

# Bringing Recovery into Diverse Groups through Engagement and Support

## Final Report

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For the Division of Behavioral Health and Recovery, Melodie Pazolt, Project Director.

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**T**HE BRINGING RECOVERY INTO DIVERSE GROUPS THROUGH ENGAGEMENT AND SUPPORT (BRIDGES) program provides evidence-based Permanent Supportive Housing (PSH) and Supported Employment (SE) services to chronically homeless adults with substance use or co-occurring substance use and mental health disorders. These individuals are some of the most challenged persons served by DSHS. The program aims to increase housing stability and encourage independent living by helping participants find, secure and retain affordable housing. Three sites located in Snohomish, Spokane and Kitsap counties participated in the federally funded program and began providing support services in April 2014. Washington State will provide PSH and SE services, similar to those provided through the BRIDGES program, with Medicaid funds beginning in 2017 through the Medicaid Transformation Demonstration project.

This report describes BRIDGES participants, the services they received and changes in key outcomes over a one year follow-up period. We examine retention in stable housing and reductions in homelessness, criminal justice involvement, outpatient emergency department use, and employment. As there was no comparison group for this study, findings should be interpreted as descriptive only and not net program effects. This is the final report in a three part series about the program.

## Key Findings

- **The BRIDGES program enrolled 162 individuals** from April 1, 2014 to December 31, 2016. Clients were typically male, averaging 52 years of age, and half (55 percent) were veterans.
- **Housing improved** among participants and rates of homelessness and unstable housing decreased after program enrollment.
- **Employment improved** among participants between enrollment and the one year outcome period, but remained low with only 18 to 20 percent of participants employed.
- Participants **decreased their use of outpatient emergency departments.**

FIGURE 1.  
**BRIDGES enrollment**  
April 1, 2014 to December 31, 2016, TOTAL = 162



## The BRIDGES Program

The BRIDGES program was funded by a three-year grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and was administered by the Washington State Department of Social and Health Services' (DSHS) Division of Behavioral Health and Recovery (DBHR). The grant funds provided evidence-based Permanent Supportive Housing (PSH) and Supported Employment (SE) services to chronically homeless or unstably housed clients. Three sites participated in the program: The Washington State Department of Veterans Affairs (WDVA) Building 9, which is a transitional living facility located in Kitsap County; Catholic Community Services in Snohomish County; and Catholic Charities in Spokane County. Prior research has demonstrated permanent supportive housing reduces homelessness, increases housing tenure and decreases emergency room visits and hospitalizations (Rog et al., 2014).

The program provided outreach and other services to encourage program participation to 604 clients between April 1, 2014 and December 31, 2016. One-quarter of these individuals (n=162) enrolled in the program. Clients were referred to the program by housing providers, shelters, the Veterans Administration, social service agencies, criminal justice agencies and peers.

Participants were required to have a substance use or co-occurring substance use and mental health disorder, and meet the federal definition of chronic homelessness (have a disabling condition and homeless for at least one year or four times in the last three years). BRIDGES services were provided by a team of three staff at each site, which included a housing specialist, an employment specialist and a Certified Peer Counselor. Staff worked with participants to identify, secure and retain housing and employment, along with economic and medical benefits. The majority of participants qualified for tenant-based housing assistance in the form of a voucher that subsidized private market rent.<sup>1</sup>

Adherence to the evidence-based PSH approach was measured using SAMHSA's fidelity scale.<sup>2</sup> During the second year of the program, the Snohomish site had successfully implemented all but one key element of PSH, scoring high on the fidelity review (27 points out of a possible of 28 points). The WDVA and Spokane sites scored lower (15 and 18, respectively) and struggled to implement several key elements of PSH including housing choice, separation of housing and services, and formal policies making services available 24 hours, 7 days a week. BRIDGES clients documented how the program influenced their lives with pictures and their own words through a photovoice project administered by the Institute for Community Inclusion at the University of Massachusetts.<sup>3</sup>

### Permanent Supportive Housing and Supported Employment

BRIDGES SUPPORTS

Permanent Supportive Housing is an evidence-based practice with a number of key elements that distinguish the model 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).

Evidence-based supported Employment helps clients find and maintain meaningful jobs in the community, without extensive pre-employment assessments or training. Key elements of Supported Employment 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).

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

<sup>2</sup> <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-05-EvaluatingYourProgram-PSH.pdf>. Fidelity reviews were conducted by Advocates for Human Potential.

<sup>3</sup> For more information on the BRIDGES photovoice project see <http://wabridges.weebly.com/>.

