APD).

24-Hour Comprehensive Housing Services (24-Hour) at Shangri-La are designed for individuals with intellectual and developmental disabilities who need continual care and supervision. Shangri-La's highly trained support specialists and trainers work continuously to maintain a positive, caring, and enriching home environment focused on helping individuals live as happy and independently as possible. We believe a home is about so much more than four walls and a roof. Our neighborhood homes are as unique as the people who live in them. We create environments that are truly reflective of the needs and personalities of the people who call them home. Whether it is shopping for groceries, helping take out the recycling, or going out to a movie on Friday night, we work to involve the people we serve in every part of life — at home and in the community. In some instances, the health care and behavioral needs of those we support are chronic, intense, and complex. In those cases, specialized treatment plans are implemented to ensure the health and safety of those we support while maintaining dignity and self-respect. People served by Shangri-La will participate in creating their own Individual Support Plan. We believe this approach empowers people with disabilities by putting them in charge of defining the direction for their lives.

Supported Living at Shangri-La is designed for individuals with intellectual and developmental disabilities who are able to live independently but still need occasional supports. Living in neighborhood homes, individuals in Shangri-La's Supported Living Program enjoy the opportunity to choose where and with whom they want to live. They receive ongoing supports

to help sustain their choices, safety, and wellness. Necessary supports and services are identified through the Individual Support Plan (ISP) process. Our goal is to help the people we serve to live as independently as possible through specialized services and supports designed specifically to meet an individual's needs and goals.

The Adults and People with Disabilities (APD) program assists individuals with disabilities to achieve well-being through opportunities for community living, employment, family support, and services that promote independence, choice, and dignity. These individuals wish to live independently but need help in meeting their daily care needs. APD's services make it possible for these individuals to thrive in a living environment, adapted to their unique needs while getting the care they need to enhance their quality of life.

INTENDED IMPACT

During the evaluation of these three service areas, we focused on the question, "What should be the effect of our programs?" After a session of brainstorming all ideas, our intention focused on the following four impact statements:

- **Individuals will explore their individuality through their unique life experiences.** What we mean: Through self-expression, individuals will identify preferences and life experiences that will enhance their emotional well-being and personal development.
- **Individuals will develop healthy relationships.** What we mean: Individuals will be able to develop respectful interactions and freely express likes, dislikes, and needs. They will find their voice, both in their homes, as well as within their chosen friendships.
- **Individuals identify and pursue hopes and dreams.** What we mean: Individuals will expand their worldview and explore future opportunities. They will look at the big picture of their lives and be excited about their future.
- **Individuals will take informed risks.** What we mean: Consequently, individuals will know the information necessary to make decisions, explore their choices, and experience self-determination.

EVALUATION METHODOLOGY

The aim of our evaluation was to see what kind and quality of impact the I/DD housing department is having on adults with developmental and/or behavioral needs within our programs. To understand this, we explored two broad evaluation questions:

1. What kind and quality of impact are we having on those adults with I/DD, in our 24-hour,

Supported Living, and APD Programs?

2. What aspects of our programs are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed-methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified themes and findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began by identifying and clarifying the intended impact of our I/DD Housing Department. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact on the mental, behavioral, and emotional changes in our 24-hour, supported living, and APD programs. We used these indicators to design a qualitative interview protocol and a quantitative questionnaire to evaluate progress toward achieving our intended impact.

QUALITATIVE DATA COLLECTION AND ANALYSIS

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our programs. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. For those individuals with communication barriers, who were unable to answer the questions verbally, their preferred staff or family were asked to assist with answering the questions, as attendants who know the likes and needs of the individuals best. The total number of program participants in our department was 135. We delimited the population for this research by focusing on 30% of those individuals, leaving a sample size of 40 participants, drawn from the following strata of our population:

- Service elements (24-Hour/Supported Living/APD)
- Communication with varying cognitive abilities
- Geography covering three counties (Lane, Marion, and Lincoln)

Our interview team consisted of staff from our I/DD department, along with our HR director. We convened one-on-one interviews lasting from between 45 minutes and one hour in length and collected interview data.

We then analyzed the data inductively using a modified version of thematic analysis. Each interviewer implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes, and identifying themes) for each interview. Together, we developed common themes from the entire data corpus identifying the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate

the collective insights and discoveries. We mapped these themes visually and examined the dynamics among the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

QUANTITATIVE DATA AND ANALYSIS

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 135 participants and received responses from 114 individuals, giving us an 82.2% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings. As with our qualitative data collection, in those cases where the individual was affected by a cognitive and/or communication barrier, a preferred staff or family member was asked to answer the survey on their behalf, according to the individual's preferences. The most significant insights from the quantitative data are described in the following narrative.

LIMITATIONS

In our qualitative interviews, a clear pattern arose while interviewing individuals with intellectual and developmental disabilities. Every individual in our program has been diagnosed with a cognitive limitation, which qualifies them to receive supports. Approximately 52% of those 135 individuals also suffer from various forms of communication barriers. This made it especially difficult, as questions our team asked were not always being understood, or even simply comprehended effectively. We knew this would be a challenge, and we were prepared to offer alternate wording to the questions, making them easier to understand, or in some cases, the questions were deferred to the staff or family member to respond, if needed. The data outcomes we received often varied depending on if the individual was having a good day or a bad day. If they were having a good day, the responses would be positive, but if they were not having a good day at the time of the survey, their answers were almost always negative.

Another limitation we faced while administering the surveys derived from the interview questions asking if things had improved since the participant has been at Shangri-La. It became apparent early on in our interview process that over half of our I/DD population have been with the organization longer than the majority of their existing staff and managers. If that particular participant was nonverbal, for example, we were unable to defer the question to a long-time staff or manager, since they would not have the historical data we were seeking. We learned that moving forward, we will need to reword the question to specifically ask how things have improved for those we serve over the previous year.

In our quantitative data, we faced the same types of limitations. In those cases where individuals were unable to verbally answer, the question was defaulted to those that know them best (i.e., their preferred staff or family member) to respond in a way that best represented the feelings of that particular participant.

FINDINGS

FINDING 1: I'M A BELIEVER

Key Insight: An individual's belief in self permeates almost every aspect of their life.

Over the course of our interviews, we found that the theme of "Belief in Self" permeated almost all of the other themes in some capacity. We discovered that there was a strong relationship between belief in self and the themes of choice, independence, skills, and employment. On the other hand, belief in self was less present when interviewees discussed topics related to staff dependence – when one goes up, the other tends to go down.

When interviewed, many participants discussed their ability to make decisions by themselves. Individuals with a strong belief in self often felt like they had a better ability to self-advocate, as well as feeling better understood and valued. These feelings, in turn, lead to a boost in confidence and assertiveness and self-pride in many of our interviews. For example, a new client mentioned that the supports he receives allows him the opportunity to discover he could now live on his own and try a variety of new experiences.

Individuals with a strong belief in self and the belief that they can succeed on their own were also able to utilize their freedom of choice more frequently. While the kinds of choices being made varied between clients, we found the most common choices made were related to food, outings, and clothes. In nearly all cases, clients who were able to make choices for themselves, also reported an increase in confidence, especially when supported by staff. When discussing relationships, one participant added, "I stand up for myself."

Significance

The more one believes in himself, the more their independence and skills increase. As Shangri-La's mission is "To serve people with disabilities and disadvantages so they may recognize and achieve their potential," aiming to increase clients' belief in self should be at the forefront of our services. Our findings were significant because they show evidence that we are facilitating clients' growth toward their potential.

Possible Responses

- Create a focus group, made up of individuals served, to find the "whys" that are holding them back from their sense of accomplishment.
- Create an assertiveness training for people with disabilities.

- Individuals that are interested should be encouraged to join the legislative self-advocacy day.
- Research different technology/adaptive equipment options to promote independence. Then train the staff with the assistive technology to give them confidence in helping those they support.
- Make time to have meaningful conversations with individuals to encourage them in areas they are good at, and to ensure the staffing in the homes works more effectively for the individuals that live there.

FINDING 2: STAND BY ME

Key Insight: Safety is a common area of concern, and a primary focus of safety involves staff interaction and support.

The available data indicated that many supported individuals interviewed desire staff they can trust and can interact with comfortably. This gained trust and security within this working relationship promotes a feeling of safety for the person receiving services. One respondent shared, “I get to know staff and get used to them,” which results in assisting them to feel safe in their life.

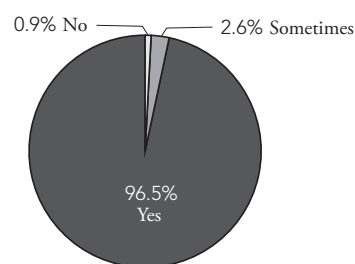
Safety does not happen by accident, but through consistency of services and knowledge of the individual served. One individual affirmed this philosophy by adding, “If I’m in danger, I will call you guys, and you will help me.” Meeting an individual’s needs and providing a safe environment are important aspects of the services we provide. Another resident revealed, “I like my doors locked, and my staff helps me feel safe. They walk with me and support me.”

Feeling safe is just as important as being safe for those we support. Being safe tends to refer to being physically away from danger or harm. Feeling safe helps form a bond in your relationships at home and with your loved ones and has helped our I/DD individuals feel more self-confident. The results showed that 96.5% feel safer since being a part of Shangri-La, 2.6% shared that they “sometimes” feel safer, and only 0.9% stated that they do not feel safer in our services.

Significance

A feeling of safety is an important building block for a full and rewarding life. A safe environment reduces risks and increases trust for the individual, staff, and the organization. The goal is always

Figure 1. Since being a part of Shangri-La, do you feel safer? (n=114)



to promote independence and self-advocacy in the individuals we support, but the data proved surprising and showed that the individuals still feel the safest when they are with their staff. With that, we must be aware of unintended consequences. The staff feel they know what's best or safest for those they support, which could unintentionally limit the choice of the individual, and their own ability to take healthy risks.

Possible Responses

- Ensure there is safe equipment in the homes.
- Encourage individuals to be a part of the Neighborhood Watch and join the neighborhood association within their communities.
- Create opportunities to build trust with the staff.
- Register with the community email, "Next Door," that is specific to their neighborhood.
- Add "No Trespassing" signs to areas around the homes where drifters are an issue.
- Encourage staff to go to Safety Committee meetings, held at Shangri-La, and bring back ideas to their teams to implement.

FINDING 3: IF IT'S MEANT TO BE, IT'S UP TO ME

Key Insight: Independence and skills may look different but ultimately speaks to the person's own self-confidence.

The data has revealed that independence looks differently or means something different person to person. While some people value the ability to speak up and strongly advocate for themselves, others enjoy the ability to go on trips independently without having staff support.

Some interviewees spoke about living on their own as being independent, though they may need support with cooking, cleaning, and various life skills. Self-reliance came across as being able to make independent decisions about whether the life skill would need to involve other people when executing the decision or life skill.

The data showed that skills are a direct link to people's independence. Interviewees view skills in a variety of ways, including self-medication programs and having the courage to try something new. Interviewees have expressed that skills are linked to knowledge and independence; skills are something to learn or maintain. During an interview, an individual described making coffee and choosing for himself what to wear that day as what independence looks like to them.

Our interviewees have identified that independence is important and something to be desired. One individual said, "I'm doing more things for myself than I used to" when asked about growth around independence. People feel good about having the right and ability to make choices, and by making choices, they are feeling independent.

In addition to many people believing in themselves and making their own choices or wanting

to, the data has indicated people's reliance on staff. In some cases, this means staff are present while people are learning or taking on new things until they feel comfortable to do it on their own. In most other cases, people feel they can do something for themselves so long as their staff is present or is able to reassure them.

