

Permanent Options for Recovery-Centered Housing (PORCH)

Third 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 aims to increase housing stability and encourage independent living among adults with a history of mental illness and housing instability or homelessness. This is the third report in a series about the PORCH program. Previous reports detailed participant characteristics during the first two years of the program. This report provides an update on the population served and preliminary findings on housing stability, psychiatric hospitalizations, emergency department use, arrests and employment. The pre- and post-period comparisons presented in this report are preliminary and descriptive. A final evaluation at the end of the five-year grant period will control for participant characteristics, treatment histories and other possible sources of variance in the outcomes.

Preliminary Findings

- Since May 2011, PORCH has enrolled 196 participants in two sites (80 in Pierce and 116 in Chelan/Douglas).
- **There are distinct differences in participant characteristics between the two sites.** In Pierce County, most participants (75 percent) were living in institutional settings and diagnosed with a serious mental illness prior to enrollment. Participants in Chelan/Douglas were more likely to be unstably housed or living in shelters (97 percent) and have co-occurring substance use disorders (55 percent).
- **PORCH participants continue to show improved housing stability.** In Chelan/Douglas, 97 percent of participants reported they were homeless in the 6 months before entering PORCH, which decreased to 15 percent one year after entry into the program. In Pierce County, 29 percent reported they were homeless prior to enrollment, which dropped to 12 percent after one year.
- **Preliminary data indicate PORCH may reduce emergency department visits and psychiatric hospitalizations.** Nearly half (46 percent) of participants utilized the emergency department in the year prior to enrollment, which decreased to 31 percent in the year following entry into the program. Community psychiatric hospitalizations also decreased, from 20 percent of participants in the pre-period to 6 percent in the year following PORCH enrollment.



PORCH | Permanent Options for Recovery-Centered Housing

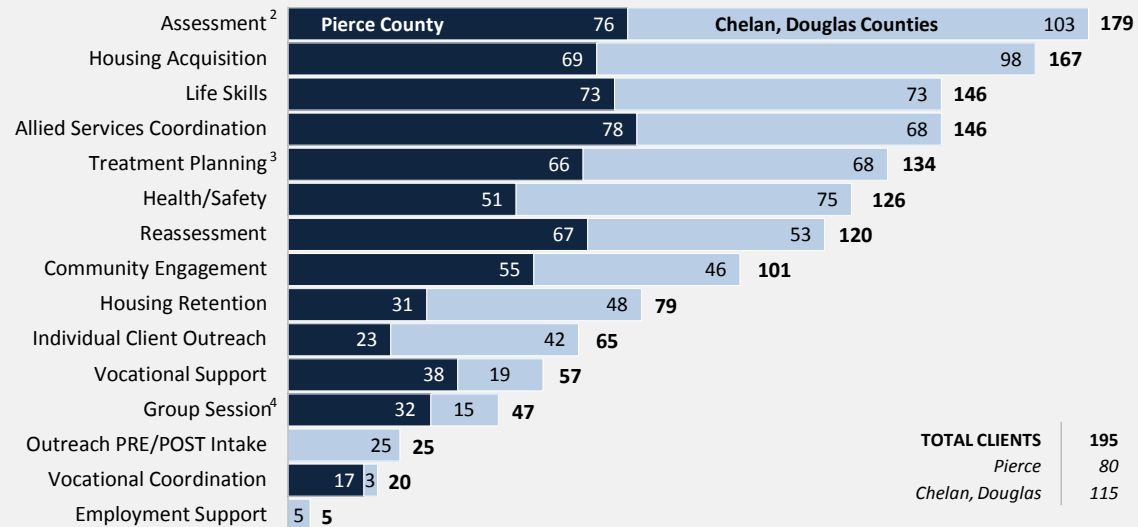
PORCH is designed to transform service delivery through access to evidence based permanent supportive housing (PSH). Under the PSH model, support services are provided to help homeless individuals with mental and substance use disorders in their efforts to identify, secure and retain affordable, independent 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, 2010). PSH is expected to encourage progress towards mental health and substance use disorder recovery goals; minimize institutionalization, arrests and spells of homelessness; and support employment.

PORCH participants are identified and screened by local community mental health providers. Requirements include having a history of mental illness, and also being homeless/unstably housed or living in an institutional setting at the time of intake. The intent is to serve those who, without significant support, would 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 services and health care. Peer Counselors help with housing searches, educate or train on basic life skills like shopping or home care, and connect clients with community resources. The majority of PORCH participants have access to tenant-based housing assistance in the form of a voucher that subsidizes their private market rents.

