Creating Community Consulting

Recovery Village Community Feedback

Introduction

A $5,000 grant was received from Resilient Moorhead by the Lotus Center to support completing a gap analysis with people most impacted to understand the need and opportunity for a community first housing and recovery model in Moorhead, MN. This report includes the findings of the study.

The gap analysis highlights a deeper understanding of the needs, resources, and barriers that people experiencing substance use disorder (SUD) or in recovery face. Armed with this knowledge, the community will utili e the information to inform planning of recovery community housing, services, and supports.

Activities included in the report:
- Data analysis of the social determinant of health needs related to a community first housing and recovery model
- 1:1 interviews and a digital survey to obtain first-hand information from people with lived experience

- High level identification of potential funding opportunities
- Potential land opportunities where a a community first housing and recovery model could be implemented

Please note, this report is not a substitute for a financial feasibility study or community needs health assessment. This report is to gather community input from those most impacted to understand their values and needs.

The Process
1. Analyzing community data to identify disparities and advance opportunities
2. Asset mapping - building on community strengths
3. Designing the survey tool
4. Engaging those most impacted to participate
5. Analyzing community input data
6. Providing recommendations

Analyzing Community Data

The overall project was initiated as a response to local needs based on both qualitative and quantitative data. The below data points summarize statistics related to the social determinants and substance use rates.

Moorhead has a population of approximately 45,000 people.

Social Determinants Data:
- Moorhead has an overall poverty rate of 16.2% (US Census)
- 66% of unhoused persons in Fargo-Moorhead are adults without children (State of Homelessness Report)

- In Moorhead, 57.9%% of renters are considered cost burdened, meaning they spend more than 30% of their income on rent each month (US Census)
- People who identify as Black/African American in the Fargo/Moorhead community identify disparities 2x greater than those who are white (see chart below). (Essentia Health Community Health Needs Assessment)
- Clay County has a food insecurity rate of 7.7% meaning they do not have enough food for an active lifestyle (Feeding America)
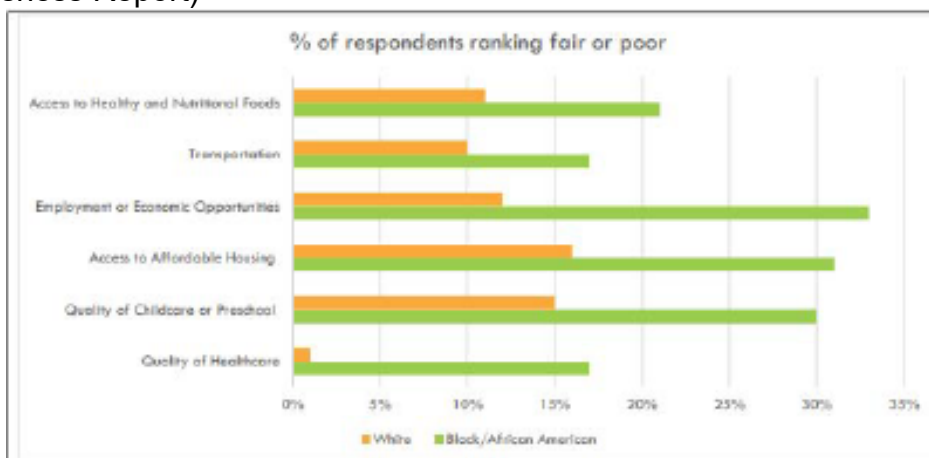
Source: 2021 Essentia Health West Community Health Survey

Substance Use Data:

- Moorhead DUIs jumped from 81 in 2020 to 136 in 2021. The Police Department's response to drug overdoses tripled between 2020 and 2021, with 21 in 2020 and 63 in 2021. In both years, 8 of those overdoses were deadly, which is still an increase compared to previous years. (Moorhead Police report alarming jump in DUIs and Overdoses (valleynewslive.com))
- In Clay County, 20% of those who sought substance abuse treatment were unhoused which is a 4% increase since 2019 (DAANES Report, 2021)

- In Clay County, only 45% of people in treatment were discharged because they completed the program (DAANES Report, 2021)
- Over 600 individuals experiencing homelessness in Fargo-Moorhead had been diagnosed with a substance abuse disorder in 2021 (either drugs, alcohol, or both) (State of Homelessness Report)

Asset Mapping

Building on strengths, Creating Community Consulting (CCC), who lead the process outlined in this report, partnered with trusted community leaders or community organi ations who serve target audiences to create trust needed to encourage participation.

