

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

Summary of Baseline Characteristics and Program Services

Martha Galvez, PhD, Barbara Lucenko, PhD, Callie Black, MPH, Barbara E.M. Felver, MES, MPA
Report prepared for the Division of Behavioral Health & Recovery, Alice Huber, PhD, Chief, Evaluation & Quality Assurance, David Reed, MA, Project Director and Melodie Pazolt, Project Manager.
Funded by the Mental Health Transformation Grant, Department of Health & Human Services, Substance Abuse & Mental Health Services Administration, Center for Mental Health Services, Grant Number 1H79SM060196-01

Permanent Options for Recovery-Centered Housing

An evidence-based 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), 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 in Pierce, Chelan and Douglas counties. The goal of the PORCH program is to increase housing stability and encourage independent living among adults with a history of serious mental illness and housing instability or homelessness.¹

PORCH is based on a permanent supportive housing (PSH) model. PSH is typically defined as affordable housing combined with supportive services provided to chronically homeless individuals with substantial mental, physical or behavioral health barriers to maintaining housing. Absent stable housing, however, these individuals may not make progress toward mental health or substance abuse recovery. The combination of affordable housing and services is expected to encourage progress towards mental health and substance abuse recovery goals, minimize spells of homelessness and support employment.

This report covers the first 12 months of PORCH services (May 2011 through April 2012) and describes baseline characteristics for 143 individuals who enrolled in the program. This is the first of several reports that will monitor PORCH participants over a five-year period. An outcome evaluation in year 5 will identify the impact of PORCH on housing stability, employment, and health after one year of PORCH participation.

PORCH Participant Characteristics

- Housing status prior to program enrollment differed by site: Chelan/Douglas County participants were more likely to have been incarcerated, in a drug/alcohol detox facility, homeless or in a temporary living situation such as staying with friends or family members; Pierce County participants were more likely to have been hospitalized or in a nursing or boarding home because they lacked appropriate alternative housing.
- Serious Mental Illness (SMI) was more common among participants in Pierce County.
- Chelan/Douglas County participants were more likely to show indications of alcohol or drug use.
- Overall, PORCH participants had low workforce participation in the 24 months prior to enrollment.
- 1/3 of all PORCH participants were arrested at least once during the 24-months prior to enrollment.
- The most common DSHS services received prior to PORCH were medical coverage and Basic Food.

¹ Homelessness or housing instability is defined broadly as living on the street or other settings not intended for habitation, relying on transient situations such as couch surfing, motels or temporary shelter, and/or facing imminent loss of housing (i.e., from eviction). Mental health consumers living in a state hospital or other group institutional setting because they lack alternative independent housing options are also considered to be unstably housed.



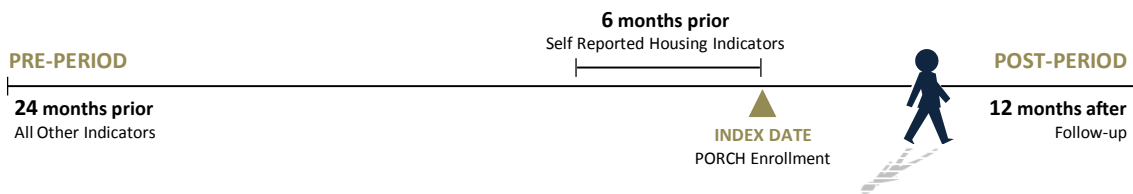
STUDY METHODS | Identifying baseline participant characteristics and year 1 services

PORCH began serving participants in May 2011. Program staff identified 158 adults as having received at least one PORCH service during the first 12 months of the program, regardless of whether these individuals were ultimately enrolled. A total of 143 participants were enrolled, some of whom dropped out or were removed from the program before the end of the 1st year and replaced by new participants. As of April 2012, the total active PORCH caseload was 101 participants (51 in Pierce and 50 in Chelan/Douglas).

This report describes PORCH service use during the first program year, and detailed baseline and pre-program characteristics for the 143 participants who were enrolled in PORCH. Data available through Washington State’s Integrated Client Database (ICDB) describe social and mental health service use, employment and arrests during the approximately 24 months before the date each participant enrolled in PORCH (“index date”). Supplementing the ICDB data is information collected directly from PORCH participants by program staff at enrollment and every 6 months thereafter. This information includes recent housing, employment and arrest histories, as well as mental health and substance abuse recovery status. All data sources are described in the technical notes.

The detailed pre-program health, housing and service use characteristics reported here allow us to understand the PORCH population and will ultimately help us track changes over time and isolate any impacts of PORCH services on outcomes. In future reports, we will identify housing, recovery and employment outcomes for the 12-month period following each participant’s enrollment.

Study Timeline



DEMOGRAPHICS | Demographics are similar across the two PORCH sites

Demographics are similar across the two sites in terms of age and gender, but differ by race/ethnicity. The majority of all PORCH participants are female, with an average age of approximately 40. The majority of participants in Pierce County identify as non-white (57 percent), compared to just under a third (32 percent) of Chelan/Douglas participants. Participants in Pierce County are more likely to be African American or Asian, while Chelan/Douglas participants are more likely to be Native American or Hispanic.

