

# Bringing Recovery into Diverse Groups through Engagement and Support

## Second Annual Report: Preliminary Findings

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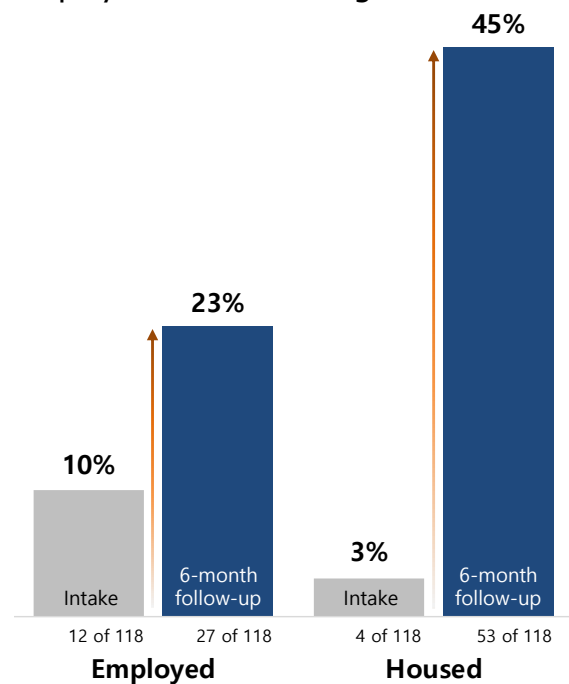
THE BRINGING RECOVERY INTO DIVERSE GROUPS THROUGH ENGAGEMENT AND SUPPORT (BRIDGES) program provides evidence-based Permanent Supportive Housing and Supported Employment services to chronically homeless adults with substance use or co-occurring substance use and mental health disorders. The program is funded by a federal grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration. Providers in Snohomish and Spokane counties and at the Washington State Department of Veterans Affairs (WDVA) participated in the program.

In this second report about the BRIDGES program we describe baseline participant characteristics and services along with self-reported housing, employment and substance use outcomes for the 153 individuals enrolled during the first two years of the program. A final report at the end of the three-year grant period will utilize administrative data to provide a descriptive analysis of pre- and post-program measures such as employment, emergency room utilization and arrests.

### Key Findings

- **The BRIDGES program enrolled 153 individuals** from April 1, 2014 to March 31, 2016. Clients were typically male, averaging 48 years of age, and half were veterans.
- **Employment improved.** At intake 10 percent of participants reported they were employed, which increased to 23 percent at 6-month follow-up. Improvement in employment appears most promising among veteran clients at the WDVA.
- **Housing also increased.** At intake, 3 percent of participants reported they were housed. This increased to 45 percent at 6-month follow-up. Most clients in Snohomish (78 percent) and Spokane (69 percent) were housed at follow-up, compared to 17 percent of participants at the WDVA.

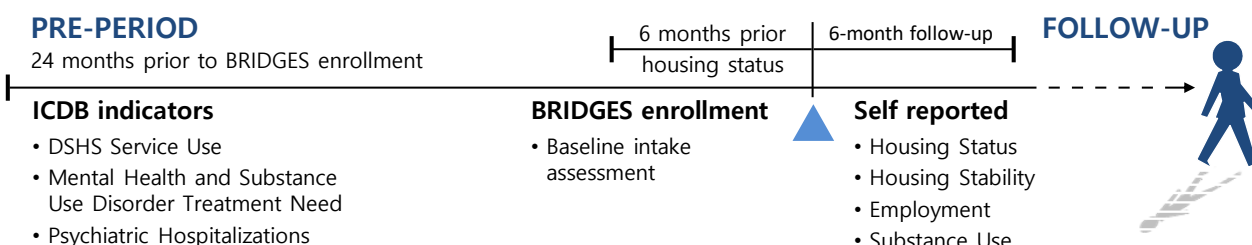
FIGURE 1. Employment and housing increase



## Methods

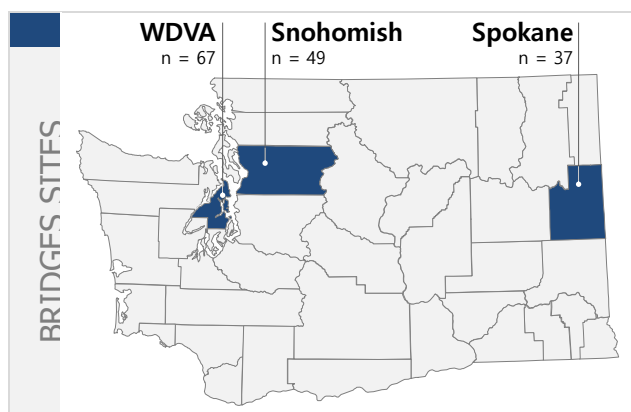
This report describes baseline characteristics and service use for the 153 BRIDGES participants enrolled during the first two program years (April 1, 2014 to March 31, 2016). We describe participant demographics and behavioral health services during the 24-month period prior to enrollment, using data from the Department of Social and Health Services Integrated Client Databases (ICDB). A more detailed description of these measures is presented in the Year One BRIDGES report (see Henzel 2015). We also examine self-reported housing, employment and substance use at intake and 6-months after intake (follow-up), based on a face-to face interview with participants. See technical notes for additional details on data sources.

