

*"I have hope now for
the first time. I know
how to overcome
things and am overall
less stressed."*

- GeorgeAnne
Shangri-La Housing Assistance
Program Participant

Project Impact Findings Report

SHANGRI-LA HOUSING ASSISTANCE PROGRAMS

AUGUST 2018



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EXECUTIVE SUMMARY

The Housing Assistance Program is a program of Shangri-La, a 501c3 nonprofit organization dedicated to helping individuals with disabilities and families with disadvantages realize and achieve their full potential.

Funded by a grant from the Department of Housing and Urban Development's Continuum of Care Program, Shangri-La's Housing Assistance Programs provide permanent, supportive housing to individuals and families with a documented disability who are chronically homeless with the long-term goal of helping these individuals and families achieve long-term stability. Currently, the program serves 21 individuals and seven families throughout Marion and Lincoln counties in Oregon.

To assess the success of the Housing Assistance Program in meeting these goals, Impact Team Members from Shangri-La performed in-depth, in-person interviews with 24 program participants. To collect quantitative results, we created and administered a survey to all interviewees.

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 resource and are using them to meet basic needs.
- Addressing a participants mental and physical health is the most critical factor the 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.

Because of these findings, the Project Impact Team identified that to deepen program impact:

- The SHAP team needs additional training on personal coaching/mentoring.
- A greater focus needs to be on helping individuals attain physical and mental health supports.
- SHAP should offer more opportunities for participants to connect with community resources and with each other to build support networks independent of the program.
- A next level SHAP concept should be developed which supports program participants in attaining a greater level of self-sufficiency (i.e. exiting the program).

ABOUT SHANGRI-LA

Founded in 1963, Shangri-La, a 501c3 nonprofit organization, provides daily living supports, assistance with employment goals, and enrichment opportunities to over 2,000 people with disabilities or disadvantages annually. Services are provided in Marion, Polk, Yamhill, Linn, Benton, Lane and Lincoln counties in Oregon.

Mission: "To serve people with disabilities and disadvantages so they may recognize and achieve their potential."

Vision: "We envision a community that accepts all people for their abilities and celebrates their achievements."

For more information, please visit: www.ShangrilaOregon.org

IMPACT TEAM MEMBERS

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DESCRIPTION OF PROGRAM

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

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 stability¹.

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 homeless²:

- 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.

¹ (Continuum of Care (CoC) Program Eligibility Requirements)

² (National Alliance to End Homelessness, 2012)

INTENDED IMPACTS

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

1. 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.

2. 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.

3. 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.

4. 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.

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 27 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).

Description

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, 70.83% of participants rated their anxiety very high while after the program, only 8.33% 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 how 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," said one participant.

Knowing they could take a shower in the morning or having heat in the winter, participants were able to focus 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 Experiments and/or Adjustments

- 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 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.

Description

The data revealed that the participants were able to clearly understand what it meant to have their basic needs met, can identified 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 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 Experiments and/or Adjustments

- 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.

Description

In interviewing 28 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 or follow-through on 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
 - Development of new and healthy relationships
 - Understanding the importance of 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 – his/her ability to focus on developing and achieving goals is greatly improved, creating a positive environment for personal growth.

Possible Experiments and/or Adjustments

- 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.

Description

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. 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 or what kind of help they could ask for.

Significance

A participant's comfortability with asking for help may determine if successes in other finding 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 Experiments and/or Adjustments

- 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.

Description

The overwhelming majority of program participants struggle to see beyond the limitations of their mental or physical health limitations. The data showed that participants might have done well at 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, 66.67% 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 (41.67%) and very high (33.33%).

While this showed that overall optimism improved, we noted 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, year. Naturally, it was hard for them to also find value in themselves and their actions due to their filtered worldview. This mindset influenced future-thinking and overall answers to the questions were a lot harder to get to.

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) poses 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 Experiments and/or Adjustments

- 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

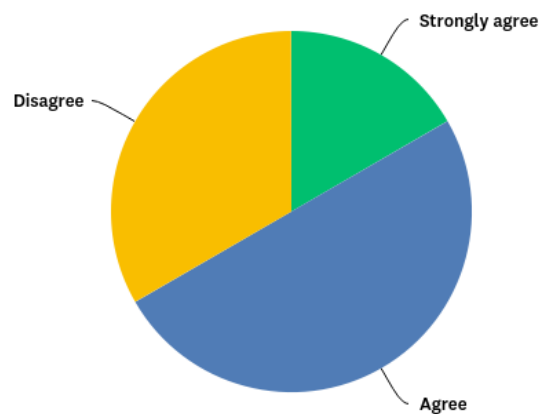
Many participants in the program express a desire and need to focus on themselves, rather than engage in outward relationships.