DEMOGRAPHIC DETAIL	Age, Race/Ethnicity, Gender		
	All PORCH Participants Enrolled May 2011 through April 2012		
	PIERCE (n = 60)	CHELAN, DOUGLAS (n = 78)	TOTAL (n = 138)
Average age	40 years	42 years	41 years
Race/ethnicity			
White, non-Hispanic	42%	68%	57%
Any Racial/ethnic minority	57%	32%	22%
Any racial/ethnic minority	(n=34)	(n=25)	(n=59)
African American	32%	24%	29%
Asian	41%	4%	25%
American Indian	32%	72%	49%
Hawaiian/Pacific Islander	3%	8%	5%
Alaska Native	9%	0%	5%
Hispanic (of any race)	18%	28%	22%
Gender			
Male	48%	46%	47%
Female	52%	54%	53%

SOURCE: GPRA/TRACs. NOTE: Percents for detailed race/ethnicity are of the total racial/ethnic minority population; percents will sum to more than 100 because individuals may identify as more than one race/ethnicity. “White only” and “racial/ethnic minority” categories sum to 100 percent.

SERVICES | Assessment and housing assistance were the most common services

PORCH staff identified a total of 158 individuals who received at least one PORCH service, regardless of whether they were enrolled in the program. This section summarizes the services provided to this group.

PORCH’s primary goal is to help program participants find and maintain safe, stable housing as a step towards improved employment and recovery. 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. The majority of PORCH services are provided by Certified Peer Counselors. Peers provide individualized services including help coordinating with housing, social service or health care providers, help searching for housing, help with basic life skills like shopping or home care, and help connecting to community resources.

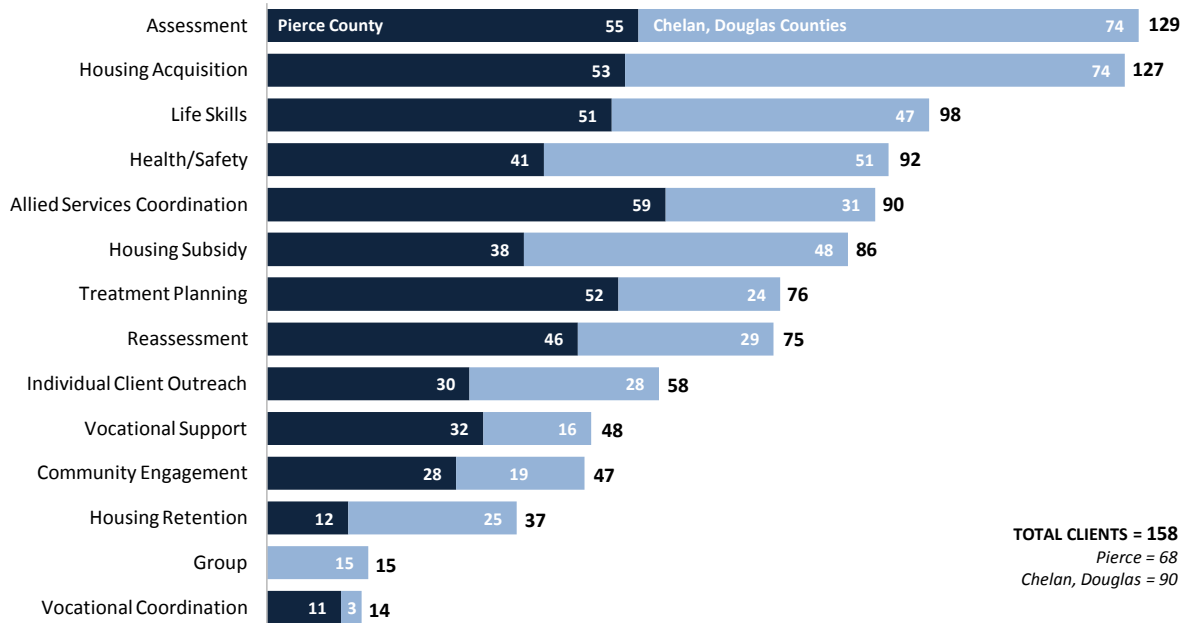
An important component of PORCH is an individual assessment provided at enrollment, during which PORCH staff collect information about participants’ housing and recovery histories and needs. The assessment was the most common service provided across the two sites in year one (129 participants, or 82 percent). Enrolled participants will be re-assessed every six months to gauge progress and needs, and future reports will likely identify re-assessment as one of the most commonly provided services.

Housing acquisition was the second most common service provided across the two sites. A total of 127 participants (80 percent) received help securing housing. This includes help finding housing, communicating with landlords, signing leases and moving.