### Study Timeline



## The BRIDGES Program

The BRIDGES program is funded by a three year grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). The program is 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 at three sites:

- 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.

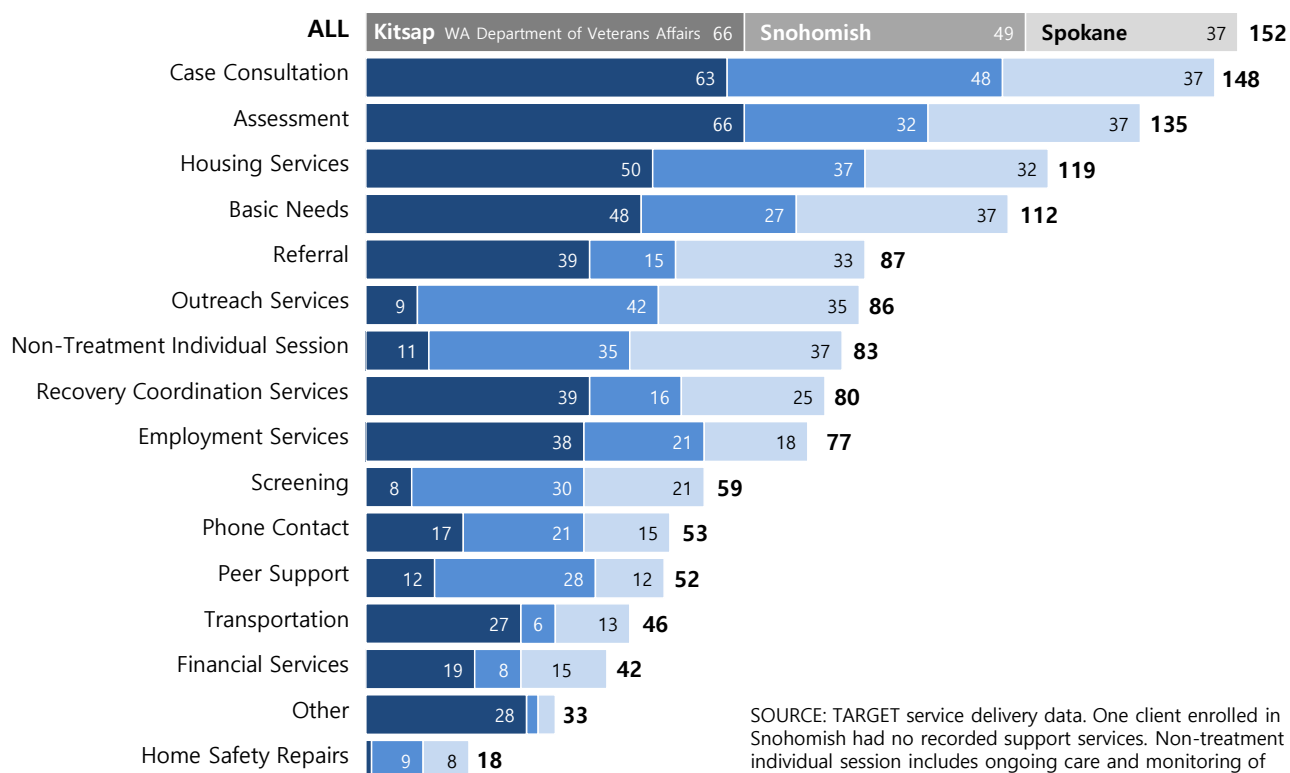
Under the PSH and SE models, support services are provided to help homeless individuals with substance use or co-occurring mental health disorders identify, secure and retain affordable, independent housing and competitive employment. During the first two program years BRIDGES staff enrolled 153 participants and provided outreach services to an additional 397 clients to encourage program participation. Half of participants were referred to the program by housing providers or shelters, the other half were referred by the Veterans Administration, social service agencies, a criminal justice entity or peers. To be eligible, participants must have a substance use or co-occurring mental health disorder and meet the federal definition of chronic homelessness (they must have a disabling condition and have been homeless for at least one year or four times in the last three years).

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 qualified for tenant-based housing assistance in the form of a voucher that subsidizes their private market rents.<sup>1</sup> Among the 153 enrolled participants who received services during the first two years of the program, 119 (78 percent) received help with housing acquisition and 77 (50 percent) received employment services (Figure 2).<sup>2</sup> Most participants (n = 148) received case consultations to coordinate care with other providers.

FIGURE 2.

### Number of enrolled participants receiving BRIDGES services, by service type

Bridges clients enrolled during the first two program years, April 1, 2014 through March 31, 2016, TOTAL = 152



SOURCE: TARGET service delivery data. One client enrolled in Snohomish had no recorded support services. Non-treatment individual session includes ongoing care and monitoring of functioning. Other includes group sessions and educational services.