Description

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 stability and growth.

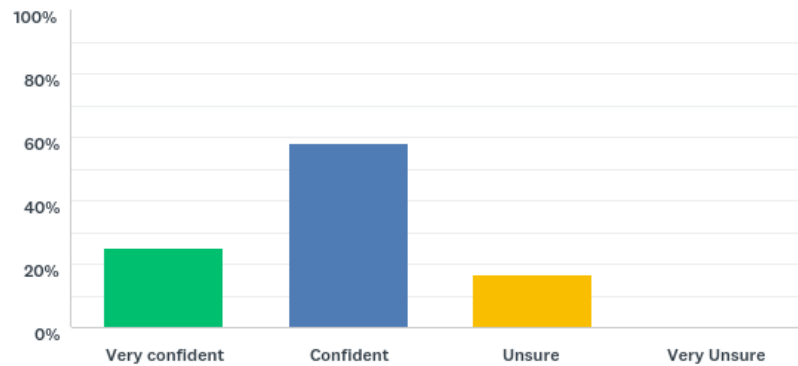
When asked if they knew what the characteristics of a healthy relationship are since being in the program, two-thirds (16) of participants answered agree or strongly agree, while one-third (8) of participants disagreed. This data did not account for individuals who may have already felt confident in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

Because of the program, I know what the characteristics of a healthy relationship are.



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 it. The qualitative analysis mirrored these results as well.

How confident are you in knowing when to exit/end an unhealthy relationship?



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 stay 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 does have insight of what he needs and is focused on that.

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 the importance of 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 causes 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 it. 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 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.

Possible Experiments and/or Adjustments

- 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.

