



Permanent Options for Recovery-Centered Housing (PORCH)

Second Annual Report – Preliminary Findings

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A Permanent Supportive Housing Program in Pierce and Chelan/Douglas Counties

The Permanent Options for Recovery-Centered Housing (PORCH) program is a partnership between the Washington State Division of Behavioral Health and Recovery (DBHR), Optum Health-Pierce County and Chelan-Douglas Regional Support Networks (RSNs), Washington State Department of Commerce and local mental health and housing providers in Pierce, Chelan and Douglas counties. PORCH’s goal is to increase housing stability and encourage independent living among adults with a history of mental illness and housing instability or homelessness.¹ This is the second report in a series about the PORCH program. A previous report details characteristics for participants who enrolled in PORCH during the program’s first year.² The current report provides an update on the population served during the second program year and some preliminary findings for those who remained enrolled in PORCH services 12 or more months. A final report at the end of the five-year grant period will examine the impact of PORCH on participant housing, employment and arrest outcomes.

Preliminary Findings

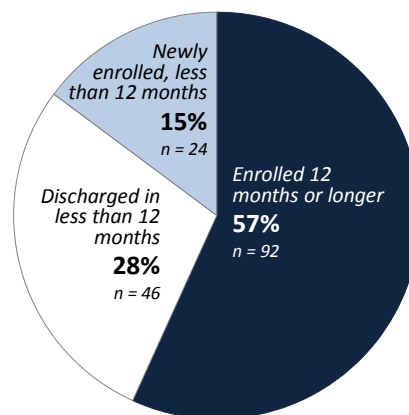
Since May 2011:

- PORCH has served 162 participants in two sites (Pierce and Chelan/Douglas), and maintains an active caseload of approximately 100 participants (50 at each site).
- Two thirds of enrollees completed one or more years of services; One third withdrew or fell out of contact with staff before completing a full year.

For PORCH participants enrolled at least 12 months:

- More than half had an improved recovery scale score.
- Housing stability and satisfaction improved substantially between the baseline and 12-month follow-up periods.
- Average length of time enrolled in PORCH was 20 months.

Status of PORCH Participants
As of April 2013, TOTAL = 162



¹ PORCH is funded through a five-year Mental Health Transformation Grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

² The Year 1 report is available from: <http://publications.rda.dshs.wa.gov/1462/>.



YEAR 2 REPORTING PERIOD | 2 years of enrollments and 12 months of follow-up

PORCH is based on a permanent supportive housing model (see p. 3 for a description). The expectation is that participants may remain in the program indefinitely, and their interactions with program staff will adjust to changing needs as they become more stable. However, participation is voluntary and participants may withdraw at any time or fall out of contact with staff and be removed from the program.

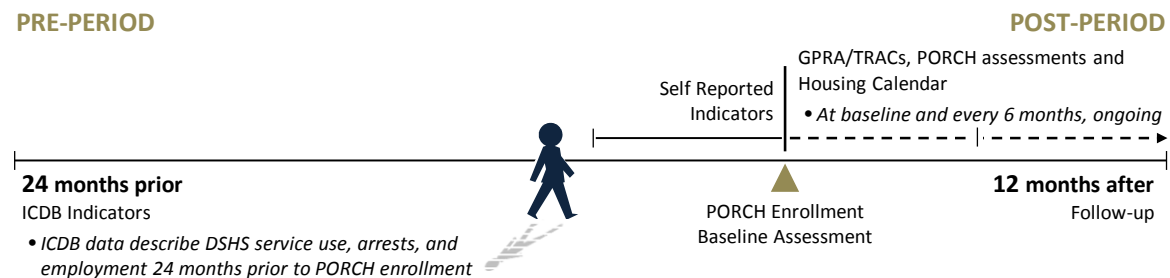
Since May 2011, PORCH has served 162 participants in two sites (Pierce and Chelan/Douglas), and maintains a caseload of approximately 100 participants at any point (50 at each site).

- 118 participants received at least one service in year 2 of the program (May 2012 to April 2013).
- 92 participants participated in PORCH for at least 12 months.
- 46 participants were discharged before completing 12 months of service.
- 24 participants were enrolled for fewer than 12 months as of April 2013.
- Almost a third of all enrollees withdrew or fell out of contact before completing a full year of services.

In this report we first describe the 162 participants who enrolled in PORCH during the first two years of PORCH services (May 2011 through April 2013), using a combination of PORCH administrative data and the Department of Social and Health Services' Integrated Client Database (ICDB). This includes a description of participant demographics and pre-PORCH social service use, behavioral health services, employment history, criminal justice system involvement and PORCH service use.

We then focus on the group of 92 participants who received PORCH services for at least one year as of April 2013, using housing and service information collected directly from participants by program staff during periodic "PORCH assessment" interviews. Assessment information is collected in person, at the point participants enroll in PORCH ("baseline") and at approximately 6-month intervals ("follow-up") throughout each participants' tenure in the program. The information collected at each assessment includes participants' own descriptions of their housing, employment status, and arrests in the period immediately prior to each interview, as well as responses to a series of questions about mental health and substance abuse recovery. This report relies on information gathered from the baseline and 12-month follow-up assessments.³ Analyses are presented comparing baseline and 12-month follow-up indicators of housing stability and participant housing satisfaction for pre- and post-PORCH periods. All data sources are described in the technical notes and in the Year 1 report.