Thank you to all of the partners who helped support this community feedback effort:

- The Lotus Center and Recovery Engagement Center
- All Churches and Locations who host AA and NA Meetings
- Churches United
- City of Moorhead

- Clay County Jail
- FM Coalition to End Homelessness and members
- Inclusive Moorhead
- Indigenous Association
- Resilient Moorhead

Survey Design and Implementation

The survey design and implementation plan was developed based on input from people in the recovery community and from key stakeholders.

Target Audience:
- Primary audience for this pro ect was individuals active in recovery from substance use disorder (SUD) or those currently experiencing SUD
- Secondary audience included those serving people with SUD or in recovery and those impacted by SUD

A simple online survey tool with plain language to collect community feedback was developed. CCC worked with community partners to ensure this tool was:
- User-friendly
- Accessible
- Included strengths-based language
- Included data to promote data-driven conversations
- Short in length and quick to complete

Outreach was conducted to encourage participation of the survey primarily through flyers created with a QR code.

- Flyers were posted at and shared digitally with churches, mental health and substance use treatment organi ations, spaces that held AA and NA Meetings, the local library, and nonprofit agencies
- Flyers were also distributed through social media and email networks including the Resilient Moorhead and Inclusive Moorhead email distribution list

Limitations to the study that may have impacted participation include:
- Stigma around recovery and S and the lack of trust with community leaders by those experiencing S
- Compounding priorities; people experiencing SUD and those serving may have competing priorities and crises that inhibit their ability to participate
- Confidentiality of persons experiencing SUD and the importance of HIPPA protections
- Winter weather which caused the delay and need to reschedule two sessions

To address these barriers, CCC worked closely with partners listed above to conduct outreach to the target audience. Additionally, partners were encouraged to help clients complete surveys as they had a level of trust and respect needed to support engagement in this process.

Community Feedback

In total, 55 individuals responded to the survey. When asked if services would have been available in one place like a community village, would you have used them, **96% of respondents said yes.** Below is a summary of the results to each question.

Of the 55 survey responses:
- 26 (47%) identify as someone living in recovery
- 23 (42%) identify as someone serving people with substance abuse disorder or recovery
- 5 (9%) identify as someone impacted by substance abuse disorder
- 1 (2%) identify as someone currently experiencing substance abuse disorder

Success in Recovery

When asked about "what things are, or were, important to help you or those you care for be successful in recovery?" the following were commonly expressed themes (listed in order of most expressed items to least):
- Sense of community and social supports: 28 responses
  - This includes community, supports (both peer support and support systems), fellowship, and people who love and care for me
- Basic needs: 27 responses
  - Predominantly included housing with a few responses related to food and safety
- Transportation: 21 responses
  - This includes access to reliable transportation
  - Some specifically called out transportation to meetings
- Employment: 20 responses
  - Some specifically added employment that understands and supports recovery although most ust stated employment
- Therapy and Mental Health reatment: 18 responses
  - This includes mental health treatment, trauma therapy, inpatient therapy, counseling, long-term recovery options
  - Some mentioned cost as a factor
- Recovery Programs and Meetings: 14 responses
  - This includes AA and NA meetings and sober living programs and supports
- Access to benefits and assistance programs: 6 responses
  - This includes access to benefits, medical insurance, and housing assistance
- Education: 3 responses
  - This includes going back to school and assistance in gaining education

- Activities and Recreation: 3 responses
  - This includes finding new activities to en oy, keep busy, and promote health
- Other responses include self-worth, positive interactions with probation and law enforcement, support in getting custody of children, child care, and access to medical care

Barriers in Recovery

When asked about "what barriers have you or those you work with experienced that prevent or make it hard to maintain recovery?" the following were commonly expressed themes (listed in order of most expressed items to least):

- Housing and Physical Environment: 22 responses:
  - Most responses where simply housing
  - Some included lack of housing, lack of accessible affordable housing, and unsafe living environments
  - Others called out being denied housing, credit scores/background checks barriers, and lack of housing for felons

