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**Community Bridges, Inc.:**  
***Blueprints to Life 2.0* – Peer Support Recovery Program**

**Final Project Report**

SAMHSA/CSAT Recovery Community Services Program, Grant No. TI023892

**A. INTRODUCTION**

Community Bridges, Inc. received a one-year continuation grant from SAMHSA/CSAT’s Recovery Community Services Program to continue its *Blueprints to Life 2.0* project which was developed and supported from September 30, 2007 through September 29, 2011 by a prior SAMHSA/CSAT grant. The (second) continuation grant supported the project from September 30, 2011 through September 29, 2012. This evaluation report summarizes the project’s accomplishments during this second grant period (fifth grant year).

**A.1. THE *BLUEPRINTS TO LIFE 2.0* PROJECT**

The purpose of the *Blueprints to Life 2.0* project was to “provide peer-based outreach and ongoing supportive care to homeless individuals who have untreated substance use and mental health disorders.”<sup>1</sup> The project’s target population was “chronic, at-risk (health, mental health, substance abuse) population of individuals who experience an overuse of crisis and emergency resources as well as face a higher risk of relapse, barriers to supportive services, long term hospitalization, and/or premature death.”<sup>2</sup> Community Bridges proposed to serve 95 to 100 adult men and women between the ages of 31 and 59 who had had multiple crisis service admissions as a result of untreated, co-occurring disorders. .

During its fifth year, the *Blueprints to Life 2.0* project continued to use peer support specialists (PSSs), CBI staff who themselves had received treatment for behavioral health disorders, to engage and to link homeless individuals with services and resources in the community. As they did in previous years, CBI peer support specialists assigned to the project attempted to establish trusting, supportive relationships with homeless individuals in order to assist them with the development of relapse prevention plans and to help them access healthcare, housing and employment services. They also supported clients’ continued engagement in substance abuse and/or mental health treatment and promoted reengagement in services when relapse occurred.

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<sup>1</sup> Description of the project’s purpose taken from the *New CSAT Discretionary Services Grantee Information Form* prepared by CBI and submitted to CSAT.

<sup>2</sup> This description also taken from CBI’s *New CSAT Discretionary Services Grantee Information Form*.

During its final year of SAMHSA funding, Community Bridges continued to implement the *Blueprints to Life 2.0* project without major changes in an effort to reduce the overutilization of crisis and emergency services by the target population group.

## **A.2. PROJECT HISTORY: ACCOMPLISHMENTS DURING YEARS 1 TO 4**

In 2007, Community Bridges initiated the *Blueprints to Life 2.0* project to train a team of peer support specialists to provide outreach services to homeless individuals and to link them with needed services and community resources in the Phoenix metropolitan area. During the first four years of the project, CBI used the initial SAMHSA grant to develop a trained cadre of peer support specialists and made several organizational changes that enhanced its capacity to use these specialists to provide outreach to the Phoenix metropolitan area. These included the following organizational changes:

- Create a new position, Director of Peer Support & Outreach Services, to provide support and supervision to CBI's peer support specialists;
- Expand peer-delivered services to multiple facilities operated by CBI; and
- Develop a training program (consisting of 14 modules) to certify peer support specialists which received CARF accreditation.

Over time, CBI's peer support specialists came to be viewed as experts by human services providers working with the homeless at shelters, who often sought them out for assistance with difficult individuals.<sup>3</sup> In addition to these accomplishments, Community Bridges achieved its performance goals and targets, providing outreach services to 498 homeless individuals and linking them to other needed human services in the community.

## **A.3. *Blueprints to Life 2.0* OBJECTIVES FOR THE FIFTH YEAR**

During the final year of its initial SAMHSA grant, Community Bridges applied for and received a grant to support its *Blueprints to Life 2.0* project for an additional year. Community Bridges proposed to use the second SAMHSA/CSAT Recovery Community Services Program grant to accomplish the following objectives:

1. *Provide outreach and links to community resources to 200 homeless individuals with co-occurring disorders annually.*

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<sup>3</sup> *Peer Support Recovery Program - Blueprints to Life Final Report 2011*, page 12.

2. *Actively engage 48% (96) of those who have been identified with wrap-around services.*<sup>4</sup>

The evaluation of the fifth year of the *Blueprints to Life 2.0* project assessed the extent to which these objectives were achieved.