Data Sources and Report Timeline



³ A total of 92 clients were enrolled in PORCH for 12 or more months, but the number of clients for whom both baseline and follow-up assessment data are available varies by measure. Data may be missing for individual assessments, calendar periods, or assessment questions.

PORCH PARTICIPANTS | Demographics

Sites differ slightly by age and race/ethnicity

The PORCH program serves almost equal numbers of male and female participants, with Chelan/Douglas participants slightly more likely to be female. Average age for participants at each site is approximately 40 years old, although there are proportionally more young adult participants in Pierce (18 percent, compared to 8 percent), and a larger share of Chelan/Douglas participants are 40 or older (60 percent, compared to 48 percent). The majority of participants in Chelan/Douglas identify as white (70 percent), compared to 44 percent of Pierce County participants. Pierce participants are more likely to be African American or Asian, while Chelan/Douglas participants are more likely to be Native American or Hispanic.

Age, Race/Ethnicity, Gender			
All PORCH participants enrolled May 2011 through April 2013			
	PIERCE (n = 73)	CHELAN, DOUGLAS (n = 89)	TOTAL (n = 162)
Average age	40 years	41 years	41 years
Age 18-24	18%	8%	12%
Age 25-40	34%	33%	33%
Age >40	48%	60%	54%
Race/ethnicity			
White, non-Hispanic	44%	70%	58%
Any Racial/ethnic minority	56%	30%	42%
Any racial/ethnic minority	<i>(n = 41)</i>	<i>(n = 27)</i>	<i>(n = 68)</i>
African American	42%	22%	34%
Asian	37%	4%	24%
American Indian	34%	67%	47%
Hawaiian/Pacific Islander	7%	11%	9%
Alaska Native	7%	0%	4%
Hispanic (of any race)	22%	30%	25%
Gender			
Male	51%	48%	49%
Female	49%	52%	51%

SOURCE: GPRA/TRACs. NOTE: Percents for detailed race/ethnicity will sum to more than 100 because individuals may identify as more than one race/ethnicity. "White only" and "any racial/ethnic minority" categories sum to 100 percent.

ABOUT PERMANENT SUPPORTIVE HOUSING

PORCH is based on a permanent supportive housing (PSH) model. PSH is typically defined as affordable housing coupled with supportive services provided to chronically homeless individuals with substantial mental, physical or behavioral health barriers that challenge their ability to maintain housing or live independently. The combination of affordable housing and services is expected to encourage progress towards mental health and substance abuse recovery goals, minimize arrests and spells of homelessness, and support employment.

PORCH's primary goal is to help program participants find and maintain safe, stable housing. The majority of PORCH participants have access to tenant-based housing assistance in the form of a voucher that subsidizes their private market rents. PORCH participants are identified and screened by local RSNs and must have a history of mental illness and also be homeless/unstably housed or living in an institutional setting. Without significant support, these individuals may not be able to find or keep private market housing.

The majority of PORCH services are provided by Certified Peer Counselors, who work one-on-one with participants to coordinate housing, social service or health care providers and help with housing searches, basic life skills like shopping or home care, and help connecting to community resources.

PORCH PARTICIPANTS | Behavioral Health

Most had mental health and substance abuse needs and services recorded prior to PORCH

Nearly all PORCH participants show some indication of mental illness. The severity of participants' mental health diagnoses—particularly in Pierce County—suggests that illnesses are chronic. All of the Pierce County participants received at least one type of publicly funded mental health service in the 24-months prior to entering PORCH, compared to 71 percent in Chelan/Douglas. Among the Pierce County participants, 82 percent received a psychotic disorder diagnosis, compared to 22 percent of Chelan/Douglas participants. Depressive disorder was the most common diagnostic category for Chelan/Douglas participants (81 percent). Over half (51 percent) of Chelan/Douglas participants showed some indication of substance abuse treatment or treatment need based on substance-related services, diagnoses, or arrests, compared to 40 percent in Pierce County. Behavioral health characteristics are from a combination of data sources, described in detail in the technical notes.

	Behavioral Health Indicators		
	All PORCH participants enrollees May 2011 through April 2013 TOTAL = 162		
	PIERCE (n = 73)	CHELAN, DOUGLAS (n = 89)	TOTAL (n = 162)
Receipt of mental health services			
Mental health service, any type	100%	71%	84% (n = 136)
Outpatient	100%	71%	84% (n = 136)
Inpatient/community	32%	6%	17% (n = 28)
State hospital stay	30%	3%	15% (n = 25)
Medical mental health service	95%	54%	72% (n = 117)
Any of the above	100%	74%	86% (n = 139)
Mental health diagnosis			
Any diagnosis	100%	88%	93% (n = 151)
Psychotic	82%	22%	49% (n = 80)
Bipolar	41%	29%	35% (n = 56)
Depression	41%	81%	63% (n = 102)
Anxiety	59%	61%	60% (n = 97)
ADHD or conduct	15%	3%	9% (n = 14)
Adjustment	4%	3%	4% (n = 6)
Prescription medications			
Any mental illness medication	97%	80%	88% (n = 142)
Antipsychotic	86%	35%	58% (n = 94)
Antimania	12%	7%	9% (n = 15)
Antidepressant	66%	73%	70% (n = 113)
Antianxiety	62%	45%	52% (n = 85)
ADHD	8%	4%	6% (n = 10)
Emergency Visits			
Participants with visits in 24 months prior	53%	51%	52% (n = 84)
Mean number of visits	5.68	3.42	4.44
Substance abuse treatment need and services			
Alcohol/drug treatment need ⁴	40%	51%	46% (n = 74)
Any DBHR/CD Services	11%	19%	27% (n = 43)

SOURCE: Washington State Department of Social and Health Services, Research and Data Analysis Division, Participant Services Database. NOTE: Participants may have multiple diagnoses.