While not provided directly by PORCH, about 85 percent of participants receive subsidized housing in the form of a rental voucher or subsidized unit. The Department of Commerce (Commerce) initially allocated \$300,000 to PORCH participants in Chelan/Douglas, in the form of tenant-based rental assistance (TBRA) vouchers. These funds will be reduced to \$174,000 going forward. Housing assistance is also provided through the Pierce and Tacoma housing authorities, RSNs, and local homelessness prevention funds. As of this report, the Chelan/Douglas Community Action Council contributed \$200,116 in tenant-based vouchers to PORCH. Subsidies typically pay the difference between 30 percent of the recipient’s monthly income and the unit’s rent.

A larger share of Chelan/Douglas participants received subsidized housing (48, or 94 percent) compared to Pierce County (38, or 76 percent). Remaining PORCH participants live in unsubsidized housing or with family.

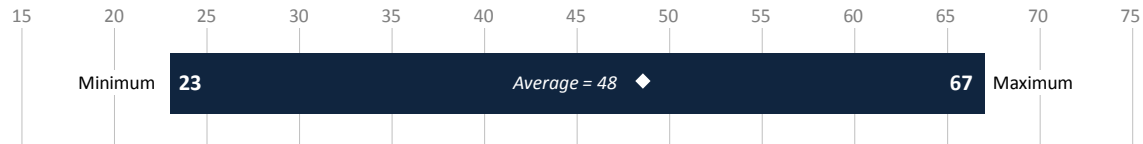
Number of participants receiving PORCH services, by service type, May 2011 through April 2012



SOURCE: AVATAR/PORCH service delivery data.

ILLNESS MANAGEMENT AND RECOVERY SCALE | IMR scores were similar across sites

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 questions ask the extent to which alcohol or drug use impacts consumers' lives. The IMR scale for PORCH participants ranges from 23 to 67. Higher scores typically indicate more success managing mental illness symptoms and pursuing recovery goals. Scores described here are for the point participants enrolled in the program. On average, participants at the two PORCH sites had similar baseline IMR scores. Future reports will examine changes in IMR scores over time.



IMR DETAIL

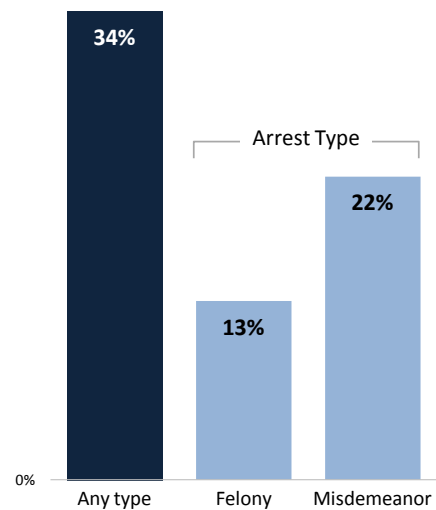
	IMR at Baseline/Enrollment Interview		
	All PORCH Participants Enrolled May 2011 through April 2012		
	PIERCE (n = 57)	CHELAN, DOUGLAS (n = 76)	TOTAL (n = 133)
Average IMR Score	49	48	49
Minimum	23	31	23
Maximum	66	67	67

SOURCE: PORCH assessment

CRIMINAL JUSTICE | One third of all participants were arrested prior to PORCH

Arrest histories are available from self-reported information collected from participants at the point of program enrollment, and from arrests recorded in Washington State Patrol (WSP) data. WSP records arrests regardless of whether they led to a conviction. Four percent of all PORCH participants reported having been arrested during the 30 days immediately prior to program enrollment. WSP data show that one third of all PORCH participants were arrested at some point during the 24-months prior to enrolling in PORCH. Chelan/Douglas County participants were more likely to have been arrested during the 24-month pre-period compared to Pierce County participants (39 percent compared to 29 percent in Pierce County). In both sites, misdemeanor arrests were more common than felonies.

ARRESTS



ARREST DETAIL

	Arrests Prior to PORCH Enrollment		
	All PORCH Participants Enrolled May 2011 through April 2012		
	PIERCE	CHELAN, DOUGLAS	TOTAL
Arrests during the 24 months prior to enrollment, verified			
Any arrest	27%	39%	34% (n = 48)
Felony arrest	10%	16%	13% (n = 19)
Misdemeanor arrest	17%	27%	22% (n = 32)
Arrests in 30 days prior to enrollment, self-reported			
Percent arrested	3%	4%	4%
Average number of arrests	1	1	1

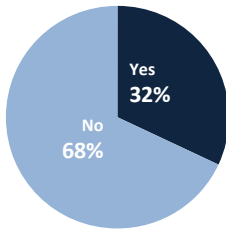
SOURCES: Washington State Patrol arrest data (24 months prior to PORCH enrollment). GPRA/TRACs self-reported arrest data.

