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Forget-Me-Not Manor

Final Outcomes Report & Five Year Data Summary

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INTRODUCTION

This report summarizes five years of data collection on two distinct phases of tenants at Juneau's Forget-Me-Not Manor (FMNM), a housing first facility in Juneau, Alaska.

In this study, pre and post-data were collected on Phase One, which included tenants who moved into FMNM in the fall and winter of 2017. Initially, 35 individuals in Phase One agreed to participate and provide time one data, however, due to death and other transitions, only 27 were available to provide 6-month post data, and 25 were available to provide 1-year post data.

Phase Two reflects the expansion of FMNM in the summer of 2020, which allowed for the addition of 32 beds to the FMNM facility. Of this second group, 32 individuals participated in initial data collection (From the time period 9/10/20-2/23/21), with 23 available to provide 6-month post data, and 18 available to provide 1-year post data.

Data collected for each phase included general demographics, the use of services such as ambulance transports, contacts with the police department, and emergency room visits, along with self-reported alcohol consumption data, and health and safety data. These are the data points that will be summarized in detail in this report across individual phases and for the total across both phases.

General descriptive statistics were used for analysis. Additionally, all pre-post data were analyzed using the Wilcoxon signed-rank test, a non-parametric statistical test for related samples. This test was chosen over a parametric version because of the relatively small sample sizes in this study, and the abnormal data distribution that often comes with smaller samples.

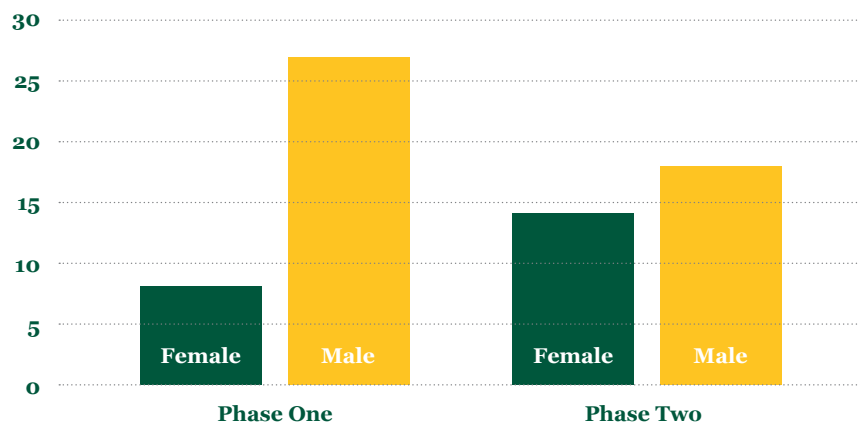
DEMOGRAPHICS

All demographics are reported based on the number of participants first enrolled in the study (n=67). Later comparative data points represent slightly different sample sizes due to study attrition.

Gender

Sixty-seven total individuals agreed to participate between Phase One and Phase Two. Twenty-two females, 45 males, and 0 other gender categories were reported. In Phase One (n=35), 8 participants reported as female (22.9%), and 27 reported as male (77.1%). In Phase Two (n=32), 14 participants reported as female (43.8%), and 18 reported as male (56.3%).

Table 1. Tenant Gender



Race

Of the 67 original participants, 49 reported that they are Alaska Native (73.1%), three self-reported to be Native American (4.5%), and 15 reported being white (22.4%). In Phase One (n=35), 29 (82.9%) participants reported to be Alaska Native, 3 (8.6%) reported as Native American, and 3 (8.6%) reported as white. In Phase Two (n=32), 20 (62.5%) reported as Alaska Native and 12 (37.5%) self-reported as white.

Table 2. Phase One by Race

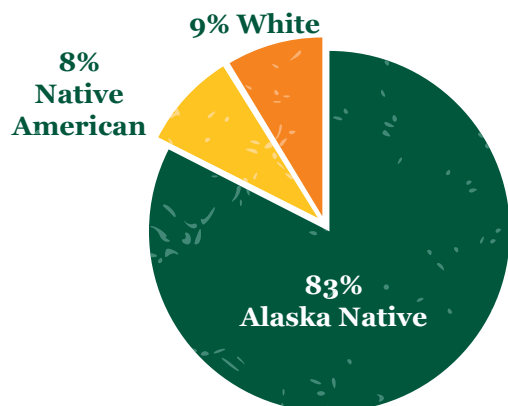
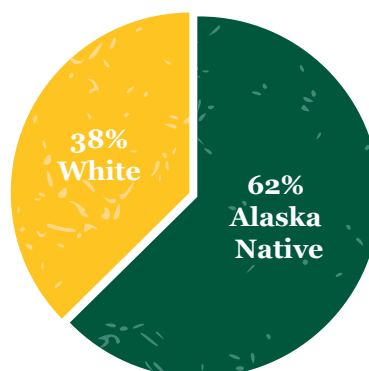


Table 3. Phase Two by Race



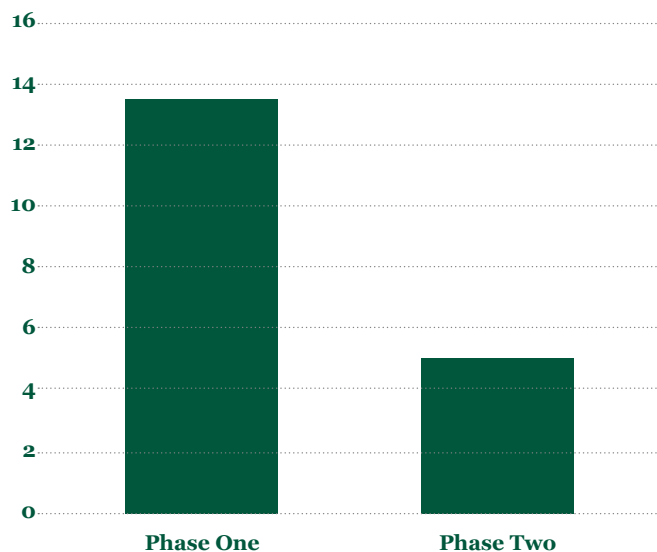
Age

The mean age of the 67 total initial participants was 52.54 years old, and the median was 55 years old. In Phase One (n=35) the mean age was 54.54 and the median was 58. In Phase Two (n=32) the mean age was 50.34 and the median was 52.

Length of Time Spent Homeless

On average, the total group (n=67) spent 9.84 years (118.08 months) homeless prior to moving into FMNM (median = 7.8 years). In Phase One (n=35) the average was 13.5 years (162.69 months), with a median of 11 years (132 months) homeless prior to moving into FMNM. In Phase Two (n=32) the average was 5 years (60.26 months) with a median of 5.3 years (64 months) homeless prior to moving into FMNM.