Staff assistance, however, was not mentioned as a resource to rely on when learning or acquiring skills. Rather, people focused on the courage and ability of the individual themselves. For example, one interviewee said, "I am surprised at how much I can do without anyone's help" and later said, "someday I might not even need Shangri-La."

It is interesting as well as challenging to determine if people are feeling independent because they know they believe in themselves and their ability, which may have been lacking outside of Shangri-La, or if it's because people have tried something, taken a risk, and therefore believe in themselves to make decisions and try new things.

Significance

Increasing independence and skills fosters self-confidence, which in turn encourages taking risks an individual might not otherwise take. In a lot of cases, disability can lead to lower self-esteem, causing feelings of embarrassment and unacceptance. Self-esteem is a term used to describe how we view ourselves and our self-worth. If we, as an organization, focus on an individual's abilities, more than their limitations, understanding that lack of confidence does not necessarily equal a lack of ability, we promote positive change, which in turn boosts self-confidence and impacts development in those we support.

Possible Responses

- Research or create functional training classes that promote cooking and life skill training for both the individuals and their staff, since skill levels vary from one person to the next.
- Implement a peer support group, especially in the cases where an individual supported feels they have increased independence.
- Create a "train the trainer" program where training is shared at a location for six months, then a trainer from that existing location takes that training to another location, and so on.
- Implement a cleaning expectation binder to teach the skill of cleaning, both for individuals and their staff.
- Encourage individuals with high skill sets to form workgroups to assist their peers that tend to be more staff reliant.
- Create a list of skills and resources for individuals, with a plan for continued follow up, so the learned skill is not forgotten.
- Continue to share success stories.

- Be more vigilant to follow up when an individual shares an interest, to help support them in that pursuit.

FINDING 4: AS I LOSE A PIECE OF ME, I NEED A PIECE OF YOU

Key Insight: A decrease in skills in those we serve led to a reduction in their independence in general.

The data confirmed that health challenges are unpredictable and can be affected by such factors as the climate, aging, diseases, medications, and diagnosis, to name just a few. This is prevalent in the population that we support and challenges us daily in the work that we do as we continue to help others live their best lives.

One staff member shared this example:

Due to a health decline, his independence and mobility have decreased. He can stand and pivot with assistance and needs help with getting in the front seat. Since he had pneumonia so much last year, he has been in a wheelchair due to his mobility issues. He does not have the strength to stand up and walk more than 10 feet, and he wouldn't even try to do so without staff. He can transfer and walk with staff support, but for minimal distances. He has become a lot less independent in the bathroom; he requires full assistance from staff. He needs constant verbal cues or encouragement from staff to complete any and all tasks. He still has some days where he maintains levels of his independence, but he has noticeably declined a lot.

The individuals that we serve also face losing independence and skill when diet restrictions are placed on them by their physician, due to health concerns and aspiration risks. In these instances, they can no longer eat what they want or enjoy food in the consistency they are used to. This can feel defeating and subservient and only adds to the discouragement they may experience when having additional limitations placed on their lives.

Significance

In-home observations led the evaluation team to believe that the decline of skills in individuals was primarily due to staff reliance. The data, however, showed most of the decline was due to factors such as age or medical issues. People with disabilities often times have shortened life expectancies and weakened immune systems, which can lead to a higher risk of getting flu-related complications, such as pneumonia, or they are predisposed to certain health conditions based on their type of disability. Some physical disabilities can affect how well their body fights off infection. Many people with disabilities show signs of earlier medical, functional, and cognitive changes that, for the most part, are not experienced by persons without disabilities until much

later in life. There are many factors that contribute to someone losing their independence, which, in turn, impacts their general wellbeing. Losing the ability to live alone because you no longer have the skills necessary to take care of yourself can trigger emotions like anger, fear, guilt, and depression. Shangri-La's highly trained support specialists and trainers work continuously to maintain the health and safety of our individuals while providing a positive, caring, and enriching home environment focused on helping individuals live as happy and independently as possible.

Possible Responses

- Research alternate funding sources (ex. K Plan) to create a more barrier-free home.
- Provide staff peer support from other teams that have gone through certain medical issues (ex. Dementia) with an individual in their home.
- Provide more training and clearer expectations for staff around "doing with, not for" an individual, to decrease staff reliance and promote independence.
- Be proactive with trainings; prepare for upcoming illness/diseases before they occur (Alzheimer's, diseases associated with aging, etc.)

FINDING 5: TRUST IS BUILT WITH CONSISTENCY

Key Insight: Through a life compiled of change and alteration, staff consistency can provide clarity and ease.

When looking into how one's day will go, full of change, and the feeling of the unknown, staff consistency is a driving force to an individual's success. The data revealed that the stability of the environment could greatly impact the way one's world evolves and the structure within it. From reducing anxiety for a person supported to providing space for growth, staff consistency helps with evolution. One staff member said, "She likes routine, and it is easier when staff take her (out) and offer lunch. She has a plan which provides reassurance. Value Village, Walmart, then lunch; she knows what to expect."

For many of the people we interviewed, the unknown is scary. Not knowing what is going on currently, and what is going to happen in the future, brings a lot of stress and anxiety, along with the feeling of not having control. Another staff stated:

Well, this person wants to do his calendar constantly. When he has something planned on his monthly calendar, it's something he really looks forward to and wants to do. Sometimes, he will begin to get agitated when he doesn't get to do his planned daily activities.

Having staff follow the same process, and the same routine allows individuals to know what to

expect, which, in turn, creates less “roller coasters” of emotion.

Significance

Consistency is a broad term when thinking of the people Shangri-La supports. However, in this context, the significance of the ever-changing rotation of support staff and change in expectation narrows down the definition. When support continues from the same person over long periods of time, the staff learn the smaller details that make up the evolution of an individual’s daily experience. Knowing the right phrasing, what words to emphasize, the right time to make a request, noticing the subtle changes within a person supported (as to when they have had enough of an experience) are just a few of the many characteristics you learn from a person first hand. Sometimes the details of a person’s life become so routine that changes in staffing often mean small details get missed in training. Within those mixed signals of staff change over, the expectations change. The person may not realize how important those details mean to them until they are absent. When an unplanned change occurs, some people we support no longer know the expectation, which creates an increase of stress that results in challenging behaviors. Some of the challenging behaviors can be exhibited by yelling, hitting, refusing activities, refusing hygiene supports, or even eating. This not only affects the person but those they share the home with.

Possible Responses

- Provide more quality training for responding to higher behavioral situations.
- Increase documentation and communication in more places than just the set plans (ISP and PBSP) for easy staff access.
- Increase the knowledge of an individual’s personal preferences, helping to build strong relationships.
- Emphasize the choice of the individual; timing of things should vary depending on the individual (ex. Bedtime).

FINDING 6: OHANA MEANS FAMILY

Key Insight: People rely on relationships and connections to feel a sense of belonging.

The data reveal that relationships for people in our I/DD Housing programs are a basic human need that provides a sense of belonging. People value sharing their home with others they can relate to. The data revealed that having social connections with staff, family, and friends was greatly valued. For example, the staff at one of our locations noticed that one person “is a lot closer and trusting of staff now than he was before.” People desire connection and the ability to bond with others. One person mentioned, “[They feel] so connected with roommates. They

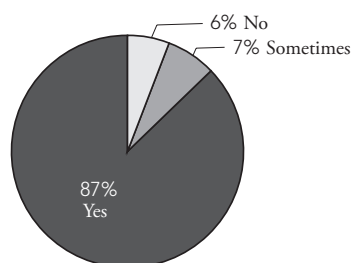
are very good friends.” As in any relationships, there can be positive and negative interactions, as shared by another individual served who said:

I have a relationship with [my neighbor] over there. [My neighbor] is my best friend, and he visits me on my side. I don't go over there because [my other neighbor] and I don't really get along. We ignore each other.

Connections can happen at a simple appointment. One interviewee said, “At the doctor's [he] may try and kiss or give a raspberry (blow on their face) to the nurses and receptionists.” People that have strong family roots find great value in those connections. People in I/DD Housing feel they can rely on and trust our housing staff. People also experience and learn from the hardships of relationships, as shared from the experience of one individual who said, “I no longer go out with [her], which is sad. She cheated on me, and that's horrible. I'll find another woman in time.”

The majority of our I/DD population, 87% of survey respondents, agree that since being in our services, they have more relationships. An additional 7% answered that sometimes this is true, and only 6% disagree with that statement.

Figure 2. Since being a part of Shangri-La, I have more relationships. (n=113)



Significance

Bottom line, relationships we form with other people are vital to our mental and emotional wellbeing. Relationships fulfill our most important need of all, love. Whether it's giving your time and attention, or just a simple smile, there is joy in giving, and that can have a lasting impact on others. Shangri-La provides opportunities to create these relationships. If you know the quote, “Ohana means family,” then you know it goes on to say that “Family means nobody gets left behind or forgotten.” At Shangri-La, that is how staff feel about the individuals they support and how the individuals feel about the staff that they get to hang out with almost every day. As much as we encourage individuals to have relationships outside of Shangri-La, often times their closest relationships are with staff. Staff try to support individuals in developing relationships outside of Shangri-La staff so that individuals feel a sense of community and belonging. That community and that sense of belonging become especially important when staff turnover inevitably happens. Having a strong foundation of support, whether from family, friends, or

staff, greatly helps to improve an individual's mental and emotional health.

Possible Responses

- Increase connections out in the community.
- Help individuals connect with family members, even if one family member does not approve.
- Increase training for staff on the basic human need.
- Create a database to track the connections between families within Shangri-La.
- Encourage more social club theme nights (ex. Cookies and Canvas, jewelry making night, Bingo night).

FINDING 7: DO WITH ME, NOT FOR ME

Key Insight: Many individuals identify as being independent. Some rely on staff for tasks they could complete independently or with minimal skill development.

The data has shown that there has been a fair amount of learned helplessness in our I/DD Housing program. Some individuals are now relying or depending on staff to do things that they were once able to independently, and not all of this can be contributed to skill loss or an identified need for increased supports. The research shows that in some instances, this can be attributed to staff finding certain things faster to do for the person rather than taking the time to teach the individual the skill or allow the time it would take for the individual to complete the task on their own. For example, one individual likes to buckle their own seatbelt, but it takes them more time than it takes for the staff to just buckle it for them. One staff interviewed alongside an individual with limited communication said, "He has been really reliant on staff for his supports and is not as independent anymore."

Some of the study results show that individuals look to their staff as their only relationship. The desire is for individuals to form organic relationships outside of their paid supports. The data shows that some individuals look to their staff for everything from food, medications, hygiene, accessing their community, and sometimes even to communicate for them, whether they can complete those tasks independently or not. In order to build self-confidence, individuals need to be able to have as much independence as possible, even if that means failing occasionally. Skills take time to develop and refine but are unable to be built if the individual is constantly relying on the staff instead of attempting to build skills to become more confident in their ability. It is important for support staff to have patience and give space for the individuals they support to learn and grow so that they can not only increase skills but maintain the skills that they currently have.

This is a fine balance to achieve because in some interviews individuals, typically with higher receptive and expressive skills, stated, "it is the staff's job" when staff are trying to increase the

skills and the ability to complete tasks independently. It is a goal for support staff to cover all areas that are identified in a person's Individual Support Plan, but sometimes individuals will refuse/decline supports in skill-building areas and only want support for things such as transportation.

Throughout the impact study, many team members gave feedback that it was very difficult to get what seemed like valuable data from individuals that had lower expressive skills. This leads to the question of whether or not our individuals have the technology necessary to communicate as independently as possible. The data mapping indicates that as dependence on staffing increases, an individual's choice, independence, and skill development decreases.