Among the 195 participants¹ who received services during the first three years of the program, 85 percent (n = 167) received assistance with housing acquisition. Most participants (n = 146) received help with life skills and service coordination. Life skills include support with daily living activities like shopping, budgeting, cleaning, cooking and nutrition. Many participants received treatment planning around housing support services (n = 134) and periodic home visits (health/ safety) where staff observed housing conditions with respect to health and safety (n = 126).

Number of participants receiving PORCH services, by service type, May 2011 through June 2014



SOURCE: AVATAR/PORCH service delivery data.

¹ A total of 196 clients were enrolled in the program between May 2011 and June 2014. One enrolled client did not receive any services during that timeframe.

² PORCH assessment administered at intake.

³ Individual or treatment team meetings to plan housing support services.

⁴ Training or skill building on readiness to rent, housing retention and employment.

Methods

This report is divided into two parts. The first part gives an overview of the 196 participants enrolled during the first *three* years of the PORCH program (May 2011 to June 2014). The second part focuses on preliminary outcome measures for those enrolled during the first *two* years of the project (May 2011 to June 2013). Self-reported housing status for the six-month period prior to enrollment is compared with housing status one year later. We also examine administrative data on psychiatric hospitalizations, emergency department use, arrests and employment for the year prior to PORCH enrollment and year following enrollment. Pre- and post- enrollment comparisons are descriptive and do not control for other sources of variation that will be addressed in a future analysis.

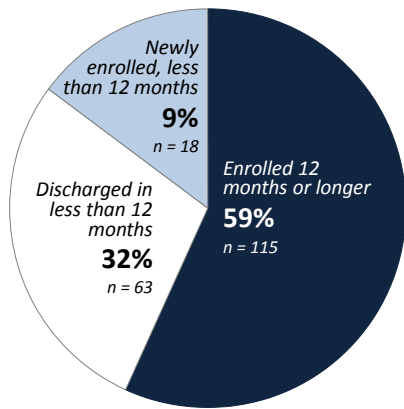
PART 1. PORCH PARTICIPANTS

Enrollment

PORCH is based on a permanent supportive housing model with the expectation that participants may remain in the program indefinitely. However, participation is voluntary and participants may withdraw at any time or fall out of contact with staff and be removed from the program.

Status of PORCH Participants

As of June 2014, TOTAL = 196



Since May 2011, PORCH has enrolled 196 participants at two sites (Pierce and Chelan/Douglas), and as of June 2014 maintained an active caseload of 133 participants (65 in Pierce County and 68 in Chelan/Douglas Counties).

- 195 participants received at least one service during the first three years of the program (May 2011 to June 2014).
- 115 clients participated in PORCH for at least one year.
- 18 participants were newly enrolled in year three and remain active participants.
- Almost a third of all enrollees withdrew or fell out of contact before completing a full year of services.

Earlier reports provide more information about the PORCH program.

Year 1 Annual Report: Summary of Baseline Characteristics and Program Services

JUNE 2012



<https://www.dshs.wa.gov/sesa/rda/research-reports/permanent-options-recovery-centered-housing-year-1-annual-report>

Second Annual Report: Preliminary Findings

OCTOBER 2013



<https://www.dshs.wa.gov/sesa/rda/research-reports/permanent-options-recovery-centered-housing>

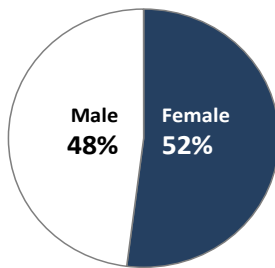
Demographics

Sites differ slightly by age, race and ethnicity

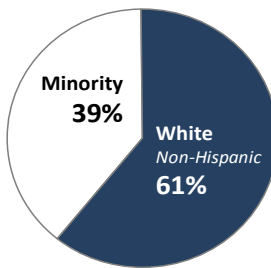
Among those enrolled during the first three years of the program, about half were male and half female. The average PORCH participant was about 40 years old. Participants in Chelan/Douglas were slightly older than those in Pierce County (61 percent in Chelan/Douglas were over 40 years old, compared to 53 percent in Pierce County). Pierce County serves slightly more young adults age 18 to 24 (18 percent), compared to Chelan/Douglas (8 percent). Over half of participants in Pierce were racial or ethnic minorities (53 percent), compared to less than one-third (30 percent) in Chelan/Douglas. Nearly one-quarter (23 percent) of Pierce County participants were African American, 19 percent Asian, and 19 percent Native American. In Chelan/Douglas 21 percent of participants identified as Native American.