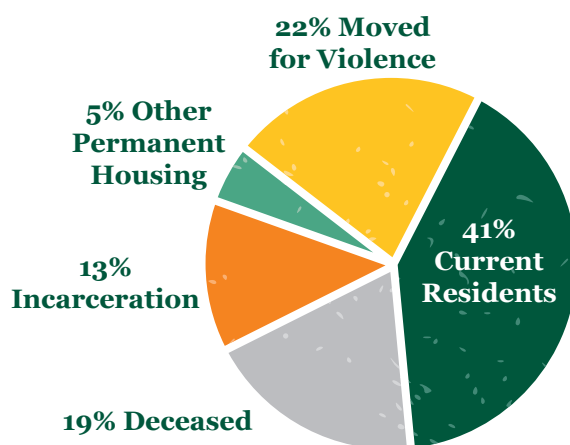
Table 4. Years Homeless before Forget Me Not Manor



Disposition

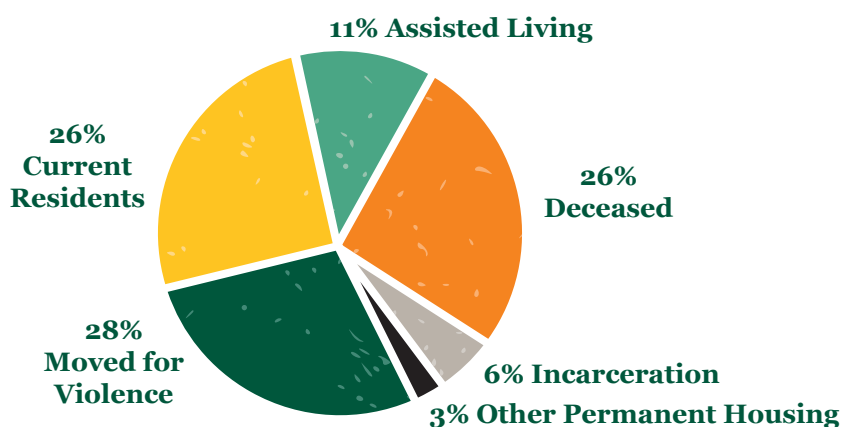
In an effort to understand tenant longevity and the issues that led people to leave FMNM over the last five years, reasons for departure were considered and then compared across groups. In the combined Phase One and Phase Two group, 26 (38.8%) are current residents. Across the two Phases, 12 (17.9%) of the original 67 study participants died while residing at FMNM. Four (6%) moved to assisted living, 14 (20.9%) were asked to leave or evicted for violent behavior, 8 (11.9%) were incarcerated, and 3 (4.5%) moved to alternate housing (i.e. their own apartment or permanently with family).

Table 5. Disposition of All Study Participants Across both Phase One and Phase Two



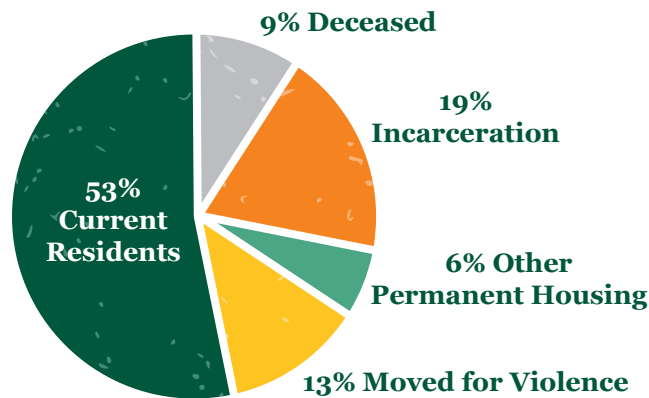
In Phase One, of the initial 35 residents participating in the study, 9 (25.7%) were deceased as of July 15, 2022. Four participants (11.4%) had moved to assisted living homes to better support their medical needs. Ten (28.6%) either voluntarily moved or were evicted by the program due to their violent behavior. Two (5.7%) residents were incarcerated and one (2.9%) had moved to other permanent housing like an apartment or with family. Nine (25.7%) continue to reside at the FMNM as of July 15, 2022, almost five years after their initial move-in in the fall/winter of 2017.

Table 6. Disposition of Phase One Participants



In Phase Two, of the initial 32 residents participating in the study, three, or 9.4% were deceased as of July 15, 2022. Four (12.5%) either voluntarily moved or were evicted by the program due to their violent behavior. Six (18.8%) residents were incarcerated and two (6.3%) had moved to other permanent housing (i.e. their own apartment or with family). Seventeen (53.1%) continue to reside at the FMNM as of July 15, 2022, almost 2 years since their initial move-in in the fall/winter of 2020.

Table 7. Disposition of Phase Two Participants



Time in Housing

One of the indicators of a successful permanent supportive housing (PSH) program is the longevity of residents, as one of the main goals of PSH is stable long-term housing. As noted in earlier data, residents moved on from FMNM for various reasons, including unavoidable reasons such as death, the need for assisted living, or even for positive reasons such as establishing more independent permanent housing or reconnecting and moving in with family. Tenants also moved on for more negative reasons, including eviction, being asked to leave due to violent behavior, or incarceration.

Among the original 67 participants from both Phase One and Phase Two, the average length of tenancy was 1.82 years (663.27 days) and the median length of tenancy was 1.46 years (535 days). Keep in mind this includes the 41% of participants who are still living at FMNM and does not represent an average “end date” to housing. It is expected these averages will continue to grow.

In Phase One (n=35), the average length of tenancy was 2.4 years (874.74 days) and the median length of tenancy was 2.62 years (957 days). This is out of the approximately 4.5 years of possible tenancy.

In Phase Two (n=32), the average length of tenancy was 1.2 years (431.97 days) and the median length of tenancy was 1.33 years (485.50 days). This is out of the approximately 1.8 years of possible tenancy.

VI-SPDAT Scores (n=50)

As a part of the intake process, most participants were assessed using a measure called the VI-SPDAT, a tool that has been historically used to identify the level of vulnerability & housing need the tenant may have, and to assist in prioritizing placement into PSH programs. For reference, a score of 0-3 typically leads to a recommendation for no housing intervention, a score of 4-7 supports a recommendation for Rapid Rehousing. People who score 8+ (for individuals) and 9+ (for families) are typically recommended to PSH programs.

Among the total 67 participants, the average VI score was 12.75 with a median score of 14. In Phase One (n=35) the average VI score was 13.17 with a median score of 14. In Phase Two (n=30), and the average VI score was 12.27 with a median score of 12 (two participants' VI score is missing/not recorded).

These findings indicate that while Phase One was assessed to be slightly more vulnerable than Phase Two, both groups were well over the score of 8 which typically indicates appropriateness for PSH.

PRE & POST EMERGENCY SERVICE USE

As occurred in the first phase of this study, data was collected from the local emergency room (Bartlett Regional), the local ambulance service (Capital City Fire & Rescue/CCFR), and the police (Juneau Police Department). Each participant gave permission for these entities to report the following: 1) Number of ER visits for any reason during the requested time frame; 2) Number of ambulance transports; and 3) Number of police officer contacts for any reason. The findings of this data are reported by Phase One, Phase Two, or combined groups, and compared in two time frames. First, each group's use of these services was compared at 6 months pre-move to 6 months post-move in. Second, emergency service use for each group was compared one year before moving to one year after moving in.

Statistically Significant Decreases in Police Contacts Across All Groups and Time Frames

Findings from this study show a statistically significant decrease in the number of police contacts from tenants in both Phase One, Phase Two, and the two groups combined. These decreases occur both at six months post housing as well as one-year post housing.

Data were collected (with participant consent) directly from the Juneau Police Department (JPD) about the number of times participants had contact with an officer for any reason. Table Eight displays actual contact numbers at 6 months and Table 9 documents pre/post contacts at one year for each Phase individually and combined.

