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COMMUNITY RECOVERY PROGRAM EVALUATION REPORT

AUGUST 2016

This report is an evaluation of the Community Recovery Program (CRP) of Piedmont Community Services (PCS). The report presents data collected from program participant initial, 6 month, and 12 month case reviews as well as data from the CRP Discharge List. Highlights from experiential and feedback data collected from program participants and stakeholders are also included.

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Description of Report Contents

This document is a final report produced as part of the evaluation of the Community Recovery Program (CRP).

The report presents data from the following sources –

- Case reviews from January 2012 to June 2016 (256 total participants)
- CRP Discharge List, which provides discharge data up to June 30, 2016 (213 total discharges)
- Data received via a SurveyMonkey® participant feedback survey (61 participant entries at 6-month and 12-month follow ups)
- Data received via qualitative interviews with CRP program participants in April 2015 and February 2016 (14 participants)
- Data received via a SurveyMonkey® CRP stakeholder feedback survey (20 stakeholders)

While this report is in no way exhaustive, it offers highlights from both quantitative and qualitative data analyses in an effort to provide insight into who CRP serves and the programming CRP offers. This insight will ultimately allow CRP leadership to develop programming that is relevant and beneficial to participants, partners, and the Martinsville/Henry County and Franklin County communities.

Background

In June 2011, Piedmont Community Services (PCS) received funding from The Harvest Foundation to implement the Community Recovery Program (CRP) which would be designed to reduce problems caused by substance abuse in Martinsville and Henry County, Virginia. CRP primarily engages with individuals who have achieved at least three to six months of substance abuse recovery, helping them continue their recovery journey by addressing and offering assistance and supports in the areas of education, employment, finances, family, support/leisure, mental health, sobriety, spirituality, physical health, and housing.

CRP began enrolling participants at the end of January 2012. The majority of participants are referrals from the Community Services Board and the Adult Probation & Parole office. Most participants are not only dealing with the effects of prior substance abuse, but are also facing other barriers to employment, specifically prior criminal records.

One of CRP's primary focus points is helping participants find meaningful employment. Individuals who have at least six months of sobriety are referred to employment related agencies such as the Virginia Employment Commission, the Department of Aging and Rehabilitation, and the Chamber of Commerce. Additionally, CRP collaborates with members of the One-Stop Shop and Patrick Henry Community College to offer job readiness assistance to individuals who are in the employment preparation stage. Participants are sometimes specifically referred to Patrick Henry Community College's High-Demand Occupational Programs for Employment (HOPE), a workforce development program that provides short-term training and job placement for job seekers. Additionally, CRP can connect program participants to GED preparatory classes.

A large number of CRP participants receive social security benefits. CRP has worked to link these participants to other agencies so they can get involved in volunteering. Some of the disabled CRP participants have expressed an interest in employment and the CRP staff have linked them to the Department of Aging and Rehabilitation Services representative to explore options in regards to employment while receiving disability benefits. CRP offers budgeting classes to participants.

To reduce the likelihood of relapse, CRP added two evidence based curriculums to regular CRP programming, Thinking for a Change (T4C) and Seeking Safety. Thinking for a Change (T4C) is designed to assist participants with changing their thinking patterns and

improving their socialization and problem solving skills. Seeking Safety assists trauma survivors with obtaining coping skills.

Most CRP participants do not have access to reliable transportation. CRP has a six-passenger van that is used to transport participants to job related appointment/interviews, medical appointments, and self-help meetings. CRP also contracts with a local transportation provider to assist with transporting participants to and from work until they receive their first pay check. CRP has assisted participants with obtaining the documentation that is needed to get a photo identification card and, in some cases, a driver's license.

In July 2014, CRP began expanding to Franklin County to provide the same services that have been provided to the Martinsville/Henry County community.

Overall, the purpose of CRP is to a) assist participants in gaining employment, 2) reconnect participants to the community by volunteering, 2) reduce the problems associated with substance use, 4) assist participants in locating housing in a safe environment, 5) provide guidance on physical and mental well-being, and 6) link participants to various community agencies and resources.

The Chapel Hill center of the Pacific Institute for Research and Evaluation (PIRE) provided the first evaluation of the program using participant data from January 2012 to May 2014. The main focus of that report was to evaluate the supports provided by CRP to help individuals continue and maintain their recovery.

In January 2015, PCS hired the Virginia Tech Center for Public Health Practice and Research (CPHPR) to conduct an evaluation of CRP. The CPHPR completed two progress evaluation reports in August 2015 and February 2016.

This report builds off of the findings of the PIRE report and the CPHPR progress reports to provide a comprehensive report from all participant case review data from February 2012 to June 2016, as well as qualitative data from stakeholder surveys, participant feedback surveys, and participant interviews. Virginia Tech Institutional Review Board (IRB) approval was obtained for this evaluation and the associated data collection.

Introduction to Case Review Analysis

As a part of routine programming, CRP staff completed case reviews for each participant at multiple time marks. The data in this report are representative of case review data from the participants' entry into the program (initial review), 6 month time mark, 12 month time mark, and at the participants' time of discharge (notes: (1) a participant may be discharged prior to the completion of any of the time marks; (2) a participant may be discharged and re-admitted, allowing for multiple case reviews for a single participant for each time mark).

Demographics

FIGURE 1: DEMOGRAPHICS

		INITIAL 260 ENTRIES	6 MONTH 96 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGE 17 ENTRIES	256 TOTAL PARTICIPANTS*
Gender	Male	56.2% (146)	59.4% (57)	63.6% (35)	52.9% (9)	56.3% (144)
	Female	43.9% (114)	40.6% (39)	36.4% (20)	47.1% (8)	43.8% (112)
Race	Black or African American	41.9% (109)	52.1% (50)	45.5% (25)	58.8% (10)	41% (105)
	White	55.4% (144)	43.8% (42)	47.3% (26)	41.2% (7)	55.9% (143)
	Black or African American and White	0.4% (1)	0% (0)	0% (0)	0% (0)	0.4% (1)
	Other Multi-Race	1.2% (3)	2.1% (2)	3.6% (2)	0% (0)	1.2% (3)
	Other	1.2% (3)	2.1% (2)	3.6% (2)	0% (0)	1.6% (4)
Ethnicity	Hispanic (specific origin not specified)	1.5% (4)	2.1% (2)	3.6% (2)	5.9% (1)	1.6% (4)
	Not Hispanic	96.9% (252)	94.8% (91)	90.9% (50)	88.2% (15)	96.5% (247)
	Puerto Rican	0.8% (2)	1% (1)	1.8% (1)	0% (0)	0.8% (2)
	Unknown	0.4% (1)	1% (1)	1.8% (1)	0% (0)	0.8% (2)
	Not Collected	0.4% (1)	1% (1)	1.8% (1)	5.9% (1)	0.4% (1)
	Age	Average age	39.82 years	44.38 years	46.14 years	46.27 years

	19 years and younger	3.8% (10)	0% (0)	0% (0)	0% (0)	3.9% (10)
	20-30 years	21.2% (55)	10.4% (10)	10.9% (6)	11.8% (2)	21.1% (54)
	31-40 years	29.2% (76)	27.1% (26)	20% (11)	23.5% (4)	30.1% (77)
	41-50 years	25.8% (67)	30.2% (29)	30.9% (17)	23.5% (4)	25.4% (65)
	51-60 years	18.1% (47)	30.2% (29)	32.7% (18)	35.3% (6)	17.6% (45)
	61 years and older	1.9% (5)	2.1% (2)	5.5% (3)	5.9% (1)	2% (5)
Marital Status	Divorced	21.5% (56)	28.1% (27)	34.5% (19)	17.6% (3)	21.1% (54)
	Married	11.2% (29)	12.5% (12)	12.7% (7)	17.6% (3)	10.9% (28)
	Separated	8.8% (23)	10.4% (10)	9.1% (5)	17.6% (3)	9% (23)
	Single	52.7% (137)	44.8% (43)	40% (22)	41.2% (7)	52.7% (135)
	Widowed	1.2% (3)	0% (0)	0% (0)	0% (0)	1.2% (3)
	Unknown	4.6% (12)	4.2% (4)	3.6% (2)	5.9% (1)	5.1% (13)

* Note: Because some participants do not have initial case review data, the data presented in the “256 Total Participants” column is representative of participants’ first recorded case review, regardless of the time mark.

Referral Sources

FIGURE 2: REFERRAL SOURCES

Other than self-referrals (36.7%, 94 participants), most participants were referred by probation offices (23.8%, 61 participants).

Referral Source	% (n)
Self	36.7% (94)
Probation Office	23.8% (61)
Other Community Referral	9.8% (25)
Court	7.4% (19)
Family or Friend	7% (18)
Private Hospital	3.9% (10)
ASAP or DUI Program	2.3% (6)
State Hospital	2.3% (6)
Parole Office	2% (5)
Police	1.2% (3)
Local Correctional Facility	0.8% (2)
Social Services (Non TANF)	0.8% (2)
Unknown	0.8% (2)
Not Collected	0.9% (2)
Employer or Employee Assistance Program	0.4% (1)

Education

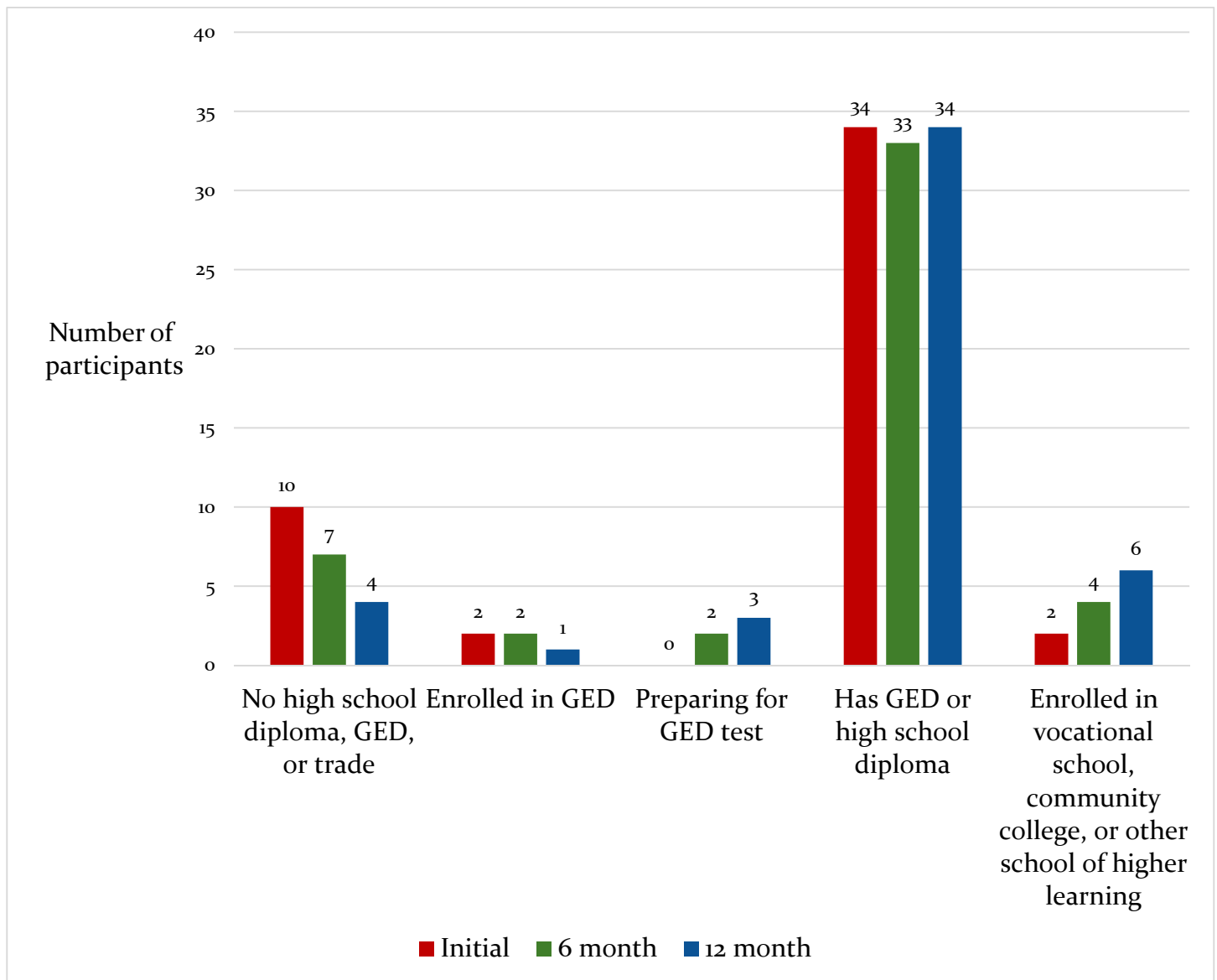
FIGURE 3: EDUCATION DESCRIPTIVES

Each column in Figure 3 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At each case review time mark, most participants had their GED or high school diploma. At their 12 month case review, 6 participants were enrolled in vocational school, community college, or other school of higher learning.

	INITIAL 258 ENTRIES	6 MONTH 96 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
No high school diploma/GED/trade	18.6% (48)	16.7% (16)	7.3% (4)	11.8% (2)
Enrolled in GED class	3.5% (9)	4.2% (4)	1.8% (1)	0% (0)
Preparing to take GED test	0.8% (2)	2.1% (2)	5.5% (3)	5.9% (1)
Has GED/high school diploma	68.6% (177)	68.8% (66)	74.5% (41)	82.4% (14)
Enrolled in vocational school, community college, other school of higher learning	8.5% (22)	8.3% (8)	10.9% (6)	0% (0)

FIGURE 4: EDUCATION TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 4 outlines participant trends in education throughout participation in CRP. The number of participants who had no high school diploma, GED, or trade decreased from 10 participants at initial case reviews to 4 participants at 12 month case reviews. The number of participants enrolled in vocational school, community college, or other school of high learning increased from 2 participants at initial case reviews to 6 participants at 12 month case reviews.



Employment

FIGURE 5: EMPLOYMENT DESCRIPTIVES

Each column in Figure 5 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At initial case reviews, most participants (70.4%) were unemployed. This number decreased to 38.2% at 12 month case reviews. At discharge case reviews, 76.5% of participants were interviewing for permanent jobs or paid internships.

	INITIAL 260 ENTRIES	6 MONTH 95 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
Unemployed	70.4% (183)	35.8% (34)	38.2% (21)	11.8% (2)
Searching for jobs or assigned a WIA case manager	7.3% (19)	7.4% (7)	12.7% (7)	11.8% (2)
Interviewing for jobs	11.2% (29)	6.3% (6)	0% (0)	0% (0)
Interviewing for permanent job or paid internship	0.4% (1)	2.1% (2)	3.6% (2)	76.5% (13)
Employed through permanent job or paid internship	10.8% (28)	48.4% (46)	45.5% (25)	0% (0)

FIGURE 6: EMPLOYMENT FACTORS

Each column in Figure 6 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At initial case reviews, 5.4% of participants had obtained employment. At discharge case reviews, 52.9% of participants had obtained employment.