EMPLOYMENT | PORCH participants have limited employment history

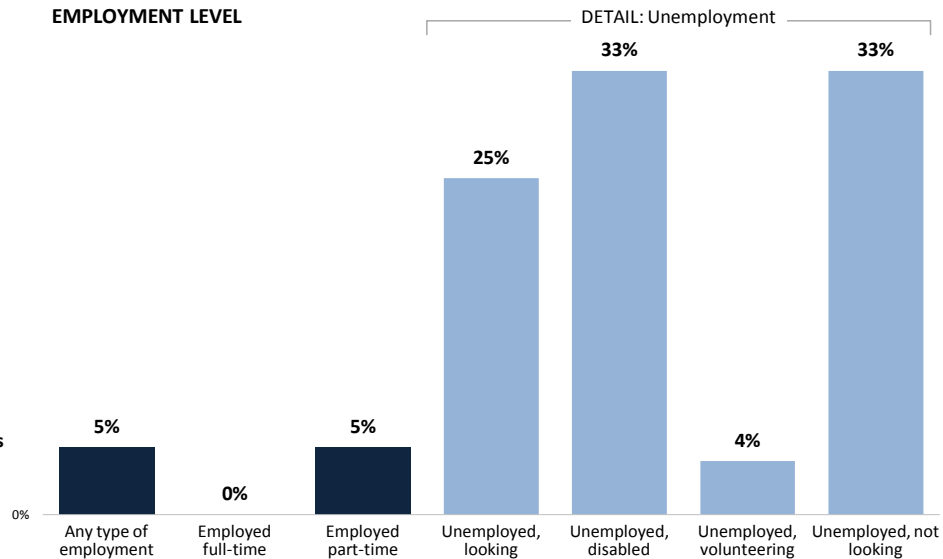
As with arrest data, employment data are from a combination of self-reported data and verified data from the Washington State Employment Security Department (ESD) Unemployment Insurance (UI) wage files. Only 5 percent of PORCH participants reported being employed at the point they enrolled in the program, and all of the employed were working on a part-time basis. Approximately one quarter of all participants reported being unemployed but looking for work. The remaining participants reported being unemployed and either not looking for work (33 percent) or disabled (33 percent). Nearly half of all participants in Pierce County reported they were neither employed nor looking for work at the point of enrollment; a similar share of Chelan/Douglas County participants reported a disability.

ESD data for the 24-month period prior to PORCH enrollment show only 32 percent of all PORCH participants had any earnings, although the share of Chelan/Douglas participants with earned income was notably higher (39 percent compared to 23 percent in Pierce County). Quarterly earnings for the employed participants were quite low, averaging only \$2,114.

ANY EARNINGS?



EMPLOYMENT LEVEL



AVERAGE EARNINGS

\$2,114 per quarter, average for prior 24 months

EMPLOYMENT DETAIL

	Employment Prior to PORCH		
	All PORCH Participants Enrolled May 2011 through April 2012		
	PIERCE	CHELAN, DOUGLAS	TOTAL
Employment at baseline interview, self-reported			
Any employment	5%	5%	5% (n = 7)
Employed full-time	0%	0%	0% (n = 0)
Employed part-time	5%	5%	5% (n = 7)
Unemployed, looking	30%	22%	25% (n = 35)
Unemployed, disabled	20%	42%	33% (n = 45)
Unemployed, volunteering	2%	5%	4% (n = 5)
Unemployed, not looking	43%	24%	33% (n = 45)
Earnings in 24 months prior to PORCH enrollment, verified			
Percent with any earnings	23%	39%	32%
Average quarterly earnings	\$1,263	\$2,486	\$2,114
Minimum quarterly earnings	\$30	\$137	\$30
Maximum quarterly earnings	\$4,038	\$20,076	\$20,076

SOURCES: GPRA/TRACS (self-reported data); Employment Security Department, Unemployment Insurance quarterly wages (verified data).

HOUSING | Housing instability and homelessness was common

Three different data elements are combined to create a picture of PORCH participants' housing histories:

- First, PORCH staff members collect participants' self-reported housing status and satisfaction at enrollment. This includes a housing 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). Participants describe where they slept each night over the previous 6 months, which is then coded by PORCH staff.
- Second, data from Washington State's Homeless Management Information System (HMIS) documents the use of emergency shelter or other homelessness assistance/prevention services at any location in Washington during state fiscal years 2010 and 2011 (July 2009 to June 2011).
- Third, DSHS has created an indicator of housing need. The indicator reflects whether DSHS clients used HMIS services or self-identified as either homeless or in need of housing during encounters with social service case managers or clinicians. Five data sources are included: 1) HMIS, plus information recorded during 2) public assistance eligibility determinations, 3) assessments for chemical dependency treatment, 4) receipt of mental health services and 5) medical claims records (see Shah et al., 2012, available at: <http://publications.rda.dshs.wa.gov/1457/>).

Nearly 60 percent of participants reported at least one night of unstable housing or homelessness during the 30 days prior to program enrollment. Approximately 67 percent reported at least one night of instability/homelessness in the previous 6 months.

