

BRIDGES TO HOUSING 2010 OUTCOME SUMMARY

In 2007, Multnomah, Washington and Clackamas counties in Oregon joined with Clark County in the state of Washington to initiate Bridges to Housing (B2H), a regional solution to family homelessness. B2H is aimed at stabilizing families in permanent housing and providing critical services to prevent future homelessness. Families in B2H are provided housing along with intensive case management to assist them in finding and securing needed services for parents and their children. Limited client assistance funds are also available to meet emergent needs and to individualize services to maintain family stability and promote child and family wellbeing.

Since 2007, more than 360 families have been served across the four counties, including 729 children. By December 31, 2010, enrollments included:

- 206 families in Multnomah County
- 76 families in Clark County
- 42 families in Washington County
- 35 families in Clackamas County

B2H families have complex needs. Most have had multiple episodes of homelessness in the past and are at risk for chronic homelessness due to mental and behavioral health challenges, extreme poverty, unemployment, and physical disabilities and/or health concerns. Nearly 30% had an open case with the public child welfare system at the time of enrollment.

This report provides summary data on core outcomes for the Bridges to Housing population enrolled 24 months or longer (n=106) and additional information about families enrolled at least 18 months.¹ Note that outcome data are reported only for the subset of enrolled families for whom data were available at five time points (i.e., enrolled by January 1, 2009, with data submitted at baseline and every six months thereafter). Some families in the program had not yet reached 24 months by the time data were extracted for this report; others exited prior to this data collection point. Data on exits from B2H and the status of families at the time of exit appears on page 5 of this report.

¹ A large majority of families in both these samples were served by two providers in Multnomah County.

Table 1: Family Characteristics and Prior Use of High Cost Resources for all Enrolled Families

	<u>All B2H (n=359)</u>
Household	
Female single parent	81% (291)
Two-parent household	14% (50)
Father only	4% (15)
Number of children (at intake)	
One or two (or pregnant)	74% (264)
Three-four	23% (85)
Five or more	3% (10)
Race/Ethnicity of children	
Non-White	42% (303)
Latino	21% (152)
 High Cost Resource Use (12 months prior to intake)	
Homelessness housing system	84% (295)
Mental health treatment	32% (112)
Domestic violence services	46% (160)
Drug/alcohol treatment	43% (151)
Foster Care	26% (92)
Corrections system	32% (112)
Physical/Cognitive health services	56% (198)

Core Outcomes and Progress Indicators

Core outcome 24-month data for this report were extracted from the Homeless Management Information System (HMIS). Additional information came from two reports submitted by case managers:

- A report on progress indicators and the status of families currently in the program that had been enrolled 18 months or longer as of March 1, 2011 (n=83). Among these families:
 - 47% (39 families) had been enrolled 18-24 months.
 - 53% (44 families) had been enrolled 25 months or longer.²
- A report on the status at exit of all families that had left the program prior to December 31, 2010 (n=197).

² 42/44 of these families were served by Impact Northwest or Human Solutions in Multnomah County.

Housing Stability. Families enter B2H from emergency shelters, transitional housing programs, short-term stays with friends or acquaintances, temporary shelter with family, etc. Some are fleeing home to escape from intimate partner violence. Most have had multiple moves in the prior 6 months and many have had multiple episodes of homelessness in the past. A critical goal for B2H is to stabilize families in housing while they are in the program. The results have been excellent, with no more than 10% of families moving in a six month period while enrolled in B2H.

Family Safety. Keeping families safe from harm is a second critical goal of B2H. Dramatic decreases in the incidence of domestic violence following enrollment in the program have been sustained over time (from 35% to less than 10%). Children and adults have also had fewer visits for emergency medical care. Rates of placement in foster care, DHS referrals, and arrests have remained low.

These findings are summarized in Table 2 below.

Table 2: Family Stability and Safety for Families Enrolled for 24 months

	6 months prior to Intake	Intake to 6 months	6 to 12 months	12 to 18 months	18 to 24 months
All B2H (n=106)					
Families that moved at least once	91% (95)	7% (7)	7% (7)	5% (5)	10% (11)
Families living in permanent housing	11% (11)	88% (93)	93% (98)	91% (95)	94% (99)
Family experienced domestic violence	35% (36)	4% (4)	6% (6)	5% (5)	8% (8)
Families that had at least one adult visit to ER	47% (49)	27% (28)	30% (31)	31% (33)	31% (33)
Families that had at least one child visit to ER	48% (50)	24% (25)	18% (19)	24% (25)	19% (20)
Families with new DHS referral	8% (8)	5% (5)	10% (11)	11% (12)	9% (9)
Families who had a child placed in foster care	7% (7)	0% (0)	2% (2)	4% (4)	1% (1)
Family member arrested	6% (6)	2% (2)	8% (8)	1% (1)	9% (10)

Child Wellbeing. Data on child wellbeing indicators are collected on a single ‘focus child’ in the family, i.e., the youngest school-age child (or, if no child is school age, the child closest to school age). Many of these children enter B2H with challenging behaviors and/or learning difficulties, and one of the unique aspects of the program is the capacity to address their needs while also assisting parents. The overall results have been good, evidenced by increased access to physical and dental health care, stability in childcare and education settings, involvement in organized activities such as camps, after school programs, etc., and academic progress.