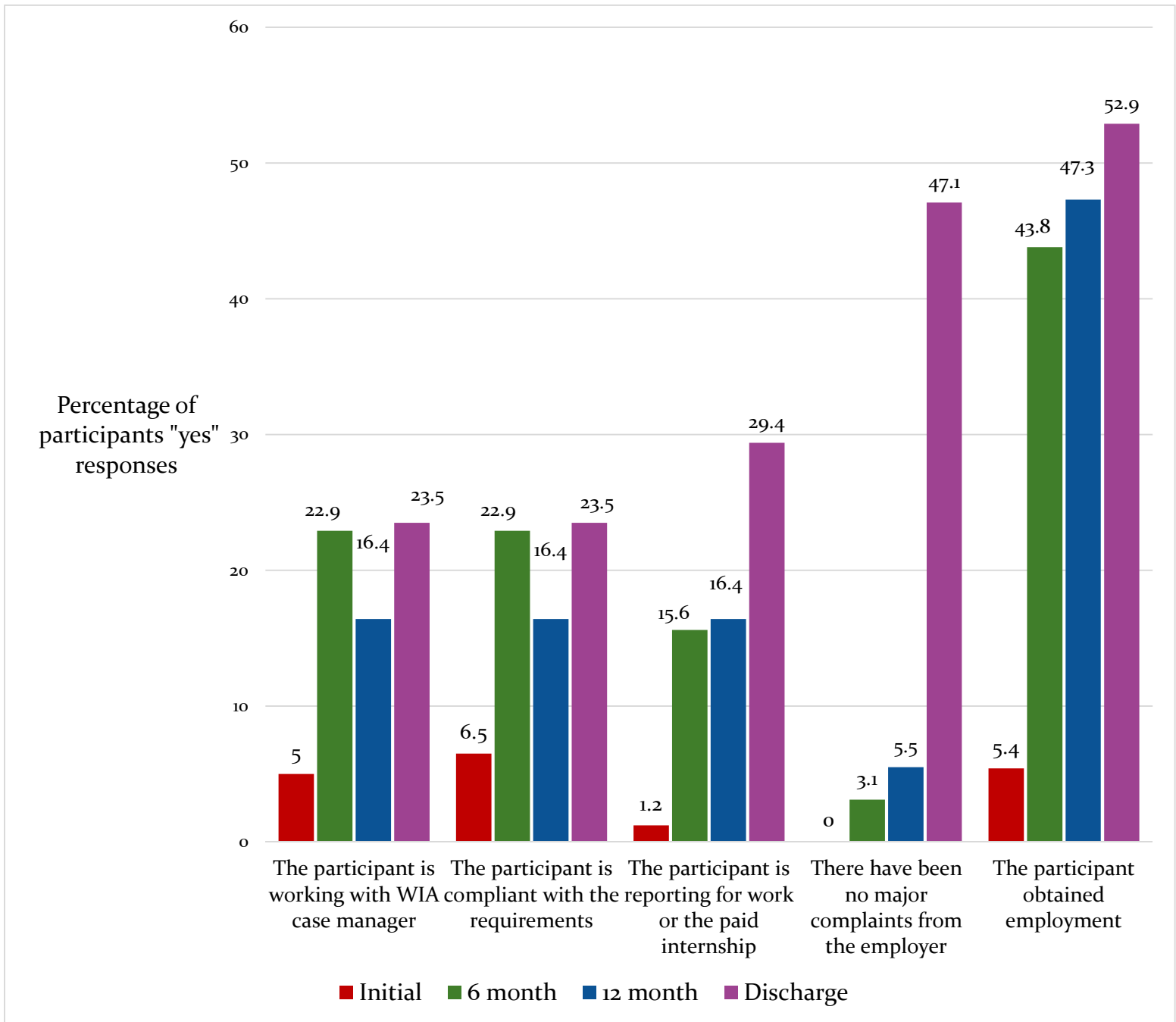
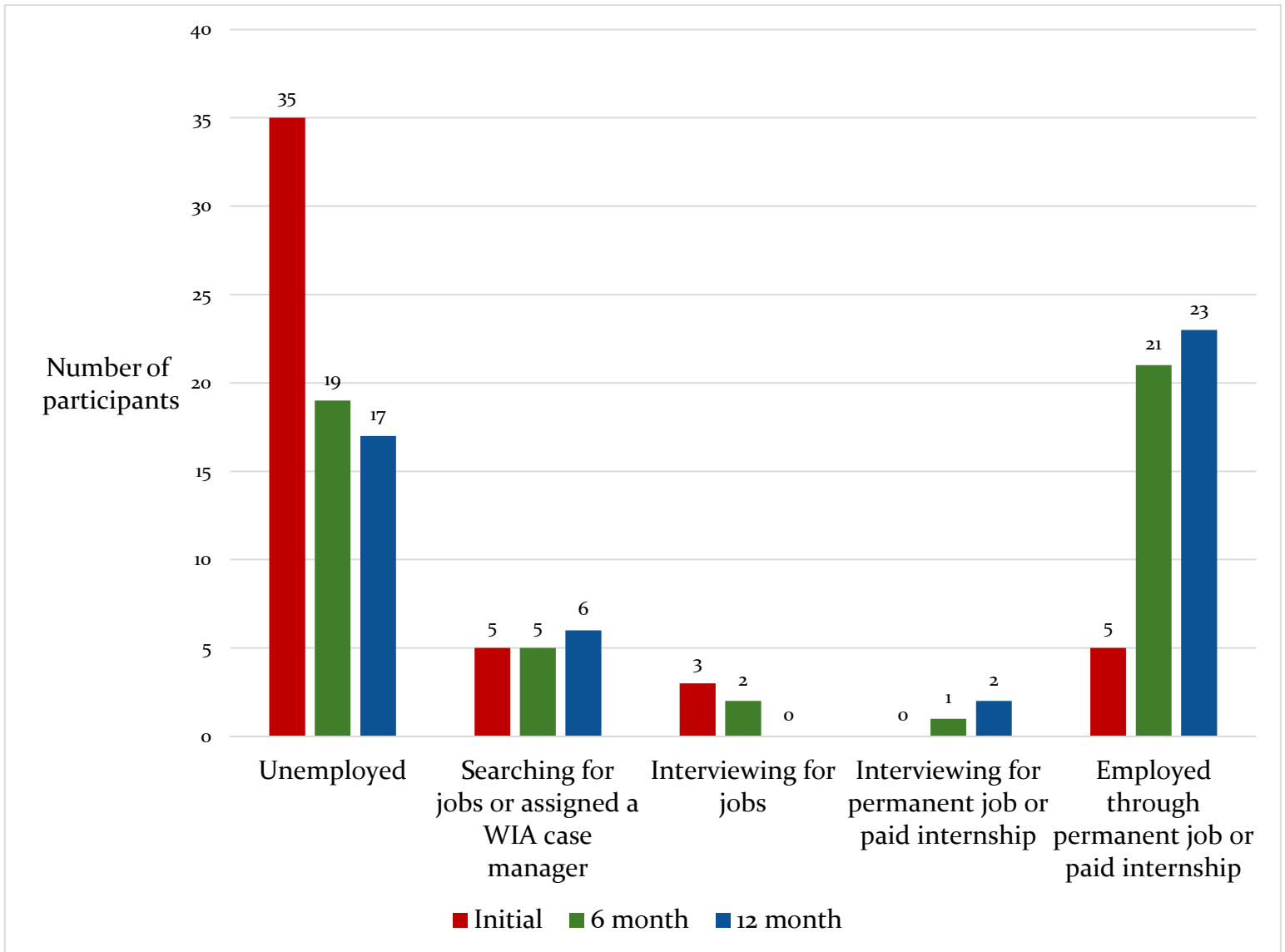


FIGURE 7: EMPLOYMENT TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 6 outlines participant trends in employment throughout participation in CRP. The number of participants who were unemployed decreased from 35 participants at initial case reviews to 17 participants at 12 month case reviews. The number of participants employed through a permanent job or paid internship increased from 5 participants at initial case reviews to 23 at 12 month case reviews.



Sobriety

FIGURE 8: SOBRIETY DESCRIPTIVES

Each column in Figure 8 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At each case review time mark, most participants were sober for 12 months and/or giving back.

	INITIAL 245 ENTRIES	6 MONTH 93 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
Abstinent less than 3 months	14.7% (36)	7.5% (7)	7.3% (4)	5.9% (1)
Abstinent for 3 months and/or attending meetings	22.4% (55)	5.4% (5)	1.8% (1)	5.9% (1)
Abstinent for 6 months or attending meetings and/or obtained a sponsor	14.3% (35)	9.7% (9)	7.3% (4)	17.6% (3)
Abstinent for 6 months or attending meetings or obtained a sponsor and/or working steps	12.2% (30)	21.5% (20)	10.9% (6)	11.8% (2)
12 months sobriety and/or giving back	36.3% (89)	55.9% (52)	72.7% (40)	58.8% (10)

FIGURE 9: SOBRIETY FACTORS

Each column in Figure 9 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. A limited percentage of participants had positive urine screens or positive BAC for alcohol within the last 3 months at each case review time mark. About half of all participants were attending self-help group meetings at initial, 6 month, and 12 month case reviews; at discharge, only 35.3% of participants were attending self-help group meetings.

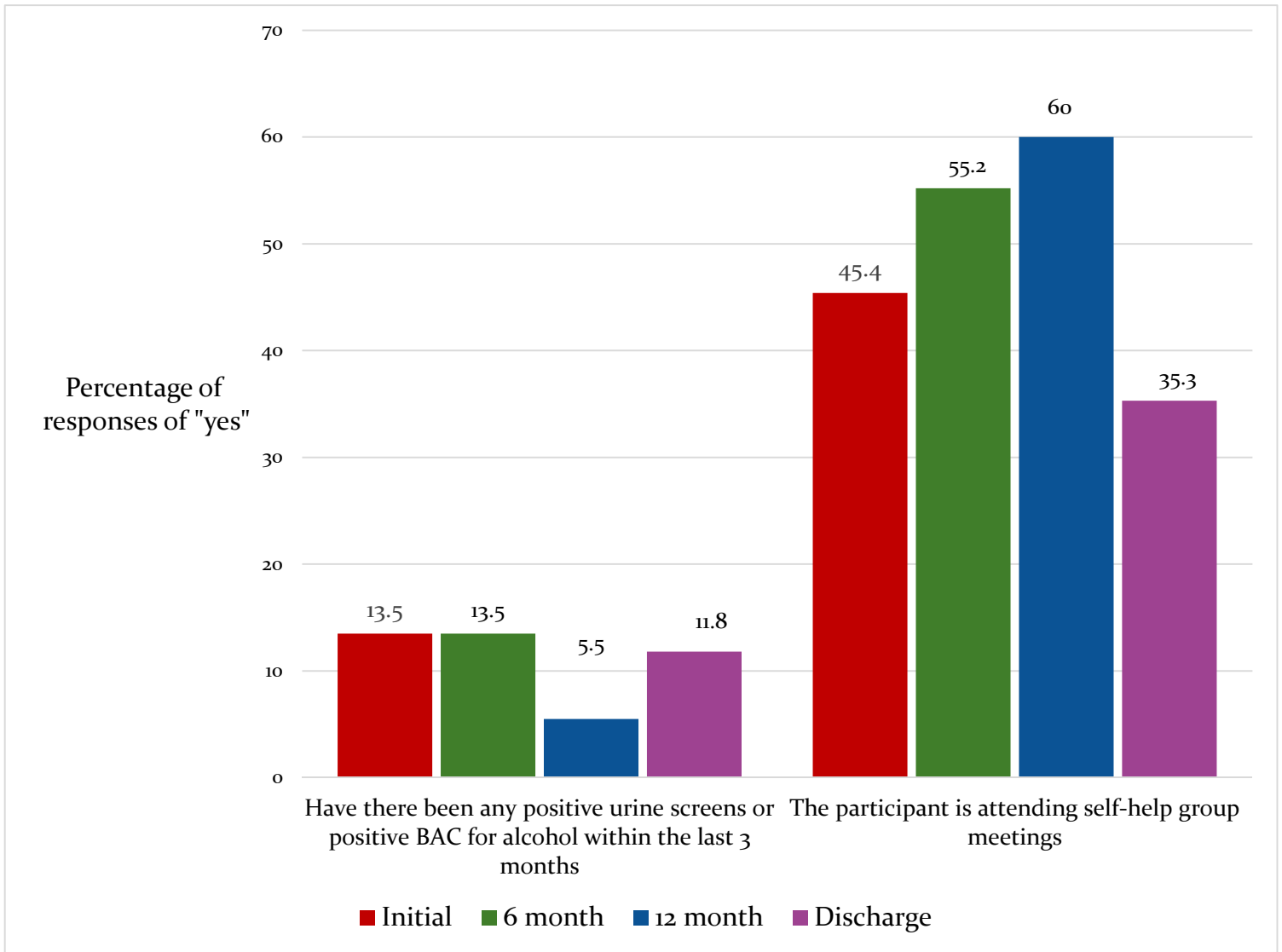


FIGURE 10: SOBRIETY TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 10 outlines participant trends in sobriety throughout participation in CRP. At initial case reviews, 18 participants had been sober for 12 months and/or were giving back. That number increased to 35 participants by the 12 month case review mark.