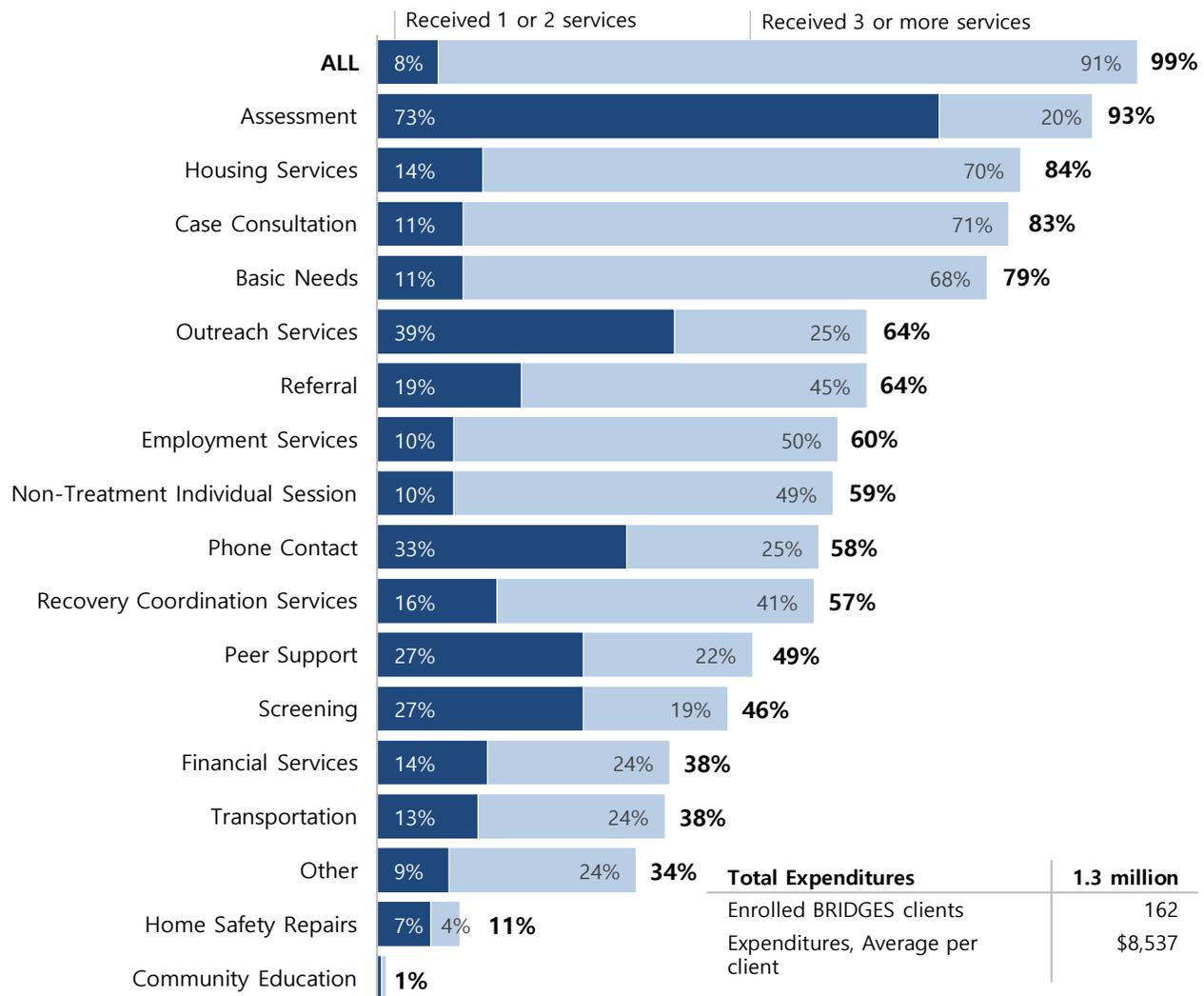
The 162 clients enrolled in the BRIDGES program received a wide range of services, including services to find and retain housing, case consultations to coordinate care with other providers, services to find and maintain employment and assistance with basic needs (Figure 2). Most clients received three or more services (91 percent). Seventy-one percent of participants received three or more services to secure and retain housing. Half of clients received three or more services to help find or maintain employment.

Expenditures for the sites totaled \$1.3 million or an average of \$8,537 per enrolled client. In addition to serving clients enrolled in the program, BRIDGES staff provided an additional 442 clients with outreach services to encourage program participation (see Appendix, Figure 9 for details).

FIGURE 2.