Significance

An environment of learned helplessness was inadvertently created in some cases across the service line, as our staff care deeply and provide services and supports to the individuals we support. Instead of exhibiting independence and belief in self, those supported tend to become more reliant on staff to complete even the simplest of tasks they have the skills to do themselves. In order for individuals to have confidence and belief in one's self, it is necessary to have opportunities to learn and refine skills that can contribute to greater independence. Although at times it may seem easier to do for an individual rather than with them, from a support staff perspective, it is expected that the more an individual can do for themselves, the role of the support staff will become easier and more fulfilling. It is important to have a clear understanding of the individual's abilities, meet them where they are at, and build from there.

Possible Responses

- Create more opportunities to utilize assistive technology.
- Introduce a pilot group for creating experiments that increase skills of independence in the homes where possible, decreasing the reliance on staff.
- Research Google Glass, a wearable, voice-controlled device that resembles a pair of glasses and displays information directly in the user's field of vision.

FINDING 8: ALONE, WE CAN DO SO LITTLE; TOGETHER, WE CAN DO SO MUCH

Key insight: Having a sense of community is significant in one's quality of life.

As a result of the study, it was determined that having the ability to volunteer, attend events, go on vacations, having community jobs, and being able to go on outings was important to the people we support. One individual talked about moving to a job in the community, saying, "Rockwest is shutting down. I'm going in the community to get a job." When asked whether she feels like part of a community outside of Shangri-La, another individual talked about her job,

going to the casino, and on trips, saying, "I love my job. I go on trips and concerts. My staff help me." When she was asked in what ways do you feel closer to people now that you've been a part of Shangri-La, she talked about making friends on the bus and how she gets to meet new people outside of her home.

One major factor was having access to the community. Physically getting out in the community provides opportunities that would otherwise be missed. One individual stated, "Yes, I feel like I am a part of my community. I like Dollar Tree. I'm going to dress up nice and be in my community." One individual mentioned how she enjoys looking nice and being out in the community. No matter the extent of the community access, it proved to be a relevant need for the individual. As more individuals with I/DD are physically included in their community, neighborhoods, jobs, and recreation, the need to go beyond physical inclusion to true community inclusion becomes more important.

Significance

Individuals think of doing anything outside of the house, such as a trip to the grocery store or McDonald's, as community, when it's really so much more. The emphasis needs to be on being a part of the community, not just going out into the community. The findings showed that the importance of community inclusion had a major impact on an individual's quality of life. When you have community inclusion, it provides people with opportunities to develop connections, friendships, and a sense of belonging. When the individuals we support have access to the community, it provides opportunities to interact with others; examples may include bank tellers, cashiers, waiters, etc. These interactions may or may not develop into relationships.

Possible Responses

- Create a workgroup to research visual aids and provide opportunities to get out into the community to test their social skills and provide support if needed.
- Provide more information for existing community groups and upcoming community events.
- Implement a trans community within Shangri-La that meets outside of the organization for individuals to share their personal experiences and to create an environment of helping others through their transition.
- Continue to attend Crisis Response Group meetings to educate others on the I/DD community when they have interactions with law enforcement.
- Create opportunities to work with law enforcement.

FINDING 9: EVERY CHOICE YOU MAKE, MAKES YOU

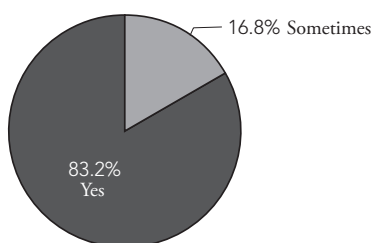
Key insight: Individuals in our programs exercise personal choice, take calculated risks, seek

education, understand their rights and responsibilities, self-advocate, and feel empowered to speak their truth.

Everyone needs support when making decisions. But people with disabilities may need more or different kinds of supports. The quantitative data we received around choice was encouraging, as it showed that most individuals in our programs feel they have the right to make choices for themselves. Our philosophy and vision are to empower individuals to make their own choices and help them overcome barriers.

When asked in the survey if our individuals get to make more choices for themselves since being a part of our services, 83.2% answered yes, 16.8% shared that sometimes they get to make more independent choices, and 0% answered that they do not get to make choices for themselves. This was encouraging and confirmed our anticipated outcome indicating individuals are becoming more aware that they have choice when it comes to their personal preferences. They are exercising their rights and increasing their skills in this area.

Figure 3. Since being a part of Shangri-La, do you get to make more choices for yourself? (n=119)



Significance

Studies have shown that when individuals with significant disabilities are provided choices, they have greater independent living outcomes and increased quality of life outcomes. Our focus should always go back to informed decision making and informed choice.

Possible Responses

- Provide training for the staff and individuals on informed decision making.
- Invite individuals to attend our Code of Ethics training.
- Provide training to an individual's guardian on individual rights and choice.
- Research potential technology to assist with making choices. A picture board could help those individuals who are non-verbal or have limited vocabulary.

CONCLUSION

In conclusion, we learned that as a result of receiving supports, the individuals in our programs identify preferences, develop confidence in self, and possess the ability to make choices. They feel

included in their home, have close relationships with their staff, and have a sense of belonging in their community. We also discovered that when belief in self is present confidence, and skills increase, making future opportunities more attainable. Our findings did, however, reveal a sense of learned helplessness when staff unintentionally do too much for an individual, not allowing them to take informed risks or provide the opportunity to exhibit their independence. It is not always the best practice to do something for someone, simply because it would be quicker or easier. True growth, learning, and independence happens for the person with the disability when opportunities are provided, and skills are tested. Empowerment is crucial.

STEPS FORWARD

We, as a department, plan to focus on the following areas as we move forward with our future services:

- Create a focus group on Belief in Self for those we serve, where we plan to create an assertiveness training for people with disabilities and implement a peer support group, especially in the cases where an individual supported feels they have increased independence.
- Provide functional skills training, for both staff and individuals we support, on cooking and cleaning, where we plan to research or create functional training classes that promote cooking and life skill training for both the individuals and their staff, since skill levels vary from one person to the next.
- Find community groups individuals can be a part of by encouraging individuals to join the Neighborhood Watch and the neighborhood association within their communities. We also plan to continue to attend Crisis Response Group meetings to educate others on the I/DD community when they have interactions with law enforcement.
- Create a list of skills that people are interested in learning or know how to do; then from there, share this resource with other programs, so that they can work together to share and build skills. This would include:
 - Provide training for the staff and individuals on informed decision making.
 - Invite individuals to attend our Code of Ethics training.
 - Provide more training and clearer expectations for staff around “doing with, not for” an individual, to decrease staff reliance and promote independence.
 - Provide training to an individual’s guardian on individual rights and choice.
 - Encourage individuals with high skill sets to form workgroups to assist their peers that tend to be more staff reliant.
- Research and implement adaptive equipment and technology to better the lives of our individuals by exploring potential technology to assist with making choices (for example, a picture board could help those individuals who are non-verbal or have

limited vocabulary). We also plan to investigate alternate funding sources (ex. K Plan) to create a more barrier-free home.

We plan to implement the Quantitative Survey as a tool to measure customer satisfaction and will administer it to our population once a year. We also feel it would be beneficial to our programs if we created an entry and exit survey, to be taken by individuals served and used for future trainings purposes to improve services.

Shangri-La has always been dedicated to providing individual fulfillment, personal dignity, and happiness to those we serve. We pride ourselves on responding to the needs of an ever-changing population, meeting our mission, and serving people with disabilities to the best of our abilities. We look forward to building on the knowledge and tools we acquired while discovering new and better ways of measuring the impact of our mission.

YOUTH AND FAMILY SERVICES

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Jim Kakacek, Lonee Hall, Ray Scott

PROGRAM OVERVIEW

Shangri La's Youth and Family Services (YFS) contracts with the Department of Human Services Self Sufficiency (DHS) branches and provides services to families receiving Temporary Aid for Needy Families (TANF). All participants must have qualifying children to be eligible for our program. Services include Job Search, Supported Work, Life Skills, Work Experience, JOBS Plus, Youth Career Exploration Program, and High School students. Each service emphasizes different skills for participants to learn and achieve their chosen outcomes.

INTENDED IMPACT

- **Participants are thriving in the workplace.**
What we mean: Participants are maintaining employment, earning a living wage, demonstrating effective communication, and critical problem-solving skills. They are enjoying and excelling in their careers.
- **Participants are defining their own success.**
What we mean: Participants discover what is important to them.
- **Participants are strategic and goal orientated.**
What we mean: Participants learn how to set goals that align with their future, are attainable, and easily measurable.
- **Participants are building resilience.**
What we mean: Participants continue learning, are adaptable, and can navigate life's obstacles to embrace change.

EVALUATION METHODOLOGY

The aim of our evaluation was to see what kind and quality of impact YFS is having on the population we serve. To understand this, we explored two broad evaluation questions:

1. What kind and quality of impact are we having on our participants?

2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified themes and findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began by identifying and clarifying the intended impact of YFS. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact on the mental, behavioral, and emotional changes in our participants. We used these indicators to design a qualitative interview protocol and a quantitative questionnaire to evaluate progress toward achieving our intended impact.

QUALITATIVE DATA COLLECTION AND ANALYSIS

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. The number of program participants was, on average, over the course of the study, 350 participants. Our sample size was 26, drawn from the following strata of our population:

- The individuals were engaged in services
- Selected based on one of seven locations within three counties
- Selected based on service: Supported Work, Life Skills, Job Search, Work Experience, and JOBS Plus (subsidized employment).

Our interview team consisted of YFS Career Coaches, YFS Supervisors, and Shangri La management staff as interviewers. We convened one-on-one interviews lasting from between 45 minutes and one hour in length and collected interview data.

We then analyzed the data inductively using a modified version of thematic analysis. Each interviewer implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes, and identifying themes) for each interview. Together, we developed common themes from the entire data corpus identifying the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined the dynamics among the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

QUANTITATIVE DATA AND ANALYSIS

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 50 participants, and had a response of 26 participants, a 52% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings. The most significant insights from the quantitative data are described in the following narrative.

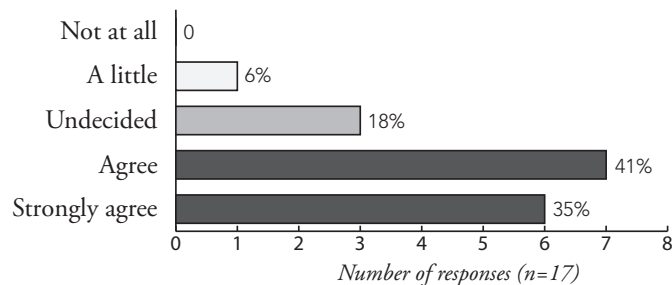
FINDINGS

FINDING 1: RESILIENCY, “STOP, RETHINK, & TRY AGAIN”

Key Insight: Participants learn the power of resiliency when they take the time to stop, rethink, and try again before becoming discouraged when faced with adversity.

Our interview data indicate optimism, particularly during challenging situations, empowers YFS participants to be resilient. Rather than giving up when faced with misfortune, participants who show resiliency can adjust and reset. One interviewee stated, “By setting goals and breaking them down into smaller, short-term ones, it has made it easier to focus. I can achieve things I didn’t think I could.” Instead of simply coping with the aftermath of misfortune and starting back at square one, participants indicated great resolve in the face of difficulties. In our quantitative data, over 76% reported an increase in confidence when recovering from setbacks since working with YFS (see Figure 1).

Figure 1. Confidence in ability to recover from setbacks since beginning YFS.