- Lack of and issues with assistance programs and services: 19 responses
  - This includes lack of services and supports, long wait lists, limitations of length of services, barriers to has access to services, rigid processes and policies of services, and issues with insurance coverage of programs
  - One specific comment also called out lack of culturally centered meetings and programs
- Lack or loss of support/community: 19 responses
  - This includes those who lack or felt they lost their support network, friends, and family, felt lonely or hopeless, or did not have enough supports in place
- Employment: 9 responses
  - This includes inability to gain or maintain employment, issues with background checks, and lack of services to help in finding employment

- Self-love and Social-Emotional Learning: 9 responses
  - This includes commitment to ones self, coping mechanisms, healthy boundaries,and personal accountability
- Criminal history: 4 responses
  - This goes along with background checks mentioned in employment and housing
  - Additionally, some respondents include comments on the costs of legal fees
- Transportation: 4 responses
  - Includes lack of reliable transportation and not having driver's license
- Lack of sober social activities: 3 responses
- Social Pressures and Stigma: 3 responses

Services and Activities to Support Recovery

Respondents were asked to select any of the following services or activities that are, or were helpful, to maintain recovery (with the option to select all that apply):
- Addiction recovery and support services - 50 responses (91%)
- Employment opportunities - 44 responses (80%)
- Physical and recreation activities (frisbee golf, basketball, horseshoes, pool tables, darts, movies, indoor hang out space) -41 responses (75%)

- Independent Housing - 38 responses (69%)
- Full-time behavioral health case managers - 38 responses (69%)
- Service coordination, case management, and in-home supportive services - 37 responses (67%)
- Transportation - 37 responses (67%)
- Spaces and platforms where neighbors can build relationships, connect with their community, address conflict, repair harm, and heal from relational harms - 35 responses (64%)
- Primary healthcare services - 34 responses (62%)
- Help navigating healthcare needs (e.g., questions about health insurance, mobility aids, medical appointments, coordinating transportation to medical appointments and more) - 34 responses (62%)
- Community kitchen and food pantry - 34 responses (62%)
- Art and creative spaces (blacksmithing, construction, soap making, visual arts, performing arts, art therapy, skill building) - 32 responses (58%)
- Community education opportunities - 29 responses (53%)
- Shared Housing - 25 responses (46%)
- Laundromat - 24 responses (44%)

- Regular farmers market to provide residents with healthy, nutritious and free vegetables harvested from onsite gardens - 21 responses (38%)
- Others:
  - Recovery Support Groups/ Community Support - 5 responses (9%)
  - Cultural or Religious Activities and Care - 3 responses (5%)
  - Child Care - 1 response (2%)
  - Short-term housing - 1 response (2%)
  - Peer Support - 1 response (2%)
  - Support with college and career discovery - 1 response (2%)

Recovery Village Input

When asked "if these services you selected above would have been available, or were to be available in one place like a community village, would you have used them? Why or why not" **96% said yes.**

Here are some responses as to why:
- I can't {maintain} recovery alone but we can together.
- Would have been a place of acceptance
- My dream is in art.. my life is recovery. If these were next to where I live my spirit would continue to fill
- Having all those services in one place would make it easier to focus on recovery.
- A community village would eliminate many barriers to folks who need services.

Respondents who answered "no" said it was due to desire to stay anonymous and already having access to housing.

Housing Experience

Next respondents were asked about their history with homelessness. Of the 55 responses:
- 33 (60%) had not experienced homelessness
- 14 (25.5%) had previously experienced homeless and were now housed
- 5 (9%) are temporarily living with a friend or family member (doubled up)
- 2 (3.5%) preferred not to answer
- 1 (2%) is currently living in a shelter

Barriers to Housing

When asked "what barriers or things made it difficult for you or those you work with to get into or maintain housing? "the following were commonly expressed themes (listed in order of most expressed items to least):
- Lack of employment and income: 21 responses
- Criminal history: 16 responses
- Background Checks - Credit history and rental history: 12 responses
- Lack of supports and skills: 12 responses:
  - This includes basic independent living skills, lack support network and supportive services/ assistance, lack of coordinated resources, and not knowing where to go for supports
- Ongoing addiction and mental health issues: 11 responses

- Lack of available and affordable housing: 9 responses
- Transportation: 2 responses
- Other responses included no identification, having a pet, lack of child care, domestic violence, and lack of safety

High Level Funding Opportunities

Development of a recovery village will be a significant investment that could include over $10 Million in funds needed for initial investments. Potential funds can include a variety of public and private funds. An initial list of potential opportunities is provided. Please note this is a hypothetical overview of potential funding and no organization has guaranteed funding at this point.