### 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).

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

# BRIDGES Participants

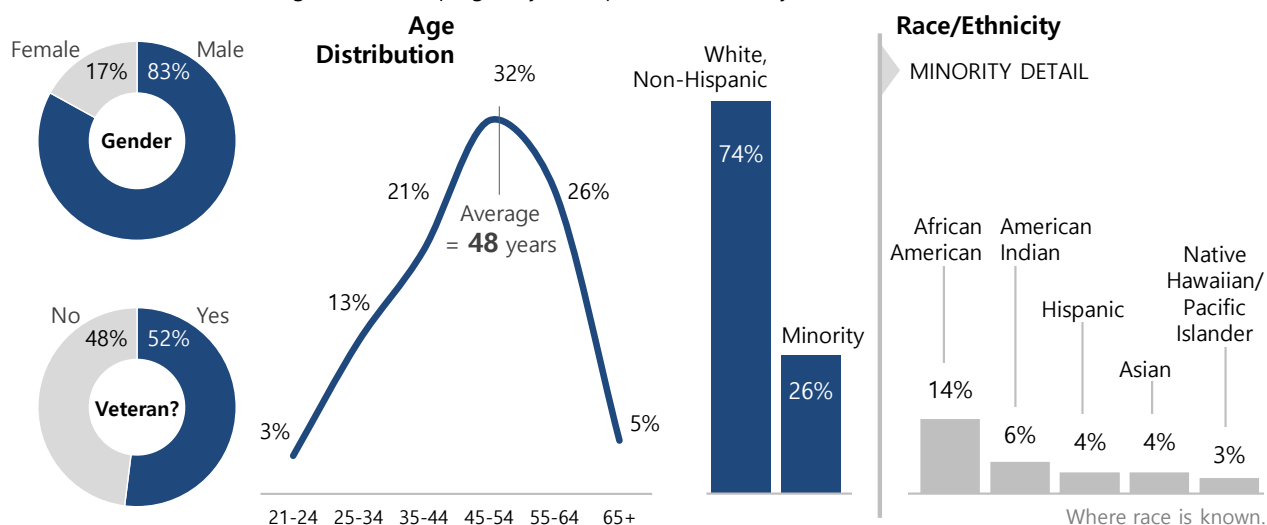
## Demographics

During the first two years, the BRIDGES program served mostly male clients (83 percent, Figure 3). Participants ranged from 21 to 72 in age (48 years old on average). The majority of participants were white (74 percent); 26 percent were minorities. Half (52 percent) of clients served by the BRIDGES program were veterans, most of whom were enrolled and served by the WDVA. The Snohomish and Spokane sites also served veterans through WDVA outreach staff embedded within their teams.

FIGURE 3.

### Demographics of enrolled participants

BRIDGES clients enrolled during the first two program years, April 1, 2014 to May 31, 2016, TOTAL = 153



SOURCE: DSHS Integrated Client Database. Note: Data on gender was missing for one client; race/ethnicity was missing for 11 clients.

## Medicaid Enrollment

The majority of clients in Snohomish (71 percent) and Spokane (78 percent) were enrolled in Medicaid or similar medical coverage for at least one month during the 24 months prior to entering the BRIDGES program (Figure 4).

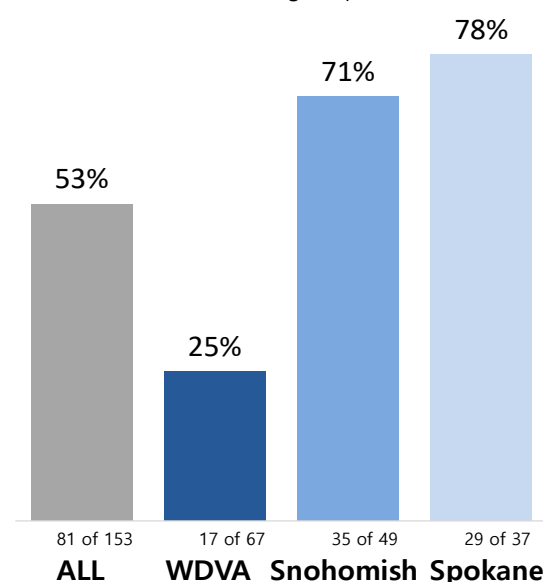
A much smaller portion of veteran clients at the WDVA were enrolled in Medicaid (25 percent). Veterans may qualify for Federal VA health care. Behavioral health services received through the VA system are not currently part of the DSHS Integrated Client Databases, so we are unable to report behavioral health measures for the majority of the WDVA participants.

In total, 10 percent of clients were dually enrolled in Medicaid and Medicare and 5 percent had third party liability coverage (not shown).

FIGURE 4.