Overall Characteristics

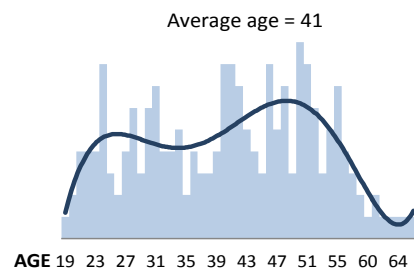
Half are Female



Most are White, Non-Hispanic



Most are 40 or older



Age, Race/Ethnicity, Gender			
All PORCH participants enrolled May 2011 through June 2014			
	PIERCE (n = 80)	CHELAN, DOUGLAS (n = 116)	TOTAL (n = 196)
Average age	40 years	41 years	41 years
Age 18-24	17.5%	7.8%	11.7%
Age 25-40	30.0%	31.0%	30.6%
Age >40	52.5%	61.2%	57.7%
Race/ethnicity			
White, non-Hispanic	47.5%	69.8%	60.7%
Any Racial/ethnic minority	52.5%	30.2%	39.3%
Any racial/ethnic minority⁵	<i>(n = 42)</i>	<i>(n = 35)</i>	<i>(n = 77)</i>
African American	22.5%	5.2%	12.2%
Asian	18.8%	1.7%	8.7%
American Indian	18.8%	20.7%	19.9%
Hawaiian/Pacific Islander	3.8%	3.4%	3.6%
Alaska Native	3.8%	0.9%	2.0%
Hispanic (of any race)	11.3%	8.6%	9.7%
Gender			
Male	50.0%	46.6%	48.0%
Female	50.0%	53.4%	52.0%

SOURCE: GPRA/NOMs

⁵ 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.

Behavioral Health

High rates of mental health needs and services recorded prior to PORCH

Similar to findings reported previously, administrative data show that nearly all (93 percent) of PORCH participants had some indication of mental illness during the 24 months prior to entering the program. All participants were required to have a mental illness to be eligible for the program. The PORCH program in Pierce County serves primarily individuals discharging from an inpatient or residential setting, with more severe mental illness diagnoses. One-third of Pierce county participants had been admitted to a state hospital, compared to 8 percent in Chelan/Douglas. The majority (89 percent) of Pierce County participants were diagnosed with a psychotic disorder. Depressive disorder was the most common diagnostic category among Chelan/Douglas participants (88 percent). Over half (55 percent) of Chelan/Douglas participants showed some indication of substance use disorder treatment or treatment need based on substance-related services, diagnoses, or arrests, compared to 39 percent in Pierce County.

	Behavioral Health Indicators		
	24 months prior to PORCH		
	All PORCH participants enrolled May 2011 through June 2014		
	PIERCE (n = 80)	CHELAN, DOUGLAS (n = 116)	TOTAL (n = 196)
Receipt of mental health services			
Mental health service, any type	100%	89%	93% (n = 183)
Outpatient	100%	88%	93% (n = 182)
Residential mental health services	60%	0%	24% (n = 48)
Community psychiatric hospitalizations	43%	16%	27% (n = 52)
State hospital stay	33%	8%	18% (n = 35)
Mental health diagnosis			
Any diagnosis	100%	97%	98% (n = 183)
Psychotic	89%	30%	54% (n = 106)
Bipolar	45%	41%	42% (n = 83)
Depression	41%	88%	69% (n = 135)
Anxiety	54%	66%	61% (n = 119)
ADHD or conduct	15%	3%	8% (n = 15)
Adjustment	5%	12%	9% (n = 18)
Prescription medications			
Any mental illness medication	94%	83%	87% (n = 171)
Antipsychotic	86%	36%	57% (n = 111)
Antimania	15%	5%	9% (n = 18)
Antidepressant	66%	72%	70% (n = 137)
Antianxiety	64%	56%	59% (n = 116)
ADHD	6%	4%	5% (n = 10)
Substance abuse treatment need and services			
Substance use disorder treatment need ⁶	39%	55%	48% (n = 95)
Any DBHR Substance Use Disorder Services	9%	47%	31% (n = 61)

SOURCE: Integrated Client Databases, ICDB.