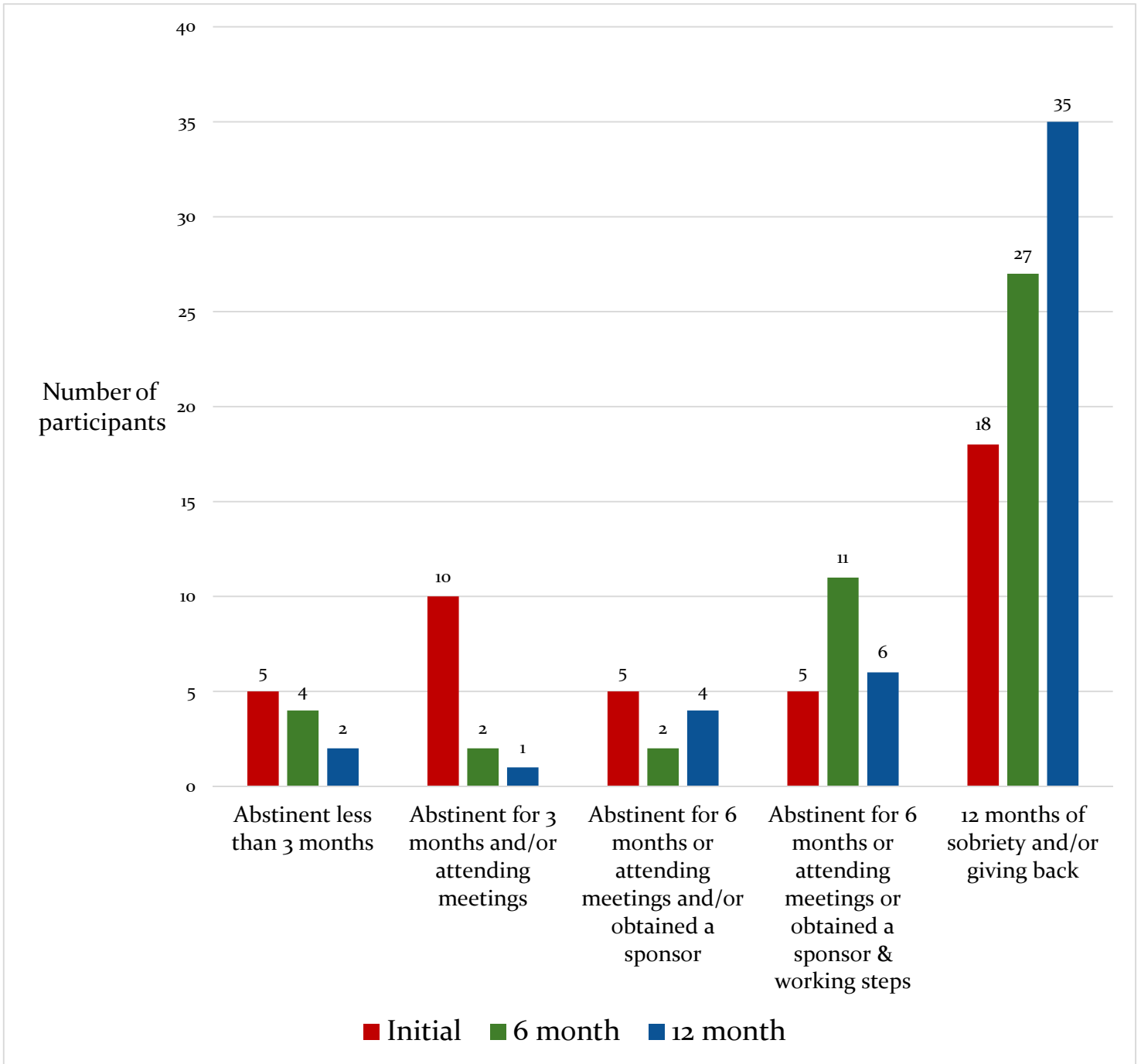
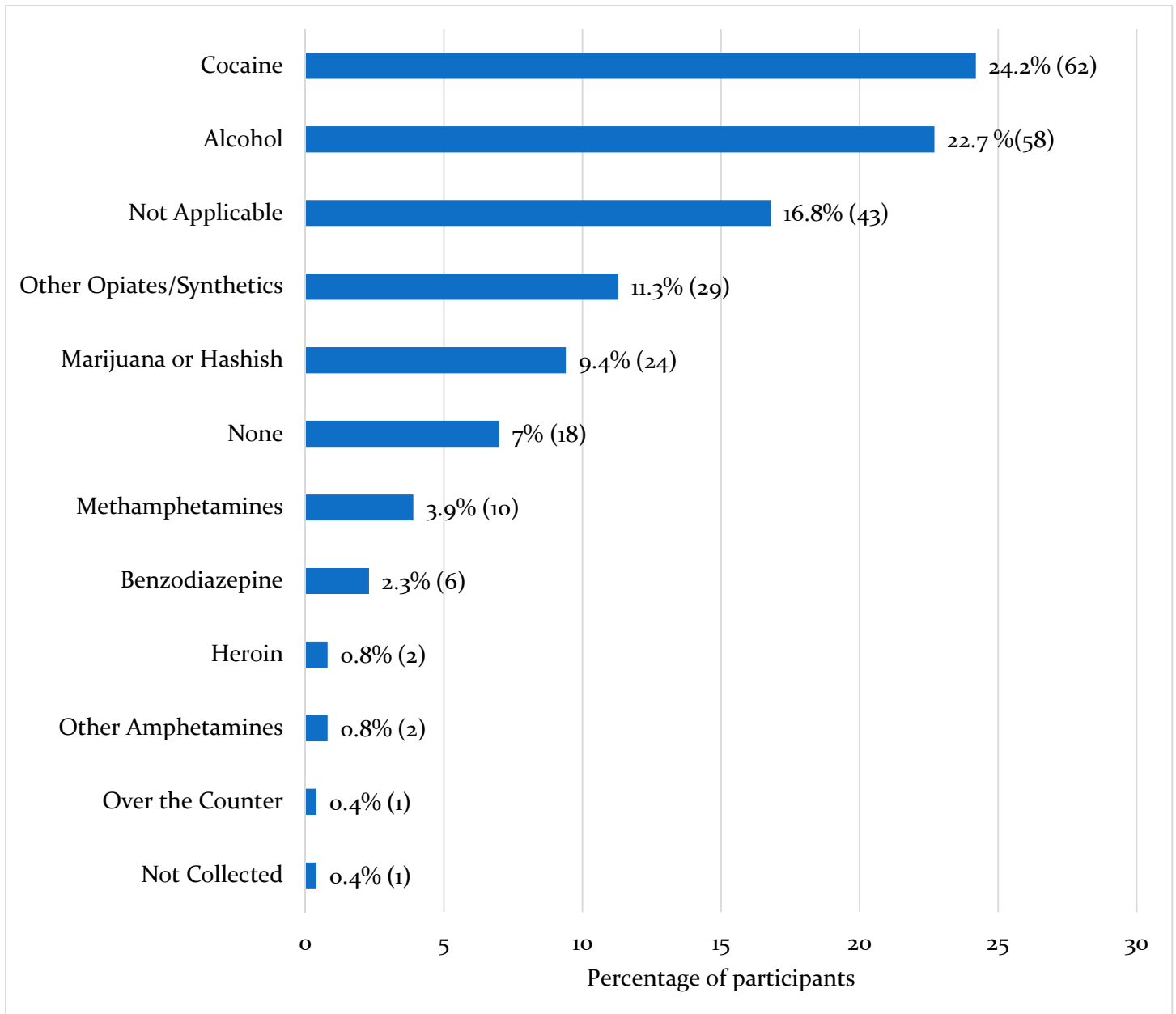


FIGURE 11: PERCENTAGE OF PRIMARY SUBSTANCE ABUSED

The bar graph in Figure 11 shows the percentage of each primary substance abused as denoted in 256 total participant case reviews. Data are representative of each participant's first recorded case review. Data are presented as percentages with the number of participants in parentheses (% , n). Cocaine was most often cited as the primary substance abused, followed closely by alcohol.



Finances

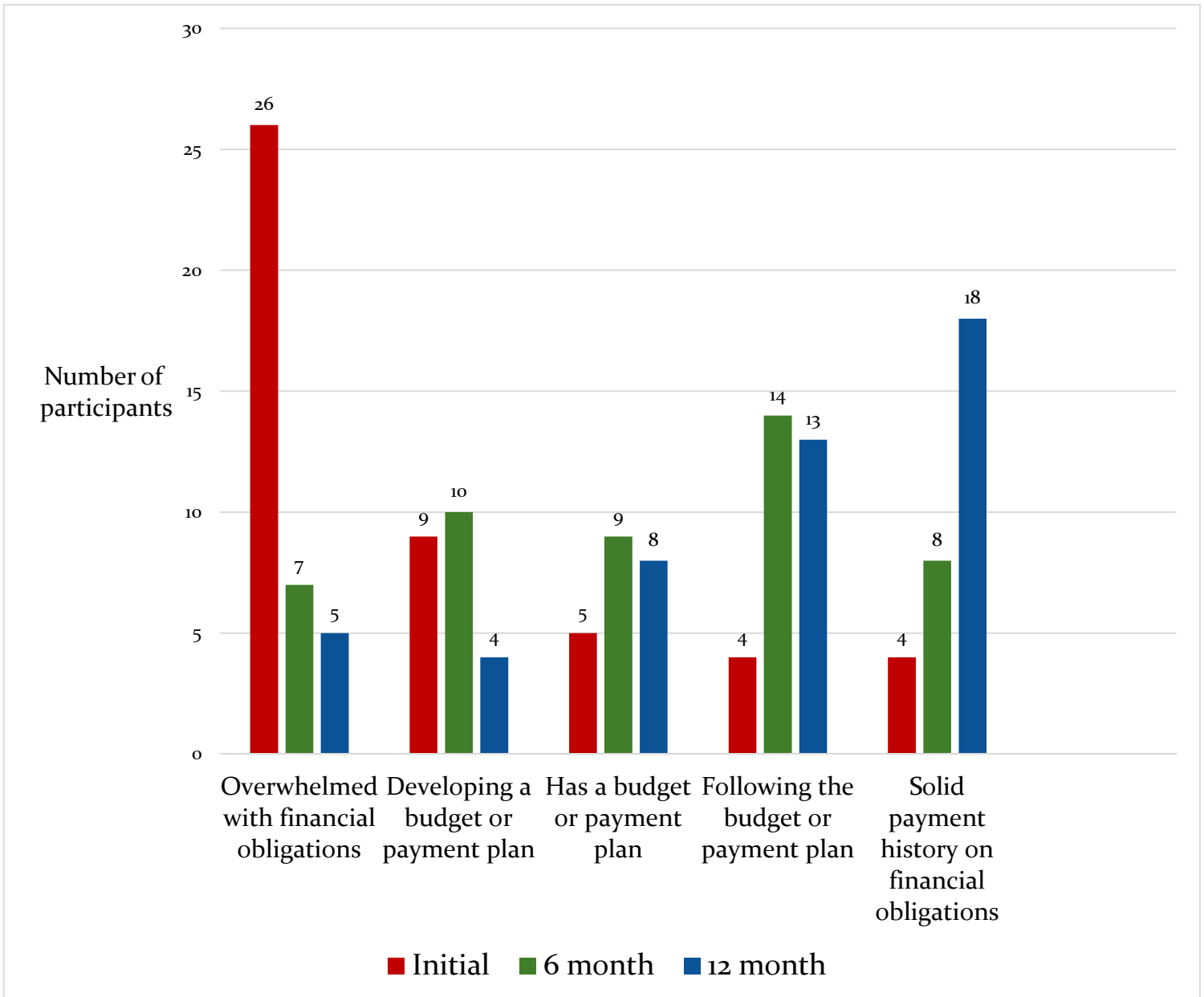
FIGURE 12: FINANCES DESCRIPTIVES

Each column in Figure 12 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At initial case reviews, most participants (44.2%) were overwhelmed with financial obligations. At discharge, most participants (64.7%) were following a budget or payment plan.

	INITIAL 259 ENTRIES	6 MONTH 96 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
Overwhelmed with financial obligations	44.2% (115)	15.6% (15)	9.1% (5)	5.9% (1)
Developing a budget or payment plan	20.5% (53)	16.7% (16)	9.1% (5)	11.8% (2)
Has a budget or payment plan	8.1% (21)	15.6% (15)	16.4% (9)	11.8% (2)
Following the budget or payment plan	10% (26)	27.1% (26)	27.3% (15)	64.7% (11)
Solid payment history on financial obligations	17% (44)	25% (24)	38.2% (21)	5.9% (1)

FIGURE 13: FINANCIAL TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 13 outlines participant trends in finances throughout participation in CRP. At initial case reviews, 26 participants were overwhelmed with financial obligations; at 12 month case reviews, 5 participants were overwhelmed with financial obligations, representing over a four-fold decrease from initial to 12 month case review time marks. Four participants had a solid payment history on financial obligations at initial are reviews. That number doubled to 8 participants at 6 month case reviews and eventually rose to 18 by 12 month case reviews.



Residence

FIGURE 14: RESIDENCE DESCRIPTIVES

Each column in Figure 14 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At all case review time marks, most participants were residing in a private residence or household.

	INITIAL 260 ENTRIES	6 MONTH 96 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
Boarding home	0.4% (1)	0% (0)	0% (0)	0% (0)
Community (CSB) residential service	6.9% (18)	10.4% (10)	5.5% (3)	11.8% (2)
Licensed assisted living facility	0% (0)	0% (0)	0% (0)	0% (0)
Local jail or correctional facility	3.5% (9)	2.1% (2)	0% (0)	0% (0)
None (homeless or homeless shelter)	1.5% (4)	1% (1)	0% (0)	0% (0)
Private residence or household	77.7% (202)	81.3% (78)	90.9% (50)	82.4% (14)
Residential treatment or alcohol or drug rehab	2.3% (6)	4.2% (4)	1.8% (1)	0% (0)
Shelter	0.4% (1)	0% (0)	0% (0)	0% (0)
Unknown	7.3% (19)	1% (1)	1.8% (1)	5.9% (1)

FIGURE 15: RESIDENCE FACTORS

Each column in Figure 15 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At each case review time mark, a vast majority of participants resided in a drug free environment. The percentage of participants able to pay his/her living expenses was 44.2% at initial case reviews and 88.2% at discharge case reviews. The percentage of participants at initial case reviews who resided in subsidized housing was 73.6%; at discharge case reviews, the percentage was 88.2%.