### Medicaid status prior to enrollment

One or more months coverage in prior 24 months



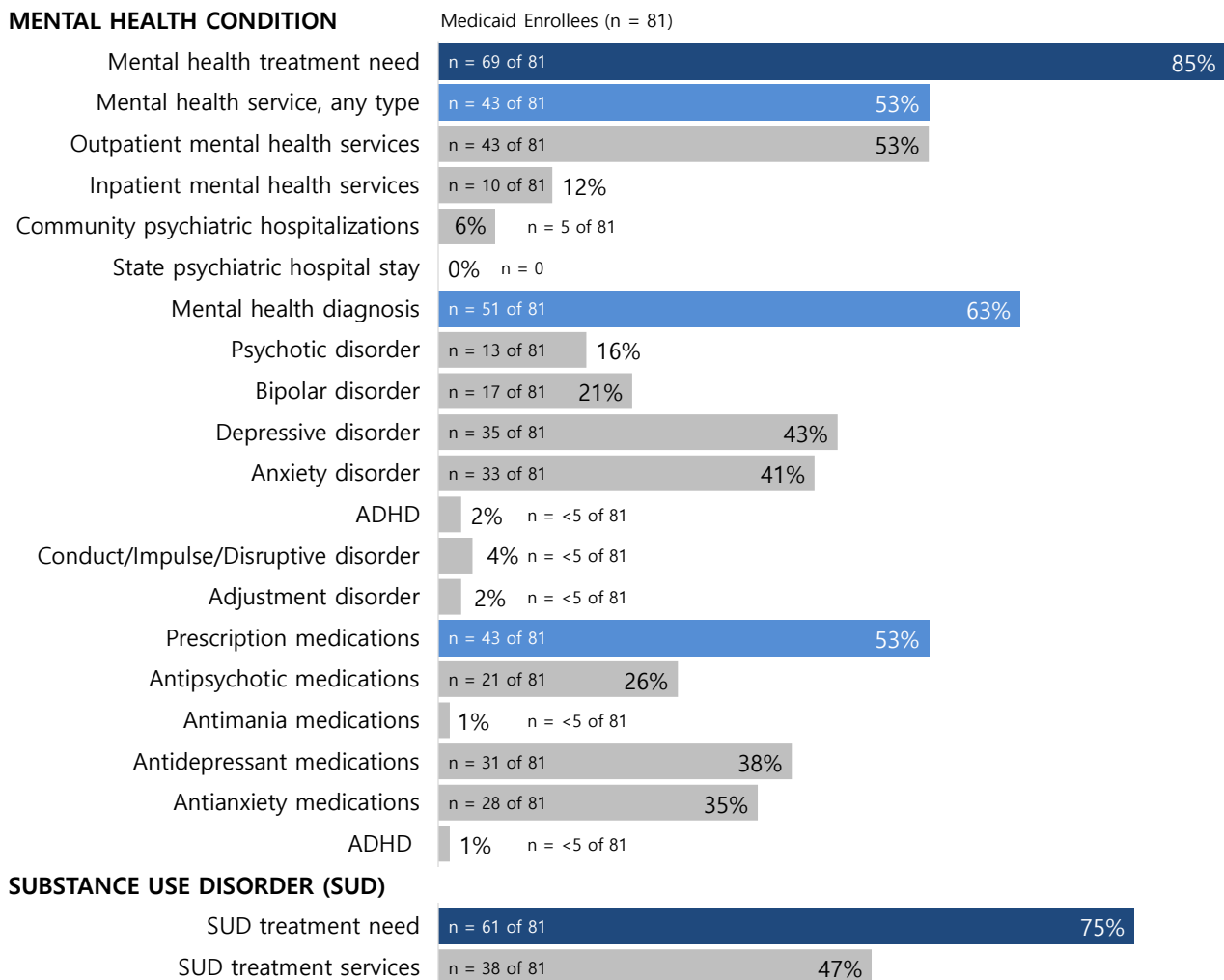
## Behavioral Health

We restricted our analyses on behavioral health measures to those clients with Medicaid for at least one month during the 24 months prior to entering BRIDGES (n=81). The majority of BRIDGES clients enrolled in Medicaid had mental health treatment needs, as indicated by services received historically, diagnoses or psychotropic medications (85 percent, Figure 5). Just over half of clients received publicly funded mental health services, primarily outpatient services. A smaller proportion (12 percent) had psychiatric inpatient stays during the 24 months prior to enrollment. Nearly half (43 percent) of participants were diagnosed with a depression-related disorder, 41 percent with anxiety, 21 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 a substance use disorder (SUD) based on administrative data (75 percent). Nearly 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

BRIDGES clients enrolled in Medicaid, TOTAL = 81



## Self-Reported Outcomes

We examined self-reported housing status, housing stability, employment and substance use 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).<sup>3</sup> The first part of the assessment consisted of a federally-mandated Government Performance Results Act (GPRA) interview that included questions related to housing, employment and substance use. The second part consisted of a participant survey about housing satisfaction and a housing history calendar that tracked where the client slept each night (see Technical Notes). These measures were not available for a comparison group and should not be interpreted as program net impacts. We found improvement in both housing and employment among BRIDGES participants, but did not find reductions in alcohol use. Self-reported drug use decreased slightly between intake and follow-up.