YFS staff consistently teach the power of resiliency. We heard in our interviews that by showing participants how to take control of their life head-on, they learn they can overcome difficult situations. A participant stated, “My overall health has affected all aspects of my life, work and family. I now recognize that I have grown more resilient through these trials.” This participant also described that through the support and guidance of YFS staff, she was able to identify how setbacks were affecting her employment goals and how a resilient mind-set can help her to

move forward despite obstacles. Another participant stated, “Just knowing that I’m supported. That’s really huge,” when referring to maintaining her resiliency. Yet another participant talked about having someone to “brainstorm possible solutions and approach situations differently,” which helps him refocus on the positive and continue being resilient.

Significance

This finding is refreshing to see in that it shows company-wide that we are fostering this important characteristic within our participants. This critical element of self-support shown by our participants is necessary for jumping over hurdles instead of letting barriers drag them down. Being able to recover quickly from setbacks and harness inner strength is a crucial trait to possess when working towards self-sufficiency.

Possible responses

- A questionnaire on how each participant has been resilient in their past could be given when entering our program.
- Set-up weekly or monthly self-accountability meeting on the level of resiliency that they have shown in the face of obstacles during that week or month.

FINDING 2: FAMILY, A DRIVING FORCE

Key Insight: A participant’s family is a strong driving force for success.

Our interview data demonstrate that family is a strong driving force for our participants’ success. Many YFS staff have heard this as a recurring theme. The data revealed that the family motivates and encourages the participant and that the welfare of the family is vital. It has also shown that parenting skills are improved in some cases. Often the participant realizes that it is critical for unhealthy relationships to be removed or distanced from the family unit.

“Love for my child helps me to get up and face the day,” said one interviewee. Said another, “Family has been my motivation and encouragement.” These two quotes demonstrate a common theme of the importance of family reported by our participants. We heard in our interviews that their drive can go in two directions. It can inspire a participant to immediately seek to acquire employment to address the immediate needs such as housing, transportation, electricity, and food for their family regardless of sustainability. Alternately, it can encourage them to take some time and evaluate their needs and where they desire to go by establishing goals to attain their own personal success. Our program encourages participants to select a career that leads to lifelong self-sufficiency. The challenge has always been to have participants reflect on their career choices and build their confidence to apply for those careers that lead to self-sufficiency. In the short term, many choose to take the easy option of working a part-time position that does not meet the basic needs mentioned above, which results with them continuing to receive assistance.

Significance

This finding is highly significant in that family is one of the strongest motivators for success that we have identified both in the interviews and surveys. We all want to see our children succeed, so by identifying participants as role models for their children, we will encourage engagement in our services. With that engagement, the children will be more likely to get involved in positive activities leading to a brighter future. With this role modeling the children, and family overall will be more likely to become and stay self-sufficient.

Possible Responses

- Family building exercises
- Family goal setting in conjunction with personal goals
- Including other family members in program activities
- Develop family-based strategies to increase participant “buy-in.”
- Youth Programs (in process)

FINDING 3: SOFT SKILLS MAKE YOU STRONG

Key Insight: The focus YFS places on soft skills makes the biggest impact in overcoming challenges to obtaining employment.

Gone are the days of selection based solely on education or old-fashioned hard work. Today’s job market is competitive. Not only must participants be smart and hardworking, they must be able to get along with others, all while staying focused and motivated. Our participants struggle with having little to no work experience, as well as difficulty adapting to social workplace interactions in a professional manner.

When analyzing the data, we discovered the most confident participants were ones that gained soft skills such as how to interact in difficult social situations, tone of voice, professional language, listening to understand, and self-care. They showed more confidence when asked to describe challenging communication issues with co-workers and how they would approach the situation. These soft skills helped improve their family life as well. Listening for better communication is just one of the topics we cover. By giving someone their full attention, participants were able to communicate with family, friends, and co-workers, which led to a better understanding of what was being said. Those interviewed shared comments such as:

“I am learning to be stronger and how to communicate better.”

“I am more calm and positive.”

“I have learned how to prioritize my goals and how to better organize my time.”

Our other interviews shared a similar theme.

Significance

Developing soft skills has made participants stronger employment candidates, parents, partners and friends. Our participants leave the program more confident interacting with difficult situations, more prepared to address their own insecurities and have strategies for coping with life's challenges, big and small. By using these newly acquired soft skills, participants will be able to sustain employment longer, build healthy relationships, and be able to provide a more positive life for their family.

Possible Responses

Provide more guidance and opportunity for self-evaluation of soft skills

- Create an optional "Certification" program to document participants employability skills that can be used to build up a resume and/or presented to potential employers
- Employability "Grade" program, like Certification program but targeted at first-time job seekers
- Offer structured classes in a work environment to teach soft skills (in process)

FINDING 4: BARRIERS, THE GREAT BARRIER REEF

Key Insight: Some participants have inflicted self-imposed barriers that have limited their ability to gain the confidence & resilience to achieve success for a productive career.

In our interview data, it was apparent that the greatest barrier put on our participants was themselves. The feeling of being overwhelmed by the totality of what was to be accomplished to prepare them for employment was so daunting that they didn't know where to start. Their feeling was, "What's the use of even trying."

Personal and/or health issues, which included trust, self-confidence, negative relationships, drug abuse, and previous work injuries, undermined their ability to ask for guidance. One participant stated, "If I didn't have so many appointments, I would be in here more." With all these life challenges, participants find it hard to focus on moving forward and improving their lives. Many times, they are caught in the moment and have little time to focus on the future.

With the support of YFS around building skills to address these barriers, participants are better prepared for the future. Survey data showed that, when engaged in services, participants were able to identify (Figure 2) and set (Figure 3) goals despite the whirlwind of challenges around them.

Figure 2. YFS helped me identify my goals.

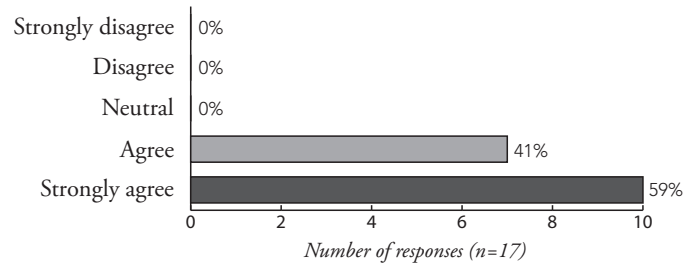
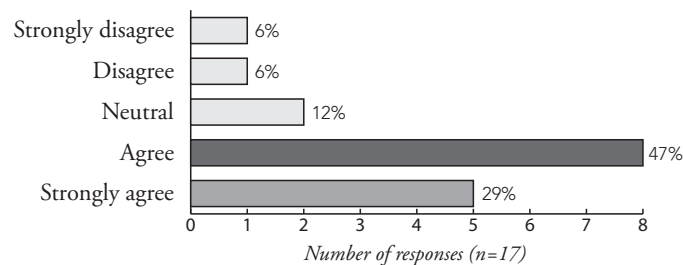


Figure 3. YFS helped me create short term goals.



Significance

By identifying these self-imposed barriers, we can strategize ways to address the obstacles our participants face. Although our current efforts have indicated a shift in thinking for our participants, developing new ways of engaging them in more positive, goal-orientated activities will create a greater likelihood of positive outcomes leading to self-sufficiency.

Possible Responses

- Improve self-identification of barriers by participants in order for YFS to help participants create a tailored plan to address barriers in a timely manner
- Advocate for mental health support for participants to help with the feeling of helplessness due to barriers
- Direct referrals from YFS to verified resources that can assist with overcoming barriers

FINDING 5: THE LIFE NETWORK

Key Insight: Key factors in participant success are supports, accountability, and someone to answer questions.

After several interviews across three counties, we discovered that participants were directly or indirectly asking for support and accountability. In one instance, a participant stated, "It is nice to have someone to ask questions to." One participant felt comfortable enough to say, "I come

here to be held accountable for the activities that I agreed to.” This has been a long-standing theme of our program, that need for accountability. While others might not say it directly, they come to YFS to get out of the house and find it nice to have a place where they can get coaching and ask questions from someone their own age, someone other than their children.

Many times, our participants spend much of their days inside, interacting only with their children. For the most part, it has kept them in a comfortable setting where they feel accepted and not rejected. One participant noted, “I need to surround myself with people like me... positive people.” This participant was referring to our career coaches, whom she said were positive and encouraging.

We used the quantitative survey to get a better idea of how much participants felt supported. We asked multiple retrospective questions, including if they know where to find resources, if they know what resources are needed to overcome their barriers, if they are proud of themselves, and if they feel hopeful about their future. The first two queries are focused on the tangibles, knowing their resources and knowing what resources are most beneficial to them. The next two are really focused on how they perceive themselves. This helped us understand the holistic changes that are being made while engaged in our services.

In the first set of retrospective questions, where we asked, “I know where to find resources” (see Figure 4) – only four respondents indicated they strongly agreed with the statement before entering our program, and 10 strongly agreed with this statement after being in our program. That is a 250% increase in those participants that strongly agreed. There were no participants that disagreed with that statement. More evidence suggests this to be true. Upon asking participants, “I know what resources are needed to overcome my barriers (Figure 5),” only seven reported that they either agreed or strongly agreed with the statement before the program, while 15 either agreed or strongly agreed with the statement after being in our program for some time. That is over a 200% increase in knowledge of resources. Again, there were no participants that disagreed with that statement.

Figure 4. I know where to find resources.

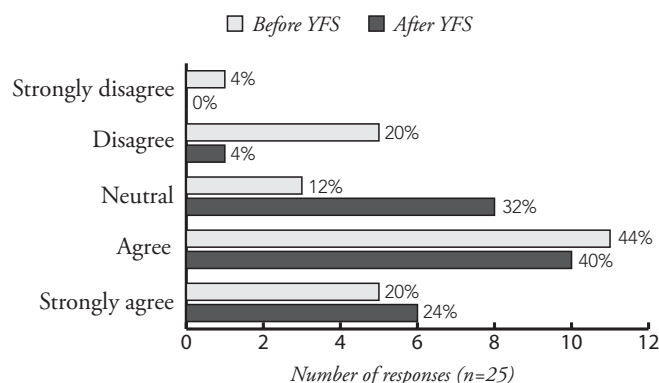
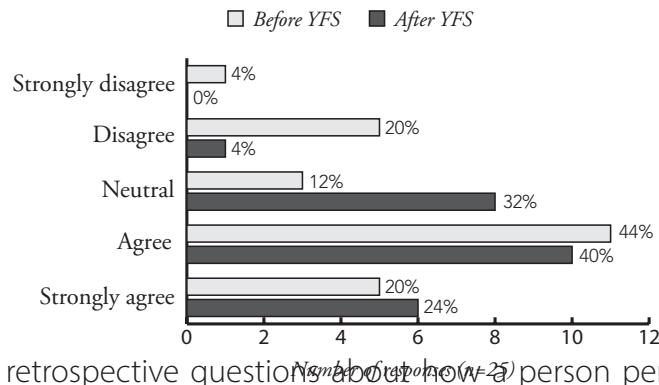


Figure 5. I know what resources are needed to overcome my barriers.



In the second set of retrospective questions about how a person perceives themselves, we asked, "I am proud of myself (Figure 6)." Three participants responded that before entering our program, they were a lot to a great deal proud of themselves. Eleven participants responded a lot to a great deal after the program. That is nearly a fourfold increase in participant pride. We also asked, "I feel hopeful of my future (Figure 7)." Six participants said they either agreed or strongly agreed with this statement before entering our program. Nearly all 16 said they either agreed or strongly agreed after entering our program. That is over a 250% increase in the number of participants that are more hopeful about their future.

Figure 6. I am proud of myself.