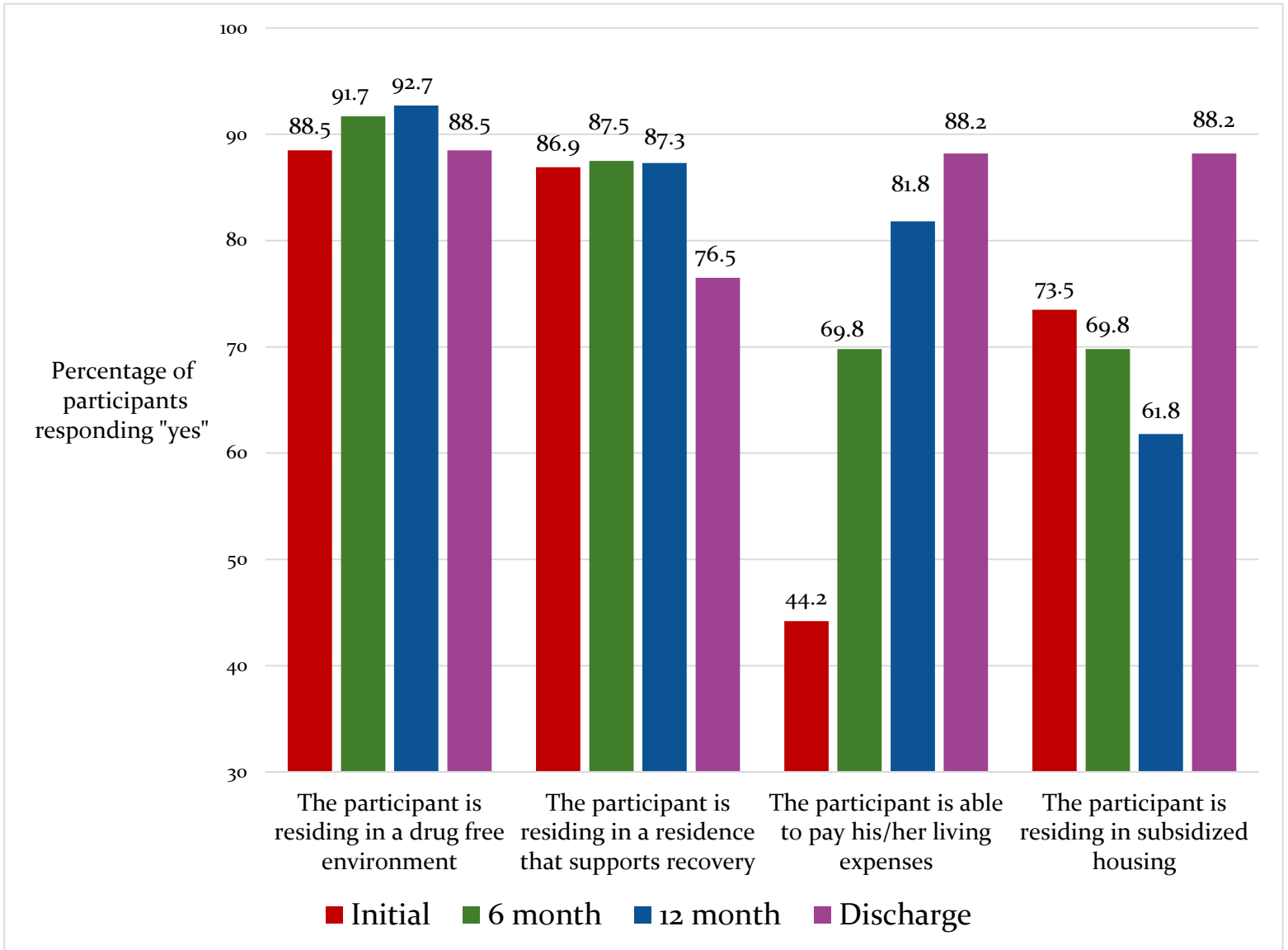
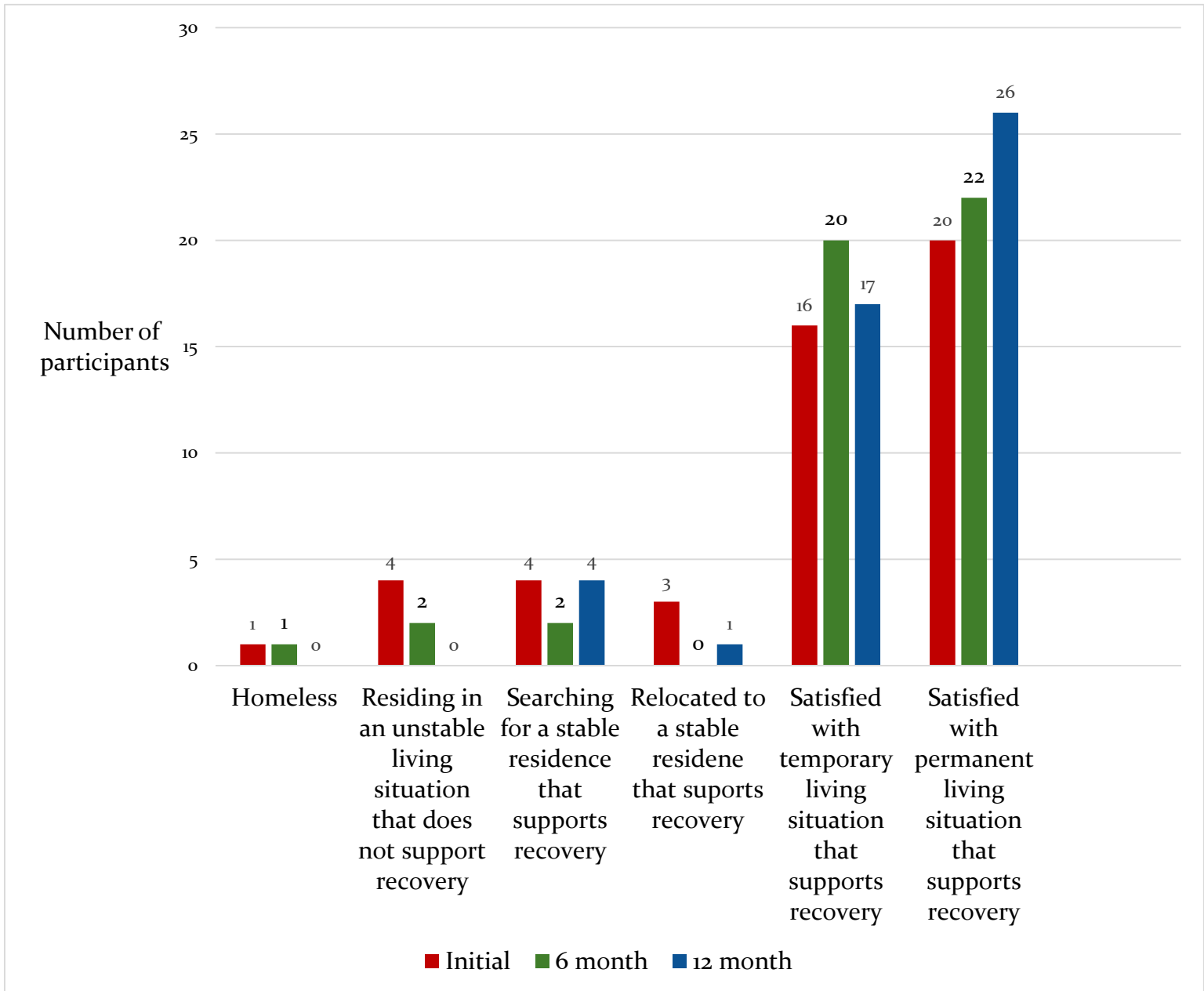


FIGURE 16: RESIDENCE TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 16 outlines participant trends in residency throughout participation in CRP. Essentially, residential situations for participants stayed the same as there were no major changes between case review time marks. Six more participants were satisfied with their permanent living situation that supports recovery at 12 month case reviews (26) than at initial case reviews (20).



Family

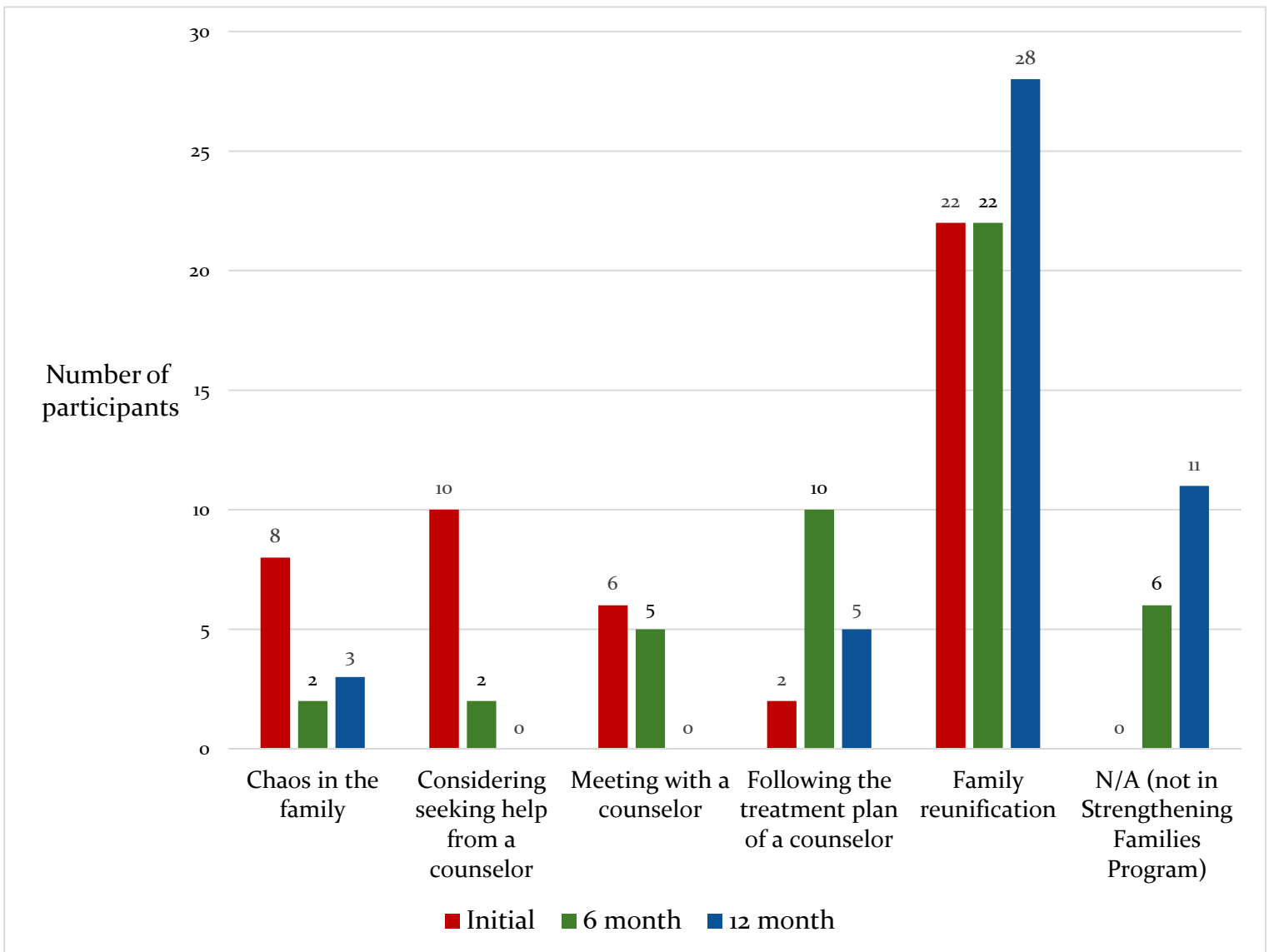
FIGURE 17: FAMILY DESCRIPTIVES

Each column in Figure 17 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At each case review time mark, most participants' families were reunified.

	INITIAL 258 ENTRIES	6 MONTH 94 ENTRIES	12 MONTH 54 ENTRIES	DISCHARGED 17 ENTRIES
Chaos in the family	10.1% (26)	5.3% (5)	5.6% (3)	5.9% (1)
Considering seeking help from a family counselor	20.2% (52)	5.3% (5)	3.7% (2)	23.5% (4)
Meeting with a family counselor/other counselor	5% (13)	5.3% (5)	0% (0)	0% (0)
Following the treatment plan of the family counselor/other counselor	3.9% (10)	17% (16)	9.3% (5)	0% (0)
Family reunification	43.4% (112)	44.7% (42)	59.3% (32)	70.6% (12)
Not Applicable (not in Strengthening Families classes)	17.4% (45)	22.3% (21)	22.2% (12)	0% (0)

FIGURE 18: FAMILY TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 18 outlines participant trends in family throughout participation in CRP. Six more participant families were reunified at 12 month case reviews (28) than at initial case reviews (22). Eight participants were experiencing chaos in the family at initial case reviews; 3 were experiencing chaos in the family at 12 month case reviews. Only two participants were following a treatment plan of a counselor at initial case reviews. That number rose to 10 participants at 6 month case reviews, but dropped to 5 families at 12 month case reviews.



Support and Leisure

FIGURE 19: SUPPORT AND LEISURE DESCRIPTIVES

Each column in Figure 19 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. A majority of participants had a positive support system and productive leisure activities at each case review time mark.

	INITIAL 259 ENTRIES	6 MONTH 96 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
No support system and no positive leisure activities	6.2% (16)	2.1% (2)	5.5% (3)	5.9% (1)
Developing a support system, but no positive leisure activities	28.2% (73)	10.4% (10)	1.8% (1)	29.4% (5)
Has a support system and is sporadically engaging in positive leisure activities	25.9% (67)	20.8% (20)	12.7% (7)	11.8% (2)
Maintaining support system and regularly participating in leisure activities	12.7% (33)	25% (24)	23.6% (13)	17.6% (3)
Positive support system and productive leisure activities	27% (70)	41.7% (40)	56.4% (31)	35.3% (6)

FIGURE 20: SUPPORT AND LEISURE FACTORS

Each column in Figure 20 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. No participants were attending WeCare programs or had completed Seeking Safety at discharge case reviews. Twenty-nine percent of participants were on probation and/or parole at discharge, whereas 51.5% were on probation/parole at the initial case review.