### Housing Status

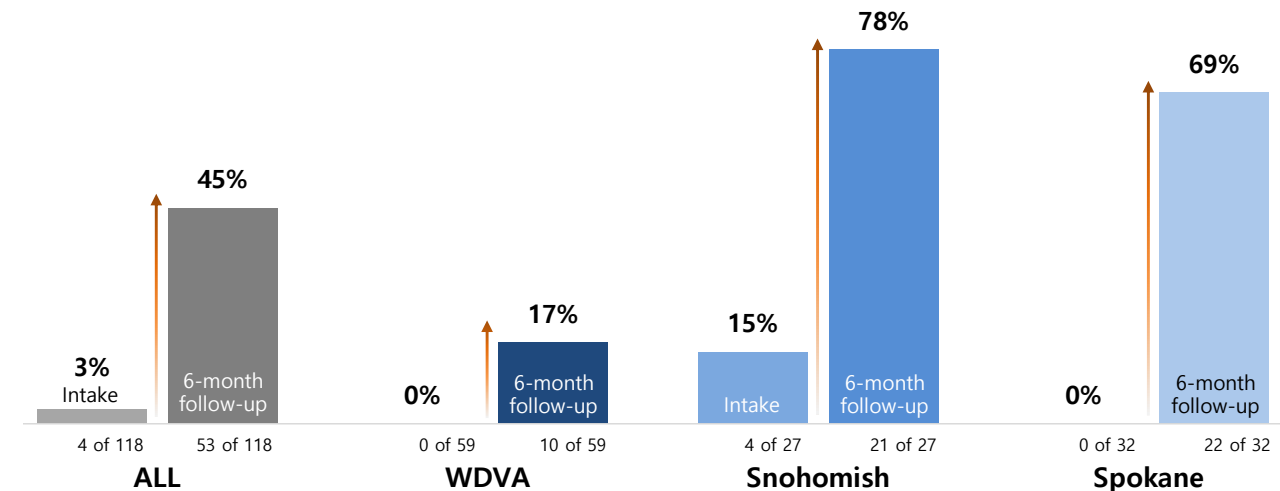
When asked where they were living most of the time during the past 30 days, just 3 percent of participants reported they were housed at intake, which increased to 45 percent at 6-month follow-up (Figure 6). Participants were considered housed if they reported living in an apartment, room or house they owned or rented.<sup>4</sup> 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. Most WDVA clients were living in a transitional living facility at enrollment, which allowed them to stay for up to two years. Many WDVA participants had not yet moved into permanent housing after 6-months of BRIDGES program participation.

FIGURE 6.

#### Self-reported housing at intake and 6-month follow-up

BRIDGES clients with assessment data at intake and 6-month follow-up, TOTAL = 120

#### 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.

<sup>3</sup> Assessment data was missing for 33 participants in the full study population. Due to the large portion of clients missing data at the Snohomish program site (n=20), the information reported here may not accurately reflect the full population served by that program.

<sup>4</sup> Individuals who reported they were living in someone else's apartment, room or house were not counted as "housed".

## Housing Stability/Homelessness

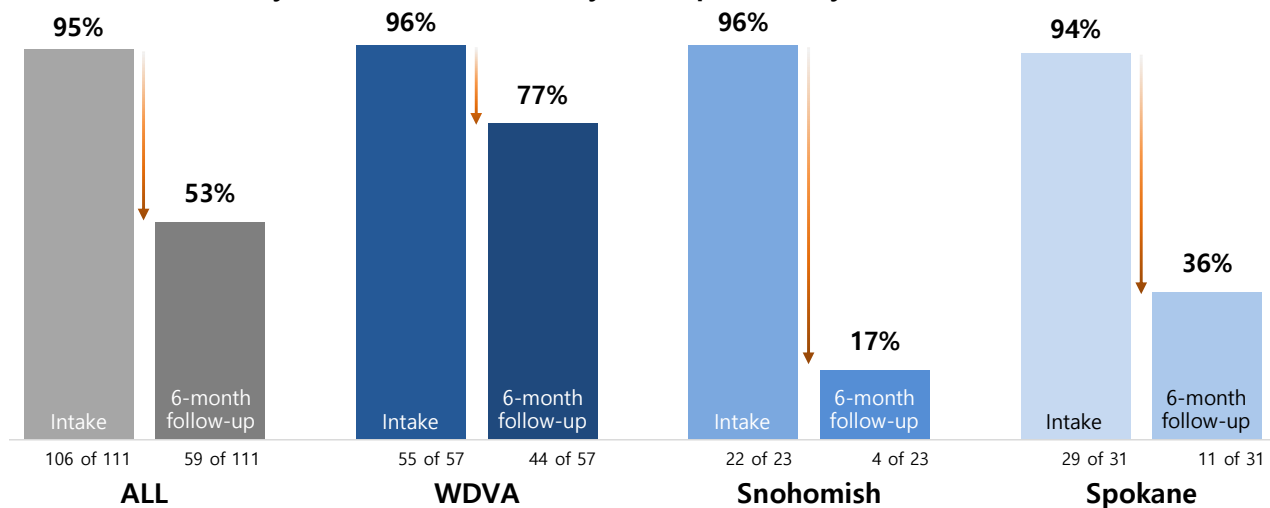
Housing stability also improved for BRIDGES participants. Prior to enrolling in the BRIDGES program, the majority of participants (95 percent) reported they were homeless or unstably housed at least one day in the month prior to enrollment. At 6-month follow-up, 53 percent of participants reported homelessness or unstable housing (Figure 7). 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 (see Appendix Table 1). Housing stability/homelessness was assessed with a housing history calendar, where respondents were asked to describe where they slept each night over the previous 6 months. For additional details on participant housing stability see Appendix Table 1.