#### **A.4. Implementation of *Blueprints to Life 2.0***

During its fifth year of operation, *Blueprints to Life 2.0* continued to provide outreach to the city of Phoenix's homeless adults. A number of peer support specialists continued to work on the project and one was promoted to the position of peer support manager. While specialists continued to conduct outreach at locations in the community where homeless adults congregate, most of their outreach efforts were focused on those with chronic and co-occurring disorders who were sent to a CBI facility from hospitals or who already were at one of CBI's "level 1" facilities (i.e., outpatient treatment, access/transition, detox, crisis stabilization units). This modification resulted from a change in the state's Medicaid eligibility requirements, which no longer provided coverage to childless adults. Because homeless adults without children were no longer eligible for Medicaid, many service providers were unable to provide services to this population. In cases where clients had been receiving services from another provider in the community, then specialists attempted to reconnect them with that provider so that they could continue to receive needed services. These often included: triage, detox (including ambulatory detox), crisis observation, medically-assisted treatment, alcohol/drug treatment, telemedicine, medical care, and other supportive services (e.g., housing, food, assistance with SSI benefits, transportation). CBI specialists also provided navigation services to locate appropriate housing for its *Blueprints* clients in one of several local housing programs that worked in partnership with the Arizona Coalition to End Homelessness.

Throughout the year, the CBI peer support manager, a former peer support specialist who had been promoted, monitored the *Blueprints* project and the peer support specialists' outreach efforts on a regular basis. Specialists completed reports after meeting with clients and discussed these reports at weekly staff meetings throughout the year. Managers also monitored the GPRA reports weekly to ensure that the project met its intake and 6-month follow-up goals. As the *Blueprints* project reached the end of its fifth year, some of the peer support specialists initially hired to work with the project continued to provide outreach services, helping to provide both continuity and valuable experience to CBI's outreach efforts.

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<sup>4</sup> Objectives taken from CBI's *New CSAT Discretionary Services Grantee Information Form*.

## **B. PROJECT OUTCOMES: OUTREACH TO PHOENIX’S HOMELESS POPULATION**

The *Blueprints to Life 2.0* project’s outreach target (Objective 1 for year 5) -- to provide outreach to 200 homeless individuals with co-occurring disorders -- was successfully achieved. Peer support specialists provided outreach to 349 individuals during its fifth year, FFY 2012.<sup>5</sup> During the project’s fifth year, peer support specialists concentrated on linking to services homeless adults with chronic and co-occurring disorders to reduce their use of “level 1” facilities (i.e., hospital emergency rooms, crisis services) and less effort on providing less direct outreach to community homeless shelters and the city of Phoenix’s downtown homeless “campus.” Twenty-four percent of these outreach encounters were made at one facility, Central Arizona Shelter Services’ Human Services Campus in downtown Phoenix, which is located relatively close to one of CBI’s facilities and is a convenient location for service providers to make contact with homeless individuals. The other outreach encounters were made at other facilities, which included CBI’s own “level 1” facilities.

In addition to providing outreach to homeless adults in the Phoenix area, the project also attempted to link these clients with other needed services. The project achieved its target of engaging 48% of its outreach target of 200 homeless adults (96 individuals) and trying to link them to services. CBI staff collected the required demographic, physical/mental/behavioral health indicator and services, and outcome data through administration of the GPRA surveys on the SAMHSA web site to the 100 homeless adults to whom the peer support specialists had provided outreach and had actively engaged in services. In the following section, this sample of 100 clients is described and compared to the clients who were received assistance from peer support specialists during the project’s first four years.

### **B.1. DEMOGRAPHIC CHARACTERISTICS OF THE HOMELESS CLIENTS SERVED**

The homeless clients to whom CBI’s peer support specialists provided outreach during FFY2012 were predominantly male. During the first four years of the project, the majority of homeless clients served by the project also were male. The racial/ethnic composition of the homeless clients served by the project during the first four years and the fifth year also was similar. The largest proportion of clients served during all five years was White. Slightly more Hispanic and Asian clients and slightly fewer White clients and American Indian were served during the project’s fifth year. The proportion of African American clients, relatively small during the project’s first four years, decreased by about half during its fifth year. The majority of the clients during all five years were between 35 and 54 years old; 68% in the project’s first four years and 59% during its fifth year. These slight changes in the demographic characteristics of the homeless adults served during the first four years versus the fifth year could be the result of the different outreach approach used by CBI’s peer support specialists during the last year or just a

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<sup>5</sup> Outreach statistics provided by CBI’s Director of Peer Support & Outreach Services.

result of naturally occurring variation in the homeless population from which they were recruited.

<b>TABLE 1. GENDER OF CLIENTS<sup>6</sup></b>	<b>YEARS 1-4</b>	<b>YEAR 5</b>
Male	87% (434)	80% (80)
Female	13% (64)	20% (20)
<b>Total Number of Clients</b>	<b>498</b>	<b>100</b>

<b>TABLE 2. RACE/ETHNICITY OF CLIENTS</b>	<b>YEARS 1-4</b>	<b>YEAR 5</b>
White	41% (205)	39% (39)
Hispanic/Latino	14% (69)	18% (18)
Black or African American	17% (85)	9% (9)
American Indian	6% (31)	3% (3)
Asian	>1% (1)	2% (2)
None of the Above	22% (107)	29% (29)
<b>Total Number of Clients</b>	<b>498</b>	<b>100</b>