NOTE: Participants may have multiple diagnoses.

³ See technical notes for definition.

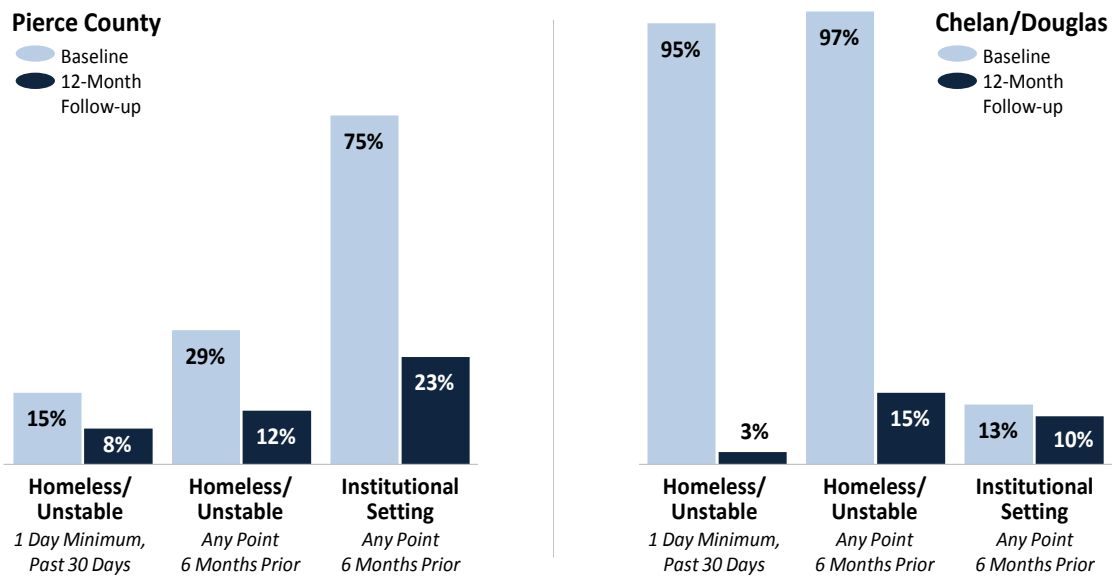
PART 2. OUTCOMES

Self-Reported Housing Stability

PORCH participants continue to experience improved housing situations. Self-reported housing stability was assessed at program entry and every six months following entry. In Pierce County, most participants (75 percent) reported living in an institutional setting at some point during the six months before enrollment (baseline), which decreased to 23 percent one year later (12-month follow-up). In Chelan/Douglas, nearly all participants (97 percent) experienced one or more nights of homelessness in the six months before enrollment, which decreased to 15 percent one year later. In Pierce County, the average number of days participants were homeless in the prior six months dropped from 22 days at baseline to 5 days at the 12-month follow-up and in Chelan/Douglas the average dropped from 137 days to 13 days. The majority (89 percent, not shown) of participants said they were stably housed after one year of PORCH services, although there was an increase in the average number of moves.

Self-reported Housing Status

Participants enrolled 12 or more months • TOTAL = 91



Self-reported Housing Status

Participants enrolled 12 or more months • TOTAL = 91

	PIERCE (n=52)		CHELAN, DOUGLAS (n=39)	
	BASELINE At baseline interview	FOLLOW-UP At 12-month reassessment	BASELINE At baseline interview	FOLLOW-UP At 12-month reassessment
Self-reported housing status during 6 months prior to PORCH assessment				
Homeless/unstably housed at least 1 day in 30 days prior to assessment	15.4%	7.7%	94.9%	2.6%
<i>On the street/place not intended for habitation</i>	5.8%	1.9%	10.3%	0.0%
<i>Emergency/temporary shelter</i>	3.8%	5.8%	20.5%	0.0%
<i>Couch surfing, motel, etc.</i>	9.6%	0.0%	74.4%	0.0%
<i>Facing imminent loss of housing (i.e., eviction)</i>	0.0%	0.0%	5.1%	2.6%
Homeless/unstable at least 1 day in previous 6 months	28.8%	11.5%	97.4%	15.4%
Living in an institutional setting in previous 6 months:	75.0%	23.1%	12.8%	10.3%
<i>Detox or residential treatment facility</i>	9.6%	0.0%	2.6%	2.6%
<i>Jail or prison</i>	0.0%	1.9%	5.1%	2.6%
<i>Hospital or nursing home</i>	21.2%	13.5%	5.1%	7.7%
<i>Group home or boarding home</i>	55.8%	11.5%	0.0%	0.0%
Average number of days homeless/unstably housed (for those reporting at least 1 day of instability)	76 days	45 days	140 days	93 days
Average number of moves/changes in housing status	1.0	2.2	1.6	1.9