Couch surfing or sleeping in a motel was the most commonly reported type of instability, followed by a stay in a shelter or temporary housing, and then by sleeping outdoors or in a location not intended for habitation. Compared to Pierce County participants, Chelan/Douglas participants were more likely to have been homeless/unstably housed prior to PORCH and experienced more days of homelessness/instability.

- In the 30 days prior to PORCH enrollment, 86 percent of Chelan/Douglas participants spent at least one night homeless or unstably housed, compared to 16 percent of Pierce participants.
- In the 6 months prior to enrollment, 93 percent of Chelan/Douglas participants reported at least one night of homelessness/housing instability, compared to 33 percent of Pierce county participants.
- Among those reporting at least one night of instability during the 6-month pre-period, the average number of nights unstably housed was 130 for Chelan/Douglas, compared to 79 for Pierce.

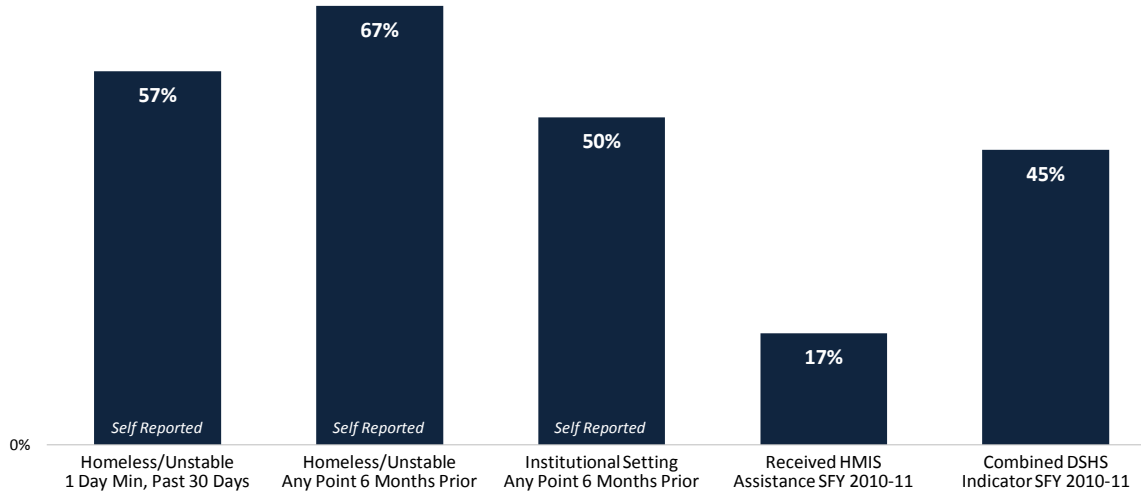
In contrast, Pierce County participants were more likely to have been in a hospital, group home or nursing home at some point in the 6-months prior to PORCH enrollment (76 percent compared to 31 percent).

Despite the high incidence of self-reported housing instability, only 17 percent received homelessness or prevention services between July 2009 and June 2011. A larger share (45 percent) showed some indication of self-reported housing need during the same period, as per the DSHS combined housing need indicator.

An additional indicator of instability is the number of residential moves during a relatively brief time period, regardless of whether an individual ends up homeless or considers herself to be at imminent risk of homelessness. On average, PORCH participants reported 1.4 changes in housing status on their 6 month housing calendars (for example, from housed to jail). Chelan/Douglas participants had more frequent changes (1.7 vs. 1.1 in Pierce County). Low-income households, particularly renters, tend to move more frequently than higher-income households (Cohen & Wardrip, 2011), but more than one move in a 6-month period is likely high compared to other very low income renters.

Housing instability can be difficult to capture, since housing status may change abruptly, case managers may not always discuss housing, or participants may be reluctant to reveal their housing status. The difference between self-reported homelessness in PORCH data compared to the DSHS combined indicator may reflect participants who had limited interactions with DSHS during periods of instability or did not indicate their housing need when they met with case managers. The relatively low proportion of PORCH participants who received HMIS services may also reflect PORCH participants' high incidence of drug and alcohol use, or institutionalization—which can limit eligibility for homeless assistance programs.