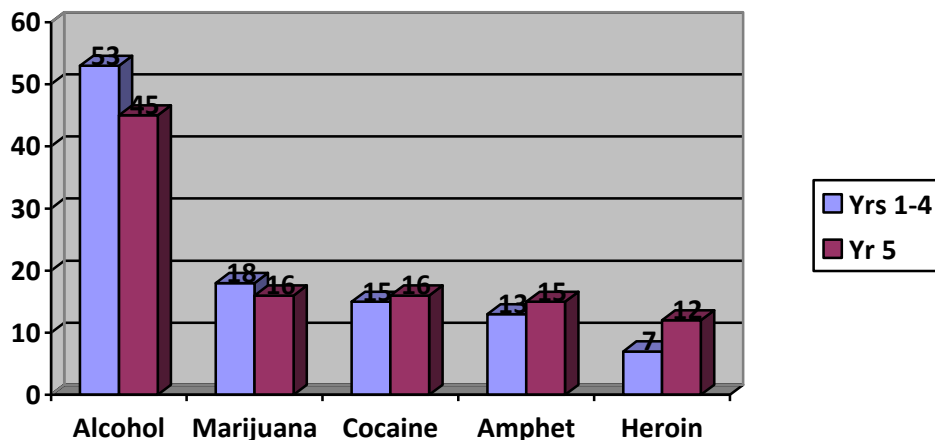
<b>TABLE 3. AGE GROUP OF CLIENTS</b>	<b>YEARS 1-4</b>	<b>YEAR 5</b>
18-24	4% (19)	2% (2)
25-34	15% (74)	17% (17)
35-44	26% (131)	24% (24)
45-54	42% (210)	35% (35)
55-65+	13% (64)	19% (19)
<b>Total Number of Clients</b>	<b>498</b>	<b>99<sup>7</sup></b>

<sup>6</sup> Demographic statistics obtained from the *GPRA Intake Survey* administered to project clients by CBI's peer support specialists.

## B.2. MENTAL HEALTH/CO-OCCURRING DISORDERS EXPERIENCED BY HOMELESS CLIENTS

The *Blueprints to Life 2.0* project's primary goal was to provide outreach services to homeless individuals with co-occurring disorders and to attempt to link them to other services and resources in the community. The *GPRA Intake Survey* data obtained from the project's clients indicate that those individuals to whom CBI's peer support specialists provided outreach and referral services met the project's target criteria, i.e., they had mental health disorders as well as substance abuse disorders. Alcohol was the most commonly reported controlled substance that fifth year clients, and clients served during the first four years, used a month before intake (45% and 53% of clients respectively). The pattern of illegal drug use also was similar for clients served during all five years: marijuana, cocaine, amphetamines, and heroin were the most commonly used substances (see Figure 1). The proportion of clients who reported using illegal drugs was much smaller than the proportion that used alcohol across all five years.

**FIGURE 1. BLUEPRINTS TO LIFE 2.0 CLIENTS' SELF-REPORTED ALCOHOL & OTHER DRUG USE 30 DAYS PRIOR TO INTAKE**



While about a third (32) of the *Blueprints* clients reported that they had not used controlled substances during the month prior to intake, the majority reported that their alcohol or drug use (AOD) had had a negative effect on their lives. Sixty-one percent of the project's clients reported that AOD use had resulted in stress and the same proportion reported that it had caused them emotional problems. About half of the clients (55%) also reported that AOD use had prevented them from participating in important activities. Eighty-five percent of the clients to

<sup>7</sup> Data missing for one client.

whom CBI’s peer support specialists provided outreach reported that they had been bothered by emotional or psychological problems during the month before intake, and about a third (36%) needed to take prescribed medication for these problems. Serious anxiety, depression, and trouble understanding, concentrating or remembering were the most common mental health problems reported by clients, experienced by 82%, 79%, and 62% respectively (see Table 4). A smaller but still substantial proportion of the clients (20%) reported that they had trouble controlling their violent behavior (see Appendix A for more detailed information about clients’ disorders from the *GPRA Intake Survey*).

<b>TABLE 4. MENTAL HEALTH PROBLEMS EXPERIENCED BY CLIENTS 30 DAYS BEFORE INTAKE</b>	<b>YEAR 5</b>
Experienced serious anxiety	82% (81)
Experienced serious depression	79% (78)
Experienced trouble understanding, concentrating or remembering	62% (61)
Prescribed medication for emotional/psychological problems	36% (36)
Experienced trouble controlling violent behavior	20% (20)
Attempted suicide	6% (6)

A fifth of the clients had received inpatient treatment for emotional or psychological problems during the month before intake, and about a quarter of them had received inpatient treatment for AOD use. A small number of clients received treatment in an outpatient or emergency room facility for AOD or mental health disorders during the month before intake. Based on the GPRA survey data, the clients to whom CBI peer support specialists provided outreach represented the target population of homeless adults with substance abuse and co-occurring disorders.