⁴ See technical notes for definition.

PORCH PARTICIPANTS | DSHS Service Use

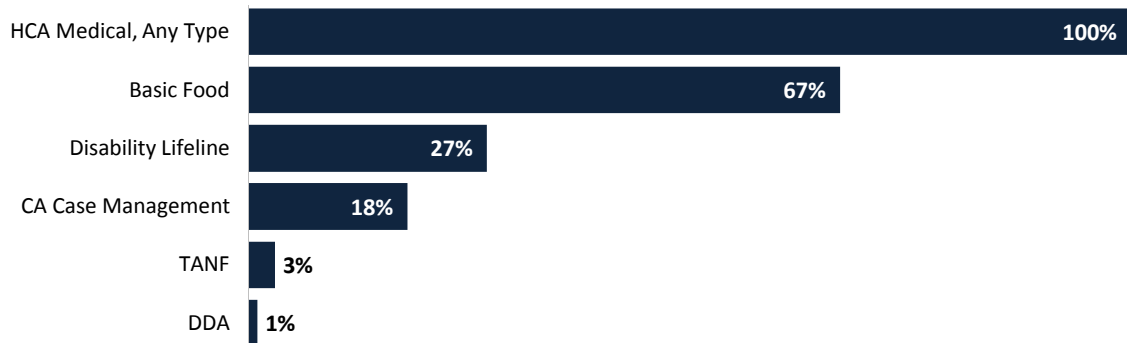
Medical, Basic Food were the most common services

Nearly all PORCH participants received some type of medical coverage from the state Health Care Authority (HCA) during the 24-months prior to enrollment. Participants in Chelan/Douglas were more likely than Pierce participants to have received economic support (TANF or food support) through DSHS. Basic Food program participation may have been lower in Pierce County because more Pierce participants lived in institutions prior to PORCH enrollment. Perhaps not surprisingly considering the higher rate of self-reported disability among Chelan/Douglas participants at baseline (discussed in the employment section below), use of Disability Lifeline—formerly the General Assistance-Unemployable program (DL/GAU)—was higher in that county compared to Pierce.

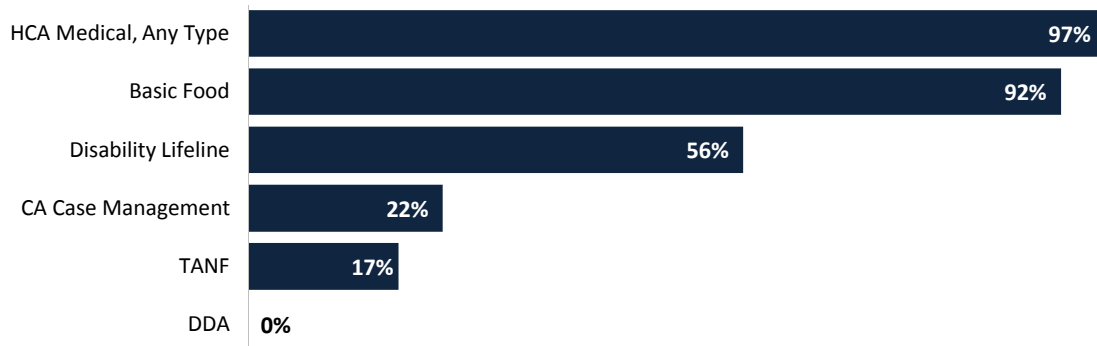
DSHS Service Use 24 Months Prior to PORCH

