

Bringing Recovery into Diverse Groups through Engagement and Support

Year 1 Report: Baseline Characteristics and Program Services

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THE BRINGING RECOVERY INTO DIVERSE GROUPS THROUGH ENGAGEMENT AND SUPPORT (BRIDGES) program aims to increase housing stability, employment and enrollment in Medicaid and other benefits among chronically homeless adults with substance use or co-occurring disorders. BRIDGES is a partnership between the Washington State Division of Behavioral Health and Recovery (DBHR) and providers in three communities: the Washington Department of Veterans Affairs' (WDVA) Building 9 located in Kitsap County, Catholic Community Services in Snohomish County and Catholic Charities in Spokane County. BRIDGES is a three year grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In April 2014, the BRIDGES program began helping chronically homeless individuals find and retain housing and employment through an evidence-based practice called Permanent Supportive Housing and Supported Employment.

This report describes baseline characteristics and services for the 119 individuals enrolled during the first year of the program. A final evaluation at the end of the three year grant period will examine the impact of BRIDGES on participant housing, employment and arrest outcomes.

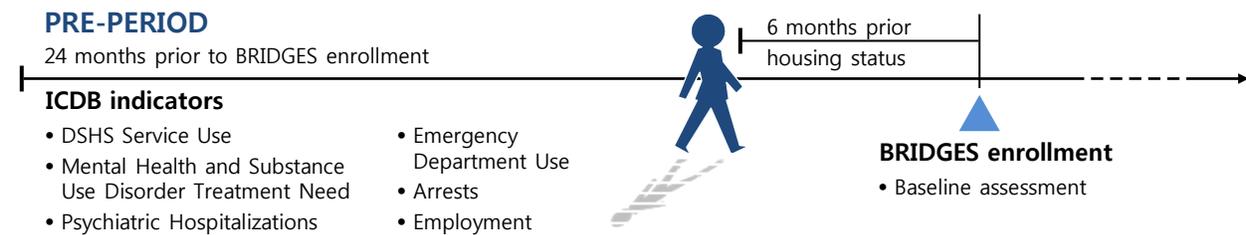


Key Findings

1. The BRIDGES program served a total of 380 clients during the first year including outreach, and enrolled 119 clients in the program. Nearly all (94 percent) of enrolled participants entered the program from homeless or unstable living situations.
2. BRIDGES participants face numerous barriers to housing, including mental illness, substance abuse, chronic illness, unemployment and involvement with the criminal justice system.
3. Compared to the other two sites, clients in the Spokane program were more likely to have entered the program from the street, with a history of unemployment, high rates of chronic illness, emergency department use and arrests.

Methods

This report describes BRIDGES service use during the first program year, and detailed baseline and pre-program characteristics and demographics for 119 enrolled participants, using a combination of BRIDGES program records and data from the Department of Social and Health Services Integrated Client Databases (ICDB). We examine self-reported housing status of participants during the 6-month period prior to enrollment. We also report behavioral health services, employment history, chronic illness, emergency department use and criminal justice system involvement during the 24-month period prior to entering the program. The ICDB contains behavioral health and medical data for Medicaid clients only. As the majority of veteran clients served by the Washington Department of Veterans Affairs (WDVA) program were not enrolled in Medicaid, we are unable to report behavioral health measures, chronic illness risk and emergency department use for WDVA participants.

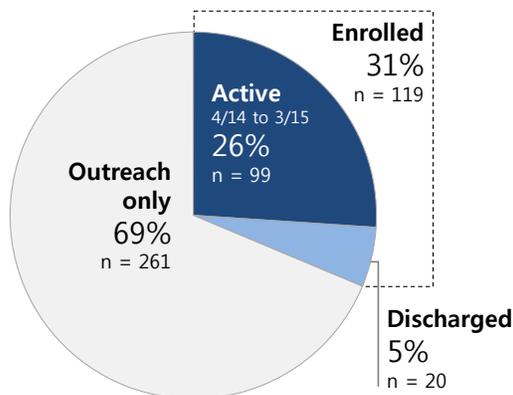


Program Participation

Enrollment

FIGURE 1.

Status of BRIDGES participants (n=380)



SOURCE: GPRA discharge and participant logs.