### BRIDGES Services, All Sites

Services received by BRIDGES clients April 1, 2014 through December 31, 2016, TOTAL = 162



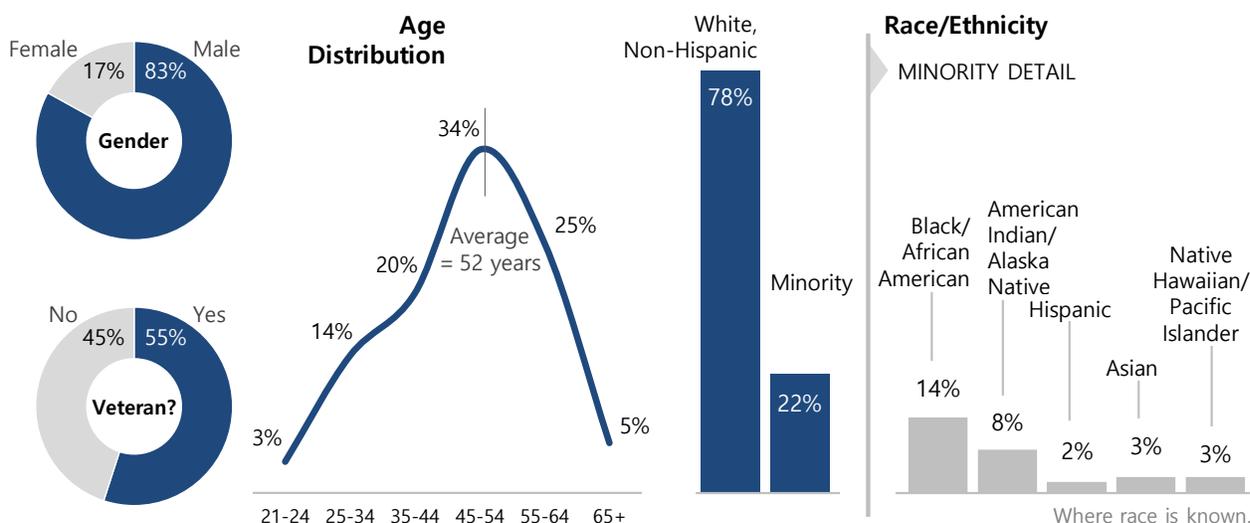
SOURCE: TARGET service delivery data. Two clients enrolled in Snohomish had no recorded support services. Note: "Basic needs" involves assisting participants to develop self-advocacy skills to access allied service systems, benefit applications, and coordination of services to ensure individuals are meeting their basic needs. "Non-treatment individual session" includes ongoing care and monitoring of functioning. "Other" includes group sessions and education services.

The majority of the 162 clients who enrolled in the program were male (83 percent, Figure 3). Participants ranged from 21 to 81 years in age (52 years old on average). Twenty-two percent of participants were minorities. Over half (55 percent) of participants were veterans.

FIGURE 3.

### Demographics of Enrolled Participants

BRIDGES clients enrolled April 1, 2014 to December 31, 2016, TOTAL = 162



SOURCE: DSHS Integrated Client Database. Note: Data on gender was missing for one client; race/ethnicity was missing for 5 clients.

## Housing Outcomes

We evaluated self-reported housing status and housing stability or homelessness for the subset of participants (n=120) who remained in the program for at least 6-months and had BRIDGES assessment data at program intake and 6-months after intake (follow-up). Housing status was assessed with a federally-mandated Government Performance Results Act (GPRA) interview which asked participants where they were living most of the time. Housing stability and homelessness were measured with a housing history calendar, where respondents were asked to describe where they slept each night over the previous 6 months. We found that homelessness and unstable housing in the prior 30 days dropped from 95 percent of participants at intake to 53 percent at 6-month follow-up. After six months of services, about half (45 percent) of clients reported they were housed in their own room or apartment. Based on program documentation completed by BRIDGES staff, the majority (77 percent) of participants had been placed in housing by year three of the program.

### Housing Status

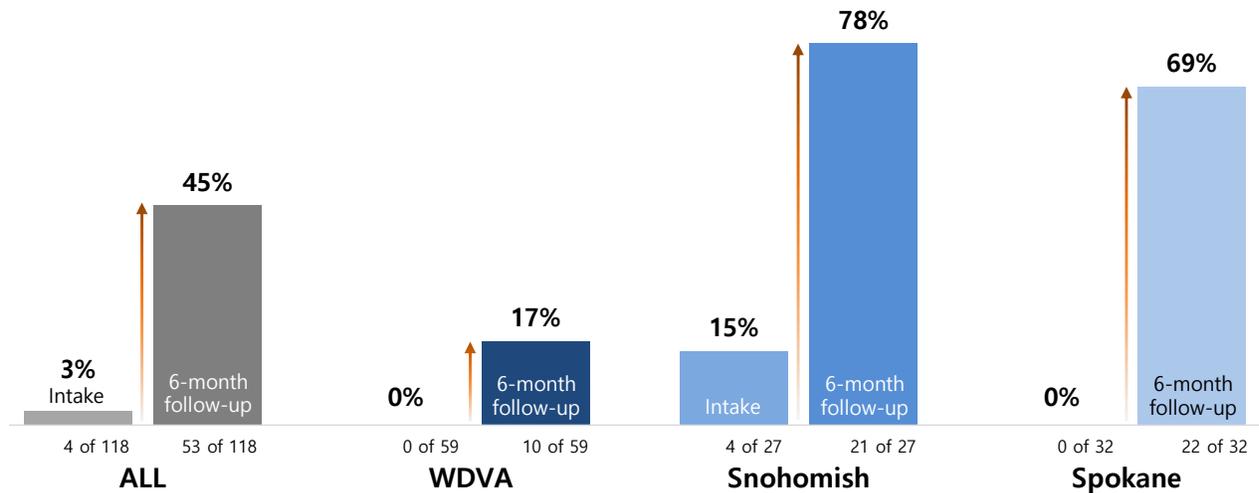
When asked where they were living most of the time during the past 30 days, just 3 percent of participants reported they were housed at intake, which increased to 45 percent at 6-month follow-up (Figure 4). Participants were considered housed if they reported living in an apartment, room or house they owned or rented. The majority of participants in Snohomish and Spokane reported they were housed at follow-up (78 percent and 69 percent, respectively). Just 17 percent of participants at the WDVA were housed at the 6-month follow-up. Participants enrolled into WDVA's program were living in Building 9, a transitional housing program and many had not yet moved into housing at the 6-month follow-up. The WDVA allows clients to remain in the transitional living facility for up to two years.