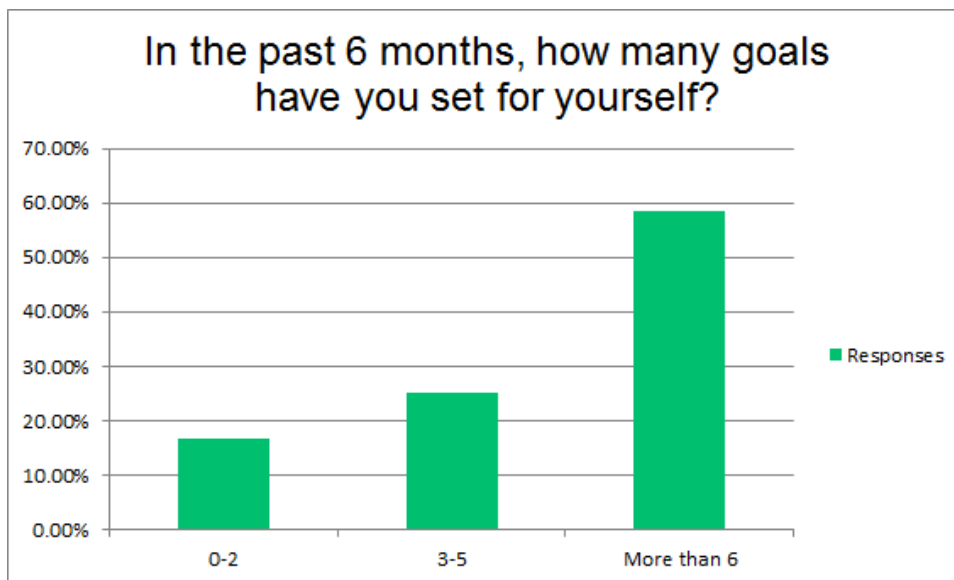
Description

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

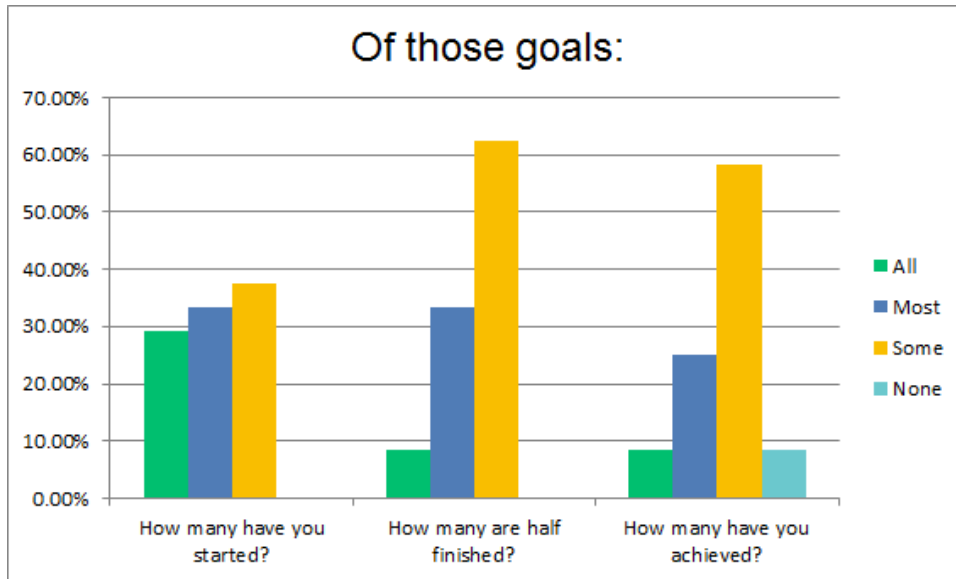
The data showed that the conflict between the acknowledgment of barriers and the lack of commitment to act may be caused by fear, a lack of confidence, being afraid of failure, or challenges related to physical and mental health.

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 Experiments and/or Adjustments

- 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.

Description

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. Eight-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 philanthropy 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 Experiments and/or Adjustments

- 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.

Description

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 Experiments and/or Adjustments

- 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.)

STEPS FORWARD

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

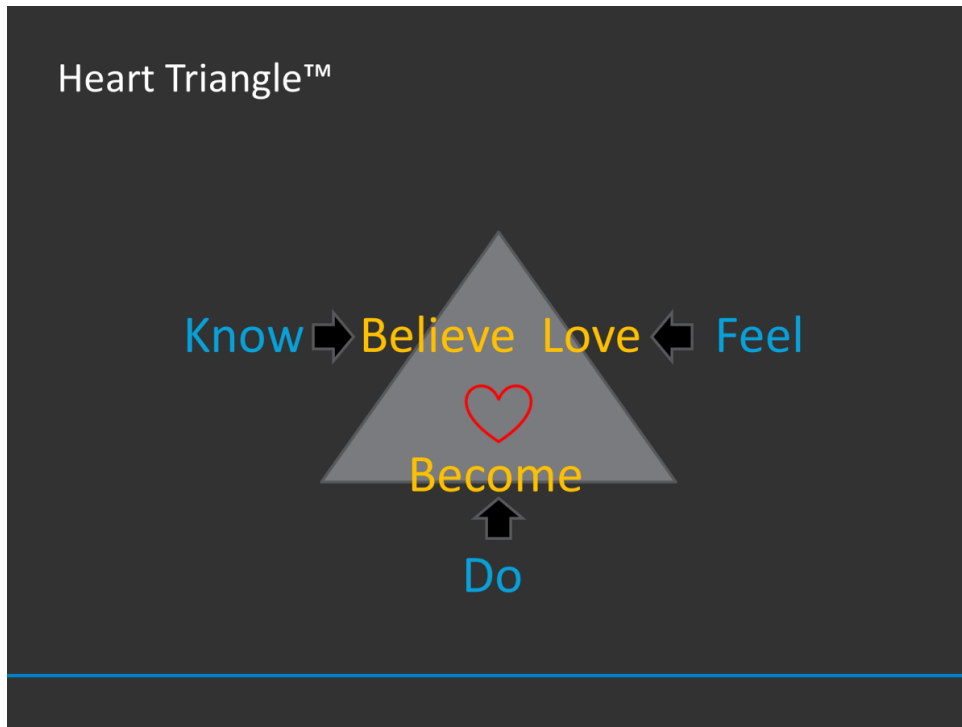
- Explore additional funding sources to develop and launch the SHAP+ concept and to offer social and wellness opportunities.
- Find opportunities for greater professional development for program team members that can help them provide better personal coaching, goal setting, and mental health supports.
- 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.

ACKNOWLEDGMENTS

The Project Impact Team would like to express our sincere and profound gratitude to the Shangri-La Housing Assistance Program participants who shared their time, insight, reflections, and aspirations with us throughout the data collection process. We feel truly honored to be entrusted with their stories and have been forever changed by their resiliency.