Phase One participants (n= 27) had 667 total contacts with JPD in the six months before moving into FMNM. This number dropped to 231 contacts in the six months after gaining housing. On average, Phase One residents had 26.3 contacts per person before and eight contacts after, a statistically significant decrease ($p=.017$).

Phase Two participants had 268 police contacts in the six months prior to moving in and 195 contacts after gaining housing. On average, Phase Two residents had 11.7 contacts with the police in the 6 months prior to move in, and only 8.5 contacts in the 6th months after moving in, a statistically significant decrease.

Table 8a. Six Month Police Data

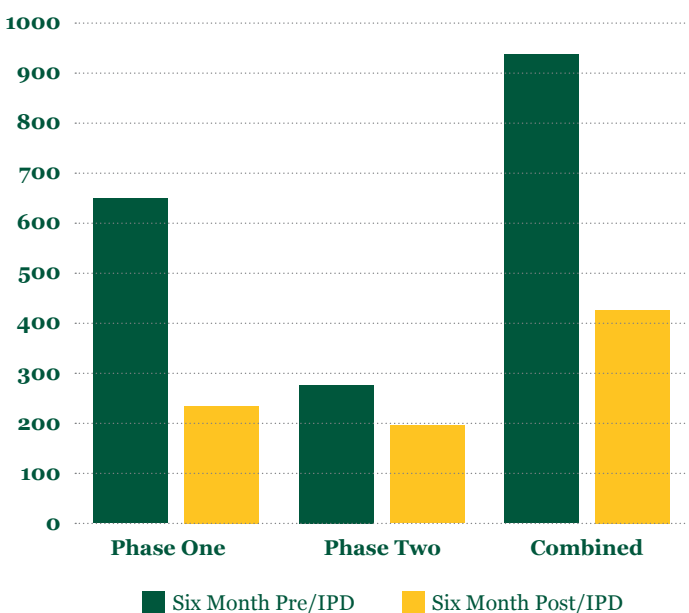


Table 8b. One Year Police Data

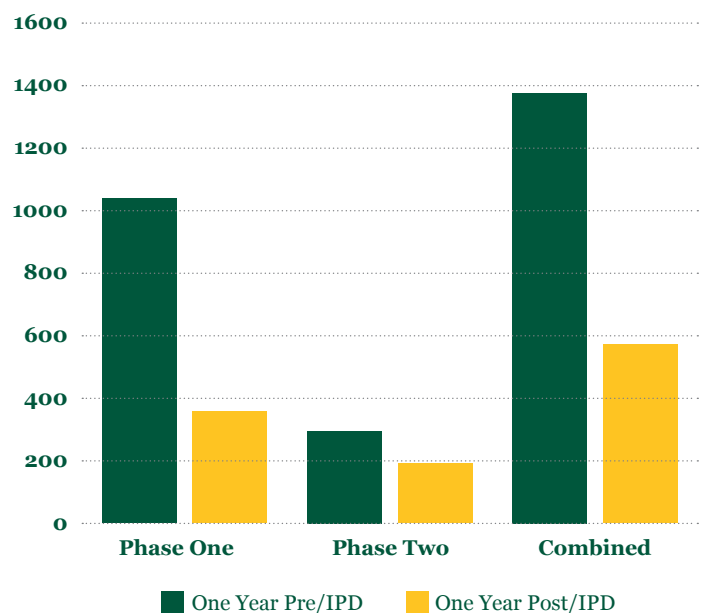


Table 9. Changes in Mean Police Department Contacts Across all Groups

	Mean Contacts Six months Pre	Mean Contacts Six Months Post	p value	Mean Contacts One Year Pre	Contacts One Year Post	p value
Phase 1 JPD	26.3	8	p = .017*	42	14.5	p=.039*
Phase 2 JPD	11.7	8.5	p = .011*	18	10.2	p = .023*
Phase 1 & 2 JPD	19.6	8.2	p < .001*	31.9	12.7	p < .001*

* indicates a statistically significant difference in pre/post data

Statistically Significant Decreases in Emergency Room Visits Across All Groups and Time Frames

Participants who agreed to be in the study gave permission for researchers to collect use data from the one local emergency department at Bartlett Regional Hospital in Juneau, Alaska. Data was collected on the number of visits to the ER, however, private medical data was not collected.

When considering the impact of FMNM on the emergency service use system, it is important to think both in averages and in total numbers. Tables 9 & 10 represent the actual numbers of visits to the emergency room. Table 9 highlights the changes in use in the six months prior to moving into FMNM for each Phase, and combined. In the study Phase One residents (n=26) visited the ER a total of 383 times in the six months leading up to housing. That number dropped to only 153 ER visits in the 6 months after moving into FMNM.

Phase Two residents (n=18) began with smaller use numbers, with a total of 72 ER visits before moving in. This number still dropped significantly to 37 visits to the ER in the first six months after moving in. While statistical significance is important to the community of Juneau, decreasing actual ER visits by 265 over a six-month period has real implications for resource savings for the emergency room.

Table 9. ER Visits Pre/Post Six Months All Groups

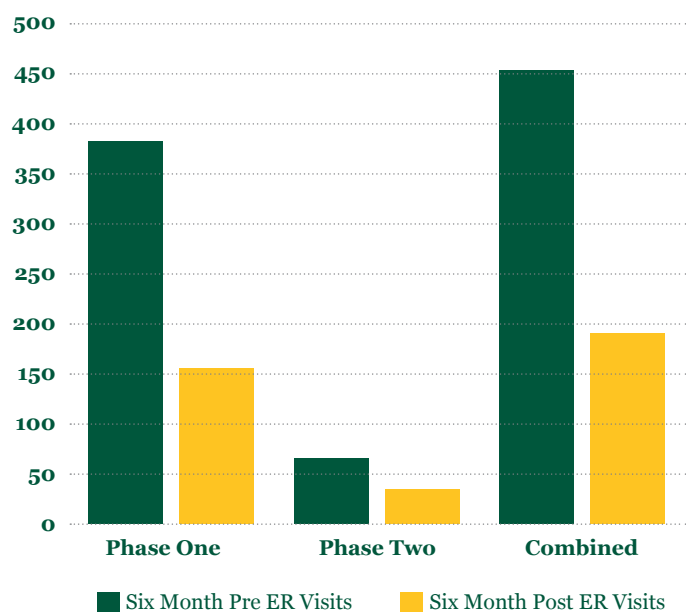
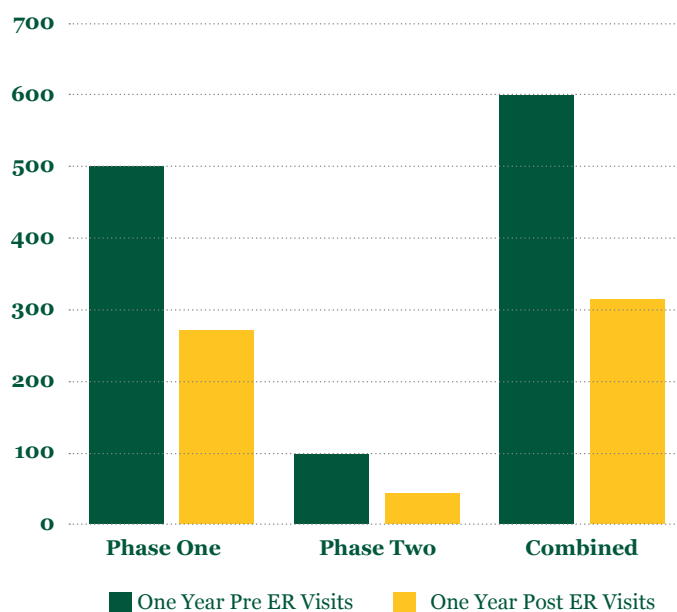


Table 10. ER Visits Pre/Post One Year All Groups



When ER data were analyzed using a Wilcoxon Signed Rank Test, decreases across all groups and all time frames were found to be statistically significant. In other words, both Phase One and Phase Two participants decreased their use of the ER in a significant way at both six months and one year.