FIGURE 4.

### Self-Reported Housing Status at Intake and 6-Month Follow-up

BRIDGES clients with assessment data at intake and 6-month follow-up, TOTAL = 118

**Living in an apartment, room or house they owned or rented . . .**



SOURCE: GPRA. Note: Fewer than 120 responses due to missing data. Two clients were missing data on housing status.

### Housing Stability/Homelessness

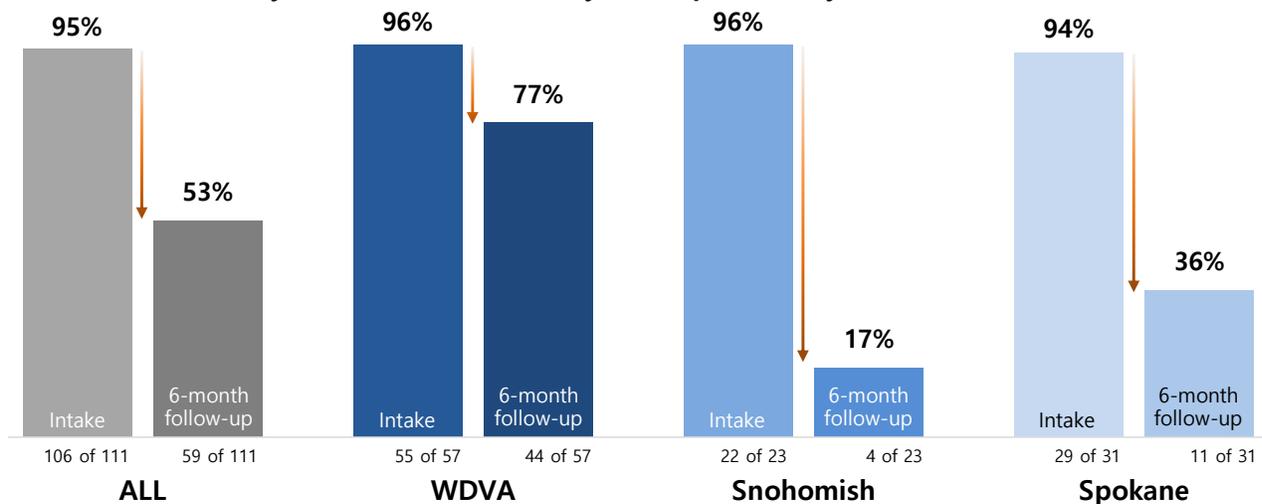
Overall, homelessness and unstable housing declined, from 95 percent at intake to 53 percent at the 6-month follow-up (Figure 5). Participants at both the Snohomish and Spokane sites reported a dramatic decline in homelessness and unstable housing at follow-up. Most participants in Snohomish (70 percent) and Spokane (74 percent) were living outdoors or on the street prior to entering the program (Table 1).

FIGURE 5.

### Self-Reported Housing Stability at Intake and 6-Month Follow-up

BRIDGES clients with assessment data at intake and 6-month follow-up, TOTAL = 111

**Homeless or unstably housed at least one day in the past 30 days . . .**



SOURCE: BRIDGES Housing History Calendar. Note: Fewer than 120 responses due to missing data. Nine clients were missing data on homelessness/housing stability.

TABLE 1.