BRIDGES served a total of 380 clients during the first program year, from April 1, 2014 to March 31, 2015 (Figure 1). Sixty-nine percent (261 individuals) received outreach services to encourage program participation, but at the end of the first year had not enrolled in the program. Thirty-one percent of those who received outreach (119 clients) enrolled in the BRIDGES program.

As of March 31, 2015, among the 119 clients enrolled, 99 clients remained active and 20 were discharged from the program during the first year. As of that date, the WDVA had an active caseload of 52 clients, Snohomish 28 clients and Spokane 19 clients (Table 1).

TABLE 1.

Status of BRIDGES participants

	WDVA		Snohomish		Spokane		ALL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	115	100%	94	100%	171	100%	380	100%
Outreach only	51	44%	60	64%	150	88%	261	69%
Enrolled	64	56%	34	35%	21	12%	119	31%
Active	52	81%	28	82%	19	90%	99	83%
Discharged	12	19%	6	18%	2	10%	20	17%

The BRIDGES Program

BRIDGES participants are identified and screened by teams that include a housing specialist, an employment specialist and a peer navigator. To be eligible, individuals must have a substance use or co-occurring disorder and meet the federal definition of chronic homelessness. The U.S. Department of Housing and Urban Development defines an individual as chronically homeless if he or she has a disabling condition and has been homeless for at least one year or four times in the last three years.

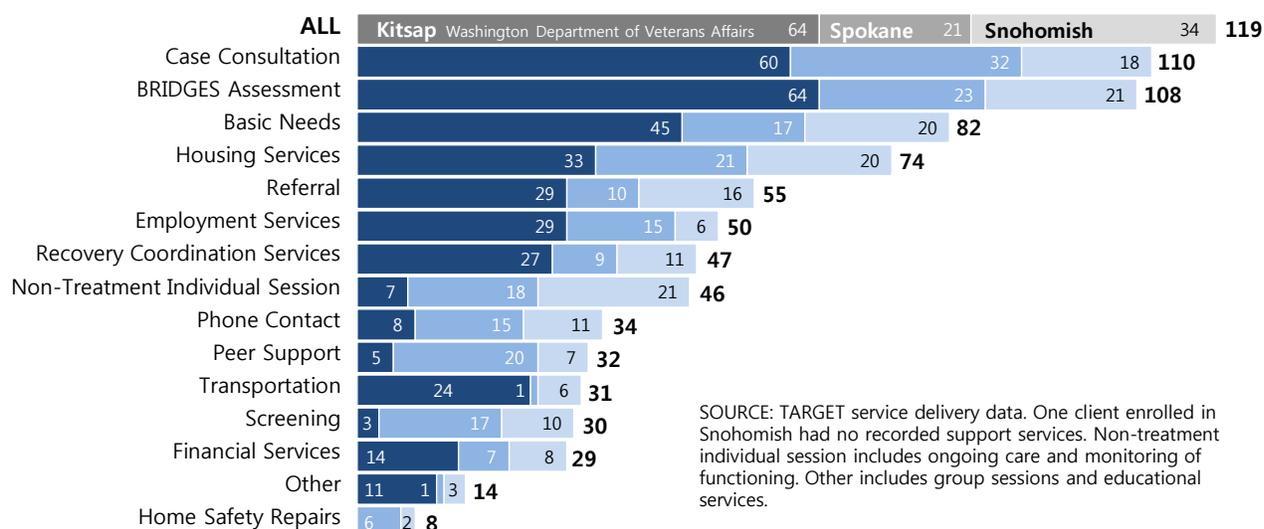
BRIDGES provides access to evidence-based Permanent Supportive Housing (PSH) and Supported Employment (SE) services. Under the PSH model, support services are provided to help homeless individuals with substance use or co-occurring disorders identify, secure and retain affordable, independent housing. Several key elements distinguish PSH from other housing models, including **choice in housing and living arrangements, functional separation of housing and services, community integration, rights of tenancy and voluntary recovery-focused services** (SAMHSA, 2010a). PSH is expected to enhance progress towards recovery goals, and minimize institutionalization, arrests and homelessness. Supported Employment helps clients find and maintain meaningful jobs in the community, without extensive pre-employment assessments or training. Key elements of SE include **assumption of readiness for employment, integrated employment and clinical services, competitive employment in the community, choice of jobs, benefits counseling, rapid job search and continuous supports** (SAMHSA, 2010b).