### **B.3. INTAKE RATES**

CBI achieved its objective to link 48% of the homeless individuals to whom peer support specialists provided outreach (i.e., 96 individuals) to services and community resources. During the project’s fifth year, CBI peer support specialists actively engaged 100 homeless clients and attempted to link them to needed services and community resources. The project’s intake coverage rates (calculated by the GPRA software on the SAMHSA GPRA website) were at or above the target of 80% for all but one month, and the annual average was 96%. The 6-month

follow-up rates exceeded the 80% target for all months.

<b>Table 5. Intake Coverage Rate and 6-month Follow-up Rate</b>		
<b>Month/Year</b>	<b>Intake Rate</b>	<b>6-Month Follow-Up Rate</b>
November 2011	102%	100%
December 2011	96%	96%
January 2012	78% <sup>8</sup>	92%
February 2012	84%	91%
March 2012	90%	89%
April 2012	98%	86%
May 2012	101%	87%
June 2012	103%	87%
July 2012	101%	87%
August 2012	98%	87%
September 2012	100%	87%
October 2012	100%	87%
<b>Annual Average</b>	<b>96%</b>	<b>90%</b>

#### **B.4. SUMMARY**

The *Blueprints to Life 2.0* project far exceeded its objective to provide outreach to 200 homeless individuals during its fifth year and to link about half of them (96) to needed services. CBI's peer support specialists, who had been hired and trained during the project's initial years, continued to provide outreach to target population: homeless individuals with co-occurring AOD and mental health disorders. The client group served during the fifth year was similar to that served during the project's first four years in terms of gender, age, and racial/ethnic composition, and they had similar patterns of AOD use prior to intake. One notable change was the decrease in the proportion of African American and Native American clients and a slight increase in the age distribution of clients. These changes could be the result of the different outreach approach used by CBI's peer support specialists during the fifth year or naturally occurring variation in the homeless population in the area. Rather than doing direct outreach to the homeless staying in shelters in the Phoenix area, specialists focused on linking those homeless with chronic, co-occurring disorders who typically use Level 1 facilities with basic health and behavioral health services.

#### **C. BLUEPRINTS TO LIFE 2.0 CLIENT OUTCOMES**

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<sup>8</sup> Rate is below the target of 80%.



Improvements in client outcomes were assessed using data from the GPRA surveys that were completed during the intake and the 6-month follow-up interviews. The surveys administered at intake and six months later collected data to measure change in SAMSHA's national outcome indicators as well as client engagement in risky behaviors that provide another measure of progress toward a more stable lifestyle.

### **C.1. GPRA CLIENT OUTCOMES**

The GPRA survey results indicated that the *Blueprint to Life 2.0* clients reported improvements on the 6-month follow-up GPRA survey in terms of the survey's behavioral, social, and housing outcome indicators. The pattern of improvement that was found during the project's fifth year was similar to that found during its first four years, although the rate of change varied substantially for some outcome measures. Abstinence from alcohol or drugs increased six months after intake during all five years. While the rate of change during the first four years was more than twice the rate during the fifth year, it was substantial for all five years. Similarly, the rate of change for clients who experienced no alcohol/drug-related health, behavioral, social consequences during the first four years was about twice that during the fifth year. At intake, most of the clients reported that they had not been arrested nor engaged in any criminal activity during the prior month and again most reported no criminal activity or arrests six months later. The greatest improvements reported by clients were for the employment/school enrollment and housing indicators. There was an 80% rate of change in the number of clients who were employed or enrolled in school six months after intake for all five years. (While the "rate of change" percentages are very large for some indicators, the actual number of clients who reported improvements is relatively small – in some cases only 5 clients reported improvements – due to the formula used for calculating the rates in the *GPRA Change Report* software.) The largest rate of change was reported for the housing indicator (550% during the first four years and 1000% during the fifth year); the proportion of clients who found a permanent place to live increased substantially six months after intake during all five years. These consistent improvements reported by *Blueprints to Life 2.0* clients during all five years indicated that the project had contributed to improving important aspects of their lives. The increased number of homeless who the peer support specialists helped to find stable housing was especially noteworthy given the need and the limited facilities available in the Phoenix area.

While improvements were reported by clients about some important aspects of their lives, little or no improvement was reported for two GPRA outcome measures: criminal activity and social connectedness. While there was a very small increase in criminal activity during the first four years (less than 1%), there was no increase during the fifth year. Although the "rate of change" value was not positive for the criminal activity indicator, clients' involvement in criminal activity remained very low across all five project years. The only GPRA outcome measure for which the

rate of change declined substantially for all five years was the social connectedness indicator. Clients reported a slight decrease in feelings of social connectedness during the first four years, and a substantial decrease during the fifth year. However, despite this decline in feelings of social connectedness among clients, the majority of them felt socially connected at both intake and the follow-up time point six months later. Based on the six GPRA outcome indicators, the *Blueprints to Life 2.0* contributed to clients’ progress toward maintaining a stable, drug-free lifestyle during the six months following intake.