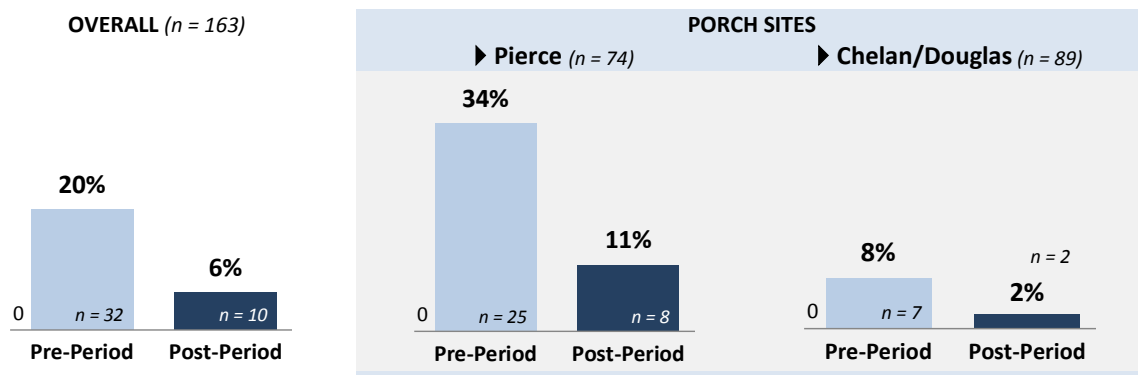
Psychiatric Hospitalizations

Community psychiatric hospitalizations decreased at both sites

We examined two types of psychiatric inpatient hospitalizations in the PORCH program, beginning one year before enrollment (pre-period) and one year after enrollment (post-period). Community psychiatric hospitalizations are generally short inpatient stays in a specialized psychiatric unit of a community hospital or a residential evaluation and treatment (E&T) facility. State hospital admissions indicate longer inpatient stays in Western State Hospital or Eastern State Hospital. Overall, community psychiatric hospitalizations decreased from 20 percent of participants in the pre-period to 6 percent in the post-period. Pierce County experienced the most notable decrease, one-third of participants were admitted to a community psychiatric facility in the pre-period, compared to 11 percent in the post-period. State hospital admissions also declined. In Pierce County, state hospital admissions decreased from 24 percent in the pre-period to 16 percent in the post-period. We found very few state hospital admissions in Chelan/Douglas, just 3 percent in the pre-period and 5 percent in the post-period.

Community Psychiatric Hospitalizations

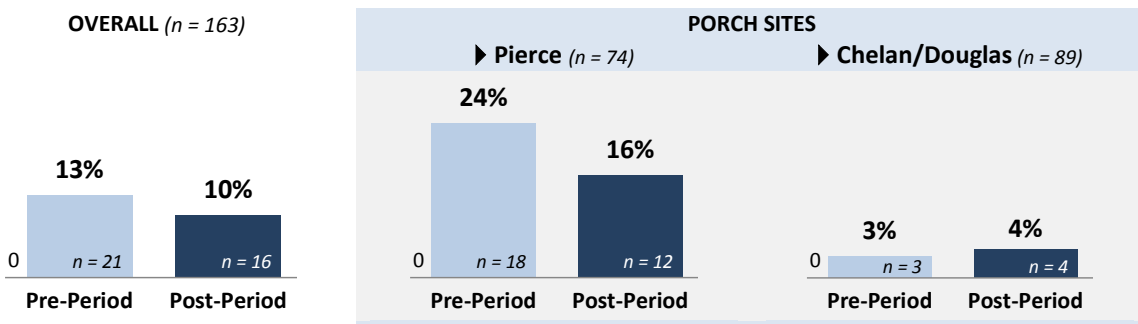
Participants enrolled the first two years (May 2011 to June 2013)



SOURCE: Integrated Client Databases, ICDB.