A special thank you as well to the SHAP team, Rick Burnette and Dominique Schlosser, for sharing with us their deep knowledge of the program and the participants they support and for helping us coordinate interviews.

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.

INDICATORS OF IMPACT

Impact #1 –
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.

E3 (Quantitative Indicators of Impact)

KNOW

- Awareness of what my basic needs are.
- Knowledge of community resources that can help me meet my basic needs.

DO

1. Asking for help
2. Identify and act on needs before crisis arises
3. Demonstrating skills of self-regulation

FEEL

1. Decrease in stress
2. Decrease in anxiety
3. Feeling in control
4. Feelings of safety

E4 (Qualitative Indicators of Impact)

BELIEVE

- I believe I can meet my needs
- I value stability

BECOME

- I am proactively planning for my needs

LOVE

- A commitment to stay on the current path (not return to their previous life).

Impact #2 –
Individuals and families are engaging in healthy relationships.

What we mean:

Identifying who should be in their support network and having a plan for building those relationships, learning about and demonstrating healthy boundaries, and understanding how to manage conflict.

E3 (Quantitative Indicators of Impact)

KNOW

- Why a healthy support network is important
- Characteristics of a healthy relationship

DO

- Identify steps to expand support networks
- Nurture healthy relationships and/or exit unhealthy relationships

FEEL

- I am in control of my relationships
- Increase in confidence
- Decrease in feelings of loneliness

E4 (Qualitative Indicators of Impact)

BELIEVE

- I deserve healthy, respectful relationships and I know how to build them

BECOME

- I believe in my ability to make good decisions about my relationships
- Advocate to be treated with dignity

LOVE

- Love for themselves
- Dedicated to creating healthy relationships

Impact #3–

Individuals and families are setting a course for their future.

What we mean:

Have the skills to navigate challenges and are participating in planning for their future. Setting goals and using “future” language.

<p>E3 (Quantitative Indicators of Impact)</p> <p>KNOW</p> <ul style="list-style-type: none"> • What skills they have and what skills they need to develop that will contribute to their success • Understanding their triggers <p>DO</p> <ul style="list-style-type: none"> • Using problem solving skills • Using future language • Managing triggers <p>FEEL</p> <ol style="list-style-type: none"> 1. Increased feelings of optimism 	<p>E4 (Qualitative Indicators of Impact)</p> <p>BELIEVE</p> <ul style="list-style-type: none"> • My future can be different than it is now. <p>BECOME</p> <ul style="list-style-type: none"> • Resilient • When facing a trigger, they choose a path different than they have taken before. <p>LOVE</p> <ul style="list-style-type: none"> • Commitment to envisioning a future more than what they had before.
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<p>Impact #4 – Individuals and families are participating in and/or giving back to the community.</p>	
<p>What we mean: Helping others, whether through organic or formal volunteer services or paid employment. Whether it be, helping a neighbor with lawn work, participating in a faith organization, volunteering with a nonprofit, or working at a grocery store.</p>	
<p>E3 (Quantitative Indicators of Impact)</p> <p>KNOW</p> <ul style="list-style-type: none"> • Know about opportunities in the community and how to participate • Know my resources and how to access them <p>DO</p> <ul style="list-style-type: none"> • Make a connection to community resources • Participate in giving or helping activities 	<p>E4 (Qualitative Indicators of Impact)</p> <p>BELIEVE</p> <ul style="list-style-type: none"> • Their community is supportive • they have something valuable to offer. <p>BECOME</p> <ul style="list-style-type: none"> • An contributing/integral member of their community. • Role model for participation or service to other people with a shared experience. <p>LOVE</p>

<p>FEEL</p> <ul style="list-style-type: none">• Increased sense of purpose• Pride in my contributions	<ul style="list-style-type: none">• Committed to being a part of their community and using their skills to help themselves and others.
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QUALITATIVE PROTOCOL

Interview Questions

Q1 - KNOW	
ORIGINAL	What do you understand now about the importance of meeting your basic needs* since being part of the Homeless Assistance Program?
DEFINITION*	Basic needs: food, shelter/utilities, clothing, healthcare/mental health care
Q1 - BELIEVE	
ORIGINAL	How has this knowledge about the importance of meeting your basic needs changed your outlook on the future?
Q2 - KNOW	
ORIGINAL	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?
Q2 - BELIEVE	
ORIGINAL	How have the supports you received influenced your view of healthy relationships? How are you thinking differently about the relationships in your life?
Q3 - KNOW	
ORIGINAL	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?
Q3 - BELIEVE	
ORIGINAL	How are you seeing your ability to overcome barriers differently since coming into the program?
ALTERNATE	How has what you believe about your ability to overcome barriers changed since coming to this program?
Q4 - DO	
ORIGINAL	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?
DEFINITION*	Life skills: budgeting, meal planning, time management, goal setting, communication, etc.
Q4 - BECOME	
ORIGINAL	How have these life skills strengthened/improved your ability to overcome challenges?
Q5 - DO	
ORIGINAL	When it comes to forming new relationships*, what new approaches have you been trying out? How has it been going?