**Self-Reported Housing Stability by Site at Intake and 6-Month Follow-up**

BRIDGES clients with housing history data at intake and 6-month follow-up, TOTAL = 111

	<b>ALL</b> TOTAL = 111		<b>WDVA</b> n = 57		<b>Snohomish</b> n = 23		<b>Spokane</b> n = 31	
	Intake	Follow-up	Intake	Follow-up	Intake	Follow-up	Intake	Follow-up
<b>Homeless/unstably housed at least one day in the past 30 days</b>	<b>95%</b>	<b>53%</b>	<b>96%</b>	<b>77%</b>	<b>96%</b>	<b>17%</b>	<b>94%</b>	<b>36%</b>
Living outdoors or on the street	43%	12%	16%	2%	70%	13%	74%	29%
Living in shelter, transitional living center, other temporary facility*	68%	45%	89%	77%	35%	13%	52%	10%
Unstably housed (couch surfing, motel, etc.)	18%	5%	19%	4%	22%	4%	13%	10%
<b>Living in an institutional setting at any point in the past 6 months</b>	<b>29%</b>	<b>15%</b>	<b>19%</b>	<b>7%</b>	<b>30%</b>	<b>13%</b>	<b>45%</b>	<b>32%</b>
Jail or prison	13%	5%	0%	0%	13%	0%	36%	16%
Detox or residential treatment facility	11%	3%	7%	2%	13%	4%	16%	3%
Hospital or nursing home	11%	5%	12%	4%	9%	4%	10%	7%
Group or boarding home	0%	11%	0%	4%	0%	4%	0%	29%

SOURCE: BRIDGES Housing History Calendar. Note: Fewer than 120 responses due to missing data. Nine clients were missing data on homelessness/housing stability.

Note: Categories are not mutually exclusive.

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

## Other Outcomes

We examined 12-month pre- and post- outcomes for BRIDGES clients enrolled during the first 18 months of the program (n=123).<sup>4</sup> Pre- and post- enrollment comparisons utilize administrative data to examine emergency department use, criminal charges and employment for the year prior to BRIDGES enrollment and the year following enrollment (see technical notes for data sources).

Due to the small number of participants in the program we were unable to develop a statistically matched comparison group, to determine whether the program impacted outcomes. Pre- and post-outcome measures reported here should not be interpreted as program net impacts.

- Outpatient emergency department use decreased, along with criminal charges filed in court.
- Employment rates in the one-year period after enrollment improved, but remained low.
- A prior report on the BRIDGES program found no improvement in self-reported alcohol use and only a slight decrease in self-reported drug use (Henzel et al., 2017). The program did not require abstinence, but instead focused on harm reduction and a housing first model.

<sup>4</sup> Administrative data on employment and criminal justice outcomes were missing for 18 clients. Outcomes were restricted to those enrolled during the first 18-months of the program to allow sufficient time for follow-up.

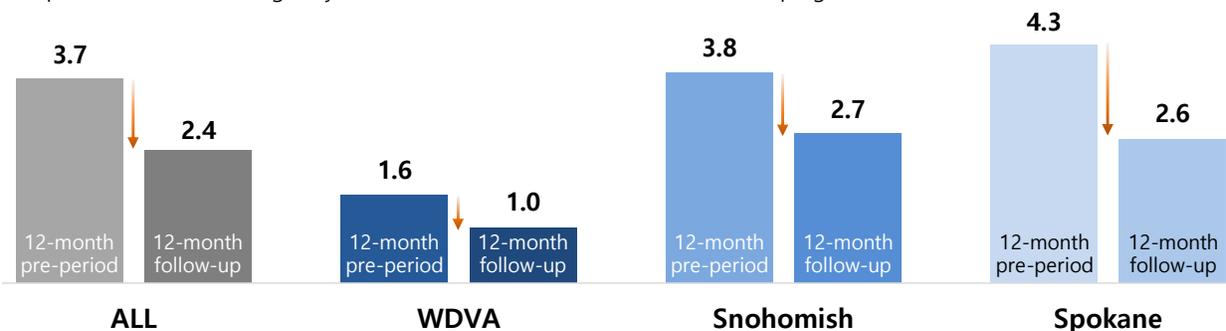
## Emergency Department Use

BRIDGES participants decreased their use of outpatient emergency department services after enrollment in the program (Figure 6). Outpatient ER visits dropped from nearly 4 visits per 12 months of Medicaid enrollment to just over 2 visits per 12 months of Medicaid enrollment. Clients at both the Spokane and Snohomish sites were high utilizers of outpatient ER services prior to entering the program. Participants at these sites were living primarily outdoors or on the street with high rates of chronic health conditions and behavioral health needs, particularly at the Spokane site. Emergency department use was examined only for Medicaid enrollees, due to lack of access to VA medical data.<sup>5</sup>

FIGURE 6.

### Outpatient Emergency Department Visits per 12 Months of Medicaid Coverage

Participants with Medicaid eligibility enrolled the first 18-months of the BRIDGES program, TOTAL = 70



SOURCE: DSHS Research and Data Analysis Division, Integrated Client Databases.