All PORCH participants enrolled May 2011 through April 2013 • TOTAL = 162

Pierce County



Chelan/Douglas



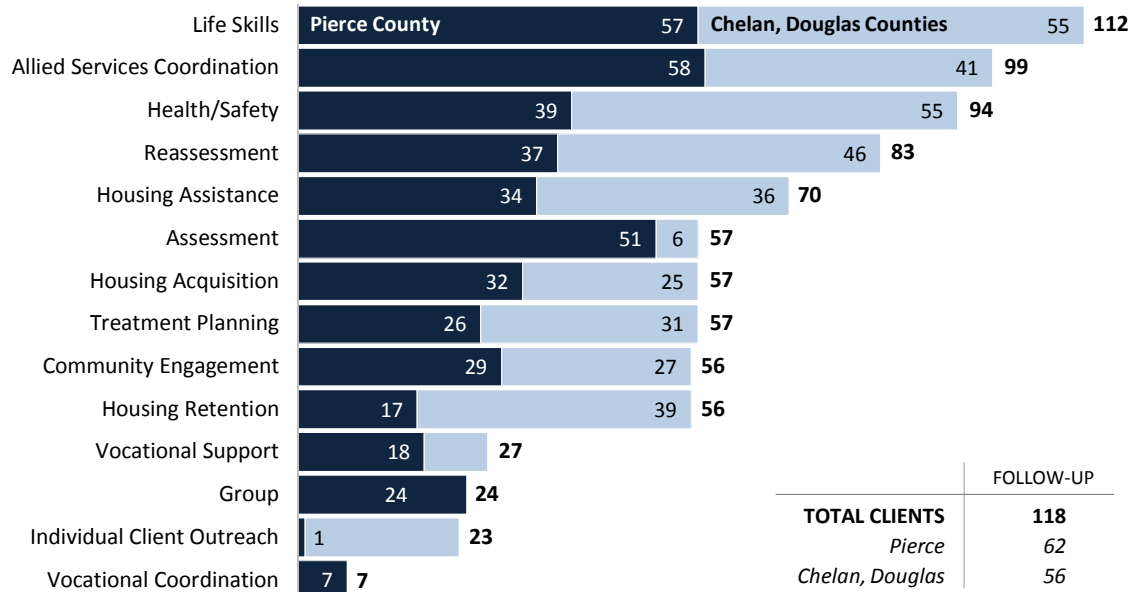
SOURCE: Washington State Department of Social and Health Services, Research and Data Analysis Division, Integrated Client Database.

PORCH PARTICIPANTS | Year 2 PORCH Services

Life Skills and Service Coordination were the most common PORCH services

Of the 162 participants enrolled at any point, 118 received at least one service from a peer counselor during year 2 of the program (May 2012 through April 2013). Nearly all (n = 112, 95 percent) of the participants served in year 2 received help with life skills—which includes support with daily living activities like shopping, budgeting, cleaning, cooking and nutrition—and nearly 85 percent (n = 99) received help coordinating various service providers. Home visits to ensure health and safety was the third most common service (n = 94, 80 percent). All three services were also common in year 1, following assessment interviews and housing acquisition.⁵ Both assessments and housing acquisition are primarily for new enrollees, and would be expected to be less frequent as the program reached capacity. Similarly, staff spent less time on outreach to identify and enroll new participants in year 2, particularly in Pierce County, which maintained a waiting list. Several PORCH services are Medicaid reimbursable. However, some services—including client outreach, community engagement, vocational support and vocational coordination—are not. A goal for the third year of PORCH is to emphasize and engage clients in reimbursable services in order to ensure the sustainability of the program after the 5-year federal grant concludes in 2015.

Number of participants receiving PORCH services, by service type, May 2011 through April 2013



SOURCE: AVATAR/PORCH service delivery data.

The majority of participants received subsidized housing

PORCH helps participants find and maintain stable housing, and while staff members work with all participants towards their housing goals, a key program component is the availability of subsidized housing for about 70 participants at any given time. In state fiscal year 2013, housing vouchers or subsidized units were available from a variety of sources: the Department of Commerce allocated over \$417,885 to PORCH participants in Chelan/Douglas in the form of tenant-based rental assistance (TBRA) vouchers; in Pierce County, assistance was provided through local housing authorities, RSNs, and homelessness prevention funds. Subsidies typically pay the difference between 30 percent of the recipient's monthly income and the unit's rent. PORCH staff help participants coordinate with housing providers, search for housing, negotiate with landlords, move in to units and mediate problems with housing agencies, landlords or neighbors. PORCH participants' housing status before PORCH and after 12 months in the program is discussed in the following section.

⁵ A description of services provided in year 1 is included in the appendix.

12 MONTH FOLLOW-UP | Illness Management and Recovery Scale

Slight improvement in IMR scores

The Illness Management and Recovery Scale (IMR) is a 15-item index that captures mental health consumers' self-assessments of illness management and success setting and achieving recovery goals (Salyers et al., 2007). Individual IMR items assess the extent to which mental illness and alcohol or drug use impact consumers' lives. Higher scores typically indicate more success managing mental illness symptoms and pursuing recovery goals. There is no target IMR score, but scores will ideally improve over time.

Level of Recovery

At Baseline and 12-month Follow-up • *n* = 83



IMR scores are calculated at baseline, and at each follow-up assessment. A total of 83 participants (42 in Pierce County and 41 in Chelan/Douglas) completed both baseline and 12-month IMR assessments as of April 2013.

- **At baseline, the average IMR score for these participants was 49, and ranged from 23 to 66.** At the 12-month re-assessment, the average IMR score was 52, and scores ranged from 29 to 72.
- **More than half (44 of the 83 participants) had an improved IMR score at the 12-month re-assessment.** On average, the magnitude of the improvement was 8 points in Pierce and 10 points in Chelan Douglas.

IMR scores are only available for PORCH participants. While these scores suggest improvements in participants' own assessments of their substance use or mental illness symptoms, it is not possible without a comparison group to infer that PORCH directly helped participants to improve their IMR scores.

It may be that the participants who successfully remained in the program for 12 months or more were also more prepared to be successful with recovery goals, or that improvement would have happened even without PORCH services.