HOUSING STATUS



HOUSING DETAIL

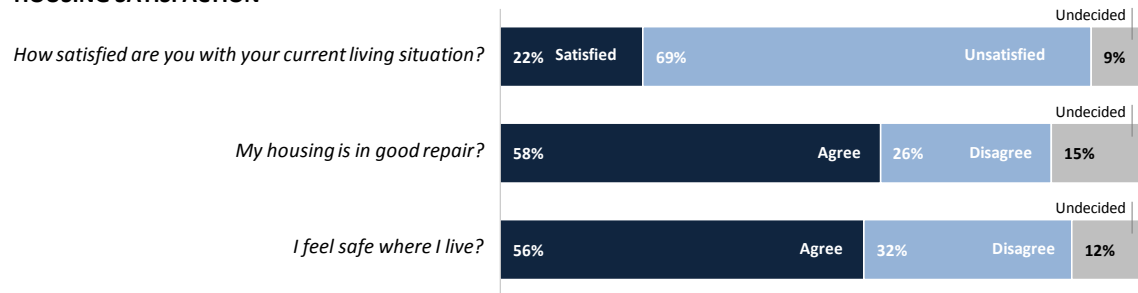
	Housing/Homelessness		
	All PORCH Participants Enrolled May 2011 through April 2012		
	PIERCE	CHELAN, DOUGLAS	TOTAL
Self-reported housing status during 6 months prior to PORCH*			
Homeless/unstably housed >=1 day in 30 days prior to enrollment	16%	86%	57% (n = 73)
<i>Living on the street/place not intended for habitation</i>	7%	14%	11% (n = 14)
<i>Emergency/temporary shelter</i>	4%	26%	16% (n = 21)
<i>Couch surfing, motel, etc.</i>	9%	61%	39% (n = 50)
<i>Facing imminent loss of housing (i.e., eviction)</i>	0%	3%	2% (n = 2)
Homeless/unstably housing >= 1 day in 6 mos. prior to enrollment	33%	93%	67% (n = 87)
Living in an institutional setting at any point in 6 months prior to PORCH enrollment:	76%	31%	50% (n = 65)
<i>Detox or residential treatment facility</i>	7%	12%	10% (n = 13)
<i>Jail or prison</i>	0%	15%	9% (n = 11)
<i>Hospital or nursing home</i>	25%	4%	13% (n = 17)
<i>Group home or boarding home</i>	55%	3%	25% (n = 32)
Average number of days homeless/unstably housed (for those reporting <= 1 day of instability)	79 days	130 days	120 days (n = 87)
Average number of moves/changes in housing status	1.1	1.7	1.4 (n = 129)
Received HMIS housing/homelessness prevention services**			
SFY 2010 or 2011	10%	23%	17% (n = 24)
Housing instability as per DSHS Combined Housing Need Indicator (includes receipt of HMIS services)			
SFY 2010 or 2011	25%	60%	45% (n = 64)

SOURCES: *PORCH Assessment, baseline interview. **HMIS data.

HOUSING SATISFACTION | Most participants were unsatisfied with pre-PORCH housing

The majority of all PORCH participants (69 percent) reported being unsatisfied with their housing situation at the point of program enrollment. Dissatisfaction was higher in Chelan/Douglas, where homelessness was more common: 80 percent of Chelan/Douglas participants were unsatisfied with their current living situation, compared to 54 percent in Pierce County. Despite the relatively high degree of dissatisfaction, the majority of housed participants agreed their housing was in good repair and that they felt safe where they lived. Pierce County participants, who were more likely to have been hospitalized or in residential facilities, were also more likely to be satisfied with their living situation and feel their housing was safe and in good repair.

HOUSING SATISFACTION



HOUSING SATISFACTION DETAIL

	Housing Satisfaction		
	All PORCH Participants Enrolled May 2011 through April 2012		
	PIERCE	CHELAN, DOUGLAS	TOTAL
Self-reported Housing Satisfaction at PORCH enrollment			
How satisfied are you with your current living situation? (Among all participants)			
Satisfied	37%	12%	22% (n = 28)
Unsatisfied	54%	80%	69% (n = 87)
Undecided	10%	8%	9% (n = 11)
My housing is in good repair? (Among housed participants only)			
Agree	63%	51%	58% (n = 49)
Disagree	22%	31%	26% (n = 22)
Undecided	14%	17%	15% (n = 13)
I feel safe where I live? (Among housed participants only)			
Agree	69%	47%	56% (n = 73)
Disagree	25%	36%	32% (n = 41)
Undecided	5%	17%	12% (n = 16)

SOURCES: PORCH Assessment, baseline interview; HMIS; DSHS Combined Housing Need Indicator.

BEHAVIORAL HEALTH | High incidence of mental illness and mental health treatment

As expected based on PORCH's target population, nearly all participants show some indication of mental illness. Behavioral health and mental illness characteristics are available from a combination of data sources, described in detail in the technical notes. The severity of PORCH participants' mental health diagnoses suggests that illnesses are chronic and recovery services are likely ongoing.