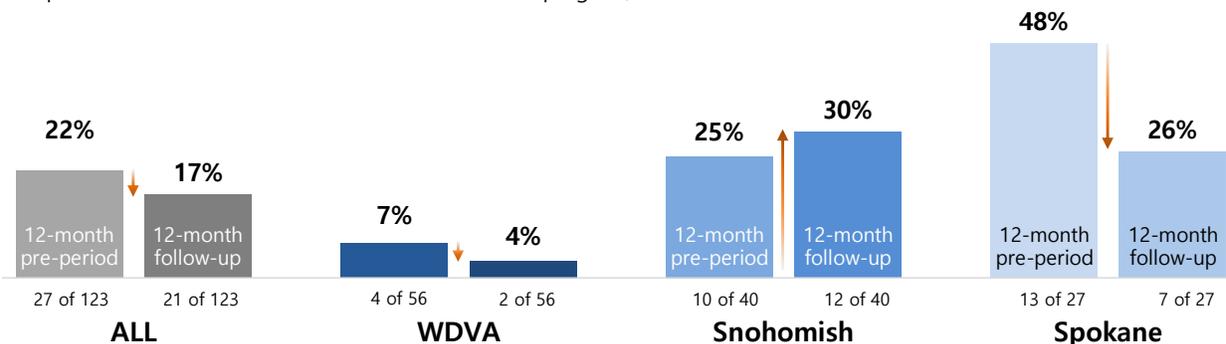
## Criminal Justice

Overall, the proportion of individuals with charges filed in court for criminal offenses decreased slightly after enrollment, from 22 percent in the pre-period to 17 percent in the post-period (Figure 7). We found a decrease in the proportion of participants with criminal charges at the Spokane and WDVA sites, but not at the Snohomish site. The total number of charges filed among participants also decreased from 61 charges in the pre-period to 39 in the post-period. Charges related to felony offenses, misdemeanor crimes and alcohol/drug related crimes all decreased (not shown).

FIGURE 7.

### Criminal Charges Filed in Court

Participants enrolled the first 18-months of the BRIDGES program, TOTAL = 123



SOURCE: DSHS Research and Data Analysis Division, Integrated Client Databases.

<sup>5</sup> The majority of clients in Snohomish and Spokane were enrolled in Medicaid. A much smaller portion of veteran clients at the WDVA were enrolled in Medicaid (20 percent).

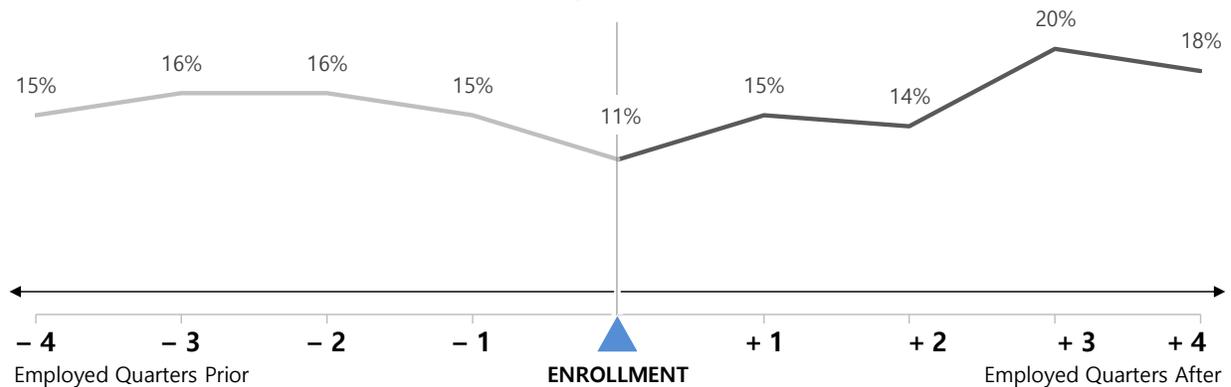
## Employment

Employment rates improved after program entry, but remained low (Figure 8). Employment decreased in the months leading up to program entry, but increased from 11 percent during the quarter of enrollment to 18 percent one year later. We identified an individual as being employed if they had any wages reported to the Employment Security Department. Self-reported employment data indicate a slightly higher proportion of clients were working than what is captured with administrative data (23 percent at the 6-month follow-up, Henzel et al., 2017). This may be due to missing administrative data on employment for some clients and individuals receiving cash or unreported compensation for work.<sup>6</sup> Based on administrative data, average annual earnings among participants working increased, from \$17,644 in the pre-period to \$27,149 in the post-period (not shown).

FIGURE 8.

### Employment Part-time or Full-time

Participants enrolled the first 18-months of the BRIDGES program, TOTAL = 123



SOURCE: DSHS Research and Data Analysis Division, Integrated Client Databases.

## MORE ABOUT BRIDGES

### Bringing Recovery into Diverse Groups through Engagement and Support

#### Year 1 Report

Baseline Characteristics and Program Services



FEBRUARY 2016

#### Second Annual Report

Preliminary Findings



APRIL 2017

<https://www.dshs.wa.gov/sesa/rda/research-reports>

<sup>6</sup> Eighteen BRIDGES clients could not be linked to administrative employment data.