FIGURE 7.

### Self-reported housing stability at intake and 6-month follow-up

BRIDGES clients with assessment data at intake and 6-month follow-up, TOTAL = 120

#### 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.

## Housing Satisfaction

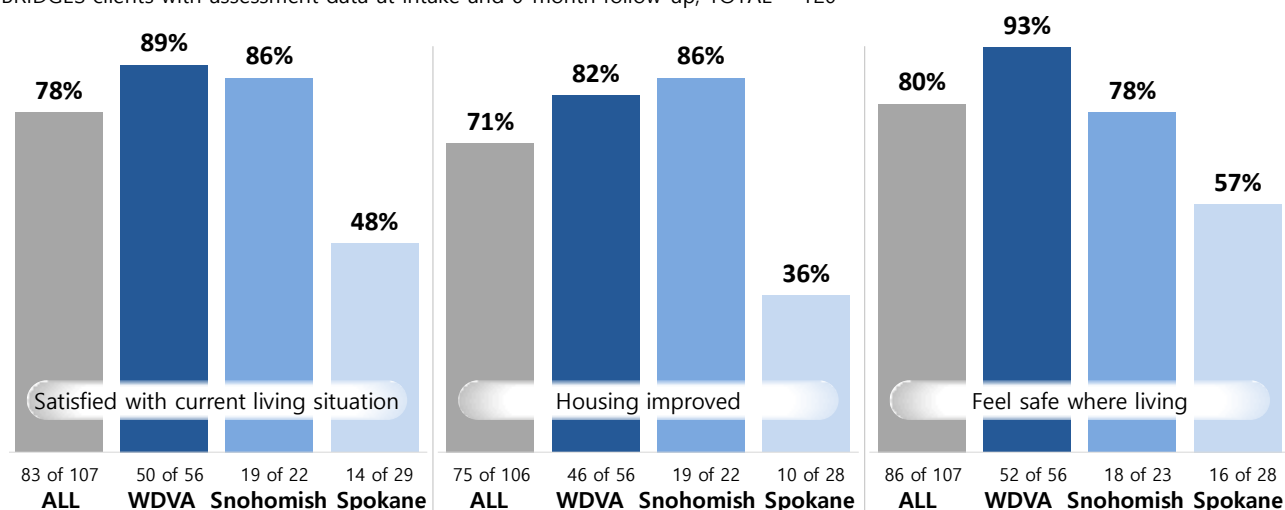
At 6-month follow-up, the majority (78 percent) of clients reported they were satisfied with their current living situation (Figure 8). Overall, 80 percent of participants felt safe where they were living and believed their housing situation had improved as a direct result of services they received in the program. Clients at the Spokane site were less likely to report they were satisfied with their housing (48 percent) and feeling safe where they were living (57 percent). At follow-up, just 36 percent of Spokane participants believed their housing situation had improved. Consistent with the Permanent Supportive Housing model, 80 percent of clients said they were asked about their preference for housing and 84 percent felt the BRIDGES team followed their wishes or choices regarding housing (not shown). 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>5</sup>

FIGURE 8.

<sup>5</sup> For more information on the BRIDGES photovoice project see <http://wabridges.weebly.com/>.

## Self-reported housing satisfaction at follow-up

BRIDGES clients with assessment data at intake and 6-month follow-up, TOTAL = 120



SOURCE: BRIDGES Housing Satisfaction Survey. Note: Fewer than 120 clients due to missing data. Thirteen clients were missing data on housing satisfaction and safety. Fourteen clients were missing data on housing improvement.