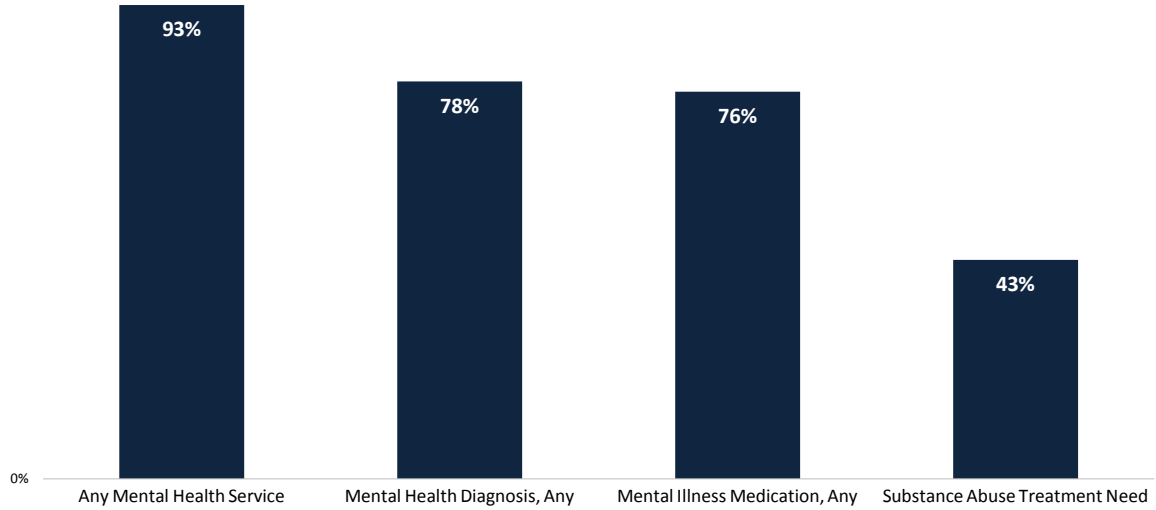
Pierce County participants have more indicators of SMI compared to Chelan/Douglas participants:

- 100 percent of Pierce County participants received inpatient or outpatient services or were hospitalized in the 24-months prior to PORCH, compared to 80 percent in Chelan/Douglas.
- 73 percent of Pierce County participants received a diagnosis of psychosis, compared to only 12 percent of Chelan/Douglas participants. Depression was the most common mental health diagnosis for Chelan/Douglas participants (59 percent) and antidepressants were the most common medication (55 percent).

Chelan/Douglas participants were more likely to show indications of alcohol or drug (AOD) treatment or need.

- Nearly half (47 percent) of Chelan/Douglas participants showed some indication of need for AOD treatment, compared to 37 percent in Pierce county.

BEHAVIORAL HEALTH



BEHAVIORAL HEALTH DETAIL

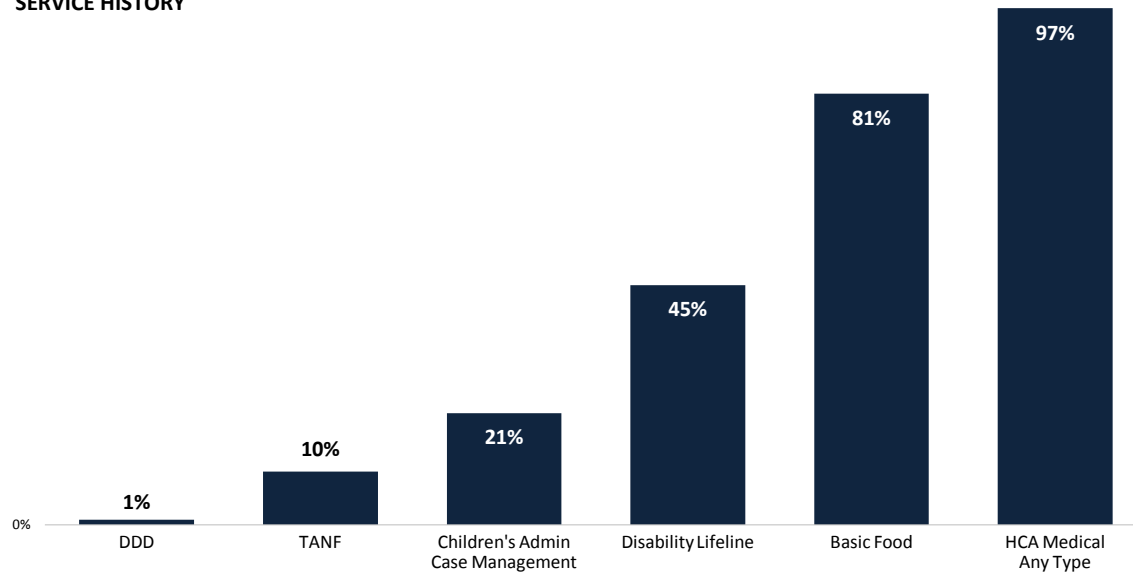
	Behavioral Health Indicators		
	All PORCH Participants Enrolled May 2011 through December 2011		
	PIERCE	CHELAN, DOUGLAS	TOTAL
Receipt of mental health services			
Mental health service, any type	98%	89%	93% (n = 133)
Outpatient	98%	88%	92% (n = 132)
Inpatient/community	37%	8%	20% (n = 29)
State hospital stay	33%	2%	15% (n = 22)
Medical mental health service	87%	54%	68% (n = 97)
Any of the above	100%	89%	94% (n = 134)
Mental health diagnosis			
Any diagnosis	90%	70%	78% (n = 112)
Psychotic	73%	12%	38% (n = 54)
Bipolar	33%	28%	30% (n = 43)
Depression	35%	59%	49% (n = 70)
Anxiety	50%	51%	50% (n = 72)
ADHD or conduct	15%	1%	7% (n = 10)
Adjustment	0%	4%	2% (n = 3)
Prescription medications			
Any mental illness medication	85%	69%	76% (n = 108)
Antipsychotic	75%	29%	48% (n = 69)
Antimania	15%	4%	8% (n = 12)
Antidepressant	55%	61%	59% (n = 84)
Antianxiety	53%	40%	45% (n = 65)
ADHD	5%	4%	4% (n = 6)
Substance abuse treatment need and services			
Alcohol/drug treatment need flag	37%	47%	43% (n = 61)

NOTE: Participants may have multiple diagnoses.

