This project began when I took Professor Hillier’s GIS class. Inspired by my internship at Project HOME, I was mapping various community resources, but as I did so, I realized that the maps gave me no understanding of how people access them. I knew anecdotally that external services were essential to the well-being of Project HOME (PHOME) residents. After a series of conversations with PHOME staff, I decided to focus on recovery, which is defined broadly as the pursuit of well-being, especially for people who have experienced addiction and/or mental illness. Mapping Recovery centers on how residents at Project HOME utilize community services along their recovery journeys.

The primary objective of this semester was not to conduct the research itself, but to refine the research questions and protocols, and to ground the research in past literature as well as a deeper contextual understanding.

Although this research is primarily a study of a particular set of people at a particular agency, the issues it raises – homelessness, addiction, mental and physical health, and recovery – exist within a much broader context of city, state, and national policies and services.

**Residents**

- Family and spirituality are essential to recovery
- Importance of reflecting on where you came from vs. where you are now
- Lack of clear and consistent definitions and policies around recovery creates confusion and unfairness
- Tension between Housing First/person centered approach and clean & sober housing
- Lack of adequate internal support
- Challenges in connecting residents to external supports

**Staff**

- How you spend your idle time is a reflection of how you’re doing in recovery
- Recovery is a daily, lifelong process that involves all aspects of life – not just substance use.
- GIS analysis of recovery services available to PHOME residents and other low-income Philadelphians
- Analysis of brief surveys on residents’ experiences with recovery and recovery services
- Emergent themes analysis of transcriptions of one-on-one resident interviews

**Map: Project HOME**

Map 1 shows the density of people experiencing homelessness in Philadelphia (Source: Project HOME).

Map 2 shows the density of Medicaid behavioral health services in Philadelphia (Source: Community Behavioral Health).

**Exhibit Key**

- PHOME needs a clearer and more consistent definition of recovery
- Residents need more onsite recovery resources, and more support in accessing offsite resources
- PHOME should explore partnerships with agencies that focus on recovery

**Research Questions**

- How do residents of Project HOME navigate external services and resources in an effort to sustain housing and recovery?

**Methods**

- I conducted 2 focus groups with 12 Program Managers and 3 focus groups with 22 residents. Sample questions include:
  - What does recovery mean to you?
  - What is it/trend working to support recovery at your residence?
  - How is resident feedback about recovery solicited, received, and implemented at your site?

**Policy Implications**

- Research is a slow and iterative process
- Institutional bureaucracies create mistrust of the system and prohibit people from accessing resources designed to serve them
- Everyone is an expert in their own experience
- In the broadest sense, everyone is in recovery from something

**Next steps**

1. Finalize research MOU with Project HOME
2. Revise and resubmit IRB proposal
3. Collect data over the summer: 30-40 interviews and 70-80 surveys
4. Write and submit report to Project HOME, Urban Studies thesis

**Acknowledgements**

Thank you to: Professor Amy Hillier, Maryam Khojasteh, Rachel Yoder, Laura Weinbaum, & the Project HOME community, Lauris Olston & Penn Libraries, Elaine Simon & Penn Urban Studies, and my fellow UURC participants.