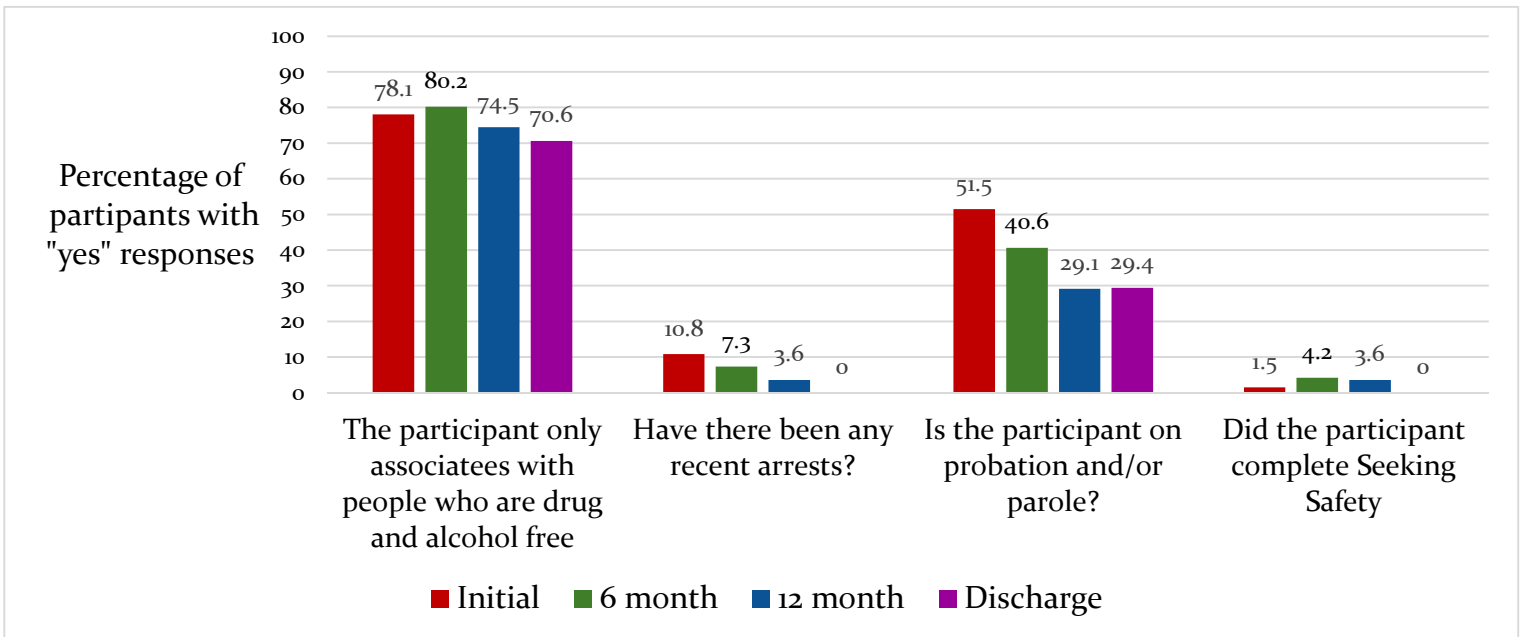
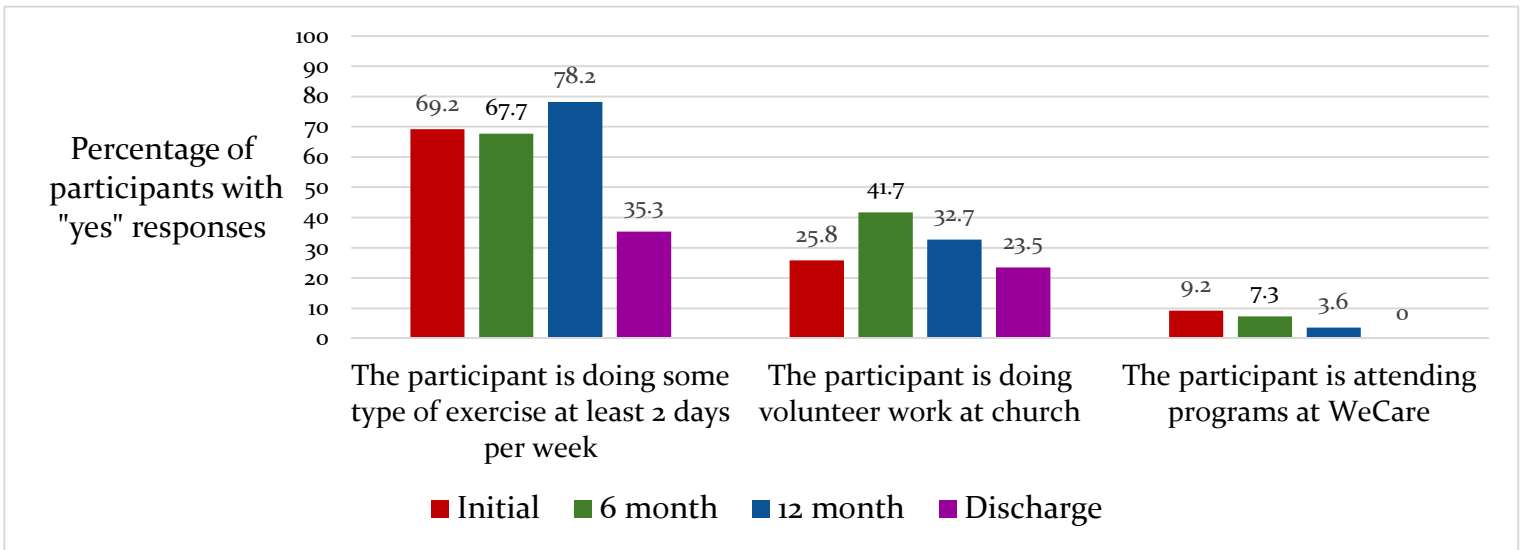
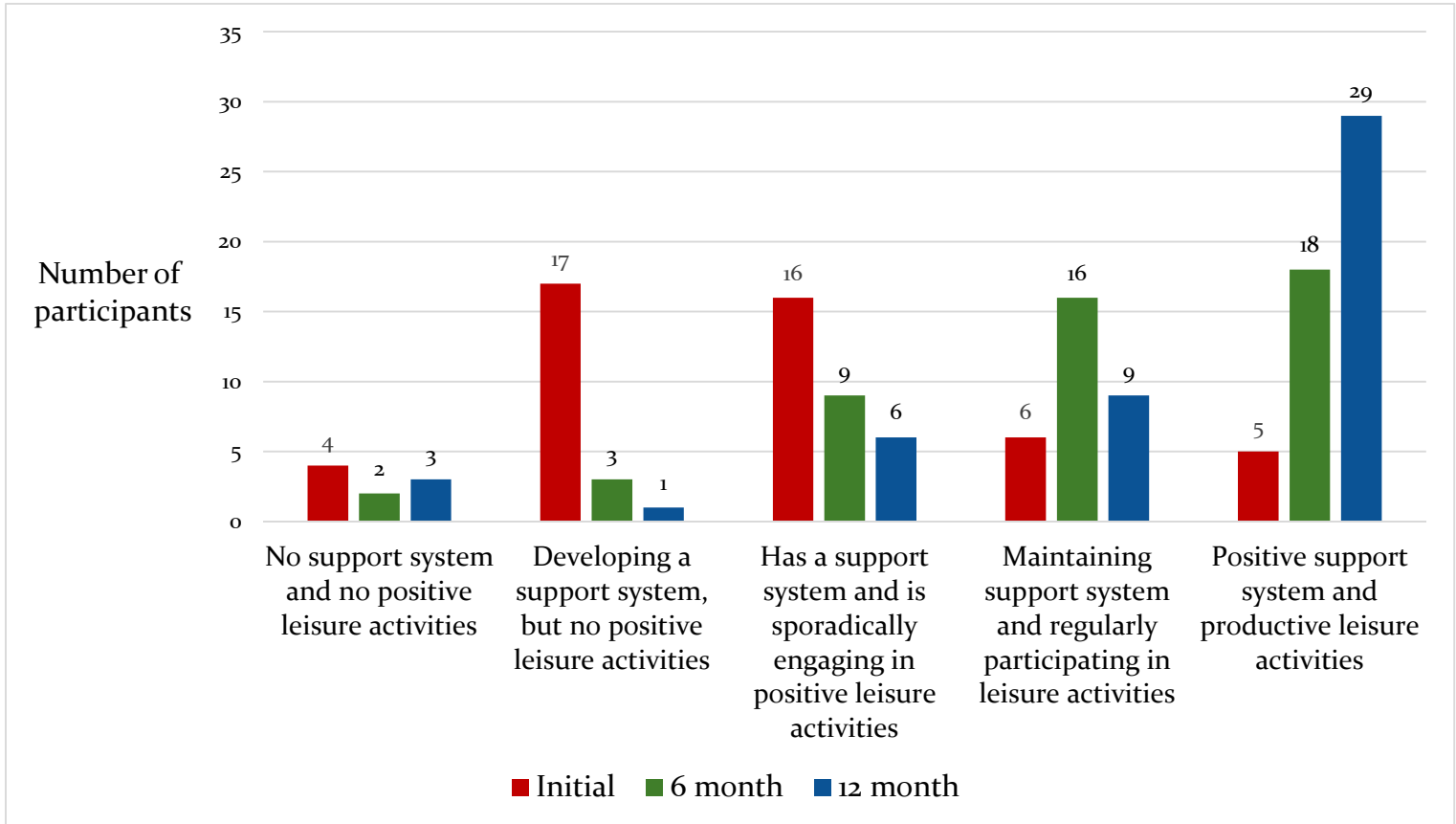


FIGURE 21: SUPPORT AND LEISURE TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 21 outlines participant trends in support and leisure throughout participation in CRP. Twenty-nine participants had a positive support system and productive leisure activities at discharge, a nearly six-fold increase from initial case reviews.



Mental Health

FIGURE 22: MENTAL HEALTH DESCRIPTIVES

Each column in Figure 22 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At each case review time mark, most participants were taking psychotropic medications as prescribed & meeting with a counselor.

	INITIAL 256 ENTRIES	6 MONTH 95 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
Emotional/mentally unstable	3.9% (10)	1.1% (1)	0% (0)	0% (0)
Emotionally unstable	18% (46)	6.3% (6)	1.8% (1)	23.5% (4)
Recent hospitalization for mental health issue(s)/suicidal ideation	20.3% (52)	20% (19)	7.3% (4)	0% (0)
Taking psychotropic medication as prescribed	13.7% (35)	20% (19)	18.2% (10)	11.8% (2)
Taking psychotropic medications as prescribed & meeting with a counselor	44.1% (113)	52.6% (50)	72.7% (40)	64.7% (11)

FIGURE 23: MENTAL HEALTH FACTORS

Each column in Figure 23 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. Mental health factors were consistent across case review time marks. At each time mark, a majority of participants were using coping skills to manage his/her emotions while a minimal percentage had been hospitalized.

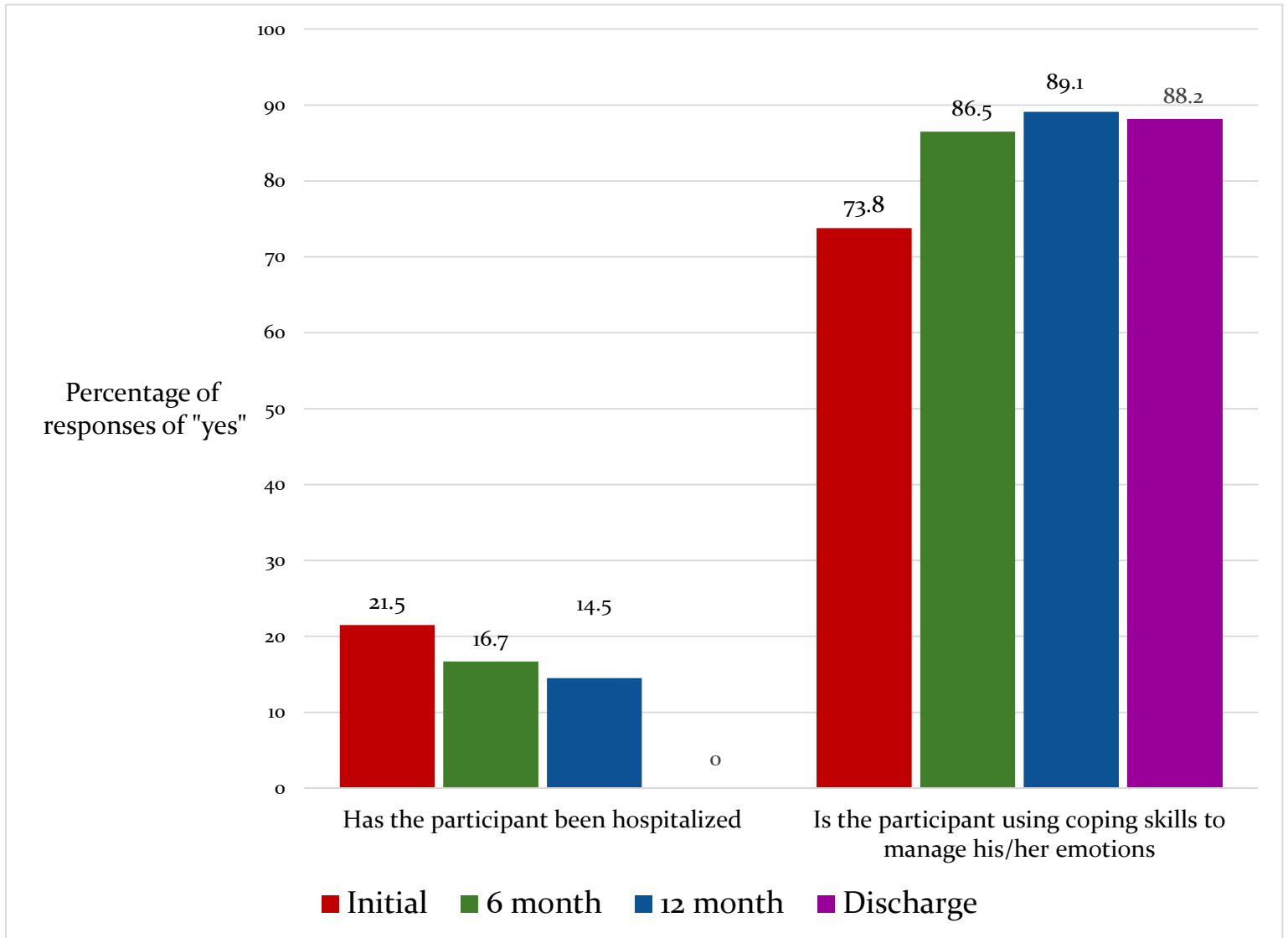


FIGURE 24: MENTAL HEALTH TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 24 outlines participant trends in mental health throughout participation in CRP. From initial case reviews to 12 month case reviews, there was a 100% decrease in the number of participants emotionally unstable. Fourteen participants were taking psychotropic medications as prescribed and meeting with a counselor at initial case reviews and 37 were doing so at 12 month reviews.