**Table 6: Change in GPRA Survey Outcome Measures: Intake to 6-month Follow-up**

Indicator	Intake Survey		6-Month Follow-up Survey		Rate of Change <sup>9</sup>	
	Years 1-4 n=498	Year 5 n=48	Years 1-4 n=355	Year 5 n=48	Years 1-4	Year 5
Abstinence from alcohol or drugs	36%	42%	58%	52%	64%	25%
No criminal activity or arrests in past 30 day	94%	94%	93%	94%	-0.6%	0
Employed or enrolled in school	16%	10%	29%	19%	80%	80%
Experienced no alcohol/drug-related health, behavioral, social consequences	59%	49%	71%	53%	19%	9%
Socially connected	92%	88%	88%	71%	-4%	-19%
Stable (permanent) housing	5%	2%	29%	23%	550%	1,000%

## C.2. CLIENT ENGAGEMENT IN RISKY BEHAVIORS

Clients’ engagement in risky behaviors was monitored from initial intake to six months after intake as an additional measure of progress toward managing their AOD and mental health disorders. During the fifth year, the number of clients who engaged in risky behaviors decreased consistently from the intake to the six-month follow-up survey time points for all risk behavior indicators. This pattern of improvement was similar to that for the project’s first four years. The greatest decline in clients’ engagement in risky behaviors was reported for unprotected sexual contact with IV drug users, from 50% of the clients to none. A substantial decrease in the

<sup>9</sup> The “Rate of Change” values were calculated by the *GPRA Follow-up Change Report* program available on the SAMHSA GPRA website.

proportion of clients who used IV drugs and who had unprotected sexual contact also was reported by fifth year clients. No fifth year clients reported that they had had unprotected sexual contact with an individual high on some substance or who was HIV positive or had AIDS either at intake or six months later. Based on the increased number of *Blueprints to Life 2.0* clients who refrained from behaviors that posed a potential health risk from intake to six months later and improvements on the GPRA outcome indicators, the project’s fifth year clients had made progress toward maintaining a stable, drug-free lifestyle.

<b>Table 7: Change in GPRA Survey Risky Behaviors: At Intake to 6-month Follow-up</b>				
<b>Indicator</b>	<b>Intake Survey</b>		<b>6-Month Follow-up Survey</b>	
	<b>Years 1-4 n=498</b>	<b>Year 5 n=48</b>	<b>Years 1-4 n=355</b>	<b>Year 5 n=48</b>
IV drug use	12%	15%	5%	4%
Unprotected sexual contact	80%	67%	72%	50%
Unprotected sexual contact With person with HIV+/AIDS	0%	0%	0%	0%
Unprotected sexual contact With IV drug use	17%	50%	7%	0%
Unprotected sexual contact With person high on alcohol/drugs	41%	0%	14%	0%

## **D. SUMMARY & RECOMMENDATIONS**

### **D.1. SUMMARY**

During its final year of SAMHSA funding, Community Bridges continued to implement the *Blueprints to Life 2.0* project without major changes in to its target population: homeless individuals with co-occurring AOD and mental health disorders. During FFY2011, peer support specialists continued to engage and to link homeless individuals with services and resources in the Phoenix metropolitan area. As they did in previous years, CBI peer support specialists provided outreach to homeless individuals to assist them with the development of relapse prevention plans and to help them access healthcare, housing and employment services. They also supported clients’ continued engagement in substance abuse and/or mental health treatment

and promoted reengagement in services when relapse occurred. Despite state legislation that prohibited homeless adults without children from receiving Medicaid benefits, specialists continued to try to link homeless adults with needed services in the community. Because of changes in Medicaid eligibility, specialists focused on helping those who had Medicaid benefits keep their benefits.

Close monitoring of the project and the peer support specialists by CBI management staff helped to ensure that the project met its intake targets and goals. The project far exceeded its objective to provide outreach to 200 homeless individuals during its fifth year and to link about half of them to needed services. CBI's peer support specialists, who had been hired and trained during the project's initial years, continued to provide outreach to its target population. The clients served during the fifth year were similar to those served during the project's first four years in terms of gender, age, and racial/ethnic composition, and they had similar patterns of AOD use and mental health problems prior to intake.