BRIDGES staff help with housing and employment searches, educate or train on basic life skills, and connect clients with community resources. The majority of participants qualify for tenant-based housing assistance in the form of a voucher that subsidizes their private market rents.¹ Among the 119 enrolled participants who received services during the first year of the program, 74 (62 percent) received help with housing acquisition and 50 (42 percent) received employment services (Figure 2).² Most participants (n = 110) received case consultations to coordinate care with other providers.

FIGURE 2.

Number of enrolled participants receiving BRIDGES services, by service type

April 1, 2014 through March 31, 2015



¹ SAMHSA funds did not pay for rental subsidies. BRIDGES staff were required to utilize community resources for housing/vouchers.

² Due to staff turnover at the Snohomish site housing services for some participants were not recorded in TARGET.

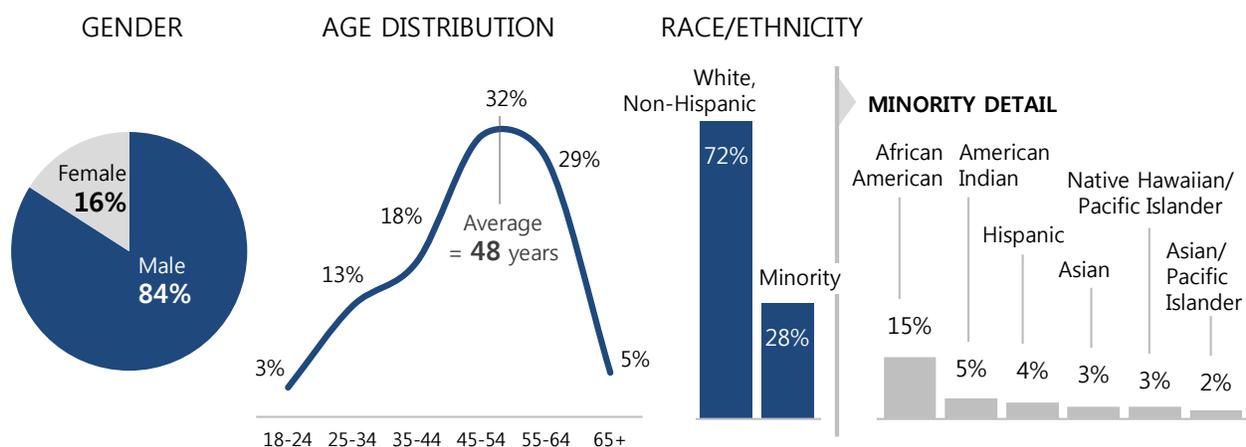
BRIDGES Participants

Demographics

During the first year, the BRIDGES program served mostly male clients (84 percent, Figure 3). Participants were 48 years old on average. The majority of participants identify as white (72 percent) and 28 percent as minorities. Snohomish and the Department of Veterans Affairs both served a larger proportion of minority clients (33 percent) compared to Spokane (5 percent, not shown).

FIGURE 3.
Demographics of enrolled participants

Total = 119



SOURCE: DSHS Integrated Client Database.

Housing Stability

The BRIDGES sites screen potential participants and maintain the documentation needed to meet the Federal definition of chronic homelessness. Figure 4 presents data on participants' living situation just prior to enrollment. Self-reported housing data indicate the majority of participants were homeless or unstably housed at least one day in the month prior to enrollment (94 percent, Figure 4). Participants reported they were homeless or unstably housed for an average of 139 out of 180 days during the 6 months prior to enrollment (Table 2).

WDVA. Department of Veterans Affairs' clients were more likely to be living in a transitional housing program (91 percent) than on the street or outdoors (13 percent). Most clients enrolled into WDVA's BRIDGES program were living in Building 9 (a transitional housing program) at the time of enrollment.