State Hospital Admissions

Participants enrolled the first two years (May 2011 to June 2013)



SOURCE: Integrated Client Databases, ICDB.

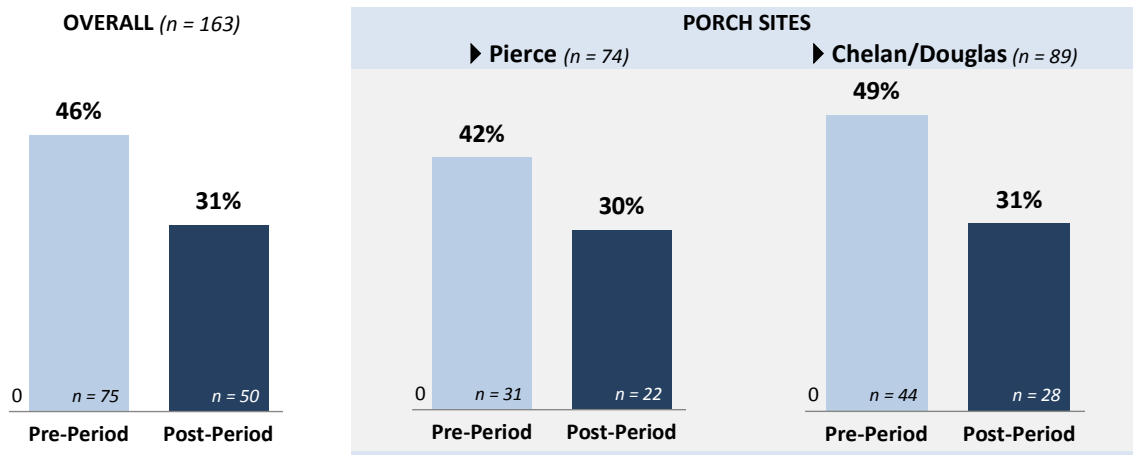
Emergency Department Use

Emergency department use decreased at both sites

Prior research indicates Permanent Supportive Housing reduces emergency department use for individuals with mental and substance use disorders (Rog et al., 2014). We found similar outcomes when comparing any emergency department use among PORCH participants one year before and one year after enrollment. Nearly half (46 percent) of enrollees visited the emergency department in the year prior to enrollment. In Pierce County, 42 percent of participants visited the emergency department at least once during the pre-period, compared to 30 percent in the post-period. In Chelan/Douglas emergency department visits dropped from 49 percent in the pre-period to 31 percent in the post-period.

Any Emergency Department Use

Participants enrolled in the first two years (May 2011 to June 2013)



SOURCE: Integrated Client Databases, ICDB.

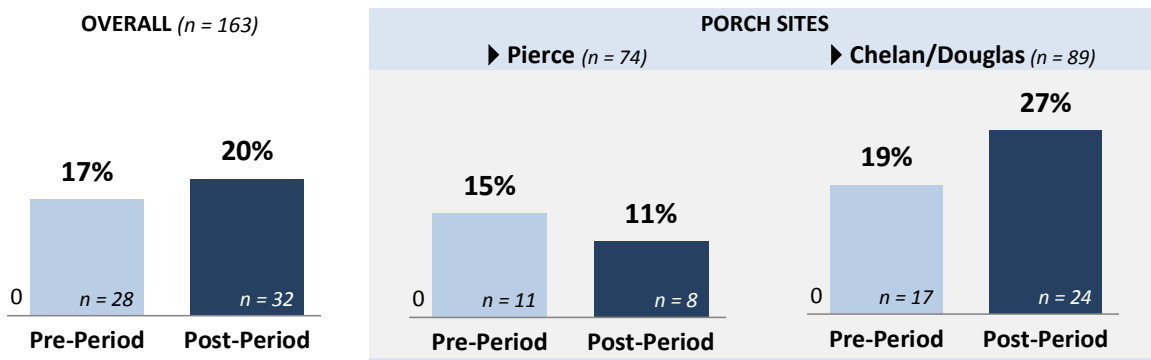
Arrests

Participant arrests decreased in Pierce County, but increased in Chelan/Douglas Counties

During the year prior to entering the PORCH program, about 15 percent of participants in Pierce County were arrested, which decreased to 11 percent in the year after enrollment. Chelan/Douglas participants experienced an increase in arrests, from 19 percent in the pre-period to 27 percent in the post-period. We found very few felony arrests, just 3 percent in the pre-period and 4 percent in the post-period among all clients. The final outcome evaluation will include a more comprehensive measure of criminal history for all participants.