IMR Scores at Baseline and 12-month Follow-up						
PORCH participants enrolled 12 months or more • TOTAL = 83						
IMR Possible Range = 15 – 75, Higher Score is Desirable						
	PIERCE		CHELAN, DOUGLAS		TOTAL	
	BASELINE 3 months or less (<i>n</i> = 45)	FOLLOW-UP 9 to 15 months (<i>n</i> = 42)	BASELINE 3 months or less (<i>n</i> = 43)	FOLLOW-UP 9 to 15 months (<i>n</i> = 41)	BASELINE 3 months or less (<i>n</i> = 88)	FOLLOW-UP 9 to 15 months (<i>n</i> = 83)
Average IMR Score	51	52	47	52	49	52
Minimum	23	29	31	39	23	29
Maximum	66	66	60	72	66	72

SOURCE: PORCH assessment.

12 MONTH FOLLOW-UP | Housing Stability and Satisfaction

Improved housing stability after 12 months in PORCH

PORCH is intended to serve adults who are chronically homeless or exiting an institution, and have a history of serious mental illness and/or substance abuse. A variety of data sources confirm that PORCH participants were homeless (i.e., living on the street or in a shelter) or unstably housed (i.e., couch surfing, in a hotel or facing imminent eviction) before enrolling in PORCH.⁶

ICDB data for the 24-months before each participants' enrollment date show that a quarter of all Pierce participants and two thirds of Chelan/Douglas participants reported homelessness or housing instability to a DSHS case worker, and approximately 12 percent of Pierce County participants and 30 percent of Chelan/Douglas participants used a housing assistance service, as recorded in the statewide Homeless Management Information System (HMIS).

Homelessness Before PORCH Enrollment		
In ICDB and HMIS for participants enrolled May 2011 to April 2013 • TOTAL = 162		
	PIERCE	CHELAN, DOUGLAS
	(n = 73)	(n = 89)
Homelessness assistance in 24 months prior to PORCH		
Any HMIS service use	8.2%	25.8%
Housing need/instability in 24 months prior to PORCH		
DSHS Combined Housing Need Indicator*	26.0%	64.0%
<i>Homeless in ACES</i>	17.8%	43.8%
<i>Homeless in TARGET (Mental Health questionnaire)</i>	1.4%	24.7%
<i>Homeless in Provider One (Medical)</i>	6.8%	3.4%
<i>Homeless in DBHR's Consumer Information System</i>	21.9%	32.6%

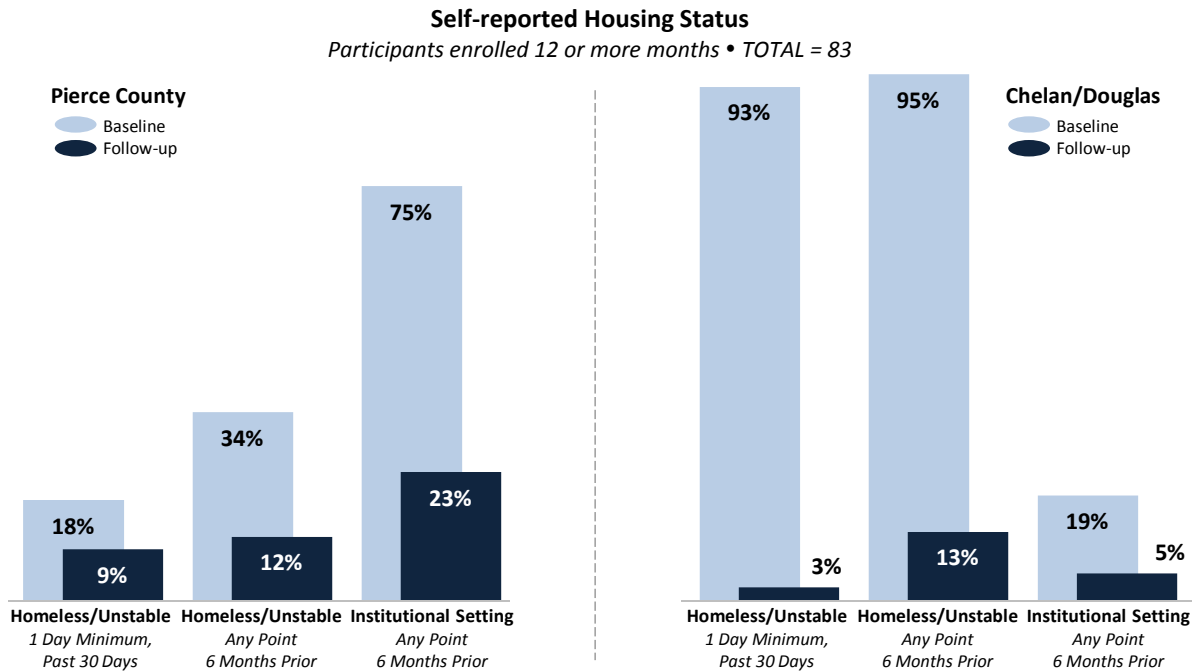
SOURCES: HMIS and ICDB data. *The combined need indicator includes five data sources, including some HMIS services. See below for a description of the housing stability measures.