Table 11. Changes in Mean ER Visits Across All Phases & Times.

	Mean ER Visits Six Months Pre	Mean ER Visits Six Months Post	p value	Mean ER Visits One Year Pre	Mean ER Visits One Year Post	p value
Phase 1 ER Visits	14.2	5.7	p=.017*	20.1	11.1	p=.039*
Phase 2 ER Visits	3.1	1.6*	p=.029*	5.2	2.9	p=.046*
Phase 1 & 2 ER Visits	9.1	3.8*	p=.002*	13.9	7.7	p=.05*

** indicates a statistically significant difference in pre/post data*

Statistically Significant Decreases in Ambulance Transports in Some but Not all Groups

Transport data was collected from Capital City Fire and Rescue (CCFR) the only entity in Juneau, Alaska that provides ambulance transports. As with other data points, a drop in use data can be seen across all groups in all time periods. Comparing the six months before moving into FMNM to the six months after moving in, Phase One participants reduced the number of ambulance transports from 224 to 103. Phase Two participants also saw a decrease in use, but their numbers were much lower to begin with, with 33 ambulance transports in the six months prior to FMNM move-in, and 22 transports in the six months post.

Similarly, change is seen at one year, with Phase One participants requiring 224 ambulance rides in the year prior to moving in and 103 in the one-year following move-in. Phase Two residents went from 44 ambulance transports to 36 in one-year pre and post. Not all of these represent statistically significant decreases (see table 13). Again, given the amount of resources that go into just one ambulance transport, the decrease in the absolute number of transports translates to resource savings for the City of Juneau (See table 12 & 13).

Table 12. Ambulance Transports Pre/Post Six Months

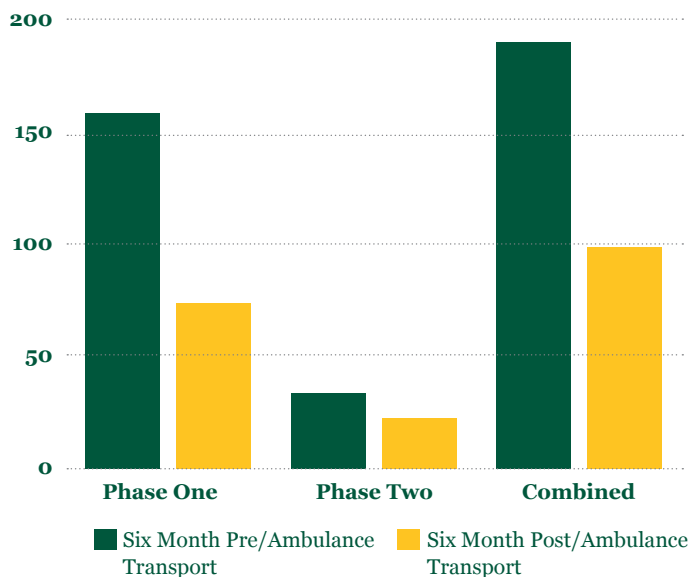


Table 13. Ambulance Transports Pre/Post One Year

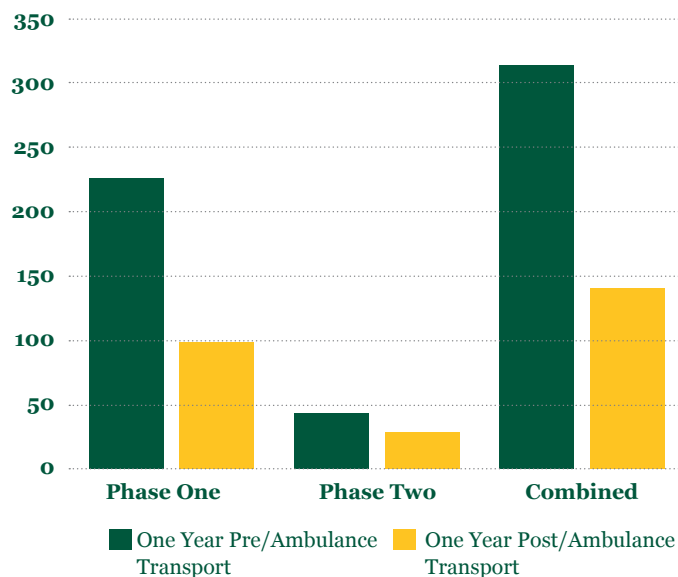


Table 14 highlights the mean number of transports by each phase at 6 months and 1 year and reports the statistical significance of these changes. Phase One participants had statistically significant decreases both at 6 months and one year. Phase Two participants did not demonstrate statistically significant changes in Ambulance use. When the two groups were combined the data was again statistically significant at both 6 months and one year.

Table 14. Changes in Mean Ambulance Transports Across All Phases & Time Frames

	Mean Ambulance Transports Six Months Pre	Mean Ambulance Visits Six Months Post	p value	Mean Ambulance Transports One Year Pre	Mean Ambulance Transports One Year Post	p value2
Phase 1 Ambulance Transports	5.8	2.8	p=.021*	9	4.1	p=.01*
Phase 2 Ambulance Transports	1.4	1	p=.363	2.4	2	p=.776
Phase 1 & 2 Ambulance Transports	3.8	2	p=.015*	6.2	3.2	p=.017*

** indicates a statistically significant difference in pre/post data*

CHANGES IN ALCOHOL, DRUG & TOBACCO USE

Self-reported alcohol use data was collected at moving in and two years for participants in Phase One. Similar data was collected on Phase Two participants at six months and one year. While a reduction in alcohol consumption is not the primary goal of Housing First or other harm reduction programs, it is interesting to look at the impact that housing plays in the overall wellness of the tenants, and this was explored through several data points including self-reported daily drinking and self-reported binge drinking.

When asked “In the last 30 days, how many days did you consume alcohol?” participants self-reported perceived changes in their alcohol consumption. For tenants in Phase One, the number of days alcohol was consumed dropped from an average of 22.9 days per month to 17.4 days per month (see table 14). While this was not a statistically significant difference (p= .108) it is what some would argue as “approaching significance” particularly since this is a very small sample (n=18). Phase Two residents reported consuming at least one drink an average of 7.3 days at the time of move-in. At one year this number dropped to 4.6 days of alcohol consumption, although again, this was not statistically significant (p=.233) (See table 16).

Table 15. Changes to Daily Drinking in Phase One Participants after 2 Years at FMNM.