*Blueprint to Life 2.0* clients made improvements as a result of the assistance they received from the project's peer support specialists. The pattern of improvement reported by clients during the project's fifth year was similar to that reported during its first four years. Abstinence from alcohol or drugs increased six months after intake during all five years. Clients reported progress toward maintaining a stable, drug-free lifestyle during the six months following intake. During the fifth year, the number of clients who engaged in risky behaviors decreased consistently from the intake to the six-month follow-up survey time points for all risk behavior indicators. While improvements were reported about important behavioral outcome indicators, little or no improvement was reported for criminal activity and social connectedness. Despite this, the majority of clients remained socially connected and did not engage in criminal activity at both time points. For some risk behavior and outcome indicators, the improvements reported by clients during the fifth year were greater than those reported by clients during first four years. Based on these findings, it appears that the project continued to promote clients' progress toward maintaining a stable, drug-free lifestyle during its fifth year.

## **D.2. RECOMMENDATIONS**

Community Bridges has successfully implemented the *Blueprints to Life 2.0* project for five years with SAMHSA funding. The following recommendations are based on the findings from the GPRA surveys and comments made by staff and stakeholders during interviews conducted during the past five years.

- The peer support specialists have made a valuable contribution to CBI's comprehensive AOD services. Not only do they bring the unique perspective of those with AOD and co-occurring disorders, but they also are culturally sensitive to the different groups residing in Arizona because of their diverse social and

cultural backgrounds. CBI should consider the continued use of the peer support specialists from different social and cultural backgrounds to ensure that behavioral health services are truly accessible to its Arizona's Latino and Native American populations.

- The peer support specialists bring a unique perspective because of their experience with AOD and co-occurring disorders; however, they do need ongoing support and supervision in order to be maximally effective. However, the effectiveness of projects that rely on the specialists can be hampered if they are not provided with the supervision that they need from clinical supervisors and other skilled staff or if specialists are employed who do not have the needed skills or experience (e.g., time in recovery). CBI should carefully screen candidates for the peer support specialist positions to ensure that they have the requisite skills and experience needed to effectively perform the job and then provide them with adequate supervision once employed.

**APPENDIX A**

**Table A1.** Demographic Characteristics of New Intakes from 04/01/2012 – 10/01/2012

		Freq.	Valid Rate (%)*
Gender	Male	80	80.0
	Female	20	20.0
	Total	100	100.0
Combined Race & Ethnicity	White	39	39.0
	Hispanic/Latino	18	18.0
	Black or African American	9	9.0
	American Indian	3	3.0
	Asian	2	2.0
	None of the above	29	29.0
	Total	100	100.0
Age Group	18-24	2	2.0
	25-34	17	17.2
	35-44	24	24.2
	45-54	35	35.4
	55-64	19	19.2
	65+	2	2.0
	Total	99	100.0
	Missing	1	--
Veteran Status	Yes, is a veteran	5	5.0
	No, not a veteran	35	35.0
	Did not serve in the military	60	60.0
	Total	100	100.0

\*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%

**Table A2. Socio-Economic Indicators**

	Freq.	Valid Rate (%)*
Are you currently enrolled in school or a job-training program?		
Not enrolled	97	97.0
Enrolled, full time	1	1.0
Enrolled, part time	2	2.0
Total	100	100.0
What is the highest level of education you have finished, whether or not you received a degree?		
Less than 12 <sup>th</sup> Grade Completed	32	32.0
12th grade completed/high school diploma/equivalent	42	42.0
College or university-1st year completed	12	12.0
College or university-2nd year completed/Associate's degree (AA, AS)	5	5.0
College or university-3 <sup>rd</sup> year completed	2	2.0
Bachelor's degree (BA/BS) or higher	6	6.0
Voc/tech program after high school but no voc/tech diploma	1	1.0
Total	100	100.0
Are you currently employed?		
Employed, full time	7	7.0
Employed, part time	3	3.0
Unemployed, looking for work	31	31.0
Unemployed, disabled	27	27.0
Unemployed, not looking for work	26	26.0
Unemployed, volunteer work	6	6.0
Total	100	100.0
In the past 30 days, where have you been living most of the time?		
Shelter	54	54.0
Street/Outdoors	27	27.0
Institution	5	5.0
Someone else's apartment, room or house	4	3.0
Halfway house	4	4.0
Residential treatment	4	4.0
Own/rent apartment, room, or house	2	2.0
Total	100	100.0
How many children do you have?		
0	48	48.0
1	11	11.0
2	21	21.0
3	7	7.0
4+	13	13.0
Total	100	100.0
Source of Income (Select All that Apply)		
Wages	15	15.0
Disability	10	10.0
Public assistance	4	4.0
Family or friends	1	1.0
Retirement	0	0.0
Non-legal income	0	0.0
Other	35	35.0
*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%		