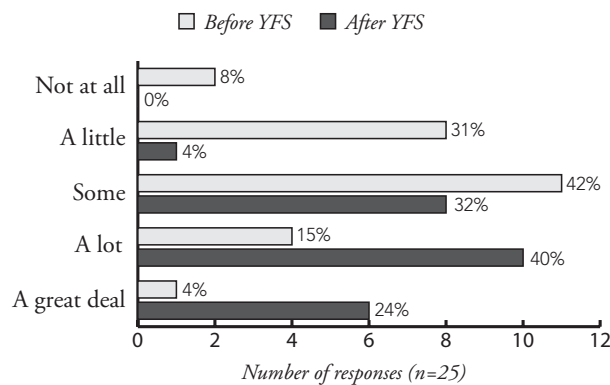
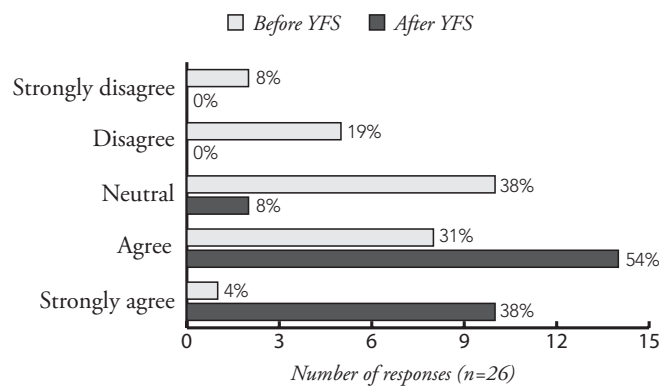


Figure 7. I feel hopeful about my future.



Significance

With this survey and interview data, we are better able to see the positive impacts being made in people's lives. The increases from the retrospective surveys alone speak to that impact. Participants that have family support to help with childcare, financial struggles, and an ear to listen are more likely to succeed. To have participants comfortably say, "With YFS I have support and I never had support before," we know we are heading in the right direction.

Possible responses

- Pre and post-program surveys to identify what areas of support are needed
- Ask participants to identify someone in their lives' that can be a mentor and accountability partner – to help beyond our program
- Provide participants with resource booklets when beginning our program
- Assist participants in strengthening their commitment to following through with appointments scheduled by writing them down in a planner or added to phone calendar

FINDING 6: STAIRWAY TO SUCCESS

Key Insight: YFS focuses on the skills needed to build success over the end goal of employment. Participants found that they could take time to focus on building skills that would lead them to long term careers while working with YFS.

The data showed that YFS gives priority to coaching participants in building foundational skills needed to be successful, over quickly finding employment. We are supporting participant success as they define it on their chosen path to success. One participant shared, "I'm longing to be bold, to test the status quo of world judgments and dig deeper within myself." Throughout the interviewing process, participants shared their increased confidence and improved self-image, what was missing from our interviews were hard skills and comments about finding employment. The goal of our program is to help people become self-sufficient. That said, many believe developing hard skills is the preferred route toward independence from government assistance. Our focus is on developing both a participant's hard skills through work experience opportunities and soft skills through our workshops. What we have found through interviewing participants is that the most positive outcomes result from our soft skill-building activities.

We found that participants were supported in their efforts to build needed skills that they could apply toward careers. We encourage participants to pursue careers that they are interested in, that provide advancement opportunities, and that they are more likely to stay with for longer periods of time. The small things that many participants improved included listening to

understand, professional language, tone of voice, and self-care. These are all necessary skills to develop for a successful life and career.

Significance

The overall goal of YFS is to support participants in establishing skills that will help them gain sustainable employment. The hope is that their employment will be long term, in a career field of their choice, and that it will have opportunities for promotion and growth. The significance of this finding is that participants are utilizing the supports provided. They could take “a job, any job,” and yet participants who are engaged with the YFS program are willing to build new skills and invest time into their future careers when they have dedicated support. “Any job,” meaning a minimum wage job, would not support a family in today’s high-cost-of-living world. Building on a career that can be sustained and even encourage positive financial growth will lead to a more stable family life.

Possible Responses:

Our possible responses to this finding involve some self-reflection and evaluation from our contract provider.

- Is this the right focus? It feels right, but is it the right focus for the work that we are contracted and paid to do?
- What do we have to pay attention to right now while moving forward? Are these strengths the right strengths to focus on moving forward?
- Conduct assessment of YFS strengths with key people at the Department of Human Services. What would they like to see continue in new contracts? What are we doing right so that we can continue to that?

CONCLUSION

INSIGHTS INTO IMPACT

Our conclusion is that YFS is successful in its mission to help participants recognize and achieve their full potential related to being in the workforce. Participants are sharing that they have more pride in themselves, more hope in their future, can find the resources they need to overcome adversity, and can refocus on goals when setbacks occur. Success comes with participant engagement and an open mind to work collaboratively with their Career Coach and Family Coach. Our greatest challenge is getting and keeping participants engaged, whether that is a program issue or based off circumstances beyond our control. One of our greatest needs is to improve engagement levels in the program.

In the period between July 2018 to May 2019, 1229 participants were served by YFS. Of these participants served, we found the following:

- Approximately 27% found unsubsidized employment (Success)
- Approximately 36% were removed from the program by DHS when other needs were identified that YFS does not provide services for or planned activities were completed. (Partial success)
- Approximately 28% were removed from the program by DHS Family Coaches, usually for non-participation. (Not successful)
- Approximately 9% undefined (referred but never showed up?).

Resiliency, Family, Soft Skill Building, Addressing Barriers, Support and Accountability, and Stairway to Success. These six findings illustrate the impact the YFS program has on participants. The circular and intertwining nature of building resiliency, confidence, and support structures leads to success and eventually, employment. The goal of our program is to help participants recognize and achieve their full potential, specifically in the workforce. The outcomes expected of our program by our DHS partners are to help people become self-sufficient and help them find a meaningful career or employment at a living wage. The idea is that our participants will self-select the path that is best suited for them and most likely to improve their life situation.

Are we making an impact on those we serve? Those participants that are engaged and accepting of coaching gain the most benefit from our services. They are open to new challenges (work experiences), they choose to use time management strategies (soft skills), use goals to make positive progress, learn to how to approach setbacks, and develop resiliency by attaining the skills needed to deal with adversity and setbacks. This positive shift in thinking must happen before participants can gain self-sufficiency. Does this shift need to come internally, or can our services influence this positive shift? Or do we continue strengthening confidence by getting participants to step outside their comfort zone, support them when needed, and continue to build on the small successes?

STEPS FORWARD

- Growing participant engagement is a priority because it is the most critical factor in reaching our mission.
- Expand engagement and awareness of YFS with DHS management and Family Coaches
- Increase direct contact and training with participants in a work environment

OPPORTUNITIES FOR FUTURE EVALUATION

- Create evaluations based on our Mission Statement (To help people recognize and achieve their full potential) and DHS contract outcomes by using our current findings i.e.: addressing barriers, building confidence and resilience, providing support and

accountability, and redefining success. This will help meet our contract outcomes while using the data and analysis of this project to be a more impactful (serving people where it matters) program.

- Create new interview and questionnaire questions based of the results of this study. By doing so we will have a greater understanding of what is needed for our program to be successful. The knowledge gained from this project will help us focus on the most impactful outcomes expected in our contract.
- Evaluate the level of engagement by participants. By identifying a few levels of engagement - not engaged, partially engaged, and fully engaged - we can identify and focus on how to reach the most difficult to engage participants. We can dedicate a couple of staff to spearhead this project and identify research-based strategies for engagement.
- Identify the triggers or stumbling blocks that create disengagement. This would be a preventative measure to reduce the potential of failure for people. The more positive experiences participants have with our program the more likely they will be committed to succeeding.
- Post-program follow-up. This would help us identify if participants are actually moving off assistance or are just moving to a different service. It would also help us measure our effectiveness and impact, like the retrospective survey questions above.

HOUSING ASSISTANCE PROGRAM

Robin Winkle, Paige Gorry, Ashley Erb, Janet Yousey

PROGRAM OVERVIEW

Shangri-La's Housing Assistance Programs (SHAP) provide permanent supportive housing in scattered-sites to homeless individuals or families with disabilities within Marion and Lincoln Counties.

The programs are funded through the Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) grant which is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability.

HUD defines permanent supportive housing as housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability .

Services include assistance with locating appropriate, affordable housing, ongoing case management, life skills training, identification and assistance with barriers to employment, and financial resources for housing.

Currently, SHAP provides permanent housing services to 28 households. Of these households, 21 consists of adults without children and 7 are families with children, and 6 participants are chronically homeless per the Department of Housing and Urban Development's four-part definition of homeless :

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.
- Families with children or unaccompanied youth who are unstably housed and likely

to continue in that state.

- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

INTENDED IMPACT

As a result of support provided by SHAP, we intend that:

- **Individuals and families are consistently able to meet basic needs.**

What we mean: Individuals and families have consistent shelter, food, utilities, clothing, health care and mental health services. Consistency is defined as the maintenance of basic needs to ensure stability and prevent crisis/reverting to a previous state.

- **Individuals and families are engaging in healthy relationships.**

What we mean: Participants are identifying who should be in their support network, have a plan for building those relationships, are learning about and demonstrating healthy boundaries, and understand how to manage conflict.

- **Individuals and families are setting a course for their future.**

What we mean: Participants have the skills to navigate challenges and are participating in planning for their future. They are setting goals and using “future” language.

- **Individuals and families are participating in and/or giving back to the community.**

What we mean: Participants are helping others, whether through organic or formal volunteer services or paid employment or are participating in activities within their chosen community.

EVALUATION METHODOLOGY

The Project Impact Team worked between March-August 2018 to identify and refine intended impacts, conduct in-field interviews, and complete data analysis. Our evaluation aimed to see what kind of impact the Housing Assistance Program has on participants. To assess the program’s success in achieving the intended impacts, the Project Impact Team developed an in-depth interview protocol to capture qualitative data and a detailed retrospective survey to obtain quantitative data.

Using the Heart Triangle method of evaluation that attempts to uncover transformational changes, we developed a 16-question in-depth interview protocol. Each question sequence asked program participants to first reflect on any changes in their knowledge, actions, or feelings; and secondly to delve deeper to assess if they experienced any changes in their beliefs,

habits, or acceptance and sense of ownership and agency related to basic needs, relationships, future planning, and philanthropy.

Each interview was conducted in approximately one-hour in a one-on-one setting by a Project Impact Team member. The team used the Heart Triangle method to interview and evaluate data. Data was captured through vigorous note-taking during the interview. These notes were augmented immediately following the interview to include details such as body language assessments and initial thoughts regarding the interview.

During data analysis, the Project Impact Team uncovered themes that permeated throughout the conversations with the program participants. To do this, we sorted through the responses provided by each participant and formed descriptions (what changes occurred because of the program, how they occurred, and why they occurred) to categorize significant ideas. We then interpreted each of these descriptions and identified various themes regarding participant changes. We evaluated the

themes that persisted throughout the interviews and developed our most significant findings.

In addition to the qualitative in-depth interviews, we developed a 14-question survey to collect quantitative data on our indicators of impact. This instrument consisted

of short answer questions, a retrospective Likert scale response, and multiple-choice questions. The analysis of this data provided quantitative results to corroborate our qualitative findings.

Due to the scale of the SHAP, the team agreed that the sampling strategy was to interview and survey each program participant/family. The team was successful in interviewing and surveying 24 of 28 program participants.

FINDINGS

FINDING 1: MORE THAN FOUR WALLS AND A ROOF

Key Insight: Once participants have their basic needs met, the safety and security of the program is the catalyst that allows them to focus on other areas of their life (i.e. overcoming barriers, engaging in healthy relationships, improving basic life skills, and improving their mental and physical health).