Partners: It would be recommended to work with a group of stakeholders to explore opportunities for partnership to educate on the potential project and engage in discussion on potential funds and partnerships.

Potential partners could include: City of Moorhead, Clay County Social Services and Public Health, Midwest Minnesota Community Development Corporation, Cass Clay Community Land Trust, West Central Minnesota CoC, Fargo Downtown Engagement Center, AA/NA/Faith Based Recovery Groups, Partnership 4 Health, Essentia Health, Sanford, Family Resource Center, Moorhead Police Department, Clay County Law Enforcement, Elected Officials with interest, Cultural Organizations, Mental Health and SUD Service Organizations, private and/or public investors, and persons with lived experience.

Potential Funding:
City and County: Pending the development phase there could be a combination of potential funds through ARPA or annual budgets. Annual budgets are limited, and so exploration of potential investments would be beneficial early on. Potential for Community Development Block Grant (CDBG) funding and exploring Tax Increment Financing (TIF) programs or other tax benefit opportunities would be beneficial. Exploring tax benefits for high efficiency or net zero building would be beneficial.

Regional: West Central Minnesota CoC is the lead for projects that are eligible for the US Department of Housing and Urban Development (HUD) funding in the area. They would be a potential partner to explore funding from this source.

State Bonding: There is potential for state bonding dollars; however, this would need to be a mutual priority of the city and county to likely be eligible as it will take significant lobbying support. Due to other high priority projects, it's unlikely that it would be eligible in 2023.

State Grants: There are a number of grants through the state of Minnesota departments that would potentially be eligible including, but not limited to: Minnesota Department of Health, Minnesota Housing Finance Agency, Greater Minnesota Housing Funds, and Minnesota Family Resource Center Funding.

Federal Grants: Federal grants may include Rural USDA, Bureau of Justice, and HUD through regional planning Continuum of Care (CoC).

Grants: There are multiple potential sources of funding for grants in the area which include, and are not limited to: Otto Bremer Foundation, Bush Foundation, Ottertail Power, Minnesota Energy, RD Offut Foundation, Barry Foundation, Fargo Moorhead Area Foundation, Dakota Medical Foundation, West Central Initiative Foundation, Essentia Health, Sanford, Blue Cross Blue Shield, Medica, Cigna, Community Innovation Grants, United Way of Cass-Clay, and SAMSHA.

In addition to public and private foundations there are also potential opportunities for donations or sponsorships from businesses that could further be explored in a financial feasibility study.

Land Opportunities

The benefit of a recovery village is that it includes housing along with community based services, spaces, jobs and activities in one area and includes social support with peers. Designing the project will need to include working closely with the planning and zoning committee from the City of Moorhead and potentially Clay County. Land requirements will include a minimum of 3-5 acres of land and up to 25 acres to support the development. Additional needs include:
- city water, sewer and gas infrastructure
- public transportation
- proximity or ability to create access to groceries
- space for community gardens and a community kitchen
- community center space that can host events and provide outreach services
- access to park and outdoor recreation activities
- ability to support micro homes, RVs, or similar homes in a village
- space to create working environments and expansions

A meeting with the city of Moorhead was delayed to January 2023 due to weather conditions and scheduling. Therefore, potential development locations that would meet the needs of the village will be identified in late January/early February.

Recommendations

The concept of a "recovery village", where housing first with the availability of services needed to be successful in recovery located in one place, is predominantly desired based on survey results. In addition, due to the significant need for affordable housing and the rise in SUD there is an opportunity to invest in a recovery village that would address multiple needs.

Based on this and the feedback provided through this process, Creating Community Consulting (CCC) recommends these actions:

- Completing a Health Equity Data Analysis (HEDA) through a Regional Health Equity Network grant through the Minnesota Department of Health (funding secured).
- Developing a local task force with key stakeholders to explore the potential model, identify assets, explore options for implementation, and build a return on investment portfolio.
- Pending findings of the HEDA and return on investment the task force should identify key investors and conduct a fundraising feasibility study to advance development.
  - Move forward based on the final projections with a capital campaign if advised.

Closing

The study has been developed to inform recovery community development efforts by engaging those most impacted first. For those considering inclusive planning we recommend consideration of using an equity informed Result Based Accountability (RBA) framework which was used to inform the process.

More information on RBA can be found at: https://clearimpact.com/

For more information contact:

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