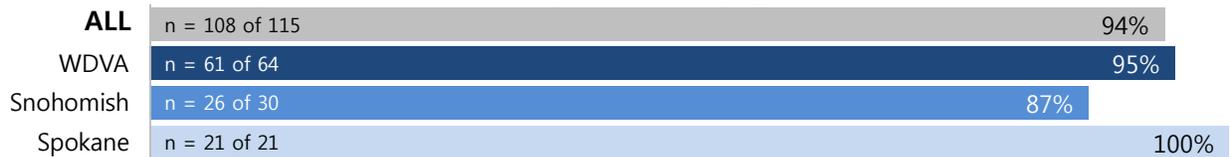
SPOKANE. Spokane County is serving a highly transient population living primarily on the street or outdoors. All of Spokane's clients reported at least one homeless night in the month prior to enrollment, most were living outdoors or on the street (86 percent), just over half (57 percent) had spent a night in a shelter or other temporary facility, and 33 percent were in jail or prison during the prior 6 months. Spokane clients moved an average of 10 times during the 6 months prior to entering the program.

SNOHOMISH. In Snohomish County half (53 percent) of clients were living outdoors or on the street during the month prior to enrollment, 37 percent were in a shelter or temporary facility, and 23 percent were in jail or prison. All reported they were homeless at some point during the 6 months prior to enrollment.

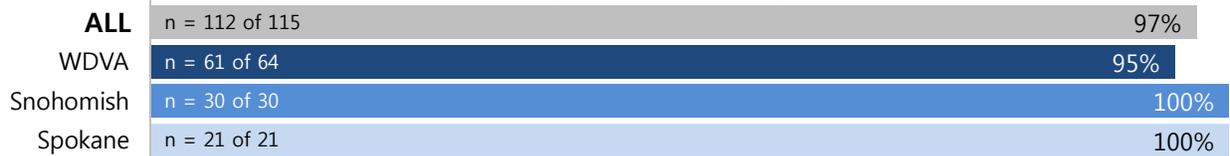
FIGURE 4.

Self-reported housing status prior to enrollment

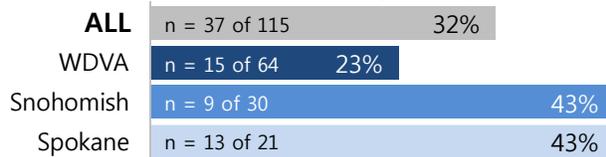
Homeless or unstably housed at least one day in the 30 days prior to enrollment*



Homeless or unstably housed at least one day in the 6 months prior to enrollment



Living in an institutional setting at any point in the 6 months prior to enrollment



SOURCE: BRIDGES Housing History Calendar.

TABLE 2.

Baseline housing status

	WDVA n = 64	Snohomish n = 30	Spokane n = 21	ALL TOTAL = 115
Homeless or unstably housed at least one day in the 30 days prior to enrollment	95%	87%	100%	94%
Living outdoors or on the street	13%	53%	86%	37%
Living in a shelter, transitional living center, other temporary facility*	91%	37%	57%	70%
Unstably housed (couch surfing, motel, etc.)	19%	23%	14%	19%
Living in an institutional setting at any point in the 6 months prior to enrollment	23%	43%	43%	32%
Jail or prison	3%	23%	33%	14%
Detox or residential treatment facility	11%	13%	10%	11%
Hospital or nursing home	13%	10%	10%	11%
Homeless or unstably housed at least one day in the 6 months prior to enrollment	95%	100%	100%	97%
Average days homeless/unstably housed in prior 6 months (out of 180 days)	133 days	145 days	152 days	139 days
Average number of moves in prior 6 months	2.3 moves	3.1 moves	10.0 moves	3.9 moves

SOURCE: BRIDGES Housing History Calendar.

Note: Housing data was missing for four enrolled participants.

*Includes transitional living centers such as the WDVA Building 9 facility.