DSHS/HCA SERVICE HISTORY | Medical, Basic Food were the most common services

DSHS service use is shown for the 24-month period prior to each participant’s PORCH enrollment. Nearly all enrolled PORCH participants (97 percent) received some type of medical coverage from Washington State’s Health Care Authority (HCA) during the 24-months prior to enrollment, and 84 percent received some type of economic support (TANF or food support) through DSHS. The Basic Food program (Washington’s food stamp program) was the most common economic service received prior to enrollment: in total, 81 percent of all PORCH participants received Basic Food assistance, with higher use in Chelan/Douglas compared to Pierce (92 percent compared to 67 percent). Basic Food program participation may have been lower in Pierce County because of the higher incidence of institutionalization. Perhaps not surprisingly considering the higher rate of self-reported disability among Chelan/Douglas participants, PORCH participants in that county were more likely to have been enrolled in Disability Lifeline, formerly the General Assistance-Unemployable program (DL/GAU), at some point prior to enrollment (59 percent compared to 27 percent in Pierce County).

SERVICE HISTORY



SERVICE HISTORY DETAIL

	Receipt of DSHS HCA Services 24 Months Prior to PORCH Enrollment		
	All PORCH Participants Enrolled May 2011 through April 2012		
	PIERCE (n = 60)	CHELAN, DOUGLAS (n = 83)	TOTAL (n = 143)
DSHS CA, case management	17%	24%	21%
DSHS Economic Services, any type	72%	93%	84%
TANF	0%	17%	10%
Basic Food	67%	92%	81%
DSHS Division of Developmental Disabilities, any type	2%	0%	1%
DSHS Disability Lifeline/GAU	27%	59%	45%
HCA medical coverage, any type	100%	95%	97%

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

STUDY POPULATION

This report describes PORCH service use, housing history, health and social service use, employment and arrest histories for unstably housed adults in Pierce and Chelan/Douglas counties enrolled in PORCH. This report shows service use for 158 participants who received any PORCH service at some point during the first program year, and focuses on 143 participants who enrolled for any period of time.

DATA SOURCES

Several administrative data sources were used in this report.

- PORCH program data collected for program evaluation and monitoring, or to fulfill federal reporting requirements.
 - AVATAR. PORCH service delivery data as recorded by PORCH staff and reported to the Pierce and Chelan/Douglas Regional Support Networks (RSNs). RSNs provide data to DSHS/DBHR and RDA for performance monitoring.
 - *Government Performance and Results Act Transformation Accountability Client-level National Outcome Measures for Programs Providing Direct Treatment Services (GPRA/TRACs)*. Federally-mandated information that PORCH staff are required to collect from participants. Questionnaire items include demographic questions as well as questions regarding health, social connectedness, perceptions of mental health care, history of homelessness, education and employment. GPRA/TRACs questionnaires are required at baseline (enrollment) and every 6 months thereafter.
 - *PORCH Assessment and 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. Data included are for state fiscal years 2010 and 2011.
- 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:
 - Washington State Employment Security Department (ESD) Unemployment Insurance (UI) wage data provide information on quarterly earnings, which are used to create a measure of employment status and calculate average quarterly earnings. An individual is considered employed if he/she had any earnings in a fiscal year.
 - Washington State Patrol (WSP) data identifies participants who have been arrested. Arrest data are also a component of the alcohol and drug treatment need indicator. Local law enforcement agencies are generally required to report felony and gross misdemeanor offenses into the WSP database, and not lower-level misdemeanors. Data completeness also varies by jurisdiction; as a result, data may understate total arrests.
 - *Treatment and Assessment Report Generation Tool (TARGET)* data from the DBHR identifies participants who received chemical dependency treatment.

REFERENCES

- Cohen, R., & Wardrip, K. (2011). *Should I Stay or Should I Go? Exploring the Effects of Housing Instability and Mobility on Children*. Washington, DC: Center for Housing Policy.
- Shah, M.F., Black, C., & Felver, B. (2012). *Identifying Homeless and Unstably Housed DSHS Clients in Multiple Service Systems*. Olympia, WA: WA State Department of Social and Health Services, Research and Data Analysis.
- 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.
- 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.



Permanent Options for Recovery-Centered Housing: Year 1 Annual Report
Summary of Baseline Characteristics and Program Services

RDA CONTACT

Martha Galvez, PhD, 360.902.0742, martha.galvez@dshs.wa.gov

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.
Please request REPORT NUMBER 11.171