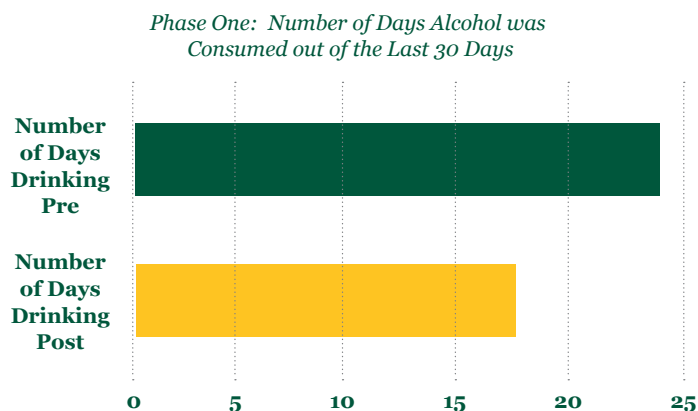
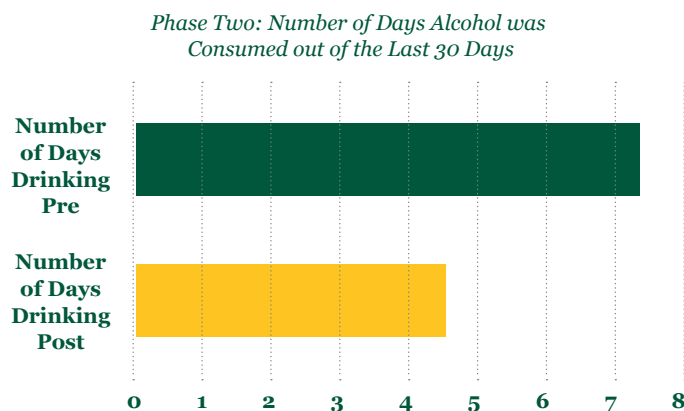


Table 16. Changes to Daily Drinking in Phase Two after 1 Year at FMNM.



Binge Drinking

Similarly, participants were asked about their binge drinking. Specifically, they were asked to self-report the number of days in the last 30 where they consumed 4 or more alcoholic drinks. As in the daily alcohol consumption numbers, binge drinking is self-reported and data was collected from Phase One and Two when moving in, and collected again at two years for Phase One participants and at year one for Phase Two participants. Phase One members reported that on average, they drank 4 or more alcoholic beverages in one day on 18.5 days per month. Two years following move-in, participants reported binge drinking only 14.7 days per month. Again, this data was not statistically significant ($p=.325$) but it is an observation of interest. Participants in Phase Two reported an average of 5.5 days of binge drinking prior to moving into FMNM, and at one-year post-move-in reported an average of 3.7 days of binge drinking. This is another finding that is “approaching significance” with a $p\text{-value}=.058$ and a small sample size.

Drug Use

Participants were asked about the frequency of daily drug use. In this survey, drug data was collected in general and included cannabis, methamphetamines, heroin, opioids, cocaine, etc. Anecdotally, participants who reported drug use were predominantly reporting cannabis use but not exclusively.

Participants of Phase One reported on average using drugs 8 days out of the last 30 at the point of move-in. This number increased slightly to 9.3 days two years after move-in, however, it is important to contextualize. First, this is not a statistically significant change ($p=.813$) so it could be a reflection of no change. Another explanation, that many participants reported anecdotally, is that they have worked to replace their alcohol consumption with cannabis use, which many viewed as a harm reduction strategy, reporting that they felt their pain and anxiety were better when they replaced some alcohol use with cannabis use.

Similarly, participants in Phase Two reported a slight increase in average drug use at year one post-move-in. This group reported a mean number of days where they used drugs as 16.5 days prior to moving in, and 17.1 days one year after move-in. Again, this is not a statistically significant change ($p=.893$) but may also highlight the transition from alcohol or “hard” drugs to cannabis use, as was frequently reported in the qualitative interviews.

Tobacco Use

No substantial changes were noted in tobacco use in either group in their pre/post-self-reports. Phase One tenants reported smoking an average of 18.7 days prior to moving in, and 17.9 days two years after moving in. Phase Two reported smoking 16.2 days prior to moving in, and 16.1 days after a year of tenancy.

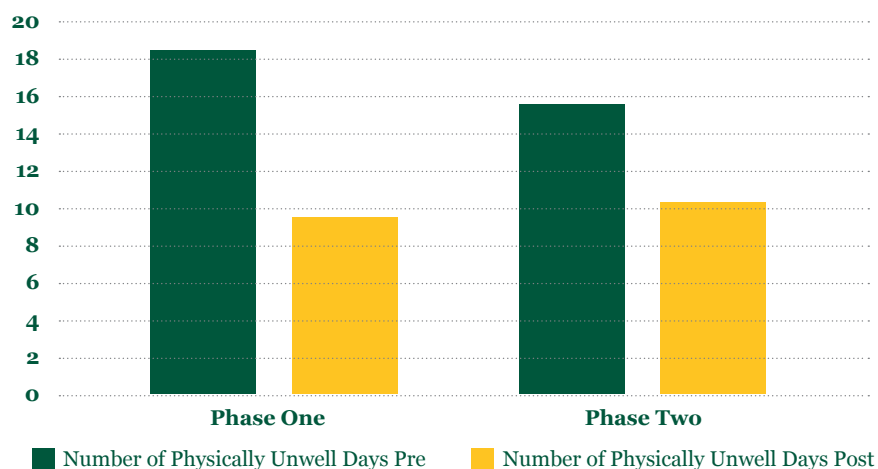
TENANT WELL-BEING

Experiencing homelessness, especially long-term homelessness, is known to have a profound impact on individuals' physical and mental health (Henwood, et al., 2018). To examine the impact that FMNM may have had on tenant well-being, participants were asked a series of questions about their physical & mental health, their sense of connection, safety, and isolation. Changes in these self-reported indicators are highlighted in this section.

Self-Reported Physical Health

Participants in both groups were asked to assess their physical health both before moving in and after (2 years for Phase One participants, 1 year for Phase Two participants). In Phase One, statistically significant differences were reported. At the time they moved in, when asked “of the last 30 days, how many would you say your physical health was poor?” Phase One tenants reported an average of 18.4 days where they didn't feel physically well prior to moving in. This number dropped in a statistically significant way ($p=.006$) to 9.6 days per month two years post-move-in. Phase Two participants also reported a substantial drop in unwell days, with an average of 15.5 unwell days prior to moving in, and 10.4 days one year after move-in. This finding was not statistically significant ($p=.098$) but could be considered “approaching significance”.

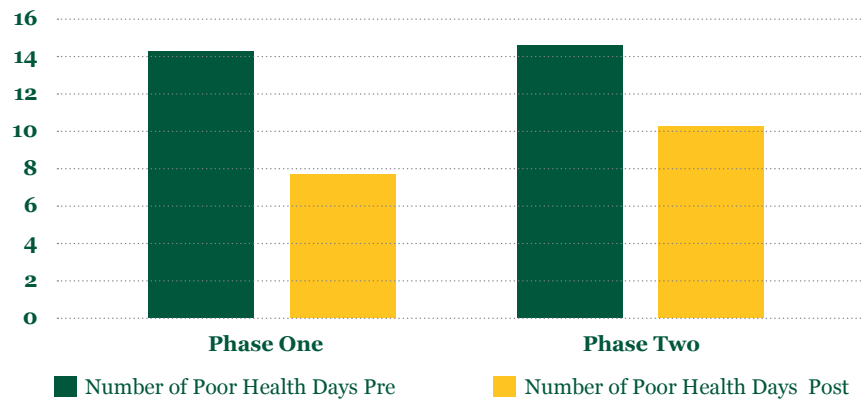
Table 17. Changes in Days Tenants Felt Physically Unwell Pre/Post



Self Reported Mental Health

Similar to physical health, participants in both groups were asked to assess their mental health both before moving in and after (2 years for Phase One participants, 1 year for Phase Two participants). In both phases, there was a drop in the number of reported poor mental health days, however, the findings were only significant among Phase One participants. At move-in, Phase One tenants reported an average of 14.2 days where they felt their mental health was poor, compared to only 7.8 days of poor mental health reported after 2 years ($p=.011$). In Phase Two, participants reported an average similar to Phase One participants -- 14.6 days but saw a decrease to an average of 10.2 days at one-year post move-in. This difference was not statistically significant ($p=.22$), but it is important to note the data was assessed at only one year in Phase Two, while it was two years in Phase One, which could account for the difference along with the small sample size challenge discussed earlier in this report.