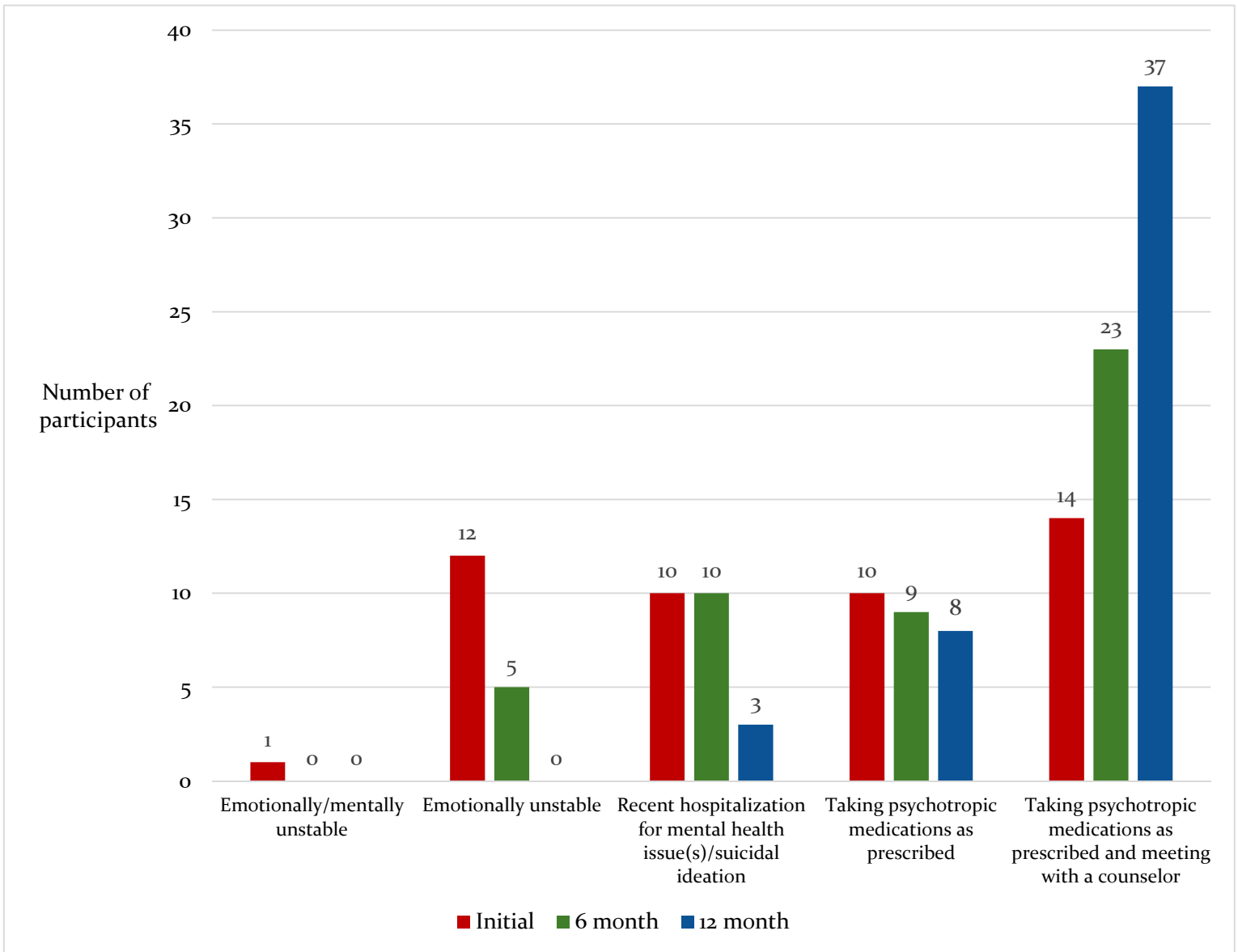
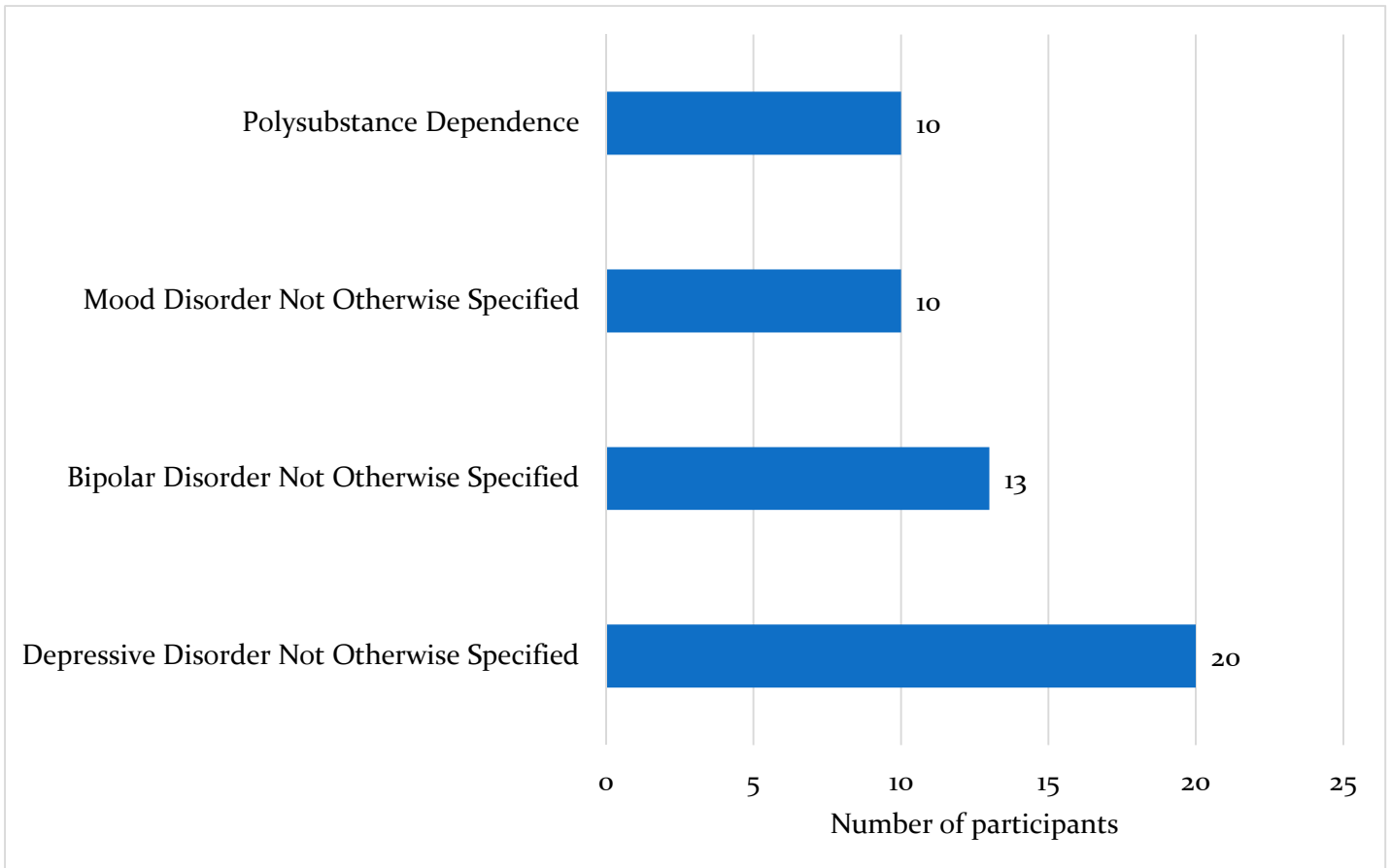


FIGURE 25: MENTAL HEALTH DIAGNOSES

Diagnosis data was provided for 197 of the 256 participants. Only the most common, frequently reoccurring mental health diagnoses of those 197 participants are outlined in Figure 25. Data are representative of the participants' first recorded case review. Depressive Disorder Not Otherwise Specified was the most common diagnosis (20 participants).



Physical Health

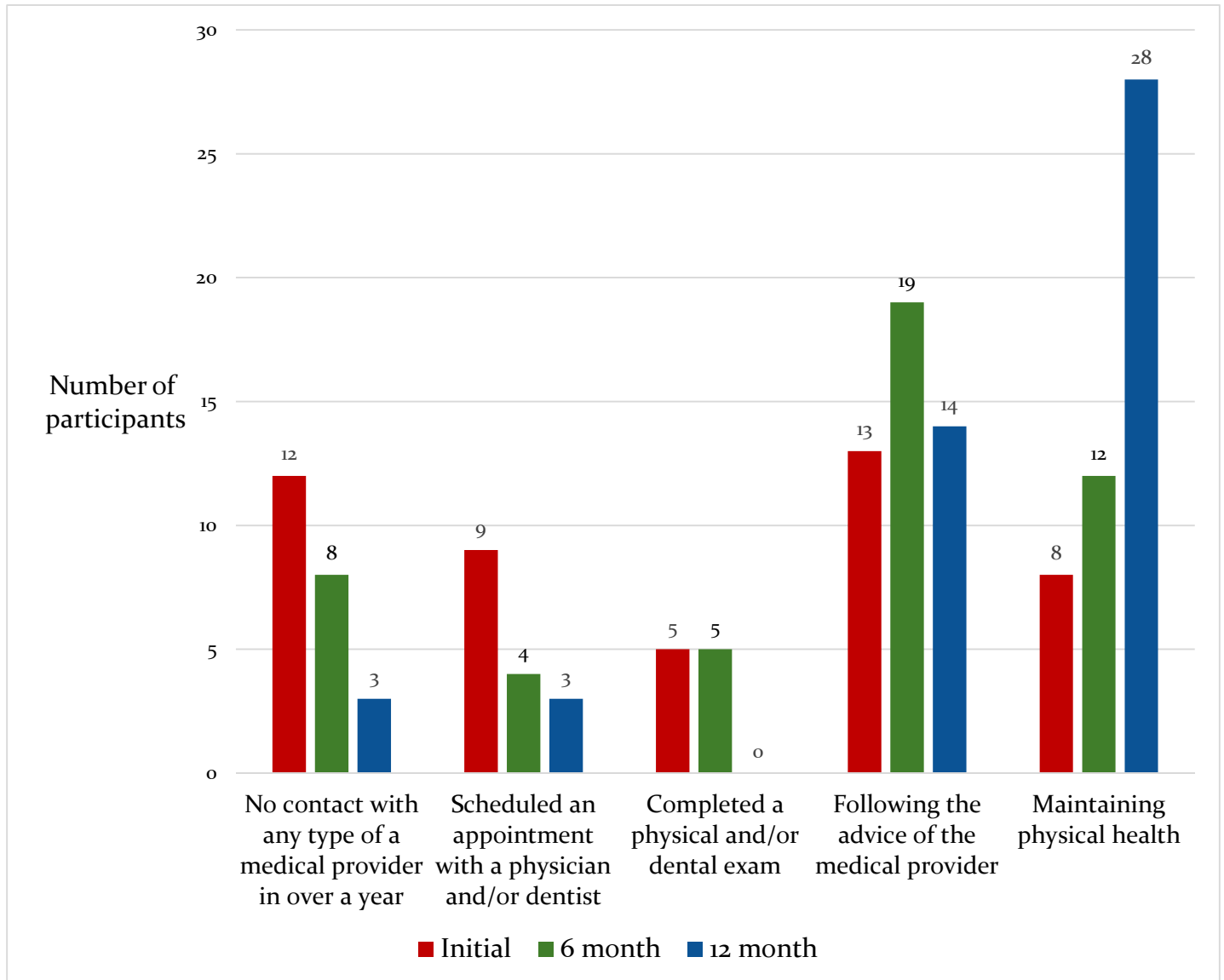
FIGURE 26: PHYSICAL HEALTH DESCRIPTIVES

Each column in Figure 26 should be viewed independently and the data represented in the columns cannot be viewed as trending or indicative of participant changes over time. At all case review time marks, most participants were following the advice of a medical provider and maintaining their physical health.

	INITIAL 258 ENTRIES	6 MONTH 96 ENTRIES	12 MONTH 55 ENTRIES	DISCHARGED 17 ENTRIES
No contact with any type of medical provider in over a year	24.8% (64)	15.6% (15)	5.5% (3)	17.6% (3)
Scheduled an appointment with a physician or dentist	10.9% (28)	9.4% (9)	5.5% (3)	0% (0)
Completed a physical or dental exam	8.1% (21)	9.4% (9)	0% (0)	0% (0)
Following the advice of a medical provider	23.6% (61)	29.2% (28)	32.7% (18)	41.2% (7)
Maintaining physical health	32.6% (84)	36.5% (35)	56.4% (31)	41.2% (7)

FIGURE 27: PHYSICAL HEALTH TRENDS

Forty-eight participants had case reviews completed at the initial, 6 month, and 12 month time marks. Analyzing these participants' case reviews allow for trends to be assessed. Figure 27 outlines participant trends in physical health throughout participation in CRP. At initial case reviews, 12 participants had no contact with any type of medical provider in over a year. By 12 month case reviews, only 3 participants had no contact with a medical provider of any type in over a year. Twenty more participants were maintaining physical health at 12 month case reviews (28) than at initial case reviews (8).



Return on Investment

CRP Staff and CPHPR evaluators selected six questions that would help determine how much Federal and State dollars were being utilized by CRP participants before and after CRP participation. Because of the manner in which the questions were asked, no actual dollar amounts were collected. Evaluators were able to determine if participants were utilizing Federal and State funds for the six questions outlined below, but not how much. This category is still being called “Return on Investment”, even though no actual financial data were collected.

Return on Investment data are from participants who had initial, 6 month, and 12 month case reviews (**note: this allows for trends to be assessed**).

NUMBER OF PARTICIPANTS RECEIVING WIC

Of the 48 participants with initial, 6 month, and 12 month case reviews, no participant received WIC at any point throughout program participation.

FIGURE 28: NUMBER OF PARTICIPANTS RECEIVING SNAP BENEFITS

More participants were receiving SNAP benefits at the 12 month case review (15 participants) than at the initial case review (5).

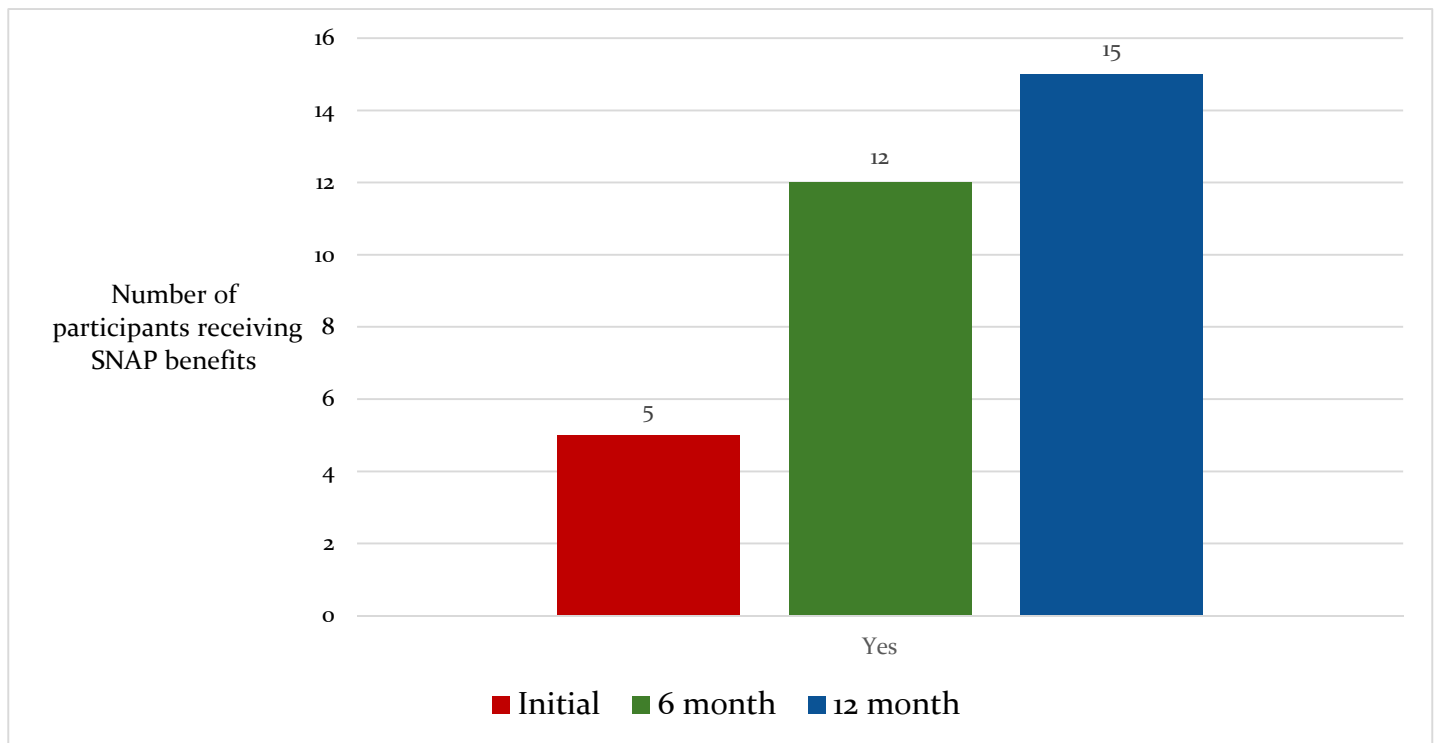


FIGURE 29: NUMBER OF PARTICIPANTS RECENTLY ARRESTED

At the initial case reviews, 5 participants were recently arrested. That number decreases to 2 participants at 12 month case reviews.