ALTERNATE	Have you created any new relationships since entering the program? How did you meet that person?
DEFINITION*	New relationship can be defined loosely (i.e. talking to their neighbor, getting established with a counselor, joining a club, etc.)
Q5 - BECOME	
ORIGINAL	How have you developed your ability to engage and/or nurture healthy relationships?
ALTERNATE	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?
Q6 - DO	
ORIGINAL	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?
ALTERNATE	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?
DEFINITION*	Future can be defined loosely (i.e. next month, next year, two years from now)
Q6 – BECOME	
ORIGINAL	How are these goals changing the direction of your future?
Q7 - FEEL	
ORIGINAL	What do you enjoy more about being part of a/the community than you did before the program? What still causes you anxiety?
Q7 - LOVE	
ORIGINAL	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?
Q8 - FEEL	
ORIGINAL	Since being part of the program, what about your life now feels like a breath of fresh air*?
DEFINITION	Breath of fresh air: new, different, exciting.
Q8 - LOVE	
ORIGINAL	When you envision your future, 5-10 years from now, what do you hope it will be like?

QUALITATIVE ANALYSIS SAMPLE

Completed for each interview

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 			

QUANTITATIVE SURVEY

IMPACT #1: Individuals and families are consistently able to meet basic needs.

Definition: Community resource is defined as any program or service that can be used to stabilize or improve your quality of life.

KNOW: List three community resources that you know about/have used since entering the program.

1. _____
2. _____
3. _____

DO: In the last 60 days, how many times have you utilized a community resource to meet your needs?

0-2 3-6 7-10 More than 10

BECOME: Using the scale, please rate your overall level of anxiety around meeting your basic needs before and after the program.

	Non-Existent			Very High	
BEFORE	1	2	3	4	5
AFTER	1	2	3	4	5

IMPACT #2: Individuals and families are engaging in healthy relationships.

KNOW: Because of the program, I know what the characteristics of a healthy relationship are.

Strongly Agree Agree Disagree Strongly Disagree

DO?: How confident are you in knowing when to exit/end an unhealthy relationship?

Very confident Confident Unsure Very Unsure

DO?: In the past year, how many times have you exited or made steps toward ending an unhealthy relationship?

Not applicable to my relationships Once Twice 3-4 times More than five times

FEEL: Using the scale, please rate your overall willingness to engage with new people.

	Non-Existent			Very High	
BEFORE	1	2	3	4	5
AFTER	1	2	3	4	5

IMPACT #3: Individuals and families are setting a course for their future.

KNOW: Because of the program, I now have a better understanding of the barriers that keep me from achieving my goals.

Strongly Agree	Agree	Disagree	Strongly Disagree
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DO: In the past 6 months, how many goals have you set for yourself?

0-2 3-5 More than 6

Of those goals:

How many have you started? All Most Some None

How many are half finished? All Most Some None

How many have you achieved? All Most Some None

FEEL: Using the scale, please rate your overall feeling of optimism before and after the program.

	Non-Existent			Very High	
BEFORE	1	2	3	4	5
AFTER	1	2	3	4	5

IMPACT #4: Individuals and families are participating in and/or giving back to the community.

KNOW: Because of the program, I know there are a variety of ways I can participate in or give back to my community.

Strongly Agree	Agree	Disagree	Strongly Disagree
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DO: Since joining the program, list up to three ways you have positively helped or gave to another person or organization, formally or informally, in the past year.

1. _____
2. _____
3. _____

FEEL: Using the scale, please rate your overall feeling of self-worth before and after the program.

	Non-Existent			Very High	
BEFORE	1	2	3	4	5
AFTER	1	2	3	4	5

FEEL: Using the scale, please rate your overall sense of purpose before and after the program.

	Non-Existent			Very High	
BEFORE	1	2	3	4	5
AFTER	1	2	3	4	5