Table 18. Changes in Poor Mental Health Days Pre/Post



CHANGES IN SAFETY, COMMUNITY & FAMILY CONNECTEDNESS, & GENERAL WELL-BEING

In general indicators of a sense of safety, community and family connectedness & general well-being improved, although not all changes were statistically significant. Specifically, participants were asked a series of questions on a 7-point Likert Scale, with higher numbers reflecting a more positive outlook in each respective category. Some of the most significant changes occurred across both groups in their sense of satisfaction with their housing, their sense of safety in their housing, and their lives in general. Tenants in Phase One demonstrated statistically significant increases in satisfaction with their friendships and their sense of spirituality. Phase Two participants also demonstrated modest increases in these domains, however, they were not statistically significant.

Table 19. Changes in Pre/Post Wellbeing Across Phase One and Two.

	Phase One Pre-Move In	Phase One Post-Move In	p value	Phase Two Pre-Move In	Phase Two Post-Move In	p value
Satisfaction with Life in General	3.5	5.7	p<.001*	3.9	4.6	p=.046*
Satisfaction with Housing	2.7	5.8	p<.001*	3.1	5.4	p=.005*
Satisfaction with Friendships	4.8	5.7	p=.02*	4.6	5.2	p=.098
Satisfaction with Family Situation	4	4.9	p=.112	4.5	4.9	p=.293
Sense of Spirituality	4.8	5.8	p=.003*	5.1	5.5	p=.301
Safety in Current Housing	3.1	5.8	p=.001*	3.6	5.3	p=.010*

**indicates statistical significance*

Note: Phase One post data was collected two years post-move-in. Phase Two Data was collected at one-year post move-in.

QUALITATIVE FINDINGS

In addition to the pre/post tenancy data, a series of interviews were conducted with residents who had lived at FMNM for more than one year to find out how they felt housing had impacted their wellness. Fifteen participants, 10 males and 5 females (8 Phase One participants and 7 Phase Two participants) were interviewed individually for approximately 1.25 hours. The longest length of tenancy in the sample is almost 5 years, while the shortest was 1.5 years. The average length of time resided at FMNM of the 15 individuals is 3.2 years. These interviews were recorded, transcribed, and analyzed for common themes. Five themes were identified in the data including: 1) Residents think more about their future now, and have glimmers of hope; 2) Resident substance use has changed in both significant and in subtle ways; 3) Tenant's are using preventative and routine health care now and their physical health has improved; 4) COVID has been hard on FMNM Residents; and 5) Residents continue to feel judgment by friends, family, providers, and the community in general. Each theme is described below with supporting quotes from participants.

Theme One: Residents think more about their future now and have glimmers of hope.

One interesting finding from the transcripts is that FMNM residents talk more about their future. When participants were interviewed after moving in, there was very little future thinking or planning. This was a population whose energy was focused on meeting their basic needs for the day, sometimes even for the hour. There was no discussion of the future because survival in the present took all of their energy and resources - and they were exhausted from the chronic lack of sleep that came with being homeless. Now, a year or more after moving in, most of the interviewed participants describe excitement or pleasure along with future plans. For most, these plans were not tremendously long-term, but it appears clear that residents are much more future-facing than they were at move-in. Most of the interviewees expressed a cautious sense of hope such as this participant who stated:

Knowing you're facing something that's challenging, it's like climbing a mountain. You look up. I can do it, but I can't do it all at once, and I have to catch my breath first. - FMNM Tenant

Hope was expressed in many different arenas, including: a) Hope to restore passions or interests they once had; b) Hope to get and stay well; c) Hope to quit, cut back, or stay sober; d) Hope to gain employment; e) And hope for healing in their personal relationships.

Hope to restore the passions or interests they once had.

Tenants discussed establishing new hobbies or getting back into things they used to enjoy. Many described going for hikes, sitting on the beach, doing art, or growing things in the garden as activities that have brought them pleasure since moving in. One resident excitedly described an adventure she had always wanted to experience, stating:

I actually got a Christmas present where we - it was a whale watching tour coming up this spring for a friend and I. - FMNM Tenant

Hope to get and stay well.

Participants described the greatest degree of hope about their health. For many, they had been unable to adequately manage their health conditions while living on the street. Most are on long-term medications, and most reported not taking, or irregularly taking their daily medication while experiencing homelessness. Since FMNM, and especially with the support of staff who assist with medication management and reminders, participants report a much higher degree of hope for a healthier future. For example, one stated:

When I first moved into this building, I had found out that I had congestive heart failure and my heart was only working [with an ejection fraction] in the teens. Now, it's a couple of years ago I found out I'm at 55 percent and that makes me feel empowered. Like very proud and happy that I did that. I mean I had to make the step of taking those meds every day, but the building had helped me get to those appointments and keep up with them and keep

going from a day to day basis. But for me, I felt very empowered because I was able to – I was on my way out. - FMNM Tenant

Hope to quit, cut back, or stay sober.

Some long-term residents have completely quit substance use, however, all discussed cutting back, or attempts to quit with increased hopefulness about the possibility of success. When asked if he had any future goals around alcohol use, one participant stated:

Well, eventually, I'm gonna stop. I just don't know when it's gonna happen. I know that I have – I do have the power to do it; it's just one of those things that are easier said than done. - FMNM Tenant

When another tenant was asked how he felt about his alcohol use he shared the following:

I think it's a hell of a lot better than what it used to be. Because it used to be vodka, whiskey, and beer. Now I'm just down to beer. And I'm also cautioning that off. I'm feeling good about it. - FMNM Tenant

Still another tenant, talking about his desire to change his alcohol use, stated:

Alcohol is still part of my life, but the dramatic part has been – it's nowhere near as bad as it used to be, that's the only way I could put it. Before, the law was always involved. Now, it's like I can actually say hi to those guys and not bat an eye. - FMNM Tenant

Hope to gain employment.

An increasing number of long-term tenants talked about seeking employment as a major goal they are working on. This is frequently complicated by the health challenges many tenants have, but the desire to work, to do something productive, and to improve their income, is foremost on many minds. One tenant described plans to get back to work as a welder in the following way:

I actually am – I got a – I think I got a scholarship to go back to welding school. I'm hoping that doesn't – so on the 10th, the school opens. On the 19th is the first class. So they're going to assess my welding skills and decide whether I start on the 19th or on the 8th. Six-week course and I either take the intermediate or the advanced class. - FMNM Tenant

Hope for healing in their personal relationships.