A significant focus of the program is on individuals being able to meet their basic needs. We didn't anticipate the domino effect that meeting basic needs would have on improving other aspects of their lives. Most commonly the progression of change was first focused on reliance on services, then a transformation of self, and eventually an excitement of philanthropy for others. The length of time between initial stability and philanthropy is varied and greatly influenced by physical and mental health factors.

Many participants described feeling safe and secure because of their new home and guidance.

“I am able to deal with challenges that come my way and move into healthy environments,” said one individual.

The participants no longer had to worry about where they would sleep that night or how they would get their other basic needs met. The quantitative data confirmed this.

When asked to rate their overall level of anxiety around meeting their basic needs before and after the program (with 1 being non-existent and 5 being very high), there was a significant change. Before the program, 71% of participants rated their anxiety very high while after the program, only 8% of participants rated their anxiety as very high. Nearly 40% of participants rated their anxiety as non-existent after being a part of the program, while that number was 0% before the program.

Most participants felt very high anxiety about meeting their basic needs before the program. Insert Shangri-La’s Housing Assistance Program, and the pendulum swung the other way so that many were feeling little to no anxiety about meeting their basic needs. This safety and security allowed participants to focus on other things like saving money, which helped propel them into planning for the future.

“I feel like I have a future now. I can move forward with new opportunities. Before there was no hope,” said one participant, who was able to take a CPR first aid class so that she could babysit her neighbor’s children.

Not only were participants feeling safe and secure through having their needs met, but they also were able to achieve other things by doing so. Individuals were able to practice overcoming some of their barriers (relationships, mental or physical health, etc.) without having to worry about their safety. One participant mentioned now having the time and safety to “focus on healthy relationships and defining boundaries.”

Another participant said, “When I don’t have my needs met, my mental health doesn’t stay under control, and I go towards suicide. I have help [from SHAP] if I need it and because I have better health, I can deal with the rest of life better. When I first started [in the program], I just stayed in bed with pain pills and cigarettes, but [my housing specialist] connected me with a therapist. I have gotten a lot better. Now, I am much more hopeful.”

Knowing they could take a shower in the morning or have heat in the winter, participants were able to focus on finding other healthy ways to overcome barriers, whether through support networks or guidance through mental health providers.

Significance

The safety and security provided by the program is the catalyst for greater impact and personal achievement.

Possible Responses

- Identify how the program team can deepen the safety and security offered by the program.
- Host a resource fair for SHAP clients to be able to connect with community partners that can serve as resources for meeting basic needs.
- Develop a SHAP+ concept. The SHAP+ concept is the next level of support where cohorts of program participants (that have applied to be part of the cohort) are getting focused attention from the program team on topics and goals not required by the grant funding.
- Hire a Qualified Mental Health Professional (QMHP) to be able to provide in-home services.
- Create a menu of opportunities to better identify what supports SHAP can provide.
- Create a basic welcome packet which includes basic personal care items and information about key community resources.
- Identify how volunteers may be able to provide transportation support to SHAP participants.

FINDING 2: ALL THE RIGHT STUFF

Key Insight: A key component of meeting basic needs over the long term includes participants obtaining greater knowledge of available community resources and how to access these resources.

The data revealed that the participants were able to clearly understand what it meant to have their basic needs met, can identify community resources, and are using community resources on an ongoing basis.

As one client said during her interview, “Just like Maslow’s hierarchy of needs, it is necessary to take care of basic needs in order to reach further goals, and I could not have done it without the resources in the community.”

In the past 60 days, 62% (15) of the SHAP participants have utilized a minimum of 2 community resources, and 38% (9) have utilized community resources between 3 and 10 times to help meet their needs. By understanding where they need to go for help or where to ask, they can better help themselves.

Another participant said, “[My housing resource specialist] helped me get on Meals on Wheels and that helps with my health. My labs since I have been getting Meals on Wheels have been good because I know I get one good meal per day. I also get food boxes and go with some people around here to the dinner the church has on Tuesdays. I am not starving because

I know there are resources out there. I do take advantages of those.”

More discussion from other participants included access to food, help with utilities, escaping domestic violence situations, and the support they get from the program.

Significance

Program impact is deepened, maintenance of basic needs is stabilized, and program reliance is lessened when supports focus on helping participants know about and access community resources.

Possible Responses

- Develop ‘Community Connect’ opportunities where SHAP participants can go in groups to learn about community resources or share community resources with each other in a social setting.
- Create a community resources reference sheet.

FINDING 3: CLOUDY WITH A CHANCE OF SUCCESS

Key Insight: Addressing a participant’s mental health and/or physical health has a powerful effect on the outlook of their future.

In interviewing 24 participants, the data revealed that those who were most successful in setting and obtaining goals were those who are actively working on their mental health treatment and/or addressing any issues with their physical health.

Per the program’s funder, Shangri-La’s Housing Assistance Program does not require participants to focus on follow-through for any goal or improvement to stay eligible for the program. However, we discovered that those who were engaged with mental health counseling or addressed their physical health were more apt to make progress in the following areas:

- Relationships
- Understanding the importance of healthy relationships
- Development of new and healthy relationships
- Ability to acknowledge and leave unhealthy relationships
- Acknowledging barriers to setting and achieving goals
- Participation in external support networks
- Increased ability to ask for the help they need to be successful
- Give back to their community by helping others in need

One participant stated, “The program keeps me grounded. I don’t always like what they are

telling me, but I know it will help me move ahead in life.”

Significance

When a person is healthy -- mentally and physically – their ability to focus on developing and achieving goals is greatly improved, creating a positive environment for personal growth.

Possible Responses

- Funding a QMHP to treat participants in their own home.
- Set a program priority to help all program participants get established with primary care providers and encourage regular visits.
- Explore incentives to help participants be actively involved in treatment or reaching goals.

FINDING 4: TO BAKE, TO BUY, TO GO WITHOUT

Key Insight: Program participants are varied in their comfortability in seeking and asking for help, and as such have varied approaches and mixed outcomes related to meeting their needs and overcoming barriers.

Data showed that program participants are spread across the spectrum in their comfortability in seeking and asking for help. For some, it appears that the development of critical thinking skills to meet needs are stifled due to the ease of asking for help from program employees.

Others describe asking for help as a tool to overcome barriers when they have exhausted their other options.

“I try to stay as independent as possible. I think independence is a strength. It is okay for me to struggle through things. If it gets frustrating, that’s okay it doesn’t bother me. But my [housing resource specialist] comes once a month and if I need help with something I can’t do on my own I let her know,” said one participant.

In some cases, participants coupled these comments with acknowledgment of feelings of shame or embarrassment, so likely asking was a last resort or a thoughtful decision.

For others, this was a point of pride because they had a better option for overcoming a challenge than they did before the program and this change is valued.

“I can always ask [the housing resource specialist] about how they solve things. They have taught me to have a better attitude and showed me the way they go about things. I am more secure in asking for things I need from resources even if they can’t help. I don’t feel embarrassed,” said one participant.

And lastly, some described an inability to ask for help due to ask fatigue (humiliation of having to ask for more help), feeling that they have already been given so much, or that they

were unsure how to ask for help and what kind of help they could ask for.

Significance

A participant's comfortability with asking for help may determine if successes in other areas are hindered or propelled. Future question: Does the program's design somehow foster environments where these behaviors happen? For some, asking for help has strong emotional ties which may need to be more clearly identified and addressed.

Possible Responses

- Establish a clearer definition of supports that SHAP team can assist with.
- Create more autonomy for SHAP team to authorize expenses allowed by the program grant to ensure needs are met in a timely manner and/or request funding from Shangri-La's Jan Kral Scholarship Fund or Louise's Shoe Fund.
- Establish and/or encourage participants to contribute a partial contribution of personal funds; creating ownership or buy-in.
- Further research to see if the program's design is creating a crutch or generating empowerment.

FINDING 5: GLASS HALF EMPTY GOGGLES

Key Insight: For many program participants, their perception of personal success and progress is clouded due to mental or physical health barriers.

The overwhelming majority of program participants struggle to see beyond the limitations of their mental or physical health. The data showed that participants might have done well at learning new life skills, meeting basic needs, or understanding positive and negative relationships, but their sense of self and successes did not always reflect that.

When asked to rate their overall feeling of optimism before and after the program (with 1 being non-existent and 5 being very high), there was a significant difference. Before the program, many were feeling low to non-existent optimism (1), whereas after the program, most participants rated their optimism on the other end of the scale (4-5). Before the program, 67% of participants rated their optimism as non-existent, while after the program that number dropped to 0%. Most participants rated their optimism after the program between high (42%) and very high (33%).

While this showed that overall optimism improved, our qualitative data showed that this new sense of optimism did not always translate to a greater sense of a self-worth or drive for future planning.

"I don't really look at that stuff [the future]. I will be a little older. I like to go and do stuff, but

I don't really focus on the long term. When I was homeless, every day was a challenge. It wasn't even a concept to worry about what else I could be doing," said one participant.

When asking one individual how their ability to overcome barriers had changed since coming into the program, due to issues both in their relationships and with their mental and physical health, they said, "I can overcome barriers, but I don't have the drive anymore."

Individuals struggled to see the importance of what they were able to achieve in the day, month, or year. Naturally, it was hard for them to also find value in themselves and their actions due to their filtered worldview due to their physical or mental health. This mindset influenced future-thinking.

When asked about the future, participants described just wanting to make it through the day. Others lost interest in pursuing old hobbies or things of interest. Some had clear goals of what they wanted to do, but their depression held them back from "just getting up and doing it."

Significance

If this is a barrier for most if not all our participants, how are we making it easier for them to access their health resources? Perhaps there is a better way to connect them with our mental health clinic, or an expansion of outreach supports to get them to those appointments.

This clouded perception also poses a significant barrier for the program team. The unpredictable variables of health (both mental and physical) pose a significant barrier for the program team because despite how well the program might be performing, impact could be limited due to factors outside our control.

Possible Responses

- Establishing a volunteer opportunity for a "Personal Champion/Coach"; someone outside of the program that can help a participant identify and celebrate achievements.
- Monthly socials held at different locations that are planned and led by participants.

FINDING 6: MY ISLAND OF SELF-EMPOWERMENT

Key Insight: Many participants in the program expressed a desire and need to focus on themselves, rather than engage in outward relationships.

We anticipated the data would show a direct correlation between success and the number of positive relationships participants were able to nurture and sustain. Once the data was collected, it was evident that many participants are making the healthier choice of living an isolated lifestyle to remove themselves from harmful triggers and focus on their own stability

and growth.

When asked if they knew what the characteristics of a healthy relationship are since being in the program, two-thirds (16) of participants answered agree or strongly disagree, while one-third (8) of participants disagreed. This data did not account for individuals who may have already felt confident in their knowledge of healthy relationships.

The data also showed that participants are knowing when to exit an unhealthy relationship. Over 80% of participants said they were confident or very confident in this knowledge and skill. Furthermore, data showed us that although it can be difficult, participants could understand the negative effects an unhealthy relationship was having on their life and still make the difficult decision to exit them. The qualitative analysis mirrored these results as well.

Many of the participants described outside influences and connections to be a distraction from their main goals. One individual described being fearful of past influences of drugs and alcohol on his road to being long-term sober, so he chose not to focus on relationship building quite yet.

“My friends at the mission were drinking and doing drugs, so I stayed away. My life has gotten better, and I have to keep up with it. I’m spending time working on me,” he said. While he may not have a support network beyond Shangri-La now, he is focusing on what he needs to be most successful.

Maintaining both mental and physical health was the main goal for participants who opted not to focus on relationship building. For example, one participant described maintaining stability with her mental health was essential to keeping relationships healthy in her life.