Homelessness was even more apparent from data gathered from participants' housing calendars, which track housing status on a night-by-night basis. The calendar data are collected at baseline and every six months as part of the PORCH assessment interviews. The baseline calendar data show that nearly all of the Chelan/Douglas participants experienced one or more nights of homelessness/housing instability during the six months before enrolling in PORCH. And while a smaller share of Pierce County participants (34 percent) reported one or more nights of homelessness/instability prior to baseline, 75 percent reported being institutionalized (in a hospital or in jail).

Among participants with 12 or more months of PORCH participation, self-reported housing situations stabilized between the baseline and follow-up assessments. Improvements were particularly apparent among the Chelan/Douglas participants. Only 12 percent of participants at each site reported spending one or more nights homeless/unstably housed during the six month period covered in the housing calendars completed at the follow-up interviews. None of the Chelan/Douglas participants reported spending a night on the street, in a shelter or couch surfing during the 30 days immediately prior to their follow-up interview. Among those who did spend one or more nights unstably housed in the follow-up period, the total number of nights spent homeless decreased compared to the period prior to enrolling in the PORCH program. Again the decrease was particularly notable in Chelan/Douglas, where the average number of days homeless/unstably housed decreased from 142 days to 91 days.

⁶ Housing measures and data sources are described in the technical notes.

Improved housing stability is to be expected, considering most PORCH participants received subsidized housing. However, even with a voucher, finding housing may be challenging for PORCH participants. Landlords may be reluctant to accept tenants who were recently homeless, have a history of mental illness or have been arrested. Or, mental illness may pose challenges to maintaining housing, and staff may need to help re-house participants multiple times after evictions or other crises. For example, despite apparent improvements in housing stability, the average number of changes in housing status during the follow-up period increased in Pierce County. Pierce County clients, who were more likely to have been institutionalized prior to PORCH, may have had more difficulty transitioning to private rental housing. The final evaluation will explore whether participants needed repeated help finding housing because of evictions or voluntary returns to homelessness.



Self-reported Housing Status			
Participants enrolled 12 or more months • TOTAL = 83			
PIERCE		CHELAN, DOUGLAS	
BASELINE	FOLLOW-UP	BASELINE	FOLLOW-UP
At baseline interview (n = 44)	At 12-month reassessment (n = 43)	At baseline interview (n = 42)	At 12-month reassessment (n = 40)

Self-reported housing status during 6 months prior to PORCH assessment*				
Homeless/unstably housed at least 1 day in 30 days prior to assessment	18.2%	9.3%	92.9%	2.5%
<i>On the street/place not intended for habitation</i>	6.8%	0.0%	11.9%	0.0%
<i>Emergency/temporary shelter</i>	6.8%	7.0%	21.4%	0.0%
<i>Couch surfing, motel, etc.</i>	9.1%	2.3%	73.8%	0.0%
<i>Facing imminent loss of housing (i.e., eviction)</i>	0.0%	0.0%	4.8%	2.5%
Homeless/unstable at least 1 day in previous 6 mos.	34.1%	11.6%	95.2%	12.5%
Living in an institutional setting in previous 6 mos.:	75.0%	23.3%	19.0%	5.0%
<i>Detox or residential treatment facility</i>	6.8%	2.3%	7.1%	2.5%
<i>Jail or prison</i>	0.0%	2.3%	4.8%	2.5%
<i>Hospital or nursing home</i>	25.0%	11.6%	7.1%	2.5%
<i>Group home or boarding home</i>	56.8%	11.6%	0.0%	0.0%
Average number of days homeless/unstably housed (for those reporting at least 1 day of instability)	74 days	67 days	142 days	91 days
Average number of moves/changes in housing status	1.18	2.37	1.74	0.95

Improved housing satisfaction after 12 months of PORCH

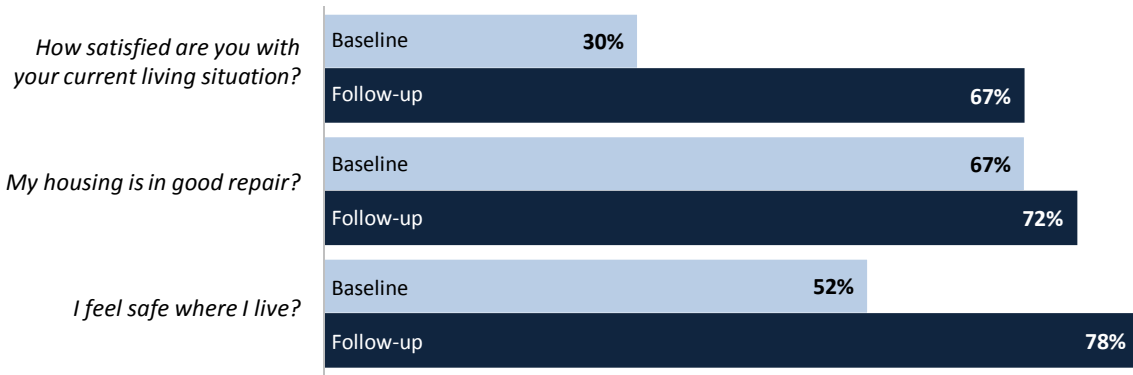
The majority of the cohort of participants enrolled for 12 or more months reported being unsatisfied with their housing situations at baseline. In Chelan/Douglas, where chronic homelessness was more common, only 7 percent of participants were satisfied with their baseline living situation, compared to 30 percent in Pierce County. About half of the 12-month enrollees agreed that their housing was in good repair at baseline, but only approximately one-third agreed with the question “I feel safe where I live.”