Many participants discussed their reconnection, or attempts at reconnection with family since moving into FMNM. For some, this reconnection has been unequivocally joyful, with adult children, siblings, aunts and uncles visiting them at their new residence, or residents finally having the stability to reach out and re-establish lines of communication that had been broken. For others, it has also meant working to heal relationships that had become broken due to their substance use. The three tenant quotes below highlight this newfound sense of hope for connection and reconnection:

[I used to think] like if I'm not hurting anybody and I'm just drinking, sitting here drinking, if I'm not going to jail, and I'm not physically hurting somebody, I'm all right. But no, I was hurting my kids, their eyes and their ears, they were watching me give up. I showed my children how to give up. Now I gotta show them how to get back up and I think that's the only way I can fix it. - FMNM Tenant

I don't know, for the longest time I thought that getting back and starting to deal with family and everything was my number one thing. But the only thing that I really want to do right now is work on myself and fix the relationship I hope that I can have with my children. I hope that I can fix what I did, I don't know. - FMNM Tenant

All I know is I just want my children to fucking see me as a better person. I want them to understand. My oldest son, my mother and my oldest son went out drinking, they died drinking. They left this earth drinking. I want my – the rest of my boys to understand this does not overpower you, this does not make you and this, this is not a curse just because your grandma passed away from it or your brother has passed away from it. This does not claim you, that's it. That's the only thing that I'm here to – it's the only way I want to be heard right now, that's all. - FMNM Tenant

In summary, in the year or more since move in, many tenants continue to recover in a variety of ways; recovery in the sense of substance use reduction or abstinence, recovering parts of their health, their relationships, their ability to plan and think about what is next, and to in general have some hope for the future.

Theme Two: Resident substance use change has changed in both significant and in subtle ways.

When tenants were first interviewed at move in, they were skeptical of the HF model that allowed them to have their own housing without first having to become sober. Those early interviews reflected a sense of mistrust, and participants were sometimes defensive and challenging to those who asked questions about their substance use. Now, after an average of 3 years at FMNM, participants have confidence that they are not going to lose their housing because of their substance use. These current interviews reflected a great deal of internal motivation to change their substance use patterns. Several described reasons why they personally wanted to quit or cut back. For many this was tied to fears about their health, but for some it was also about now having hope about their future, which gives them a reason to quit or cut back. Participants describe many paths to reducing their substance use; some quit cold turkey, others scaled back on the amount or type of substances used, while still others cut back naturally because of they didn't need it for warmth (alcohol) or for safety (meth, often taken to stay awake all night when homeless) or as a means to get admitted to the sleep off center for the night. The following quotes illustrate this changing relationship with substances:

I still drink every now and then. I think the longest I've ever stayed sober was around nine months. But compared to five years ago when I first stepped into this building, I was drinking every day around the clock, so.... - FMNM Tenant

Everyone says I'm doing great. They say I look great, look much healthier, I'm more clear-headed. - FMNM Tenant

How do I feel about drinking these days? I feel like it's part of my life that is over now. - FMNM Tenant

Well, like I said, I gave up the vodka and the whiskey, so that was recovery enough for me right there. I know I need to – well, I'm probably never gonna be completely nonalcoholic, but I think that I did a damn good job... cutting myself back to a couple beers. I think that I did a damn good job on that. - FMNM Tenant

One tenant described the cycle he had been living in prior to Housing First, where he kept up his alcohol intake in part to have a place to rest at the Sleep Off Center. He stated:

And so, you got one homeless shelter you can't be drinking and you got one where you have to be drunk enough [sleep off]. Well, guess what the drunks are going to do? So we would do that – we were totally abusing the system. They knew it; we knew it. And so, now all three of us live at Housing First. And actually, all three of us stopped drinking. - FMNM Tenant

Still another describes how he has managed his use with his own system. He states:

And alcohol, it does provide a huge level of comfort. Like, tell you the truth, I have two beers sitting up in my fridge. And they would provide me with physical release, but I know that if I went up and drank those beers that I would just fall right back off the wagon and it would be over. So I'm not going to. I just keep them up there for if I have friends that want some. And I've been doing good with that. They've just been sitting up there. - FMNM Tenant

One final point tenants discussed was that it can be both supportive and difficult to live in recovery at FMNM; some describe feeling more isolated because they don't "party" with other residents like they have in the past. Others describe the frustration and sometimes temptation with being offered substances. However they describe creative coping strategies to deal with this. One tenant talked about having a small group that he got sober with, and notes that the three of them try to just hang out with each other. Another resident, who states she used to use substances regularly with many of the tenants, describes her response now to people who offer her substances is to say "I don't use any more, remember dumbass!?", and after enough times her fellow tenants came to respect that and don't offer. Tenants noted that this challenge is mostly outweighed by the support and assistance they get from FMNM staff, but it can be a struggle.

Theme Three: Tenant's are using preventative and routine health care now and their physical health has improved.

Tenant's overall report that their physical health is better now than before moving into FMNM. In general drinking has decreased, eating more regularly has gotten better, health care needs are being met, medications are taken more regularly, and even though health and wellness progress is relative tenant's are slowly starting to see and feel the benefits. Many tenant's expressed gratitude to have regular appointments with physicians, as well as gratitude for the support from FMNM staff to help remember appointments and for transportation to and from appointments. Even though their physical health has improved and continues to improve, it is significant to note that almost all participants shared that they still live with physical pain in their bodies, as well as emotional pain, highlighting the complexity of their overall health status and needs. They discussed dealing with back pain, foot pain, joint pain, teeth pain, stomach pain, pain of grief from seeing friends die regularly, grief of loss of family and being disconnected from family, the pain of trauma, the pain of falling, which has been frequent for many participants, causing trips to the ER for head injuries, etc. Pain is in the forefront of what participants are managing daily and often takes precedence over things like eating, relationships, housing upkeep, and other basic daily living practices. Even though they deal with pain and that inhibits them in certain ways they are still striving toward healing and getting well. One participant shares their experience with pain and loss, stating:

I mean I was very close to death when I first moved in this building. So working on that made me feel empowered. But I had lost my son two years ago to alcoholism and he has the same heart problem I have. And that – so I'm dealing with grief and sadness and loss and feeling like I wasn't a good mother. So stuff like that, but still I'm able to talk to someone here about it. - FMNM Tenant

One tenant shared the impact of illness on their physical and mental abilities:

Right now it's been a physical thing, mostly my health. I figure once I get my health back in line, it felt like this infection really clouded a lot of the things that – I guess when they say you're sick, you're sick. It affected a lot of my mental stuff, too, I guess. That was where I felt like I was clouded quite a bit, and once that infection started disappearing, so did the cloud. - FMNM Tenant

Part of Permanent Supportive Housing, is the supportive piece. Tenants expressed that FMNM is meeting those needs in regard to their physical health and follow-up care. When individuals feel physically healthier they are able to do more things and continue to grow in other areas of their lives. Tenants expressed feeling stronger, going to physical therapy, and switching from using a walker to a cane, and below are other examples of what keep them going:

Probably the healthiest I've been in probably ten years.