“Maintaining friendships is challenging because of the ups and downs of my mental health. I need to keep myself in a good place,” she said.

Her main goal is to be more independent, to be able to combat challenges both with her sobriety and mental health and feel comfortable doing so.

“Lots still cause me anxiety. I am an agoraphobic sometimes. The way people treat each other also causes me a lot of anxiety these days. It feels good to get out more than I used to. Some days I still just need to be on my own and in my own head,” one participant said.

Significance

The majority of the individuals in the program are aware that engaging in relationships or community activities can be triggers of previous negative behaviors, and by choosing a more isolated lifestyle, they are learning to cope with triggers on a more manageable basis and are setting themselves up for greater success.

Possible Responses

- Identify vetted self-reflection tools and train program team on how to use these to

support participants.

- Employ QMHA/QMHP to help participants identify triggers and coping mechanisms.
- Develop visual aids that could aid in skill development and goal attainment.

FINDING 7: OVER THE HURDLE

Key Insight: Program participants acknowledge barriers that hinder success, yet action needed to overcome barriers are not occurring.

The data revealed that many participants had long-term goals, but many were not taking steps to overcome hurdles to achieve goals.

The data showed that the conflict between the acknowledgment of barriers and the lack of commitment to act may be caused by fear, a lack of confidence, being afraid of failure, or challenges related to physical and mental health.

As one participant said, "I want a job, but right now, I could not keep a job until I am stable in my mental health counseling."

Some goals included buying their own home, getting married again, getting a job, writing a book, and becoming self-sufficient. Participants knew these were far-reaching goals, but also believed in themselves to make them come true. However, when asked to share the action steps needed to achieve these goals, many could not answer.

More than 6 goals were set for 58% (14) of the SHAP participants in the past 6 months. When asked how many the participants had started, finished, or achieved, 38% of the 14 had some goals started, 62% had some goals half finished, and 58% had achieved some of the goals they had set. The outcomes of this survey are helpful in being able to identify how the continued supports the participants are receiving are helping them in being able to identify and achieve some of the goals they are setting for themselves.

Significance

The continued conflict between the acknowledgment of barriers and the lack the commitment to act may be a reaction to fear, lack of confidence, or being afraid of failure.

Possible Responses

- Provide professional development training to the SHAP program team on mentoring techniques and how to help participants set goals. Include training on accountability conversations and methods.

FINDING 8: BOUNCE BACK PHILANTHROPY

Key Insight: Despite experiencing extensive hardships, the data revealed that many program

participants are showing a level of resiliency that results in a broad spectrum of philanthropic aspirations and activities.

Through the interview process, it was revealed that many program participants have experienced a significant amount of trauma (e.g. domestic violence, neglect, severe physical illness, relational separation, etc.).

Given the severity and in some cases, the prolonged duration of the hardships, we expected that participants would not demonstrate, to a large degree, the ability to cope and adapt.

However, the data revealed that many program participants exhibit behaviors of resiliency. Many spoke about a desire to make positive changes, overcome barriers, hopefulness, gratitude, ingenuity, and more manageable levels of stress or anxiety.

"I am much more hopeful. Hopeful that I am going to be happier during my time on earth," said one participant.

"Before, we would probably panic and freak out. Now, we are better at just putting our head down and get things worked out. We can just keep a positive attitude," said another participant as the result of getting their basic needs met through the program.

Furthermore, it was found that a bi-product of resiliency was intentioned and organic philanthropic aspirations or behaviors. Eighty-seven percent of participants know there are a variety of ways they can give back to their community, 100% could list at least one way they have given back to their community since entering the program, and 79% could list two ways, and 66% could list three ways.

For example, on the organic side of the spectrum, one participant talked about leaving extra food from their food box in the laundry room at their apartment complex for others who needed it, and another participant mentioned mowing the lawn for a church in his neighbor.

For another, it meant the simple gesture of sharing the eggs from her chickens with her neighbors. These participants did not specifically identify these activities as philanthropic when asked about how they were in service to their community; thus, we identified that philanthropy is happening both organically and structured.

On the structured side of the spectrum, one participant talked about regular and formal volunteer service with his church, one woman serves meals to the homeless, and another writes letters to soldiers during the holidays.

Although a place of resiliency allowed for philanthropy to take place, the motivations for these activities were varied. Many spoke about acting from a place of abundance ("I have too many clothes, so I donate those."), feeling a sense of duty to help others who were in their situation ("I like to help people on the street. I helped one guy get on SSI.") and taking pride in being able to help ("The more I am part of my community, the more opportunities I have to help and that makes me feel better").

Significance

The potential for change is higher than expected or anticipated. Perhaps individuals in our program are not the “burden on society” that they are stigmatized as but rather a catalyst for greater social impact.

Possible Responses

- Internal staff member designated to provide volunteer engagement support to participants wishing to engage in volunteer service.
- Explore options to help transport people to service.
- Offer the program team education around structured volunteer management.
- Focusing on affirmations regarding acts of philanthropy; add conversations about philanthropic activities to monthly meetings with program participants.

FINDING 9: INCH WORMS EXIST AND WE'RE EXCITED ABOUT IT

Key Insight: Program participants are taking opportunities to connect with others in their community, and this is leading to more complex support networks, confidence and a sense of purpose.

Data showed that most program participants, even those choosing isolation (see finding #6), are taking opportunities to meet and connect with others in their community, and that program participants are more willing to engage with new people which are leading to more complex support networks, increased confidence and a stronger sense of purpose.

The quantitative data showed that before entering the program, 13 participants were highly unwilling to engage with new people. After time in the program, only three program participants still reported a high unwillingness to engage with new people. Furthermore, 13 participants expressed having a higher sense of purpose after being in the program, and 17 said they had a higher level of self-worth.

During interviews, some reported talking with the cashiers at the store, others are joining online social communities from the comfort of their homes or taking opportunities for learning through community classes, and some are joining organized groups like Alcoholics Anonymous or exercise groups.

Because of my positive connections to my community, “I am at a point where I am not embarrassed anymore. I now feel okay giving advice and communicating with people. I have more self-esteem and am more confident. It feels good to know there is something I can still do.”

Positive responses to these outreach ventures are helping build confidence that then leads to engagement and building of larger, more complex support networks, and in some, a sense

of purpose and/or loyalty or protectiveness towards others in their life or the groups they are part of.

For example, when one participant was asked about her future goals, she noted that it was her duty/sense of purpose to pass skills onto her children. “Ongoing learning. Trying to help my sons succeed as much as possible. When I learn a new skill, I always pass it on to my kids. I would like to learn more about effective communication and pass it on to my kids.”

Another interviewee noted a profound and lasting admiration and affection for the ladies that he exercises with at his local pool. He described accountability, a sense of purpose, and a desire to return support.

“There is a group of ladies [at the pool]. I call them the bridge club. There is one lady there. She is 94 years old and still does all her own shit. I treat her like a mom, but really she is like a sister to me. There are about 10 of us there that all hang out together. They keep me in line and give me a hard time when I don’t go. They have been good to me and it makes going worthwhile.”

When asked how he planned to nurture this healthy relationship, he said, “I just have to keep going and seeing them. Try to be a good friend. They have all made my life better and I want to do that for them.”

Significance

Promotion of positive social interactions can lead to the development of stability and security not related to or dependent upon the program.

Possible Responses

- Help participants establish an internal peer-to-peer support system.
- Develop a monthly question for the program team to help participants identify the people in their support system.
- Provide free opportunities for physical activity (i.e., free night at the pool, goat yoga, hikes, park, etc.)
-

CONCLUSION

INSIGHTS INTO IMPACT

After data collection and analysis, the research showed that:

- After meeting basic needs, it is the safety and security of the program that allows program participants to concentrate on improving other areas of their life (e.g., relationships, mental and physical health, goal setting, etc.) which may presently be barriers to long-term success.
- Gaining knowledge about community resources is critical to meeting basic needs

independent of the program. Data confirmed that most participants do have a base knowledge about community resources and are using them to meet basic needs.

- Addressing a participant’s mental and physical health is the most critical factor that fuels or hinders intended impacts and achievement of long-term stability. The research showed that program participants vary in their acceptance of the importance of addressing their mental and physical health needs and are varied in completing goals related to these factors.
- Program participants also vary in their comfortability in seeking and asking for help, and as such have mixed approaches and mixed outcomes related to meeting their needs and overcoming barriers. In some ways, the nature of the program may stifle critical thinking skills related to problem-solving in program participants.
- For many program participants, their perception of personal success and progress is clouded due to mental or physical health barriers. As such, analyzing impact may be difficult due to skewed responses from program participants who have this perception.
- Despite a program desire to get participants to engage in relationships, most of the individuals in the program are aware that engaging in relationships or community activities can be triggers for negative behaviors, and by choosing a more isolated lifestyle, they are learning to cope with triggers on a more manageable basis and are setting themselves up for greater success.
- Program participants acknowledge barriers that hinder success, yet actions needed to overcome obstacles are not occurring (i.e. numerous goals are set, but not many are achieved).
- Despite experiencing extensive hardships, the data revealed that many program participants are showing a level of resiliency that results in a broad spectrum of philanthropic aspirations and activities. This is significant because it demonstrates that on some scale, these individuals may not be the “burden on society” that they are so often stigmatized as.
- Program participants are taking opportunities to connect with others in their community and this is leading to more complex support networks, confidence and a sense of purpose.

STEPS FORWARD

In conclusion, we hope to strengthen SHAP by making the following adjustments.

- Explore additional funding sources to develop and launch the SHAP+ concept and to offer social and wellness opportunities.
- Find opportunities for greater professional development for program team members

that can help them provide better personal coaching, goal setting, and mental health supports.

- Hire a Qualified Mental Health Associate to provide greater case management and skill building supports.
- Connect with outpatient mental health providers to ensure streamlined access for SHAP participants to these critical services.
- Create a menu of opportunities that better outlines supports available and allows program staff to engage participants in self-directing the focus of their services.

APPENDIX

QUALITATIVE INTERVIEW PROTOCOLS

LEAP DAY SERVICES

What have you learned about the community during your time at the Leap program? What about that has been most helpful for you? What was new for you? → How does this change your perspectives on your community? How does this change what you value about your community? How does this change your view of yourself in your community?

What has been your favorite part of attending community activities when at LEAP? What has made you feel encouraged? How has being here helped you face the times when you feel discouraged about your life? → How has that encouragement helped you when you are out and about in the world?

What have you learned during this program about how you make choices? What have you learned about yourself? What do you now realize you need help with to strengthen your ability to make good choices? → In what ways are you thinking differently about your ability to choose the kind of life you want than you used to?

What have you learned through this program about how your emotions effect your actions? What are you now more aware of about your emotions than you were before this program? → How is that helping you grow into the kind of person you want to be? How is this making a difference in your ability to engage in the community?

What part of making decisions is most frustrating for you? What feels scary? How has your time in this program made a difference in your level of frustration or fear? → How has being in the program developing your ability to respond well even when things don't go the way you want them to? How has being her helping you stay committed to pushing yourself to grow and keep experiencing new things for your life?

What have you discovered through this program about what kinds of resources are available to you to pursue your dreams? What have you discovered through this program about what you want for your life, and what you don't want for your life? → How has that changed your view of your own future or your outlook on your future?

What are some recent experiences you have been a part of at LEAP? What have you done through LEAP that you wouldn't have done any other way? What has been easy to do? What's been more difficult? What have you wanted to try or what skill or behavior have you wanted to practice for yourself since coming here that you haven't yet been able to do? → How has this been changing how you experience things in your life moving forward? In ways do you still need to grow to be better able to step into the life you want to have?