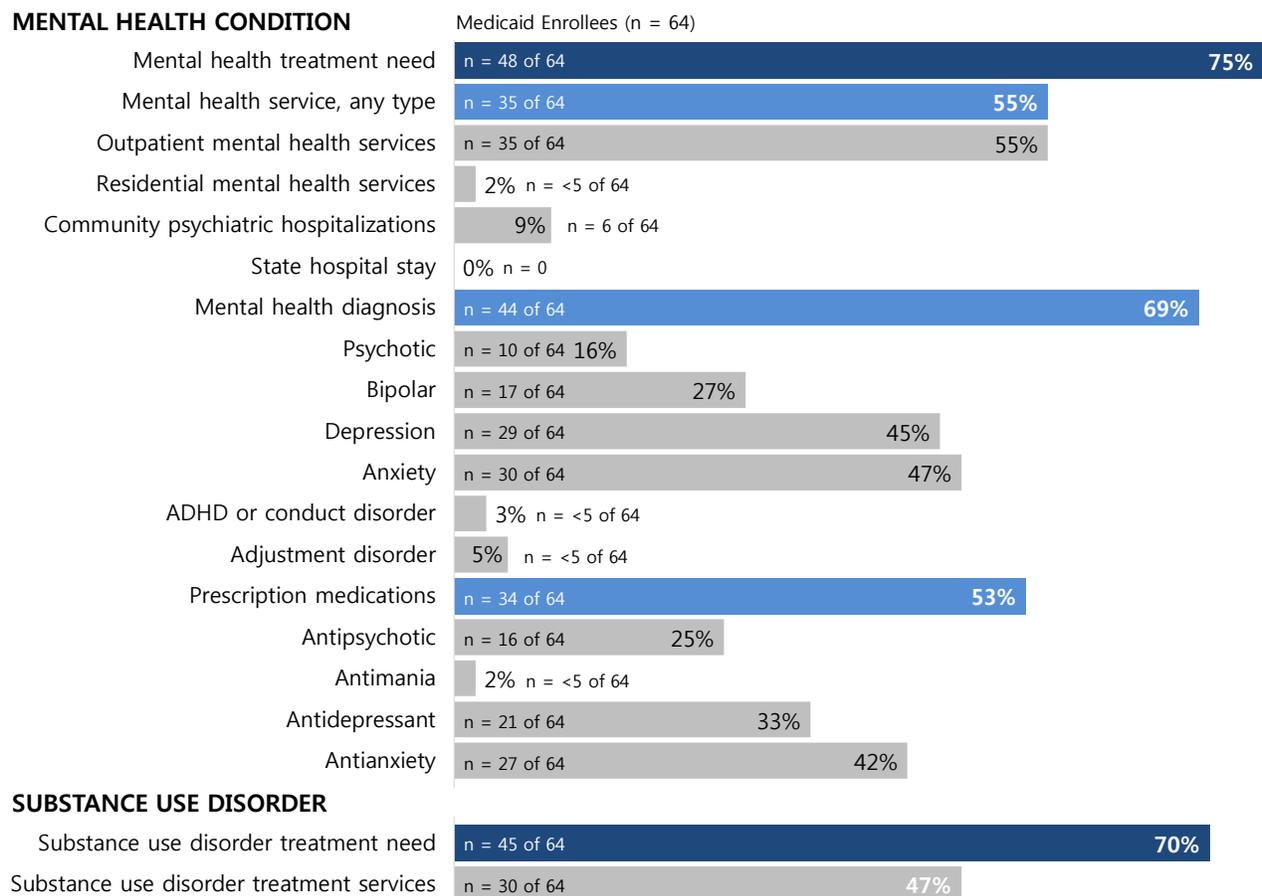
Behavioral Health

We restricted behavioral health measures to those with Medicaid or other similar medical coverage for at least one month during the 24 months prior to entering BRIDGES (n=64). The majority of clients in the Snohomish and Spokane programs were Medicaid recipients during this timeframe, but few clients at the WDVA site were enrolled in Medicaid.³

The majority of BRIDGES clients enrolled in Medicaid had mental health treatment needs, as indicated by services received historically, diagnoses or psychotropic medications (75 percent, Figure 5). Just over half of clients received publicly funded mental health services, primarily outpatient services. Few experienced psychiatric inpatient stays during the 24 months prior to enrollment. About half (47 percent) of participants were diagnosed with anxiety, 45 percent with a depressive disorder, 27 percent with bipolar disorder and 16 percent with a psychotic disorder. Just over half of participants with Medicaid coverage were prescribed psychotropic medications in the 24 months prior to entering the BRIDGES program. A high percentage of clients had indications of substance use disorder treatment need based on administrative data (70 percent). Just under half (47 percent) of participants received substance use disorder treatment services in the 24 months prior to enrollment.

FIGURE 5.

Behavioral health indicators during 24 months prior to enrollment



³ Just 28 percent of veteran clients at the WDVA were enrolled in Medicaid. Veterans may qualify for Federal VA health care. Behavioral health services received through the VA system are not currently part of the DSHS Integrated Client Database.