Table 3: Child Wellbeing Indicators for Families Enrolled 24 months

All B2H (n=106)	6 months prior to Intake	Intake to 6 months	6 to 12 months	12 to 18 months	18 to 24 months
Has primary health care provider	92% (92)	99% (100)	96% (97)	99% (97)	99% (100)
Has primary dental care provider	66% (67)	88% (89)	91% (92)	93% (91)	99% (100)
Met benchmarks for grade	78% (43)	87% (59)	84% (56)	81% (58)	85% (60)
In only one childcare or education setting	67% (49)	83% (58)	82% (59)	85% (63)	87% (61)
Involved in organized activities	68% (69)	90% (91)	91% (92)	93% (94)	91% (92)

Progress towards Self-Sufficiency. Across the four counties, families have demonstrated progress towards self-sufficiency in many ways. Among those enrolled 18 months or longer in the program:

- 76% were managing money better.
- 42% had paid off a debt.
- 36% had increased their financial assets.

In 42% of the families, at least one adult had obtained new job skills and in 34% of the households, someone had found employment.

At the 24-month data collection point, 21% (n=22) of the Heads of Household in B2H were employed (some were also in school and/or a job training program). Another 34% (35 families), though not employed were either in school, in a job training program, or both.

Retention and Exit Data

Retention. Given the serious and complex needs of many families enrolled in B2H, the program was designed to provide intensive case management for up to two years (and has now been extending beyond that in some jurisdictions). B2H families are sometimes challenging to engage and retain in services, thus participation and program retention have been important markers.

Overall retention rates in B2H have been good:

- 93% of families remained for at least six months;
- 79% remained for at least 12 months;
- 65% remained for at least 18 months;
- 64% remained or ‘graduated’ by 24 months.

Status at Exit. In the overall B2H population, 197 families have exited the program.³ They left B2H for many reasons. Some were highly successful and were ready to move on. Others reached the 24-month timeframe and transitioned out of the program, even though they and/or their case managers recognized they might benefit from additional services. In other cases, families left or were terminated from the program because of challenging behaviors or failure to comply with program rules. For the 2010 report, we asked case managers to provide information on the status of exited families at the time they left Bridges to Housing.⁴

Results indicate:

- 43% (85 families) of those who exited had completed the program
 - 30% (60 families) had done exceptionally well. Case managers felt they no longer needed intensive case management. These families either stayed in B2H housing or left with other housing secured (most often a single family apartment).
 - 13% (25 families) exited at about 24 months. Twenty-one of these families either remained in B2H housing or had other housing secured. Although most were doing well, case managers felt this group of families could have benefited from further services.
- 57% (111 families) exited early. Among these, 46 remained in B2H housing or had other housing secured. The stability of the remaining families was less certain. A few left B2H to enter residential treatment programs. The destination of others was unknown.

³ Exit information was missing for one family that had left the program; results are based on a sample of 196.

⁴ Note that exit results are strongly affected by the retention beyond 24 months of many of the families who are making the greatest strides. For this reason, exit results tend to include a higher percentage of families that have been less successful in the program.

For those with housing secured, financing included:

- Project-Based Section 8 – 35%
- Tenant-Based Section 8 – 19%
- Market Rate – 35% (3% Income Restricted)
- Public Housing – 9%

Case managers rated more than 80% of the housing/family situations as ‘stable’, at least in the short term. When case managers said they expected ‘long-term’ stability, these were families that had excelled in the program:

“Client has done wonderfully...she has a full-time job, makes good choices in her life.”

‘[Client] is getting a 4.0 at PCC [community college]....will enroll at PSU next year.’

When the outlook is more tenuous and case manager rated the situation as ‘stable, at least in the short term’, concerns centered around income deficit, need for employment, reliance on school grants that might end, concerns about relapse. In those cases (about 20%) where the case managers rated the situation as ‘unstable,’ the reasons noted were typically relapse, untreated mental illness, and/or domestic violence that had resulted in eviction or termination with an uncertain future.

Employment and Income at Exit. Employment rates remained low, with about 26% of the Heads of Household (51/196) employed at the point of exit. Among these:

- 31 families (16% of the entire sample of exited families) had a full time job
- 14 HOHs had a job that also paid benefits.
- In some cases (about 20% of those with domestic partners), another adult in the family was working.
- Gross monthly income ranged from \$560 to \$3900 per month
 - 90% were making less than \$2000 per month
 - 75% were making less than \$1200 per month
 - Half were making less than \$700 per month
 - Only one HOH was making a ‘living wage.’⁵

These findings on employment and income point to the significant issues in the larger social, economic and community context for the families. However, case managers also point out that an increase for a family from a \$432/month stipend from Temporary Assistance to Needy Families (TANF) to a part time job that brings in \$700/month represents a considerable increase in resources, particularly if other supports (especially Employment Related Day Care and housing subsidies) remain in place.

⁵ Based on household size and location, using Living Wage Calculator developed at Penn State University.

Remaining Needs and Challenges. For families that have exited, as well as for families on the current caseload and in their second year in the program, case managers most frequently cited the following barriers to long term stability: mental health concerns, sometimes combined with what case managers perceived to be cognitive challenges, lack of employment or steady income, the potential for drug/alcohol relapse, and in some cases concern about recurrence of domestic violence in the home.

Summary

Bridges to Housing continues to demonstrate positive outcomes for families with respect to increased stability and safety following enrollment in the program. These results are immediate and striking when families enter B2H and are sustained over time for those families who remain enrolled. Child wellbeing indicators show improved access to health care, stability in childcare and education settings and increased involvement in activities that promote social and emotional development.

Although employment rates remain well below 50% for Heads of Households who have remained in the program 18 months or longer, many families demonstrate progress towards self-sufficiency through enrollment in school, the acquisition of job skills, and improved financial wellbeing.

Retention rates are excellent through the first 12 months of the program and good through 24 months. Among those who have left, approximately half completed the program. The majority of these families remained in B2H housing and appeared to be stable in their living and family situations.

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