EMPLOYMENT PATH AND COMMUNITY EMPLOYMENT SERVICES

What have you learned from this program about making good decisions? What has been difficult for you to understand about making good decisions? → How has what you've learned here changed the way you see yourself?

What have you learned about yourself that's been most significant to you since you've been a part of this program? → What does that make you believe about yourself? How do you see your future differently?

What have you've learned about your finances that has been most helpful to you? What is still confusing about your finances? → How has that changed what you think is important in your life?

What are some things you've done to advocate for yourself? What has changed about the way that you advocate for yourself since you've been in this program? → How has that affected your work/your ability to find work? How has that affected other parts of your life?

What new ways have you tried to express yourself since you've been a part of this program? What has been difficult about expressing yourself? → How has this helped you to speak up when you have something important to say? How has this helped you to speak for yourself?

What have you done to be involved in your community since you've been coming here? →
 What changes in you have other people noticed and told you about?

What has been most rewarding about finding/looking for a job? → How has this given you
 hope for your future?

What excites you most during your interactions with others? What frustrates you? → How are
 you able to keep interacting with others (or making friends) even when it's frustrating?

When have you felt most successful while participating in this program? → How has that
 helped your dreams come true?

ID/D HOUSING PROGRAM

What have you learned about how to make choices for yourself? What's been surprising for you
 to discover? What have you learned about yourself? → How has your confidence changed or
 developed since being a part of Shangri-La?

Do you feel like you are part of a community outside of Shangri-La? In what ways do you feel
 closer to people now that you've been a part of Shangri-La? → How does this make you feel
 more connected and safe in your life?

What resources do you know are available (to you) in your community, now that you've been
 in this program? What have been the most helpful resources to know about? What still seems
 confusing to you about what resources you can or can't access? → How has your sense of
 independence (doing things for yourself) changed since being a part of Shangri-La?

Since being here, What are some life skills you have picked up (new things you can now do to
 make your life work well)? What has come pretty easily for you to try? What's been really hard to
 do? (Exercise, utilize, use)? → How have you grown in the area of independence (doing things
 yourself) since being a part of Shangri-La?

What part of being in the community makes you feel uncomfortable? How has being here
 made that discomfort a little more easy to bear (or deal with)? → What makes you want to be

in the community even when it's difficult?

What have you discovered through being here about healthy relationships (friendships that are good for you)? What still doesn't seem to make sense about healthy relationships? What do you wish you knew more about that would help you have better relationships? → How have your views on relationships changed since being a part of Shangri-La?

What are some choices you make for yourself? What kinds of choices are easier to make now that you've been here? What's still really difficult for you when you go to make choices? → How are you becoming better at making choices with the current supports you receive?

What risks have you taken by making your own decisions since you've been here? What are you able to do now to make healthy decisions about your risks and stay out of trouble? → How has that given you more courage as a person and more confidence in yourself?

What do you feel more passionate (enthusiastic) and excited about than you used to? → How does that make a difference in what you are committed to making happen in your future?

RENTAL ASSISTANCE PROGRAM

What have you learned in this program about the importance of meeting your basic needs? What was really helpful to discover? What do you wish you could know that you don't yet know about? → How has that changed your view of yourself and what your life should be about?

Since being in this program, what kinds of goals have you set for yourself? How has being in this program helped you to set goals for yourself? What are you doing now that you weren't doing before to make sure you are achieving these goals? → How are these goals changing the direction of your future?

What new possibilities have you seen in yourself and your life since being here? What are you seeing as some barriers that still stand in your way? What have you learned here that will be helpful for you as you face those barriers? → How has being in this program helped you stay focused and have a different perspective on these barriers and challenges than you used to? How has your outlook changed about these?

What has felt overwhelming since being in the program? → How have you stayed engaged even through those times that you feel overwhelmed? How has being here strengthened your commitment to staying moving through the barriers and challenges you face?

What have you done to build healthy relationships that you wouldn't have done if you hadn't been a part of this program? What have you tried that's been pushing you to relate to others in new ways? What has come easily for you? What have you wanted to do, or seen others do, that you just haven't been able to follow through on very well? → How has being here developed you into the kind of person that can have healthy relationships now and in the future?

What makes you anxious when you have a need? How has being here helped you be less anxious about your needs? What has helped to relieve some of that pressure and anxiety? How have you embraced your right to meet your needs through being here?

What have you recognized by being in this program as essential elements of living? What do you now know about that that you didn't know before? → How has understanding the importance of meeting your basic needs changed your outlook on your future?

Since being here, what are you more enthusiastic about outside of your home? What still makes you worried about doing things outside of your home? → How has being a part of the community influenced what is important to you and what you care about?

What has been your greatest accomplishment since being in the program? → How has being in the program helped develop your sense of purpose? How is it showing in other aspects of your life?

What about trusting yourself was hard for you before this program? What did you learn or discover about trust through the program that has been helpful? → How has your perspective on trust and the world around you changed since being in the program?

HOUSING ASSISTANCE PROGRAM

What do you understand now about the importance of meeting your basic needs* since being part of the Homeless Assistance Program? → How has this knowledge about the importance of meeting your basic needs changed your outlook on the future?

How do you define a healthy relationship? What are you now realizing about the relationships in your life with family, friends and/or partners because of the support you get through the Homeless Assistance Program? → How have the supports you received influenced your view of healthy relationships? How are you thinking differently about the relationships in your life? What new possibilities have you seen in yourself or for your life since being part of the program? What are some barriers that still stand in your way? → How are you seeing your ability to overcome barriers differently since coming into the program? → How has what you believe about your ability to overcome barriers changed since coming to this program?

What life skills* have you learned since entering the program? What life skills have been easy for you to do? What life skills seem more difficult for you to do? → How have these life skills strengthened/improved your ability to overcome challenges?

When it comes to forming new relationships*, what new approaches have you been trying out? How has it been going? Have you created any new relationships since entering the program? How did you meet that person? → How have you developed your ability to engage and/or nurture healthy relationships? How do you plan to keep these new relationships in a "good place"? IF THEY HAVE CHILDREN: How are you modeling healthy relationships to your children?

What steps have you taken to plan for your future*? What was/is the most important step? What step was the hardest to take? What are you still hoping to do, but it has been difficult? Have you set any goals? If so, what? Are you working on any goals right now? If so, what? What are you doing to make sure you achieve those goals? → How are these goals changing the direction of your future?

What do you enjoy more about being part of a/the community than you did before the program? What still causes you anxiety? → How has being part of a/the community influenced what is important to you or what you care about? How has being part of the community influenced your interest in helping others or contributing to your community in some other way?

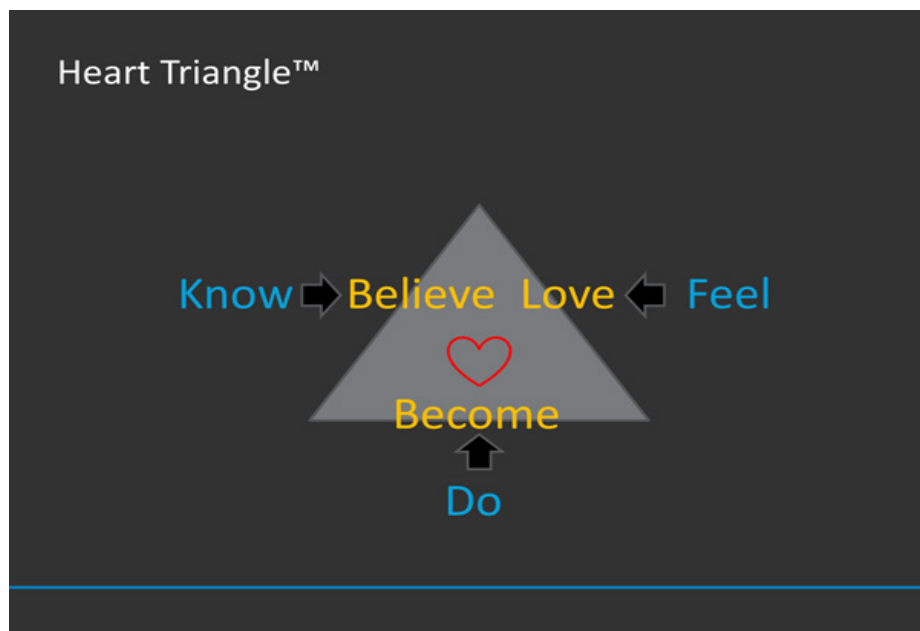
Since being part of the program, what about your life now feels like a breath of fresh air*? → When you envision your future, 5-10 years from now, what do you hope it will be like?

QUALITATIVE ANALYSIS SAMPLE

FROM INTERVIEW WITH HOUSING ASSISTANCE PROGRAM PARTICIPANT

WHAT	HOW	WHY	HEART TRIANGLE
Asking for help when I need it Good at looking for resources Energy assistance program St. Vincent to help with license Keeping mental health under control Domestic violence survivor More hopeful Values Honesty Never okay to harm another person Domestic abuse Being a helper Helping other women who have been abused Needing organization Being healthy Education Budgeting; Paying bills on time Being safe and secure "Damaged from past" Seeing a therapist Respect "Doing what needs to be done" – aggression? Going to the beach; going swimming Triggers, Boredom, Anxiety Needing to be on own More opportunities Not taking too much on	Consistency in asking for help when she needs it. Using community resources. Reflective about previous mental state. *Uses stern/combatative tone and posture when talking about the possibility of people doing her wrong or her not getting her way. "Not putting too much on her plate" so that her mental state isn't negatively affected. Taking her mental illness one-day at a time. Only engaging in relationships that she believes fit her view of how people should treat each other. Seems a bit unaware of how her communication might affect others; seems *prone to conflict; not a lot of room for compromise. Her acknowledgement of her mental illness and her response to managing it don't seem to align (more ack, less tangible response).	Realizes meeting basic needs keep her mental health stable. Motivated to help others because she gets a sense of pride in being able to help others, especially those involved in domestic violence. Realization that education and support can mean greater opportunities and access to the things that she enjoys and values. Acknowledges what might be a trigger for her; careful about what she takes on; working to find a balance between wanting to do it all and doing it all affecting her. *Still puts herself in questionable situations, treats people like she says she doesn't want to be treated. (Pool stranger)	Expressed commitment to ensuring that others don't experience what she did. Embracing herself as a survivor, creating a new identity. Deeply values respect in relationships. Strengthening her ability to manage her mental illness and her daily life; being an advocate for what is best for her.
Themes: <ul style="list-style-type: none"> • SURVIVORSHIP – redefining who she is a both a domestic violence survivor and advocate; there is also a lot of underlying aggression within her • BALANCE – figuring out how to maintain good mental health while adhering to her zest for life; somewhat aware of her vices/triggers • ZEST FOR LIFE – motivated to meet her own needs, try new things, use community resources, talk with people 			

HEART TRIANGLE™



OUTSIDE THE TRIANGLE DIMENSIONS: KNOW, DO, FEEL

Mental: KNOW - People know things now they didn't before.

Behavioral: DO - People can do things now that they couldn't do before.

Emotional: FEEL - People feel something now that they didn't feel before.

INSIDE THE TRIANGLE DIMENSIONS: BELIEVE, BECOME, FEEL

Mental: BELIEVE - Not just about having knowledge, but about their perspectives, mindset, values and outlook being changed forever.

Behavioral: BECOME – Not just about doing something new, but about making it a habit so they become a different type of person.

Emotional: FEEL – Not just about experiencing an emotion, but about being in a more durable emotional state where they are deeply committed, dedicated and can persevere through hardship.



Teams of staff from Shangri-La's programs came together in 2019 to define their impact, evaluate their impact and use what they discover through evaluation to expand and deepen their impact. These reports represent some of their most compelling insights.