Medicaid Enrollment

Most clients in Snohomish (82 percent) and Spokane (90 percent) were enrolled in Medicaid or similar medical coverage for at least one month during the 24 months prior to entering the BRIDGES program. A much smaller portion of veteran clients at WDVA were enrolled in Medicaid (28 percent).

FIGURE 6.

Medicaid status prior to enrollment

One or more months Medicaid coverage in prior 24 months



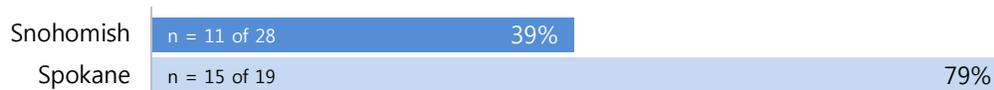
Chronic Illness

To assess health status in the baseline period among Medicaid recipients, we used a chronic illness risk score based on health service diagnoses and pharmacy claim information (see Gilmer et al. 2001 and Kronick et al. 2000). The score is calibrated to equal one for the average person in Washington State enrolled in the Social Security Insurance (SSI) disability program. Most Spokane clients enrolled in Medicaid (79 percent, Figure 7) had a chronic illness risk score of one or higher, meaning they had health service diagnoses and predicted costs similar or slightly greater than those enrolled in SSI disability. Thirty-nine percent of Snohomish clients had a chronic illness risk score of one or more.

FIGURE 7.

Chronic Illness

Chronic Illness Risk Score was unavailable for WDVA participants.



Emergency Department Use

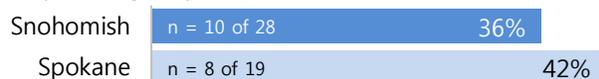
We examined emergency department use for participants in Snohomish and Spokane with at least one month of Medicaid eligibility in the 24 months baseline prior to enrollment. We found just under half (42 percent) of Spokane participants and 36 percent of Snohomish participants utilized the emergency department during the baseline period (Figure 8).

FIGURE 8.

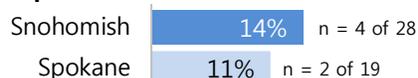
Emergency department use

24 months prior to enrollment, for Medicaid enrollees only

Any Emergency Department use



Inpatient admissions



Emergency department use was unavailable for WDVA participants.

Arrests

Over one-third of participants in the BRIDGES program were arrested during the 24 months prior to enrollment. Arrest histories varied considerably among clients at the three sites. Two-thirds (67 percent) of Spokane County clients and half of Snohomish County clients were arrested during the 24 months prior to BRIDGES enrollment (Figure 9). Clients at the Washington Department of Veterans Affairs were less likely to have recent involvement with the criminal justice system: only 18 percent were arrested in the 24 months prior to entering the program. BRIDGES participants were arrested on average 1.4 times during the baseline period (Figure 10).

FIGURE 9.

Arrest rate

24 months prior to enrollment

Any arrest

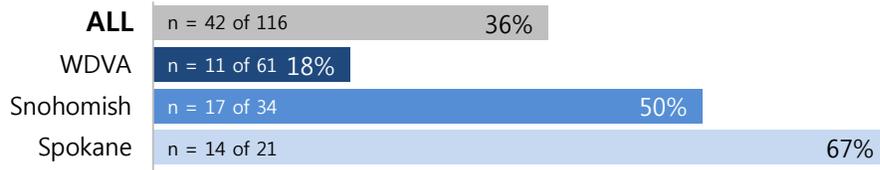
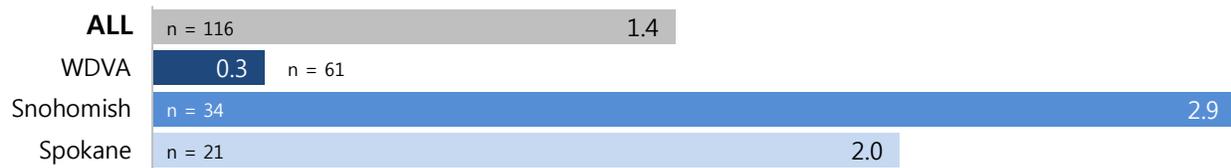


FIGURE 10.