## Discussion

Participants in the BRIDGES program, particularly those in Spokane and Snohomish counties, faced multiple barriers to housing, including mental illness, substance abuse, unemployment, chronic illness and involvement with the criminal justice system (Henzel et al., 2017). The sites faced numerous challenges implementing the PSH and SE models, including high staff turnover, and a lack of affordable housing and housing vouchers for clients. Six months after enrollment, half of the participants were stably housed. By year three of the program, 77 percent of participants had been placed in housing.

We found a decrease in outpatient emergency room visits, and a decrease in criminal charges filed in court during the year after enrollment, compared to the year prior to enrollment. The proportion of individuals employed during the one-year outcome period improved over enrollment, but remained low. Although several outcomes improved after program entry, these findings should be interpreted as descriptive only. Due to the small sample size, we were unable to develop a comparison group necessary to determine whether the program impacted outcomes. The changes observed for BRIDGES clients could be larger, smaller, or the same as changes for other chronically homeless individuals.

In 2017, through a Medicaid Transformation Demonstration project, Washington State intends to begin providing supportive housing and supported employment services, similar to those provided through the BRIDGES program, to chronically homeless or high risk individuals using Medicaid funds. The project aims to demonstrate that establishing permanent supportive housing for persons with lengthy or recurring episodes of homelessness will improve outcomes and more efficiently utilize public resources, saving costs in publicly funded crisis care and other high-cost services. The demonstration project will enroll a broader and larger sample of PSH and SE participants, and it is expected that the state will be able to develop statistically matched comparisons and provide more conclusive results.

The BRIDGES program is a promising approach, using evidence-based practices to serve some of the most complex and vulnerable adults in the state. Initial findings are encouraging and show promise for the chronically homeless and high risk individuals targeted to receive permanent supportive housing and supported employment services through the Medicaid Transformation Demonstration.

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## REFERENCES

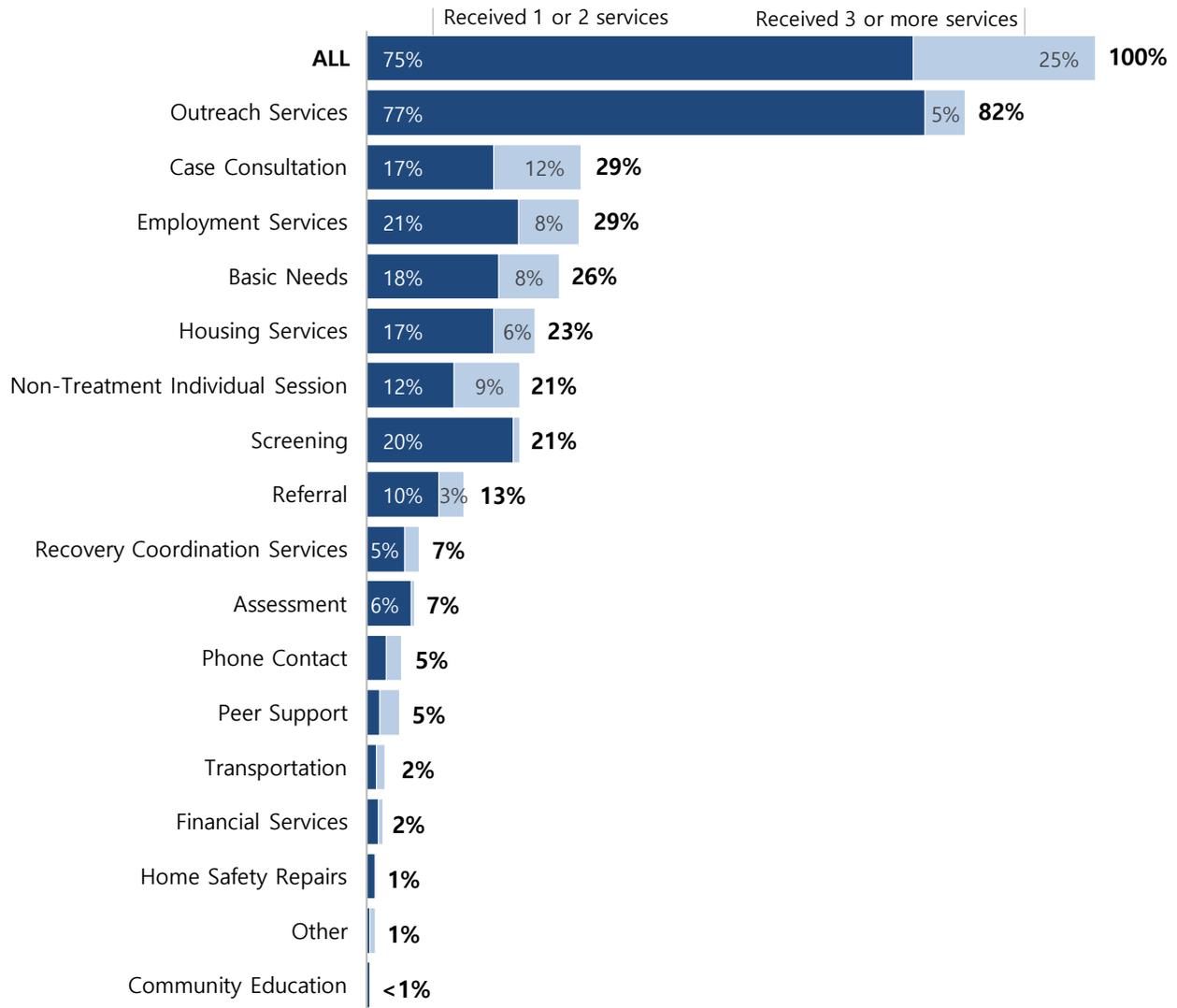
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# Appendix