At the 12-month follow-up assessment, participants at both sites were more likely to agree that they were satisfied with their housing situation, that their housing was in good repair, and that they felt safe where they lived.

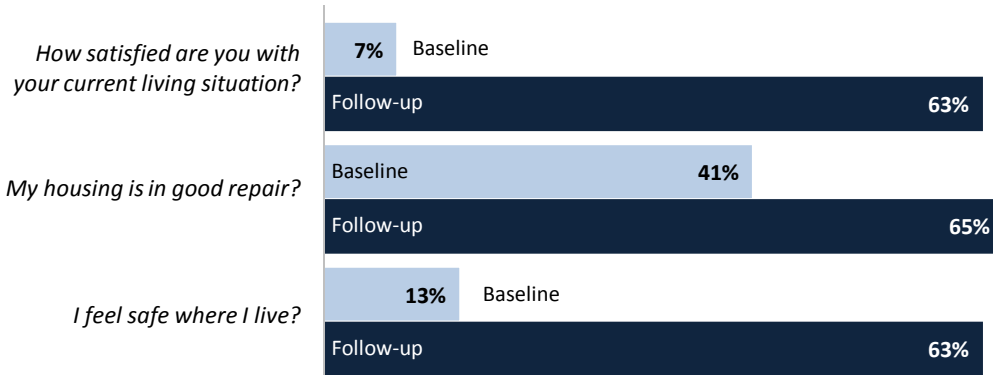
Housing Satisfaction at Baseline and 12-month Follow-up

Participants with 12 or more months of PORCH participation • TOTAL = 83

Pierce County (AGREE OR SATISFIED)



Chelan/Douglas (AGREE OR SATISFIED)



Year 2 Preliminary Findings | Summary

The data described here suggest that, as of the second year of services, the PORCH program has met their program goal to serve a chronically homeless population with mental illness and/or substance abuse problems. Both self-reported and administrative data show that nearly all PORCH participants received a mental health service or diagnosis and were homeless or institutionalized at some point during the 24 months before they enrolled in PORCH.

Among participants who remained enrolled in services for a year or more, self-reported data suggest promising improvements in housing stability and illness management. Episodes of homelessness, and the total number of days spent homeless decreased during the year following PORCH enrollment, while housing satisfaction increased. IMR scores similarly suggest that participants felt they made progress towards recovery goals. In the next (year three) annual report, additional administrative data will be available to identify changes in employment and criminal justice measures.

Whereas in year one, PORCH staff were focused on new enrollments and housing stability, in year two staff shifted to working with participants on the skills needed to live independently. It may be that in the years that follow, services will shift towards vocational counseling or other supports to help PORCH participants find and keep jobs, or engage with their communities.

The information presented here is descriptive and preliminary, and cannot be used to assess whether PORCH services impacted outcomes for program participants. A final evaluation will examine the impact of PORCH on participant outcomes using a statistically matched comparison group, in order to assess the extent to which outcomes from PORCH participants may differ from those of other chronically homeless DSHS clients suffering from similar mental or behavioral health problems.

Also from PORCH . . .



JUNE 2012

<http://publications.rda.dshs.wa.gov/1462/>

Permanent Options for Recovery-Centered Housing: Year 1 Annual Report

Summary of Baseline Characteristics and Program Services

This report describes baseline characteristics for individuals who enrolled in the Permanent Options for Recovery-Centered Housing (PORCH) program during the first 12 months of program services (May 2011 through April 2012). PORCH is a permanent supportive housing (PSH) program offered in Pierce, Chelan and Douglas counties. PSH is typically defined as affordable housing combined with services that are provided to chronically homeless individuals with substantial mental, physical or behavioral health barriers to maintaining housing. The combination of affordable housing and services is expected to encourage progress towards mental health and substance abuse recovery goals, and minimize spells of homelessness. PORCH is a partnership between the Washington State Division of Behavioral Health and Recovery (DBHR), the Optum Health-Pierce County and Chelan-Douglas Regional Support Networks (RSNs), the Washington State Department of Commerce and several local mental health and housing providers.

STUDY POPULATION

This report describes PORCH service use, housing history, health and social service use for 162 homeless/unstably housed adults in Pierce and Chelan/Douglas counties who enrolled in PORCH at some point between May 2011 and April 2013.

PORCH program staff at each site define homelessness or housing instability broadly as living on the street or other settings not intended for habitation, relying on transient situations (i.e., couch surfing, motels or temporary shelter), and/or facing imminent loss of housing (i.e., eviction). Mental health consumers living in a state hospital or other group institutional setting because they lack alternative housing options are also considered to be unstably housed.

DATA SOURCES

Several administrative data sources were used in this report.