Average number of arrests

24 months prior to enrollment



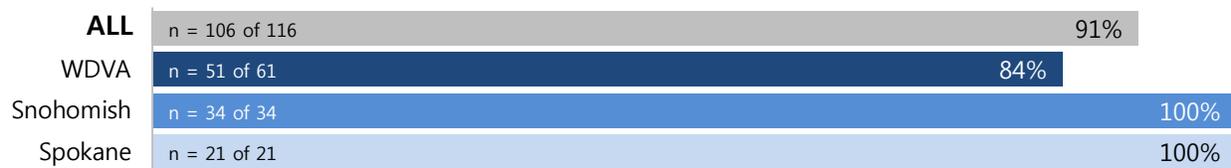
Basic Food Assistance

Basic Food is a federally-funded program intended to ensure low-income individuals do not go hungry. Households in Washington State qualify for Basic Food if they meet eligibility criteria and have income at or below 200 percent of the Federal Poverty Level. The majority of BRIDGES clients were connected to Basic Food assistance prior to entering the program (Figure 11). All clients in Snohomish and Spokane and most of the clients at WDVA (84 percent) received Basic Food during the 24 months prior to entering the BRIDGES program.

FIGURE 11.

Basic Food assistance

24 months prior to enrollment



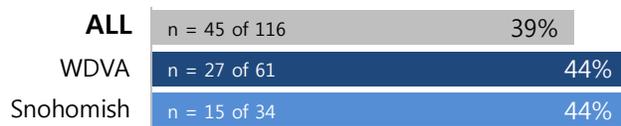
Employment

We examined employer-reported earnings in the Washington State Employment Security Department’s Unemployment Insurance system and found that 39 percent of BRIDGES participants were employed at some point during the 24 months prior to enrollment (Figure 12). Participants in Snohomish and the Washington Department of Veterans Affairs were more likely to have earnings prior to enrollment, compared to those in Spokane. Just under half (44 percent) of clients in Snohomish County and at the Department of Veterans Affairs were employed prior to entering the program. Few Spokane participants were employed (n<5). Among those employed, earnings were very low. Average earnings from employment during the 24 month period prior to entering the program ranged from \$8,018 in Snohomish to \$17,017 among WDVA clients (Figure 13). There were not enough clients employed in the Spokane program to report average earnings.

FIGURE 12.

Employment rate

24 months prior to enrollment

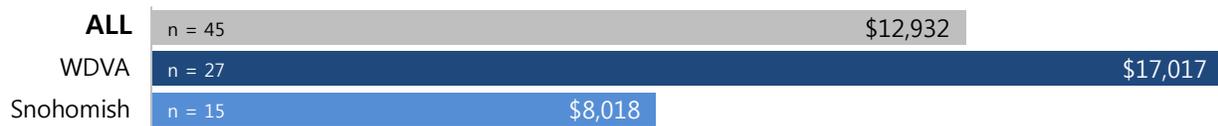


Spokane is not reported because the number of employed participants was fewer than 5.

FIGURE 13.

Average earnings from employment

24 months prior to enrollment, for those with employment



Spokane is not reported because the number of employed participants was fewer than 5.

Discussion and Next Steps

The BRIDGES program is meeting the goal of serving a chronically homeless and unstably housed population with substance use or co-occurring disorders. Nearly all participants were homeless, unstably housed or living in an institutional setting prior to enrolling in the program and most have substance use disorder treatment needs reflected in administrative data. Participants in Spokane and Snohomish counties face multiple barriers to housing, including mental illness, substance abuse, unemployment, chronic illness and involvement with the criminal justice system. Administrative data indicate the program is serving individuals with significant needs who may not be able to find or retain private market housing without support.

The majority (79 percent) of BRIDGES Medicaid enrollees in Spokane County and 39 percent in Snohomish County have chronic illness risk scores similar to those enrolled in SSI disability. Chronic health problems and lack of a stable residence can result in the over-utilization of high cost crisis services, such as emergency department visits and inpatient hospitalizations.

The majority of Veteran clients served by the WDVA program site are not enrolled in Medicaid. These clients receive health benefits through the federal VA system. The ICDB currently does not contain medical and behavioral health claims and encounters for this population, limiting measurement possibilities for future evaluation.

The BRIDGES sites are working toward implementing PSH and SE following the principles and elements of the evidence-based models. RDA will continue to monitor program enrollment and performance throughout the project. A final evaluation at the end of the three year grant period will examine outcomes such as employment, arrests and emergency department utilization, using a statistically matched comparison group. This final evaluation will assess the extent to which outcomes for BRIDGES participants differ from those of other DSHS clients with similar housing needs and behavioral health problems.