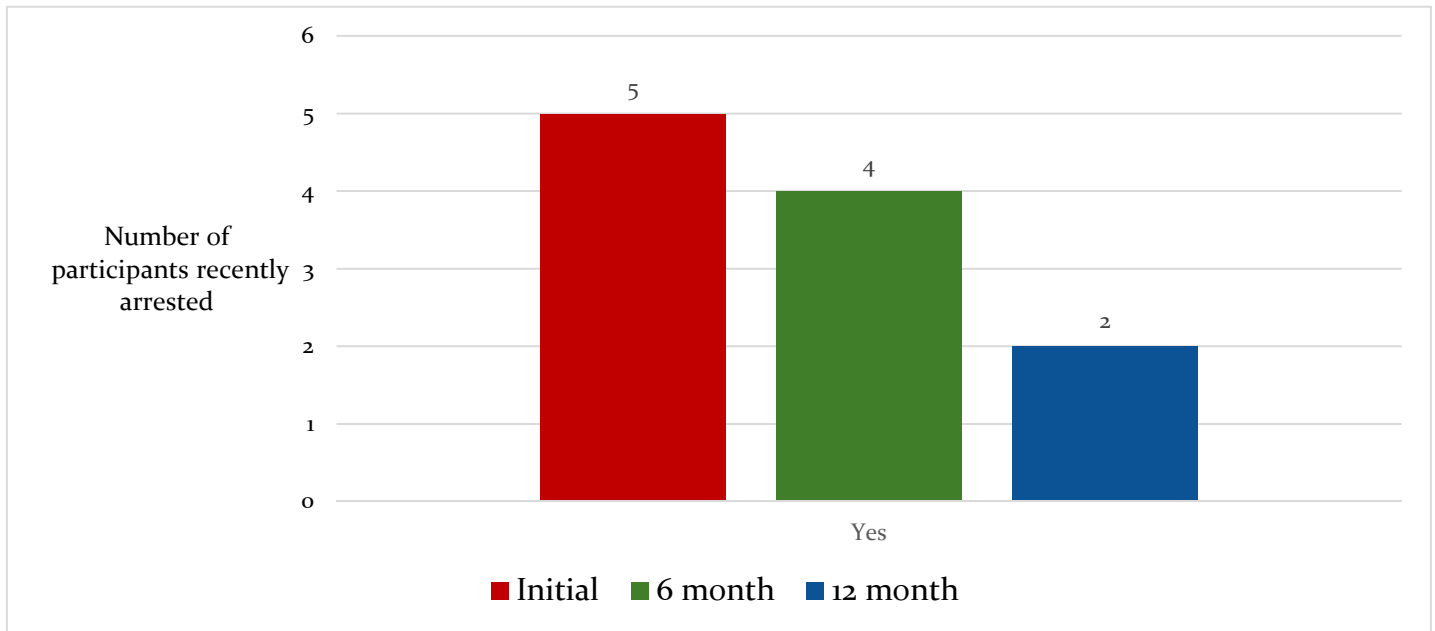
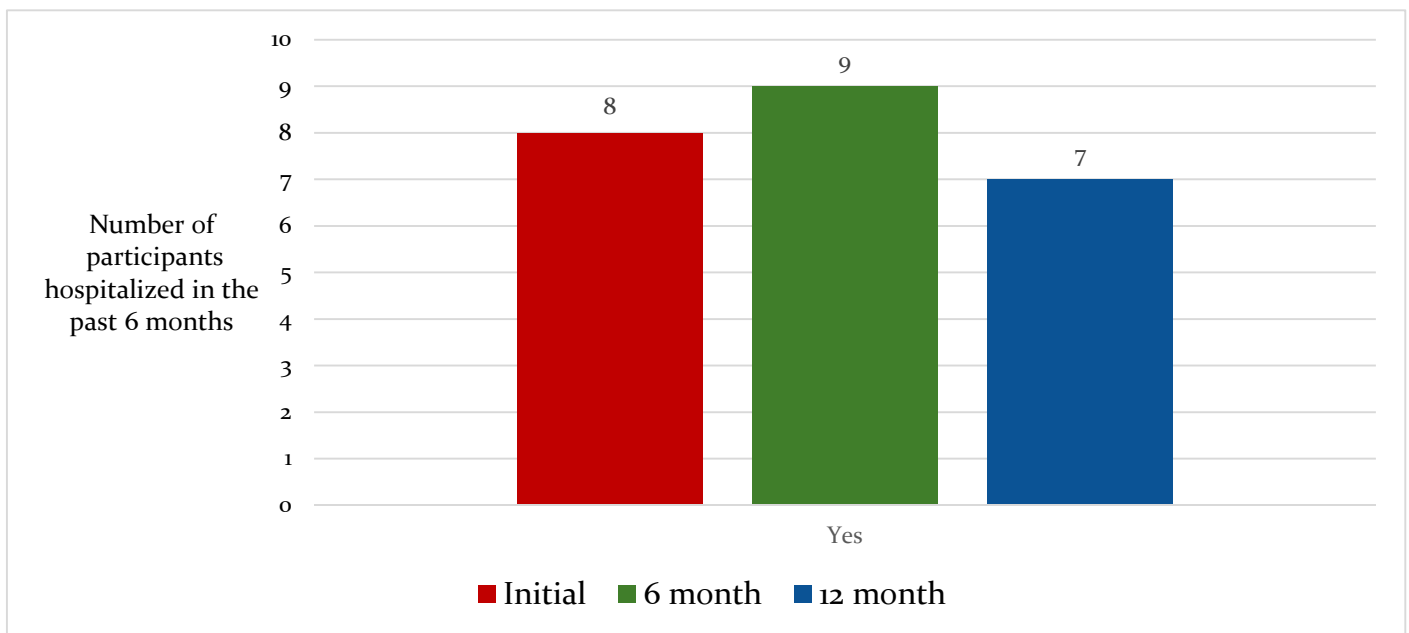


FIGURE 30: NUMBER OF PARTICIPANTS HOSPITALIZED IN THE LAST 6 MONTHS

The number of hospitalizations in the last month remained steady throughout each case review time mark.



NUMBER OF PARTICIPANTS HAVING HEALTH INSURANCE

At initial case reviews and 6 month case reviews, all 48 participants did not have health insurance. By 12 month case reviews, all 48 participants had health insurance.

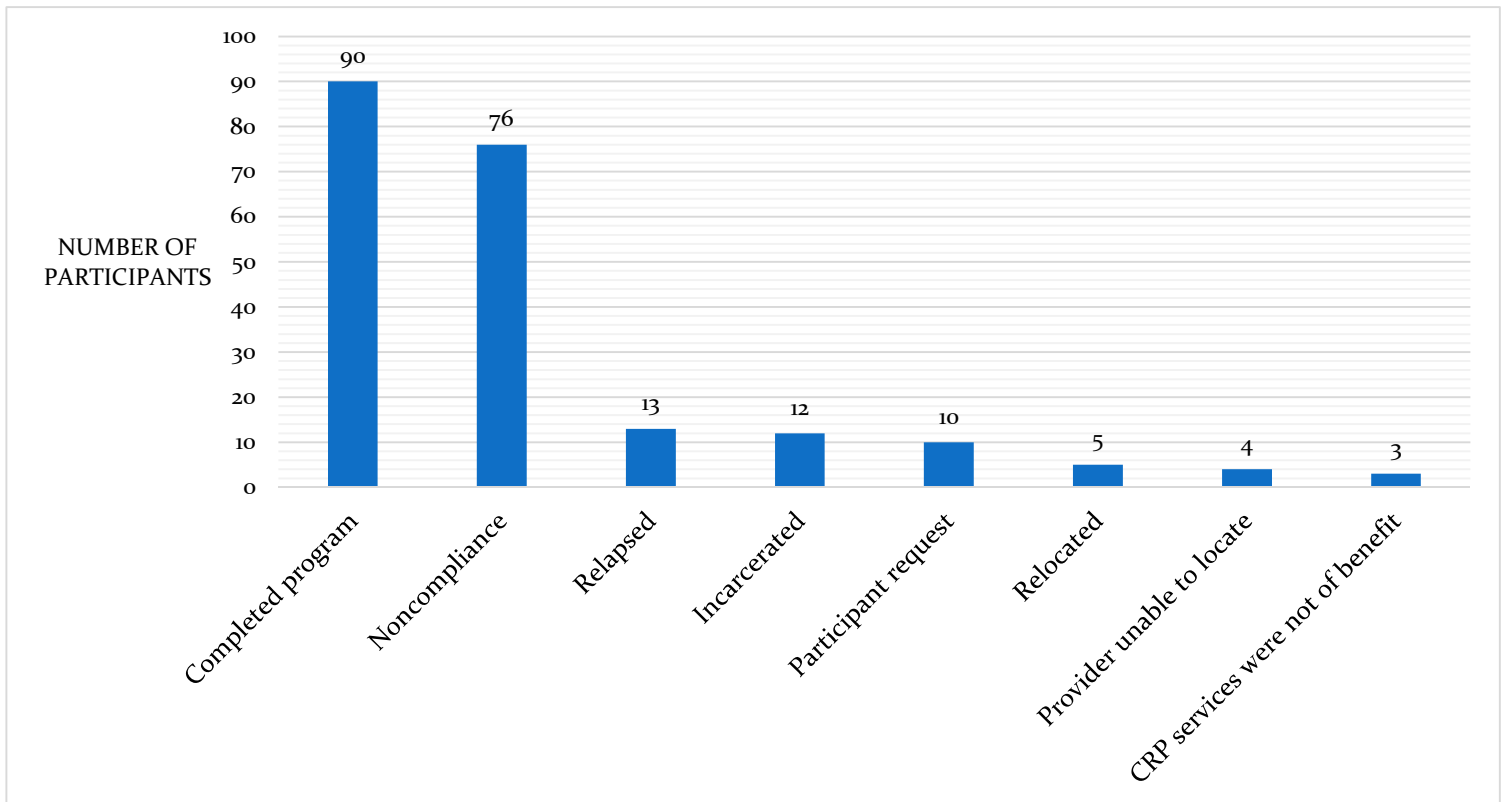
NUMBER OF PARTICIPANTS LIVING IN SUBSIDIZED HOUSING

Of the 48 participants with initial, 6 month, and 12 month case reviews, all participants lived in subsidized housing at each time mark.

Results from Discharge List

The data presented in the bar graph in Figure 31 represent 213 total discharges as detailed in the Discharge List (as of 06/30/2016). Participants were discharged mostly for completion of the program or noncompliance. Only 3 participants were discharged because CRP services were not of benefit to them.

FIGURE 31: DISCHARGE LIST - REASONS FOR DISCHARGE



Results from Participant Feedback Survey

Sixty-one CRP participants completed a participant feedback survey via SurveyMonkey® at 6-month (47 surveys) and 12-month (14 surveys) follow ups. Figures 32 through 37 highlight both quantitative and qualitative data provided through the surveys. Data in Figures 32 through 34 are presented in percentages with the number of participants in parentheses [%, (n)].

FIGURE 32: PARTICIPANT FEEDBACK SURVEY – EXTENT CRP IS MEETING NEEDS

Participants were asked “To what extent has CRP met your needs in the following areas?”

	NOT APPLICABLE	NOT AT ALL/A LITTLE	MEDIUM	A GREAT EXTENT/A VERY GREAT EXTENT
Education (n=60)	25% (15)	13.34% (8)	20% (12)	41.67% (25)
Employment (n=59)	11.86% (7)	6.78% (4)	20.34% (12)	61.02% (36)
Finances (n=60)	11.67% (7)	13.33% (8)	26.67% (16)	48.33% (29)
Family (n=60)	21.67% (13)	11.67% (7)	21.67% (13)	45% (27)
Support/Leisure (n=60)	6.67% (4)	5% (3)	21.67% (13)	66.67% (40)
Mental Health (n=60)	15% (9)	5% (3)	15% (9)	65% (39)
Physical Health (n=60)	15% (9)	15% (9)	16.67% (10)	53.34% (32)
Sobriety (n=60)	10% (6)	5% (3)	6.67% (4)	78.33% (47)
Housing (n=60)	28.33% (17)	16.67% (10)	6.67% (4)	48.34% (29)

FIGURE 33: PARTICIPANT FEEDBACK SURVEY – SATISFACTION WITH STAFF

Participants were asked “How satisfied are you with CRP staff in terms of the following areas?”

	VERY DISSATISFIED/DISSATISFIED	NEUTRAL	SATISFIED/VERY SATISFIED
Their understanding of recovery (n=60)	0% (0)	1.67% (1)	98.33% (59)
Their knowledge of community resources (n=60)	0% (0)	1.67% (1)	98.35% (59)
Their ability to help you meet your needs (n=60)	0% (0)	1.67% (1)	98.33% (59)
Being respectful (n=60)	0% (0)	0% (0)	100% (60)
Being supportive and compassionate (n=60)	0% (0)	0% (0)	100% (60)
Holding individuals accountable (n=59)	0% (0)	11.86% (7)	88.14% (52)

FIGURE 34: PARTICIPANT FEEDBACK SURVEY – PARTICIPANT PROGRESS TOWARDS GOAL

Participants were asked “How much progress do you feel you are making towards achieving the goals you set in CRP?”

	POOR/FAIR	GOOD	VERY GOOD/EXCELLENT
Progress (n=57)	10.53% (6)	26.32% (15)	63.16% (36)

FIGURE 35: PARTICIPANT FEEDBACK SURVEY – PARTICIPANT CHALLENGES

Participants were asked “What challenges, if any, have you had with CRP?” Figure 37 provides select quotes from participant answers to those questions; the majority of responses explained that there were no challenges.

WHAT CHALLENGES, IF ANY, HAVE YOU HAD WITH CRP?