FIGURE 9.

## BRIDGES Services to Outreach Clients, All Sites

Services among outreach clients April 1, 2014 through December 31, 2016, TOTAL = 442



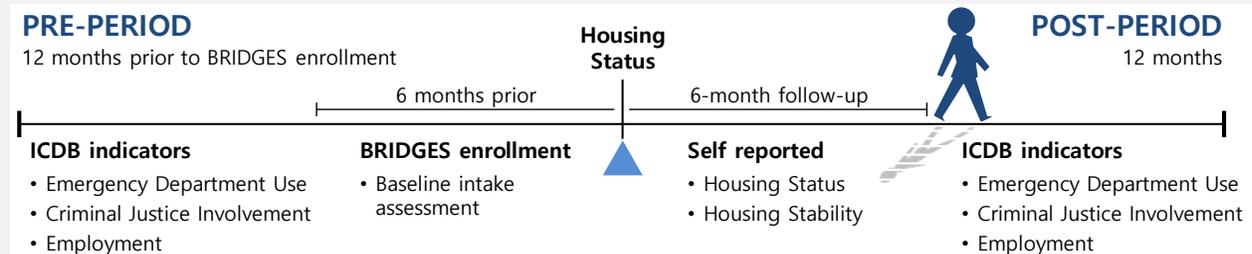
SOURCE: TARGET service delivery data. Non-treatment individual session includes ongoing care and monitoring of functioning. Other includes group sessions and educational services.

## TECHNICAL NOTES

### STUDY DESIGN AND OVERVIEW

This report describes demographics and services for the 162 BRIDGES participants enrolled April 1, 2014 to December 31, 2016. We examine housing status, homelessness and housing stability prior to program enrollment and 6-months after enrollment. We also examine administrative data from the Department of Social and Health Services Integrated Client Databases (ICDB) on outpatient emergency room utilization, criminal justice involvement and employment during the one-year period prior to enrollment and the one-year period after enrollment in the program. A more detailed description of baseline characteristics among program participants is presented in the Year One BRIDGES report (see Henzel et al., 2016).

### STUDY TIMELINE

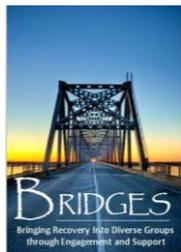


We report baseline along with pre- and post- program outcomes using a combination of BRIDGES program data and data from the Department of Social and Health Services Integrated Client Databases (ICDB). The ICDB contains behavioral health and medical claims and encounters for Medicaid clients only. The majority of veteran clients enrolled at the WDVA site were not enrolled in Medicaid; as a result, emergency department utilization measures were missing for most WDVA clients.

### DATA SOURCES AND MEASURES

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

- **GPRA** – Government Performance and Results Act - Client Outcome Measures for Discretionary Programs (GPRA) data were collected for BRIDGES clients at enrollment, 6-month follow-up and discharge. GPRA is a Federally-mandated face-to-face interview required for individuals enrolled in the grant program. The GPRA was used to analyze self-reported housing status, employment and alcohol and drug use.
- **Housing Satisfaction and Housing History Calendar** – This questionnaire was administered at enrollment and 6-month follow-up. The assessment includes questions related to housing stability and satisfaction. Housing stability was 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 report 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.
- **Outcome Measures** – Were obtained from the DSHS Integrated Client Databases, which include a broad array of DSHS, Health Care Authority (Medicaid) and other data. ICDB measures include:
  - Criminal Justice Charges – Identified through court records of criminal justice charges filed from the Administrative Office of the Courts.
  - Emergency Department Use – Identified from ProviderOne medical claims and encounters for Medicaid clients. This measure is restricted to those with at least one month of Medicaid eligibility during the pre- and post-period.
  - Employment Status (part-time or full-time) – Identified using data from the Washington State Employment Security Department. Individuals were considered employed if they had a last one quarter of non-zero earnings during the period.
  - Medicaid Eligibility – Reflects that a Medicaid Recipient Aid Category was recorded in Provider One.



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