**Table A3. Criminal Justice Involvement**

	Freq.	Valid Rate (%)*
In the past 30 days, how many times have you been arrested?		
0	95	95.0
1-3	5	5.0
Total	100	100.0
In the past 30 days, how many times have you been arrested for drug-related offenses?		
0	5	100.0
Not Applicable	95	--
Total	100	100.0
In the past 30 days, how many nights have you spent in jail/prison?		
0	91	91.0
1-15	5	5.0
16-30	4	4.0
Total	100	100.0
Average # days for drug users (# days > 0)	13	
In the past 30 days, how many times have you committed a crime?		
0	60	60.0
1-3	12	12.0
4-10	10	10.0
11-20	8	8.0
21-30	10	10.0
Total	100	100.0
Are you currently awaiting charges, trial or sentencing?		
Yes	6	6.1
No	93	93.9
Total	99	100.0
Refused	1	--
Are you currently on parole or probation?		
Yes	10	10.0
No	90	90.0
Total	100	100.0
*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%		



**Table A4. Alcohol and Other Drug Usage**

	Freq.	Valid Rate (%)*
Substance Use		
Any Alcohol	45	45.0
Cocaine/Crack	16	16.0
Marijuana/Hashish	16	16.0
Methamphetamine or other amphetamines	15	15.0
Heroin (Smack, H, Junk, Skag)	12	12.0
Percocet	9	9.0
Benzodiazepines	6	6.0
Morphine	4	4.0
Tylenol 2,3,4	4	4.0
Oxycontin/Oxycodone	4	4.0
Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline.	4	4.0
Codeine	3	3.0
Non-prescription methadone	3	3.0
Diluadid	2	2.0
Other Illegal Drugs	2	2.0
Other tranquilizers, downers, sedatives or hypnotics	1	1.0
During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?		
Not at all	6	6.1
Somewhat	18	18.4
Considerably	16	16.3
Extremely	26	26.5
Not Applicable	32	32.7
Total	98	100.0
Refused	1	--
Don't Know	1	--
During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?		
Not at all	12	12.2
Somewhat	24	24.5
Considerably	6	6.1
Extremely	24	24.5
Not Applicable	32	32.7
Total	98	100.0
Refused	1	--
Don't Know	1	--
During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?		
Not at all	7	7.1
Somewhat	24	24.2
Considerably	10	10.1
Extremely	26	26.3
Not Applicable	32	32.3
Total	99	100.0
Don't Know	1	--
*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%		

**Table A5. Sexual Activity 30 Days Prior to Intake**

	Freq.	Valid Rate (%)*
During the past 30 days, did you engage in sexual activity?		
Yes	23	23.0
No	77	77.0
Total	100	100.0
If you engaged in sexual activity, what is the number of sexual contacts (vaginal, oral, or anal) you had?		
1-3	18	18.0
4-10	3	3.0
11-20	0	0.0
21-30	2	2.0
Not Applicable	77	77.0
Total	100	100.0
If you engaged in sexual activity, what is the number of unprotected sexual contacts you had?		
0	7	7.0
1-3	12	12.0
4-10	2	2.0
11-20	2	2.0
21-30	0	0.0
Not Applicable	77	77.0
Total	100	100.0
If you engaged in unprotected sexual activity, what is the number of unprotected sexual contacts you had with an individual who is or was HIV positive or has AIDS		
0	13	13.0
1-3	1	1.0
Don't know	2	2.0
Not Applicable	84	84.0
Total	100	100.0
If you engaged in unprotected sexual activity, what is the number of unprotected sexual contacts you had with an individual who is or was an injection drug user?		
0	12	12.0
1-3	2	2.0
Don't Know	2	2.0
Not Applicable	84	84.0
Total	100	100.0
If you engaged in unprotected sexual activity, what was the number of unprotected sexual contacts you had with an individual who is or was high on some substance?		
0	9	9.0
1-3	5	5.0
Don't Know	2	2.0
Not Applicable	84	84.0
Total	100	100.0
*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%		

**Table A6.** How would you rate your overall health right now?

Status	Freq.	Valid Rate (%)*
Excellent	7	7.0
Very good	10	10.0
Good	33	33.0
Fair	26	26.0
Poor	24	24.0
Total	100	100.0

\*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%

**Table A7. Recent Mental and Emotional Health**

In the past 30 days (not due to your use of alcohol or drugs) how many days have you:	Freq.	Valid Rate (%)*
Experienced serious depression	0	21.2
	1-10	32.3
	11-20	22.2
	21-30	24.2
	Total	99.0
Experienced serious anxiety or tension	0	18.2
	1-10	30.3
	11-20	24.2
	21-30	27.3
	Total	99.0
Experienced hallucinations	0	84.9
	1-10	12.1
	11-20	2.0
	21-30	1.0
	Total	99.0
Experienced trouble understanding, concentrating, or remembering	0	38.4
	1-10	24.2
	11-20	18.2
	21-30	19.2
	Total	99.0
Experienced trouble controlling violent behavior	0	79.8
	1-10	13.1
	11-20	3.0
	21-30	4.0
	Total	99.0
Attempted suicide	0	93.9
	1-10	6.1
	11-20	0.0
	21-30	0.0
	Total	99.0
Been prescribed medication for psychological/emotional problem	0	63.6
	1-10	23.2
	11-20	0.0
	21-30	13.1
	Total	99.0