Any Arrest

Participants enrolled in the first two years (May 2011 to June 2013)



SOURCE: Integrated Client Databases, ICDB.

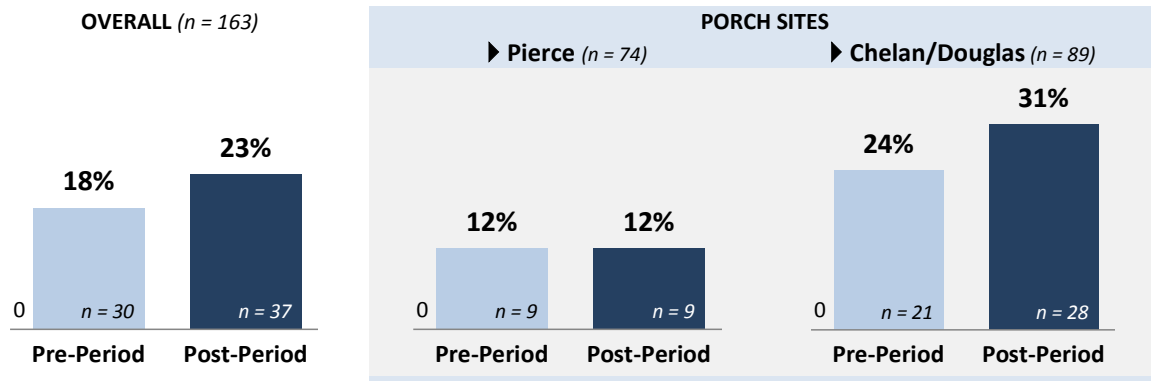
Employment

Employment remained the same in Pierce County, but increased in Chelan/Douglas

We identified an individual as being employed if they had any wages reported to the Employment Security Department. In Pierce County, the percent of participants employed remained the same in both the pre-period and post-period (12 percent). In Chelan/Douglas employment increased, from 24 percent in the pre-period to 31 percent in the post-period.

Any Employment

Participants enrolled in the first two years (May 2011 to June 2013)



SOURCE: Integrated Client Databases, ICDB.

Summary

The PORCH program continues to meet the goal of serving a homeless or unstably housed population with mental health and/or substance use disorders. Self-reported and administrative data show nearly all PORCH participants received a mental health service or diagnosis and were homeless, unstably housed or living in an institutional setting at some point during the two years before enrolling in the program. Key study findings include the following:

- PORCH participants continue to show improvement in housing stability. Few clients reported episodes of homelessness or housing instability after enrollment. The majority (89 percent) of participants reported they were stably housed after one year of PORCH services.
- Preliminary data on emergency department use and community psychiatric hospitalizations are promising and indicate that PORCH may be effective at decreasing utilization of these high cost services. Despite the decrease, emergency department use and state hospital admissions remain an issue even with the increased intensity of services provided by the PORCH team. Nearly one-third of participants utilized the emergency room during the year after enrollment and ten percent were admitted to a state hospital.
- We found mixed results among the two sites with respect to employment and arrest outcomes. Clients in Pierce County were proportionally less likely to be arrested after enrolling in the program, but employment did not improve. In Chelan/Douglas employment improved but not arrests. These findings reflect the nature of the differing populations served by the two sites. Pierce County serves individuals with more psychotic (89 percent) and other symptoms of more severe mental illness associated with state hospital stays. Employment support may be more challenging in this population. Clients served in Chelan/Douglas are more likely to have substance use disorder treatment needs, which may be reflected in their criminal justice trajectories.
- PORCH participants moved an average of two times during the year following enrollment, indicating participants may need continued support after the initial housing placement. Continuing to provide supportive housing services to this population after they are housed may prevent returns to homelessness, if the first or even second housing placement is not successful.

The information presented here is descriptive and preliminary, and cannot be used to assess whether PORCH services directly caused these outcomes for program participants. A final evaluation will examine outcomes using a statistically matched comparison group and assess the extent to which outcomes for PORCH participants may differ from those of other DSHS clients with similar housing needs and behavioral health problems. The evaluation design will address client demographics, characteristics and risk factors that may impact outcomes. Differences in risk factors and service needs will be critical factors to address in the outcome evaluation design.