I don't know, yeah. I watched my mom give up with her drinking because my dad had passed away. And then I started falling, not realizing it. And I remember looking back at praying and wanting to believe that he's there and that there's some sort of reason why all these things are happening. So, yeah. I think I lost what I was trying to say. - FMNM Tenant

I'm having a hard time, my – I was using a walker last year and every once in a while, I use a cane now. It's not good, my mobility isn't any good. I'm falling apart and I feel helpless to it. So I think I got two different kinds of arthritis, so. Got to say though, without this building I wouldn't have been doing any of that. - FMNM Tenant

Philosophy it could always be worse. I mean I'm pretty happy with the Housing First and I'm not homeless. So like right now even though with the blood infection and stuff and all the medical shit, I'm still pretty happy that I have a place to live and I'm not out there in the cold. So that's what's kind of keeping me going and plus I don't want to lose my place. So yeah. - FMNM Tenant

I feel like – yeah, it's probably the best in a while, I feel that my depression it needs to be addressed and anxiety and anger needs to be addressed. I'm going to be working on that, that's for sure. - FMNM Tenant

Yeah. I mean, I do feel physically good today. Mostly wired on coffee. The most positive thing that I can think of, here, is the staff members, you know, and they're very good at, you know, keeping me on top of my medicine. Every single one of the staff members here, they're all awesome. - FMNM Tenant

They do everything for me.

You know, there's not anything that I don't do for myself, except for wipe my own ass. They do all my meds. They put them in bubble packs. My mail. My, they set up my appointments. They take me to my appointments. They go with me in my appointments, to sit down with my doctor, because I don't understand what the fuck he's saying all the time. So I always have staff go in with me. That there, and taking me to the store and helping me with my PFD and helping me with my mom's death certificate and all her stuff. I mean, they don't do, they do so much. - FMNM Tenant

Interviewee: It's so much. And I can't thank them enough. On Christmas, they got me a huge ass wagon, because I wanted my own wagon to bring up to the third floor with my groceries and stuff. They got me my own wagon, and they got me pillows. I was just teasing with the underwear, but they got me underwear. They're great. I can't let anybody sit there and say anything bad about them. No way. - FMNM Tenant

Everything. I love this whole idea, it's like you've gotta go through a front desk to get to the room. It felt like everybody was rummaging through my bunk down there at the Glory Hole, and now I'm behind a locked door. I feel a lot safer, to be honest. The staff is always, they do the best they can, they do a really good job, considering some of the things we have to go through, they do the best they can. I'm very grateful they're here. They've been a big help, too. - FMNM Tenant

Many tenants see a reason to get well and when asked what they would want if things could be different, tenants often expressed a wish to have family, raise children, be a better parent, have a spouse, and many feel they are right where they want to be even though things are not perfect.

Theme Four: COVID has negatively impacted us too.

COVID affected everyone, tenants included. While globally the COVID pandemic affected people in various ways, tenants expressed their COVID impacts:

Well, before the COVID, I used to go to – we used to have drumming every Friday. But since the COVID restrictions came, we haven't been doing that for quite a while now. But I did enjoy it. - FMNM Tenant

Building activities, community dinners, games, and other activities were no longer available for tenants to restrict the spread of COVID. This left tenants with no activities in the building as well as in the community.

No, I don't do that no more after the COVID came and hit. Seemed like we lost all the culture ever since the COVID hit. There's no more 40-day parties or pay-out parties no more. It would cause a pandemic, and people get sick. It's just not worth it to have a pay-out party and a 40-day party. I don't want anybody else getting killed from it, dying from it. - FMNM Tenant

The loss of activities and things to do leaves more down time for drinking, using, and/or isolation which has been expressed previously. Tenants also experience a loss in connection to staff, activities, and things they would do before and could no longer. Along with the restrictions on activities there was also fear of catching COVID. After years of feeling unsafe while being homeless, tenants now expressed feeling unsafe because of COVID.

"I don't know, I feel like as much as I've been fighting to survive to like live again to whatever you call is normal, I don't know what the fuck normal is anymore after all I've been through. With this COVID thing going on, I'm sitting here fighting with my health and then COVID on top of it, last year October I had COVID, November I had pneumonia. Then I'm sitting there and I'm fighting to stay on top of my health. And then COVID comes along and I'm sitting here thinking God dang it, that's what's going to take me down." - FMNM Tenant

Luckily, no tenants passed away due to COVID. Safety is one of the core principles of housing first, being able to have tenants feel safe in their individual homes and in the building was fully possible with COVID.

Lastly, was the wish for the end of the pandemic. Tenants were asked if a magic wand could be waived, what is one thing they would like to see and two tenants answered they would wish to see COVID end. Tenants at Forget-Me-Not Manor go through many struggles after moving in and several years after residing. While COVID could have been much worse in the sense of mortality, it still left a lasting impact on the tenants that other individuals may not have faced. Tenants at FMNM faced the loss of activities and culture, lack of safety, and during a time when things in their life should be coming together they only wished for the pandemic to end.

Theme Five: Residents continue to feel judgment by friends, family, providers, and the community in general.

Many tenant's expressed pride in how far they have come, even if they are still drinking or have health issues or feel alone. All participants have overcome numerous obstacles and work towards managing their trauma, and grief, and overall they feel good about where they are now versus prior to entering FMNM. Tenant's also are very aware of and honest about their circumstances, health conditions, mental health challenges, and they are also very aware of how they are often perceived by others in their family and community. Tenant's shared that being judged for their lifestyle is a frequent occurrence and how they might avoid participating in family, cultural, and community events because of that perceived judgment. One tenant shares how it made her feel to be acknowledged by a physician for something positive:

Interviewee: So that was good too when I went in sober , because it was an emergency room doctor that has seen me regularly high. And he was just so happy for me. I think I was like six months clean last time I went to the emergency room, it was like. And I needed a diabetic machine. Mine had gotten stolen. And he made it work. He

came in with all these supplies and dumped them on my lap and said, is that going to work for you? Are you going to be okay? Are you going to check your sugars now? Now you don't have an excuse. But he was really happy for me, and that made me happy that you know, because I've never lied to this doctor, ever. Not once. Even when I was high. - FMNM Tenant

When asked, 'If life was the way you would want it to be, what would that look like?', one tenant shared they just would like to be part of the community:

It would look like I was a part of the community, I had my family with me, and it'd be – that'd be it, probably. Just a part of the cultural community, spiritual community. - FMNM Tenant

Many of the tenant's appreciate being listened to and supported by FMNM staff and attribute their increased health and wellness today to living at FMNM.

DISCUSSION

The data shows that across all phases and time periods there are both large and small decreases in the use of ambulance transports, police, and the ER among those who reside at FMNM. In general, residents report feeling improved health, and increased engagement with primary care. They feel safer and more hopeful. They are also in pain and many things remain a struggle. Substance use has changed in some dramatic and some subtle ways for many long-term residents. Finally, it is clear in the qualitative data that residents attribute this success both to their own fortitude, but also to the staff and structure of the program. At FMNM, they are able to see the therapist and case manager in the building, and they feel supported and connected to these individuals. They can have regular follow up care in the health clinic located on the first floor of the building. Finally, they have a deep and abiding trust in FMNM staff to support them but also allow autonomy to live as tenants and not as clients, and to lead their own decision making. In closing, we offer the following quote, which is a response to the question, "what would you change if you had a magic wand?" In this instance, after some reflection, the participant responded:

"Actually, to tell you the truth, it'd be exactly the way that I woke up this morning--I felt great. I woke up and I was in a nice comfortable bed with a nice big fat comforter over the top of me. I was nice and warm. And then I went and got some breakfast. And to me, it couldn't have been any better." - Long Term FMNM Tenant