STUDY DESIGN AND OVERVIEW

This study examines BRIDGES service use during the first program year among 119 enrolled participants and 291 outreach-only clients. We report detailed baseline and pre-program characteristics for the 119 enrolled participants, using a combination of BRIDGES administrative data and data from the Department of Social and Health Services Integrated Client Database (ICDB). Three WDVA clients had not received DSHS services in the past and were not in the ICDB. The ICDB contains behavioral health and medical claims and encounters for Medicaid clients only. The majority of veteran clients enrolled at the WDVA site were not enrolled in Medicaid; as a result, behavioral health and medical indicators were not available for WDVA participants..

DATA SOURCES AND MEASURES

BRIDGES program data and administrative data sources were used in this report, including:

- **BRIDGES Assessment and Calendar** – This questionnaire is administered at enrollment and at 6 and 12-month follow-ups. The assessment includes questions related to housing status and satisfaction. Housing status is tracked using a calendar adapted from the Residential Time-Line Follow-Back Inventory (Tsembris et al., 2007) originally developed for the substance abuse recovery field (Sobell & Sobell, 1992). Respondents describe where they slept each night over the previous 6 months. Interviewers use dates such as holidays, birthdays or other events to help respondents recall their housing status.
- **Treatment and Assessment Report Generation Tool (TARGET)** – BRIDGES service delivery data recorded by staff were reported in the Division of Behavioral Health and Recovery's (DBHR) TARGET database.
- **GPRA** – Government Performance and Results Act Transformation Accountability Client-level National Outcome Measures for Programs Providing Direct Treatment Services (GPRA) data were collected for BRIDGES clients at enrollment, 6-month follow-up and discharge. This Federally-mandated data was not available due to technical difficulties during the transition from the web-based data reporting SAIS system to the Common Data Platform (CDP). The CDP was shut down on July 31, 2015 and remains inactive as of the date of this report.
- **Service Information and Other Baseline Measures** – Were obtained from the DSHS Integrated Client Database, which includes a broad array of DSHS and Washington State Health Care Authority (Medicaid) program information. ICDB measures in this report are provided for the 24 months prior to entering the BRIDGES program. ICDB measures include:
- **Medicaid Eligibility** – Medicaid eligibility reflects that a Medicaid Recipient Aid Category was recorded in Provider One.
- **Mental Health Treatment Need** – Identified using a combination of diagnoses, psychotropic medications and mental health services recorded in administrative data. This measure is restricted to those with at least one month of Medicaid eligibility during the baseline period. Mental health information was extracted from Provider One and DBHR's Consumer Information System (CIS).
- **Substance use disorder treatment need** – Identified using a comprehensive set of indicators in the ICDB, including diagnoses, procedures, prescriptions, and treatment or arrests that reflect a possible substance use disorder. Clients who received substance use disorder treatment were identified using data from the Treatment and Assessment Report Generation Tool (TARGET).
- **Chronic Illness Risk Score** – An indicator of chronic illness developed to identify individuals with chronic illness risk scores equal to or greater than 1, which represents the score for the average Medicaid client in Washington State meeting Social Security Insurance (SSI) disability criteria. Chronic illness risk scores were calculated from health service diagnoses and pharmacy claim information, with scoring weights based on a predictive model associating health conditions with future medical costs.
- **Employment and Earnings** – Employment data were obtained from state Employment Security Department wage data. Individuals are flagged as employed if they had at least one quarter of non-zero earnings during the baseline period. Average earnings during the baseline period were calculated by summing quarterly earnings within the previous two years for those with reported wages.

- **Basic Food** – Administrative records from the Economic Services Administration indicating at least one month of Basic Food coverage during the baseline period.
- **Arrests** – Arrests recorded in the Washington State Patrol (WSP) database. Arrests reported in the WSP database are primarily felonies and gross misdemeanors, but include some youth misdemeanors.
- **Emergency Department Use** – Identified from Provider One medical claims and encounters for Medicaid clients.

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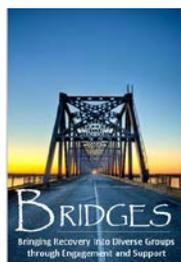
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