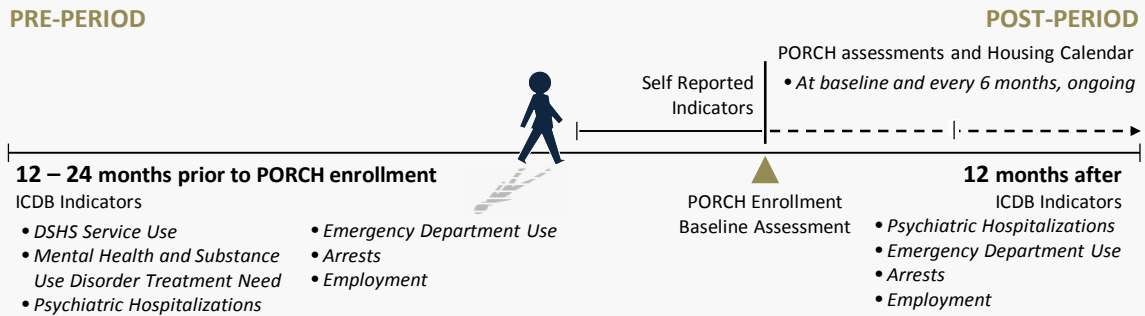
REFERENCES

- Rog, D., Marshall, T., Dougherty, R., George, P., Daniels, A., Ghose, S., Delphin-Rittmon, M., (2014). Permanent Supportive Housing: Assessing the Evidence. *Psychiatric Services*, 65(3), 287-294.
- Sobell, L.C., & Sobell, M.B. (1992). Timeline follow-back: A technique for assessing self-reported alcohol consumption. In R. Litten & J. Allen (Eds.), *Measuring Alcohol Consumption* pp. 41–72. Totowa, NJ: The Humana Press, Inc.
- Substance Abuse and Mental Health Services Administration (2010). *Permanent Supportive Housing: Building Your Program*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- Tsembris, S., McHugo, G., Williams, V., Hanrahan, P., & Stefancic, A. (2007). Measuring homelessness and residential stability: The residential time-line follow-back inventory. *Journal of Community Psychology*, 35(1), 29–42.

STUDY POPULATION

- **Part One** of this report includes 196 participants enrolled during the first three years of the program (May 2011 to June 2014) and includes PORCH administrative data on enrollment, case status and client demographics. Enrollment and case status measures are based on June 30, 2014. This section also includes behavioral health indicators for the 24 month period prior to PORCH enrollment.
- **Part Two** focuses on key outcome measures for the 163 clients enrolled during the first two years of the project (May 2011 to June 2013) to allow for sufficient follow-up time. Unadjusted comparisons of psychiatric hospitalizations, emergency department use, arrests and employment in the 12-months before enrollment (pre-period) and the 12-months after enrollment (post-period) were extracted from the DSHS Integrated Client Databases (ICDB). Housing data was collected directly from participants by program staff during PORCH assessment interviews.

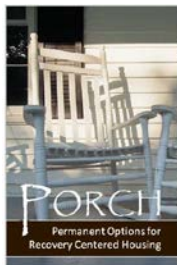
Data Sources and Report Timeline



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.
 - *PORCH Assessment and Housing Calendar*. A questionnaire administered at enrollment and every 6 months thereafter. The assessment includes a 15-item Illness Management Recovery (IMR) scale and questions about housing status and housing 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.
- Service information from the DSHS Integrated Client Databases (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/>*).
 - Substance use disorder service information from DBHR’s Treatment and Assessment Report Generation Tool (TARGET).
 - Mental health information extracted from Provider One and DBHR’s Mental Health Consumer information System (CIS).
 - Substance use disorder treatment need. A comprehensive set of clinical indicators including diagnoses, procedures, prescriptions, treatment or arrests that reflect possible substance use or dependence.
 - Emergency department use as identified from Provider One medical claims and encounters for Medicaid clients.
 - Arrests as recorded in the Washington State Patrol database. Arrests are primarily felonies and gross misdemeanors, but include some misdemeanors.
 - Employment defined as having any earnings (by quarter) recorded in the Washington State unemployment insurance wage files. The quarter in which a participant was admitted to PORCH was not included.



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Copies of this paper may be obtained at www.dshs.wa.gov/rda/ or by calling DSHS' Research and Data Analysis Division at 360.902.0701.
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