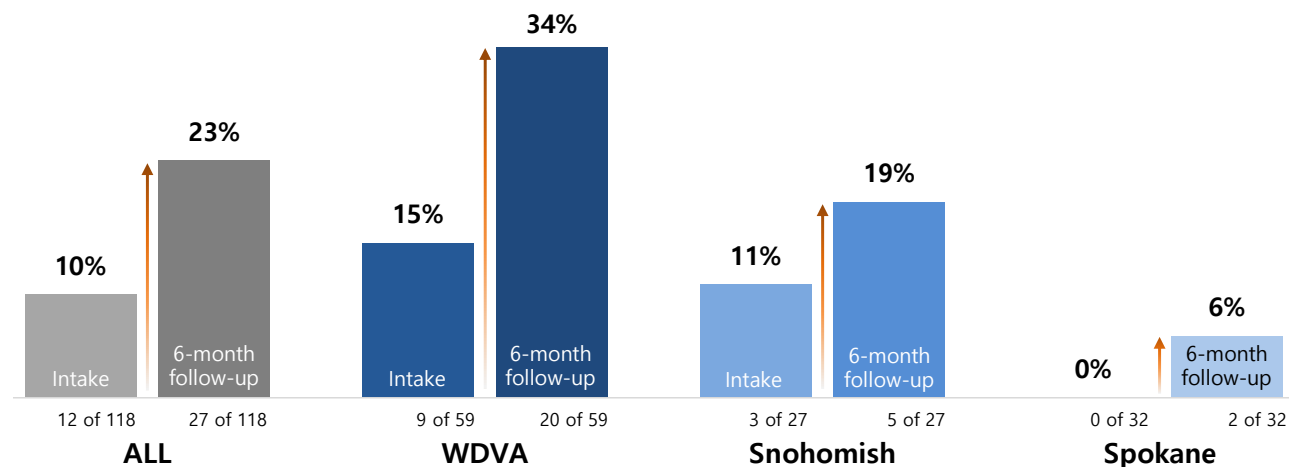
## Employment

Employment increased for BRIDGES participants, particularly among clients at the WDVA site. At intake, just ten percent of participants reported they were employed (full-time or part-time), which increased to 23 percent at 6-month follow-up (Figure 9). One third of participants at the WDVA reported they were employed at follow-up. Fewer participants in Snohomish and Spokane counties reported employment at follow-up, but the rate improved over baseline. We did not find a change in the number enrolled in school or job training programs, which remained low (6 percent at intake and 8 percent at follow-up, not shown).

FIGURE 9.

### Any Self-Reported Employment, Part-time or Full-Time

BRIDGES clients with assessment data at intake and 6-month follow-up, TOTAL = 120



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



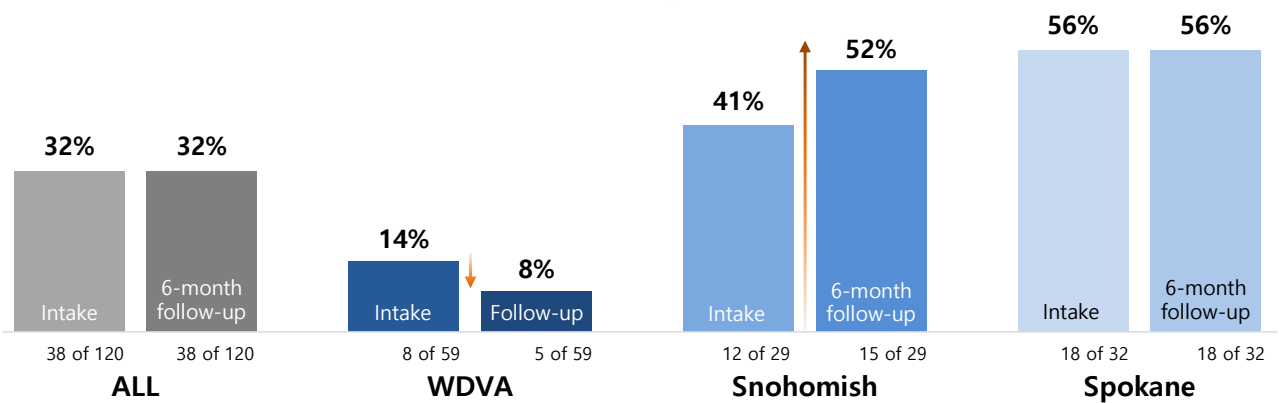
## Drug and Alcohol Use

We did not find improvement in self-reported alcohol use from intake to follow-up. The proportion of clients who reported drinking alcohol in the past 30 days remained the same (32 percent, figure 10). Among those who reported using alcohol, about half (46 percent) reported a decrease in the number of days they used alcohol, half (46 percent) reported increased use and 8 percent the same rate of use (not shown). The proportion of clients who reported using illegal drugs in the past 30 days decreased slightly, from 28 percent at intake to 24 percent at follow-up (Figure 11). Among those reporting drug use, 42 percent reported a decrease in the number of days using illegal drugs, 37 percent reported increased use and 21 percent the same use (not shown). The BRIDGES program did not require abstinence from substance use as a condition of participation, and instead focused on harm reduction through a housing first model. The WDVA required abstinence from substance use as a condition of remaining housed in the Building 9 transitional living facility. Although alcohol use did not decrease in the full sample and we found only a slight decline in drug use, participants reported they experienced fewer social and health consequences as a result of drug or alcohol use at follow-up (27 percent) compared to intake (44 percent, not shown).

FIGURE 10.