“Transportation was good at first but then they stopped being able to come out.”
“not being able to attend meetings because of home situations so CRP doubts im serious <i>[sic]</i> .”
“They did everything to help that they could and if they couldn't they pointed to people who could so I'm very satisfied with everyone of the staff members here are very excellent workers <i>[sic]</i> .”
“The importance of maintaining a good clean and healthy life. I must continue to stay the course and do my part in meeting the CRP program halfway. The CRP program is a very very helpful program.”
“Setting goals for myself and following up on the plans needed to meet those goals. Building self-confidence.”

FIGURE 36: PARTICIPANT FEEDBACK SURVEY – DESIRED CHANGES

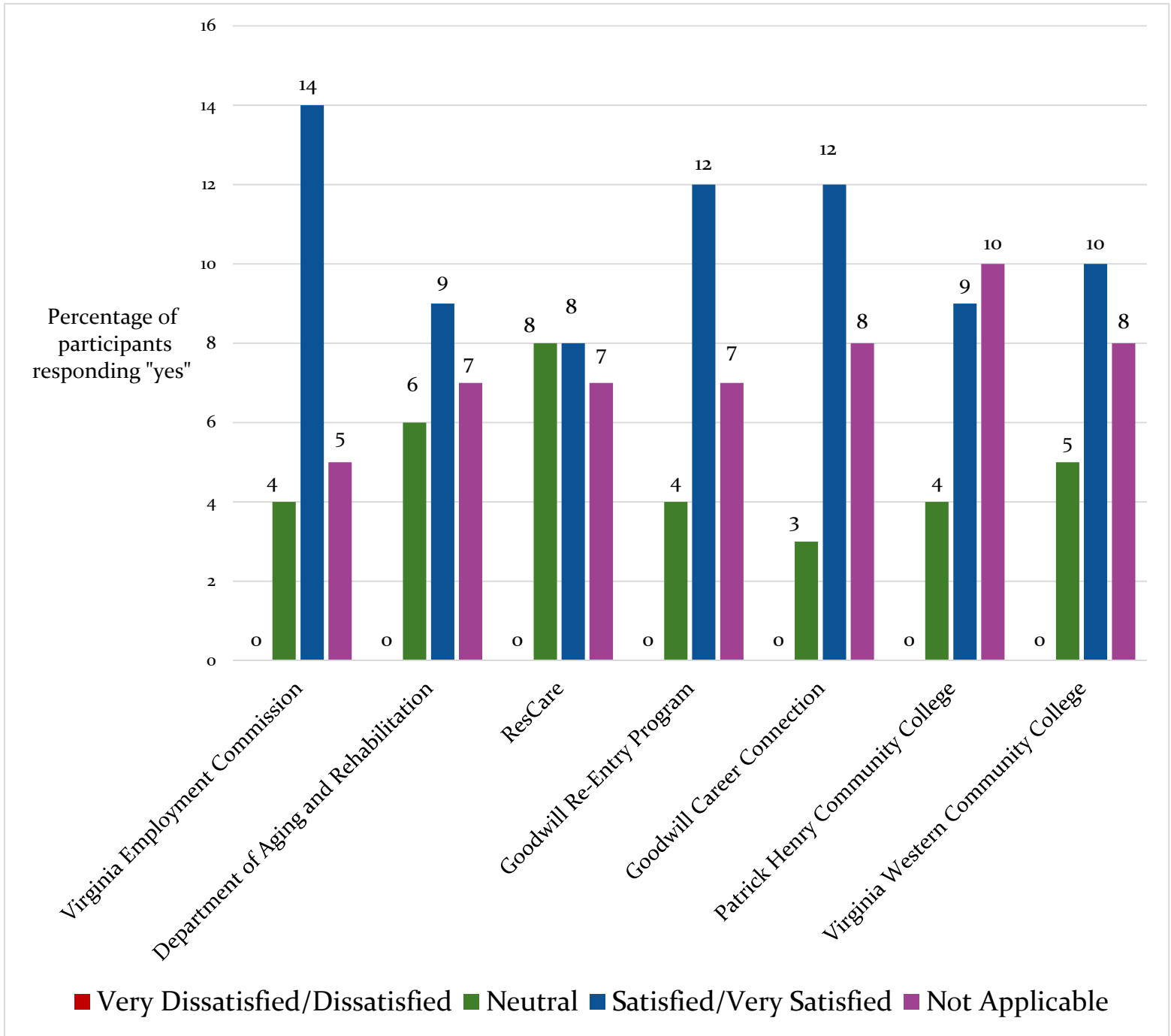
Participants were asked “What would you like to see CRP do differently? For example, is there anything you would like to add or change about the program?” Figure 38 provides select quotes from participant answers to those questions; the majority of responses explained that there were no desired changes.

WHAT WOULD YOU LIKE TO SEE CRP DO DIFFERENTLY?

“More support in the mental health care.”
“The people here are doing such a great job at helping others. I can't think of anything to add to what they are already doing.”
“I would like them to help with legal things and legal advice. Helping Franklin County people find homes when they come out of incarceration.”
“If the case manager could become more of a mentor and meet somewhere just to talk and have coffee.”
“Improve funding so that they expand into more areas so they can reach more people.”

FIGURE 37: PARTICIPANT FEEDBACK SURVEY – SATISFACTION WITH CRP PARTNER PROGRAMS

Participants were asked “To what extent are you satisfied with CRP partner programs?”



Results from Participant Interviews

In April 2015, interviews were conducted with 8 CRP participants. In February 2016, interviews were conducted with 6 CRP participants. Interview questions were aimed to collect feedback about the participants' experiences with CRP and their suggestions for program improvement.

FIGURE 38: PARTICIPANT INTERVIEWS - SUMMARY OF RESPONSES

Survey Question Summarized	Summary of Responses
Personal challenges participants face	<ul style="list-style-type: none"> - Paying bills, losing employment, striving to gain employment - Transitioning (housing moves, in particular) - Dealing with past relationships, especially when those relationships are negative - Sobriety -Lack of transportation
Benefits of involvement with CRP; most important part of involvement	<ul style="list-style-type: none"> - Getting information (educational opportunities, job openings) -CRP staff help with job searching, including reviewing cover letters and resumes - Successfully gaining employment - Developing accountability - Safe living environments - Relationships with staff; general support from staff
Challenges with CRP	<ul style="list-style-type: none"> - Rescheduling of appointments
Suggestions to improve CRP	<ul style="list-style-type: none"> - Broaden geographical area of service, serve more people -Advertise the program -Provide a job searching area with a computer for completing application

Key quotes regarding CRP staff:

The most prominent theme throughout all fourteen interviews was the importance participants placed on their thoughts that CRP staff are positive and supporting. Overall, participants often attributed their recovery journey success to the relationships they have with staff members.

- “...I look at [CRP staff members] as my big sisters.”
- “They have always been so positive. Even when I had negativity in me, they could see the positive.”
- “The people employed here have personalities. Being a regular you get to know people and you get the personality, warmth, [and] compassion.”
- “[CRP staff member] always gives me somebody to confide in, [CRP staff member] is always honest with me. Instead of a counselor I look at [CRP staff member] as a friend.”
- “They all work together to make sure you get what you need.”
- “Anytime I have needed anything all of them will help in any way they can—not only the one on my case.”

Additional key quotes about participant experiences:

Provided below are quotes regarding general participant experiences with CRP. These quotes provide a deeper understanding of specific programming aspects that participants appreciate.

- “If something comes up, [CRP staff] are okay rescheduling while other programs will write it off as noncompliance.”
- “I used to enjoy field trips. It was helpful. I was there on field trips and I didn’t know that so many people were in NA meetings. In Greensboro or Roanoke there were more people [in the meetings] and you got to see more diversity.”

Results from Stakeholder Feedback Survey

Twenty CRP stakeholders completed a qualitative stakeholder feedback survey via SurveyMonkey.®

Responders were asked to denote their affiliation with CRP; answer choices were as follows: advisory board, community resource/referral, employer, faith based organization, a combination of the above, or other. Eight identified as advisory board members, five were community resources/referrals, six declared they were a combination of the above, and one marked other and specified they were an employment specialist. On occasion, stakeholder responses indicated a lack of familiarity with CRP. In example, one respondent answered “offer other opportunities such as transportation support for clients who cannot drive” when asked how CRP can be more helpful in the future. Because CRP does offer transportation services, this response may indicate a lack of awareness among stakeholders or other community members of what CRP offers. As CRP leadership plans program advancement, increasing awareness and understanding of CRP offerings may be an important notion to consider.

Figure 39 provides highlights from the qualitative survey responses.

FIGURE 39: STAKEHOLDER FEEDBACK SURVEY - SUMMARY OF RESPONSES

Survey Question Summarized	Summary of Responses	Key Quotes
Benefits/challenges from involvement with CRP	<p>Challenges → Lack of employment opportunities for CRP participants, lack of willingness to hire offenders; restricting requirements of CRP participants</p> <p>Benefits → strengthened awareness about services in the community; helps provide stability with jobs</p>	<p>“Benefit: assist with employment for difficult to place offenders. Challenges: transportation getting people to and from appointments at CRP; offenders not keeping appointments”</p> <p>“CRP staff are always willing to answer questions, give assistance and search for ways to collaborate with other organizations, services, groups, churches, etc.”</p> <p>“A challenge is the length of time customers have to be clean in order to participate.”</p> <p>“Challenge: too many restrictions in working with people.”</p>

<p>How is CRP currently helpful to participants and the community</p>	<p>Job assistance, employment</p> <p>Support through adjustment</p> <p>Resources/information</p>	<p>“It opens doors in the community that the participants could not do on their own”</p> <p>“Providing education, employment, community service opportunities to help participants become self-sufficient and that in turn impact the community in a positive way”</p> <p>“I feel the employers are more trusting knowing that this is a good program that is drug free and the participants will be under strict guidelines to be randomly tested and that they are also followed by other services that are keeping them stable.”</p>
<p>How can CRP be more helpful to participants and the community</p>	<p>Provide case management and follow up services</p> <p>Share success stories, peer support</p> <p>More transportation, more help with housing</p> <p>Partner with area employers</p>	<p>“Strengthen ‘resource and referral’ process for employers dealing with employees that are fresh out of rehab and may not meet CRP entry criteria but potentially will down the line – what can they do in the meantime...”</p> <p>“Affiliate with area employers to assist and secure employment for clients in need”</p> <p>“I think if more employers were on board with the support of creating jobs or giving offenders a chance with shadowing programs that will build trust.”</p>

Conclusions

- Demographics
 - 56.3% (144) male; 43.8% (112) female
 - 55.9% (143) Caucasian; 41% (105) African American; 3% (8) multi-race/other
 - 96.5% (247) Not Hispanic; 1.6% (4) Hispanic; 0.8% (2) Puerto Rican; 0.8% (2) unknown
 - Average age = 39.73 years
- Trends from case reviews
 - Education → The number of participants who had no high school diploma, GED, or trade decreased from 10 participants at initial case reviews to 4 participants at 12 month case reviews. The number of participants enrolled in vocational school, community college, or other school of high learning increased from 2 participants at initial case reviews to 6 participants at 12 month case reviews.
 - Employment → The number of participants who were unemployed decreased from 35 participants at initial case reviews to 17 participants at 12 month case reviews. The number of participants employed through a permanent job or paid internship increased from 5 participants at initial case reviews to 23 at 12 month case reviews.
 - Sobriety → At initial case reviews, 18 participants had been sober for 12 months and/or were giving back. That number increased to 35 participants by the 12 month case review mark.
 - Finances → At initial case reviews, 26 participants were overwhelmed with financial obligations; at 12 month case reviews, 5 participants were overwhelmed with financial obligations. Four participants had a solid payment history on financial obligations at initial case reviews. That number doubled to 8 participants at 6 month case reviews and eventually rose to 18 by 12 month case reviews.
 - Residence → Essentially, residential situations for participants stayed the same as there were no major changes between case review time marks. Six more participants were satisfied with their permanent living situation that supports recovery at 12 month case reviews (26) than at initial case reviews (20).
 - Family → Six more participant families were reunified at 12 month case reviews (28) than at initial case reviews (22). Eight participants were experiencing chaos in the family at initial case reviews; 3 were experiencing chaos in the family at 12 month case reviews. Only two participants were following a treatment plan of a counselor at initial case reviews. That number rose to 10 participants at 6 month case reviews, but dropped to 5 families at 12 month case reviews.

- Support and Leisure → Twenty-nine participants had a positive support system and productive leisure activities at discharge compared to 5 at initial case reviews.
- Mental Health → From initial case reviews to 12 month case reviews, there was a 100% decrease in the number of participants emotionally unstable. Fourteen participants were taking psychotropic medications as prescribed and meeting with a counselor at initial case reviews and 37 were doing so at 12 month reviews.
- Physical Health → At initial case reviews, 12 participants had no contact with any type of medical provider in over a year. By 12 month case reviews, only 3 participants had no contact with a medical provider of any type in over a year. Twenty more participants were maintaining physical health at 12 month case reviews (28) than at initial case reviews (8).
- Most participants were discharged from CRP because of program completion (90 participants) and noncompliance (76 participants). Thirteen participants were discharged due to relapse and 12 were discharged because of incarceration. Ten participants requested to be discharged from the program themselves.
- Participants mostly felt CRP was “greatly” or “very greatly” meeting their needs in various domains such as employment, finances, sobriety, housing, and physical/mental health. Participants expressed high satisfaction with CRP staff and mostly felt as though they were making “good,” “very good,” or “excellent” progress towards their goals.
- Participants cited CRP’s help with gaining information on educational or employment opportunities, successfully gaining employment, and general development of accountability. Participants expressed their interest in CRP providing more support for mental health care and helping with legal advising. Overall, they often noted their appreciation of the relationships they developed with CRP staff.
- Stakeholders considered CRP’s work vital and needed in the community. They recognized the challenge of employers’ lack of willingness to hire offenders; strengthening partnerships with area employers was often cited as a possible way CRP could improve services. Stakeholders noted enhanced transportation as a way CRP could be more helpful to participants.

Evaluation Limitations

As described earlier in the report, only a portion of participants had complete data for each case review time mark. For example, some participants may have had an initial case review but left the program so no remaining case reviews were completed. Other participants may not have had an initial case review but did have a 6 month case review. Still, some participants were discharged from the program and then re-admitted, allowing them to have multiple case reviews for each time mark. Such data allow for a “snapshot” of each case review time mark but limit the ability to conduct analyses to assess trends. It is recommended in the future to ensure that all participants receive case reviews in a timely manner and at all time marks.

Participants for CRP participant interviews were gathered via convenience sampling. Such a method leaves room for selection bias that may lead to swayed results. All participants in the interviews claimed to be successful in their recovery progress. None of them were just beginning their recovery journey and none were struggling. It would be beneficial to interview participants in all recovery experiences in order to develop a more well-rounded analysis of participant perceptions of CRP.

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