\*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%

**Table A8. Psychological or Emotional Problems**

How much have you been bothered by these psychological or emotional problems in the past 30 days?	Freq.	Valid Rate (%)*
Not at all	5	5.6
Slightly	14	15.6
Moderately	24	26.7
Considerably	26	28.9
Extremely	21	23.3
Not Applicable	10	--
Total	100	100.0

\*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%

**Table A9. Trauma Indicators\***

	Freq.	Valid Rate (%)*
Have you ever experienced violence or trauma in any setting?		
Yes	33	51.6
No	31	48.4
Total	64	100.0
a. Have you had nightmares about it or thought about it when you did not want to?		
Yes	23	68.7
No	10	30.3
Not Applicable	31	--
Total	64	100.0
b. Have you tried hard not to think about it or went out of your way to avoid situations that remind you of it?		
Yes	26	78.8
No	7	21.2
Not Applicable	31	--
Total	64	100.0
c. Were you constantly on guard, watchful, or easily startled?		
Yes	19	53.6
No	14	46.4
Not Applicable	31	--
Total	64	100.0
d. Did you feel numb and detached from others, activities, or your surroundings?		
Yes	18	57.6
No	15	42.4
Not Applicable	31	--
Total	64	100.0
How often have you been hit, kicked, slapped, or otherwise physically hurt?		
Never	54	84.4
A Few Times	9	14.1
Don't Know	1	1.6
Total	64	100.0

\*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%

**Table A10.** Use of Treatment Services 30 Days Prior to Intake

	Freq.	Valid Rate (%)*
During the past 30 days, did you receive Inpatient Treatment for...?		
Physical Complaints	8	8.0
Mental or Emotional Difficulties	20	20.0
Alcohol or Substance Abuse	26	26.0
During the past 30 days, did you receive Outpatient Treatment for...?		
Physical Complaints	2	2.0
Mental or Emotional Difficulties	6	6.0
Alcohol or Substance Abuse	12	12.0
During the past 30 days, did you receive Emergency Room Treatment for ...?		
Physical Complaints	20	20.0
Mental or Emotional Difficulties	3	3.0
Alcohol or Substance Abuse	5	5.0
*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%		

**Table A11.** Social Support 30 Days Prior to Intake

	Freq.	Valid Rate (%)*
In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with religious or faith-based organizations?		
Yes	59	59.0
No	41	41.0
Total	100	100.0
In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?		
Yes	25	25.0
No	75	75.0
Total	100	100.0
In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations listed above?		
Yes	16	16.0
No	84	84.0
Total	100	100.0
In the past 30 days, did you have interactions with family and/or friends that are supportive of your recovery?		
Yes	59	59.0
No	41	41.0
Total	100	100.0
To whom do you turn when you are having trouble?		
Friends	33	33.0
Family member	20	20.0
Clergy member	9	9.0
Other	16	16.0
No One	22	22.0
Total	100	100.0
*Due to rounding and single precision, the sum or percentages for each question may not total to 100.0%		

**Table A12.** Outcome Indicators for all 6-Month Follow-Ups Completed in FFY 2012

Increase of individuals receiving services who:	Valid Cases	Intake (%)	6-Month Follow-up (%)	Change (%)
<u>Employment/Education</u> : were currently employed or attending school	48	10.4	18.8	80.0
<u>Stability in Housing</u> : had a permanent place to live in the community	48	2.1	22.9	1000.0
<u>Crime and Criminal Justice</u> : had no past 30 day arrests	48	93.8	93.8	0.0
<u>Health/Behavioral/Social Consequences</u> : experienced no social consequences	47	48.9	53.2	8.7
<u>Abstinence</u> : did not use alcohol or illegal drugs	48	41.7	52.1	25.0
<u>Social Connectedness</u> : were socially connected	48	87.5	70.8	-19.0
6-month Follow-up Rate: 88.9 # of Follow-up Interviews Due: 54 # of Follow-up Interviews Received: 48				

**Table A13.** Mental Health Outcomes for 6-Month Follow-Ups Completed in FFY 2012

	Valid Cases	Intake (%)	6-Month Follow-up (%)	Change (%)
Experienced Depression	47	80.0	66.0	-18.4
Experienced Anxiety	47	83.0	66.0	-20.5
Experienced Hallucination	47	8.5	12.8	50.0
Trouble understanding, concentrating, or remembering	47	72.3	51.1	-29.4
Trouble controlling violent behavior	47	15.2	10.9	-28.6
Attempted suicide	47	4.3	4.3	0.0
Been prescribed medication for psychological or emotional problems	47	27.7	17.0	-38.5
6-month Follow-up Rate: 88.9 # of Follow-up Interviews Due: 54 # of Follow-up Interviews Received: 48				