- PORCH program data collected for performance monitoring or to fulfill federal reporting requirements.
 - AVATAR. PORCH service delivery data recorded by staff and reported to the Pierce and Chelan/Douglas Regional Support Networks (RSNs). RSNs provide this service information to DSHS.
 - *Government Performance and Results Act Transformation Accountability Participant-level National Outcome Measures for Programs Providing Direct Treatment Services (GPRA/TRACs)*. Federally-mandated information that PORCH staff are required to collect at enrollment and 6 month intervals. Questionnaire items include demographic questions and items regarding health, social connectedness, mental health care, homelessness, education and employment.
 - *PORCH Assessment and Housing Calendar*. A questionnaire administered with the GPRA/TRACs at enrollment and every 6 months thereafter. The assessment includes the 15-item Illness Management Recovery (IMR) scale, questions related to employment, housing status and housing satisfaction, and the 6-month PORCH housing calendar.
- *Statewide Homeless Management Information System (HMIS)*. Managed by the Washington State Department of Commerce, HMIS collects information from local housing providers on use of emergency shelters, transitional housing, homelessness prevention and rapid re-housing, or permanent supportive housing assistance for individuals who are homeless or at risk of becoming homeless.
- Service information from the DSHS Integrated Client Database (ICDB), which includes a broad array of DSHS and Washington State Health Care Authority (Medicaid) program information (*for a detailed description of the ICDB see <http://publications.rda.dshs.wa.gov/1394/>*). PORCH participants appear in the ICDB if they received a DSHS service at any point after July 1, 1998. Some ICDB components relevant to this report are:
 - Treatment and Assessment Report Generation Tool (TARGET) data from the DBHR identifies participants who received chemical dependency treatment.
 - DBHR's Mental Health Consumer Information System (CIS) records information on living situation for consumers receiving publicly funded mental health services.

HOUSING MEASURES

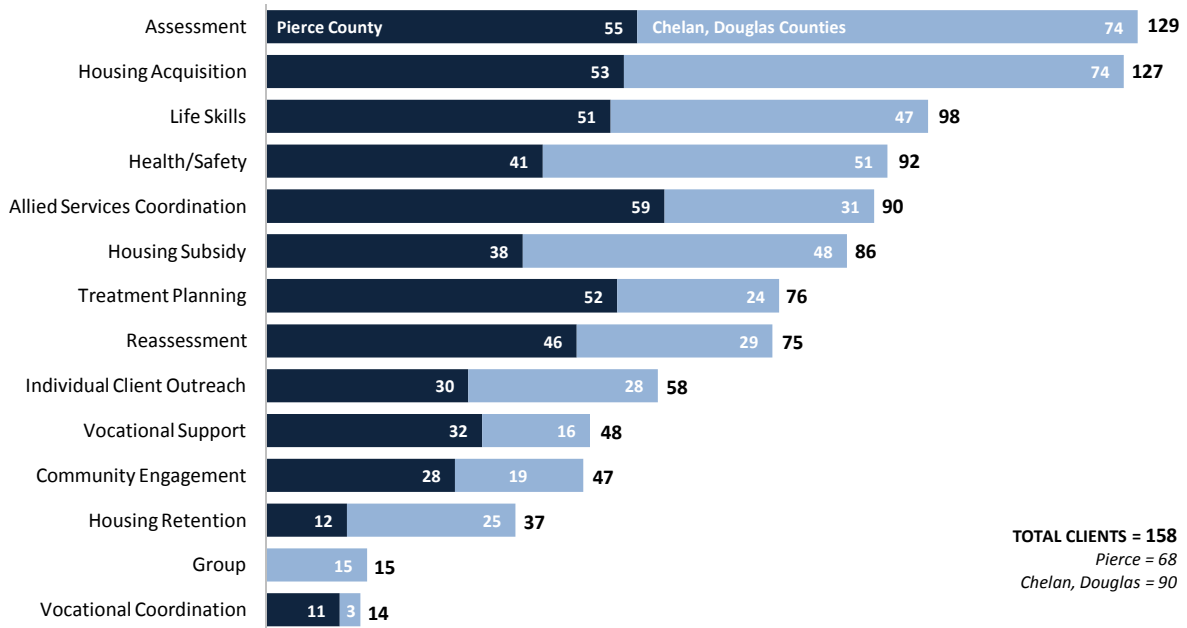
- PORCH staff members collect participants' self-reported housing status using calendar adapted from the Residential Time-Line Follow-Back Inventory (Tsembris et al., 2007) originally developed for the substance abuse recovery field (Sobell & Sobell, 1992). Respondents describe where they slept each night over the previous 6 months. Interviewers use dates such as holidays, birthdays or other events to help respondents recall their housing status.
- An indicator of housing need that draws on multiple data sources. Five data sources are included: 1) Use of emergency shelter, homeless prevention and rapid re-housing or transitional housing as recorded in HMIS; and information recorded during 2) public assistance eligibility determinations, 3) assessments for chemical dependency treatment, 4) mental health services, and 5) medical claims records (see Shah et al., 2012: <http://publications.rda.dshs.wa.gov/1457/>).

APPENDIX

PORCH services in year 1

A total of 158 individuals received at least one PORCH service in Year 1 of the program. The individual assessment provided at the point of enrollment was the most common (129 participants), followed by help with housing acquisition (127 participants). Help with life skills, which was the most common service provided in Year 2, was the third most common service in Year 1.

Year 1: Number of participants receiving PORCH services, by service type, May 2011 through April 2012



SOURCE: AVATAR/PORCH service delivery data.

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