### Any Self-Reported Alcohol Use

BRIDGES clients with assessment data at intake and 6-month follow-up, TOTAL = 120

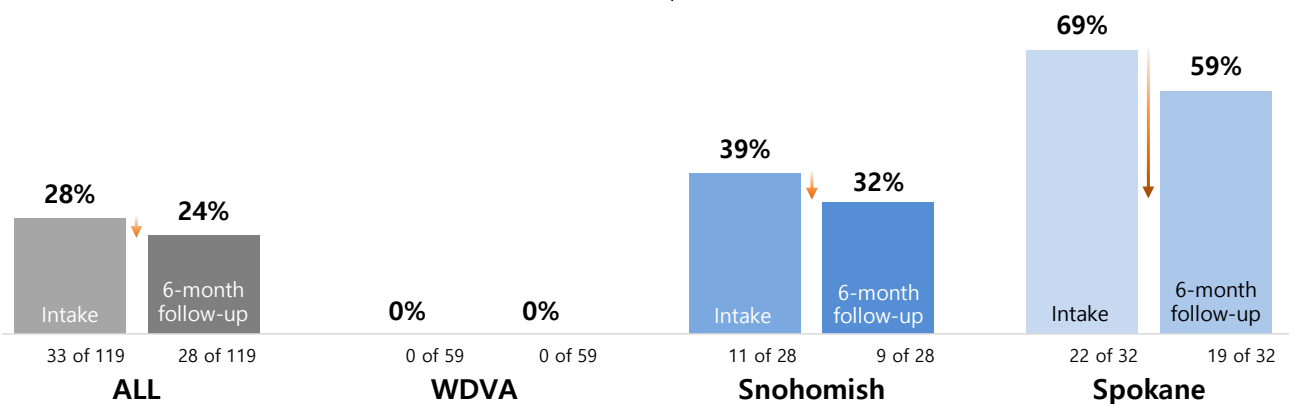


SOURCE: GPRA.

FIGURE 11.

### Any Self-Reported Illegal Drug Use

BRIDGES clients with assessment data at intake and 6-month follow-up TOTAL = 120



SOURCE: GPRA. Note: Fewer than 120 responses due to missing data. One client was missing data on illegal drug use.

## Discussion and Next Steps

In January of 2016, Washington State reached an agreement with the federal government to transform Medicaid through a five year Section 1115 Medicaid demonstration program. Initiative 3 of the demonstration program makes supportive housing and supported employment services, like those provided through the BRIDGES program, Medicaid-reimbursable for chronically homeless or high risk individuals. Similar to BRIDGES, the new supportive housing Medicaid benefit will pay for support services to help individuals find and keep housing, but will not pay for room and board. The supported employment benefit will pay for services to help individuals find and retain jobs.<sup>6</sup>

Most BRIDGES participants in Snohomish and Spokane counties are Medicaid clients who may be eligible for Medicaid-reimbursable supportive housing and supported employment services under the 1115 Medicaid Demonstration program, making the BRIDGES program an important pilot. The Permanent Supportive Housing services delivered through the BRIDGES program yielded promising results with respect to finding and attaining housing for chronically homeless individuals. At 6-month follow-up, the majority of clients in Snohomish (78 percent) and Spokane (69 percent) reported they were housed. Most of these individuals were living outdoors or in a shelter prior to enrollment in BRIDGES. Housing stability also increased among Medicaid clients, with few participants reporting homelessness or unstable housing in the 30 days prior to follow-up.

Supported employment at the Snohomish and Spokane sites produced less promising results. We found only small improvement in the proportion of clients employed at these two sites. Snohomish and Spokane participants faced numerous barriers to employment, including high rates of substance use, unemployment, chronic illness and involvement with the criminal justice system (Henzel, 2016). Poor employment outcomes may also be related to the types of employment services provided, the intensity of the services and level of fidelity to the evidence-based supported employment model. All three sites experienced high rates of staff turnover. Participants at the WDVA site reported higher rates of employment at follow-up than participants in Snohomish or Spokane counties. The self-reported employment data presented here will be verified with administrative employment records in the final BRIDGES report.

We did not find improvement in self-reported alcohol use and only a slight decrease in drug use. The program did not require abstinence but instead focused on harm reduction through a housing first model. A final BRIDGES evaluation will use administrative data to provide a descriptive analysis of pre- and post- program outcomes, such as employment, arrests and emergency department utilization.

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<sup>6</sup> For more information on Medicaid transformation and the 1115 demonstration see <http://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation>.

# APPENDIX

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

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

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

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

### REFERENCES

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## TECHNICAL NOTES

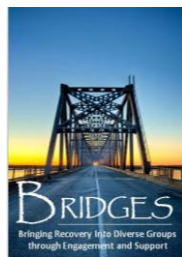
### STUDY DESIGN AND OVERVIEW

This study examines BRIDGES participant characteristics, service use and self-reported housing, employment and substance use outcomes for the 153 individuals enrolled during the first two program years. We report baseline and pre-program characteristics, using a combination of BRIDGES administrative 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, behavioral health indicators were not available for most WDVA participants.

### 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 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.
- **Service Information and Other Baseline 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 in this report were used for establishing baseline measures over 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 (SUD) treatment were identified using data from the Treatment and Assessment Report Generation Tool (TARGET).



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