

200 Bridges

Pilot Program Started by Arlington County DHS and
Arlington Community Foundation in 2018

- Developed in collaboration with Urban Institute and 10+ nonprofits
- Applying systems-level changes at household level
 - Collaboration, relationships, voice
 - Leveraging existing systems and resources
- Quarterly assessment of 12 life domains
- Served 90+ multi-generational households to date

200 Bridges

How it works

Single trusted point of contact

- Holistic assessment of family's immediate and long-term goals
- Helps family connect to resources across domains and agencies
- Shares family's needs with case review team

Multidisciplinary, cross-agency case review team

- Quarterly case reviews to help families work toward their goals and support case managers
- Members include subject matter experts in Housing, Benefits, Legal, Healthcare, Behavioral Health, Children's Services, Adult Education, and Workforce
- Teams troubleshoot systemic barriers
- Each meeting starts with family's current goals and concludes with action items
- Team members help case managers make warm handoffs

200 Bridges Outcomes Measurement

Point of Contacts complete a holistic assessment for each family at each quarterly review.

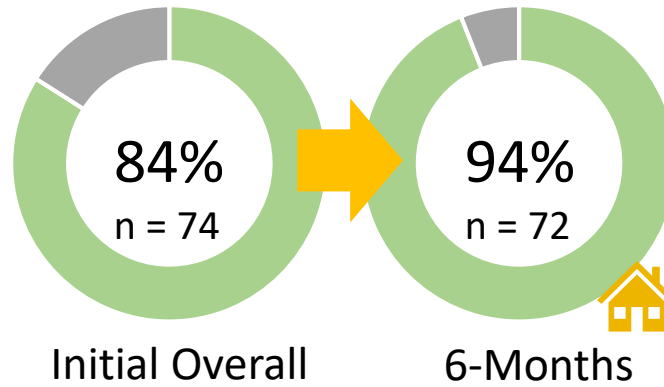
Outcomes are measured at 4 intervals based when assessments were completed: Initial, 6-Months, 12-Months, and 18+ Months. The number of families with data at each time point may vary.

- For “yes/no” questions, the charts show the percentage of families for whom the answer was yes
- For rating scale questions, the charts show the average rating on a scale of 1-4 (3 = stable)
- Some charts compare results for families who enrolled during the pandemic (since 3/2020) to overall results

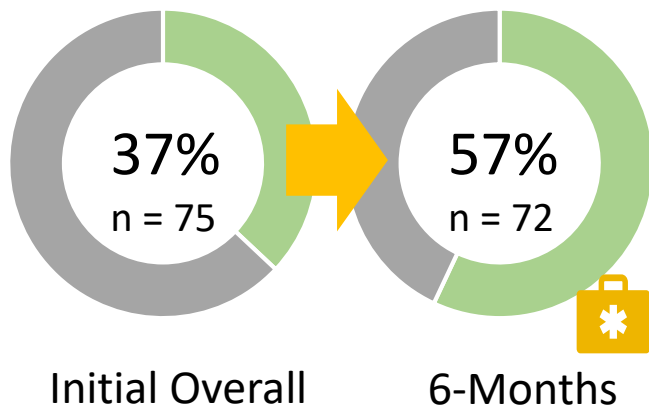
200 Bridges Outcomes - 6 Month Improvement

Immediate Impact

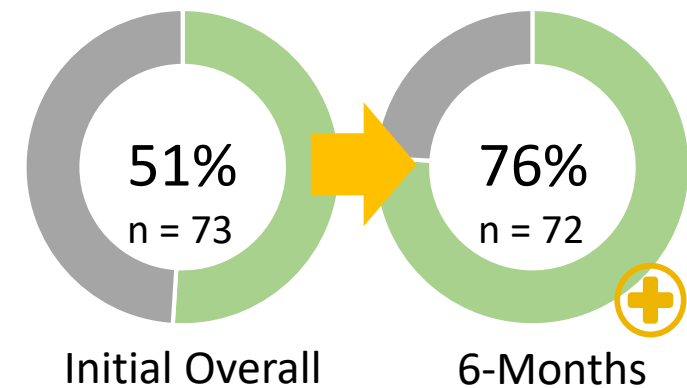
Safe Housing



Health Insurance Coverage



Medical Care



200 Bridges 6-Month Outcomes – Key Findings

Immediate Impact

Safe Housing

- Housing stability improves within the first 6-months as eligible families are connected to subsidies and supports; not much additional improvement thereafter.

Health Insurance

- Rapid improvement within the first 6-months as eligible families are connected to Medicaid. Subsequent improvement is limited, as few additional resources are available.

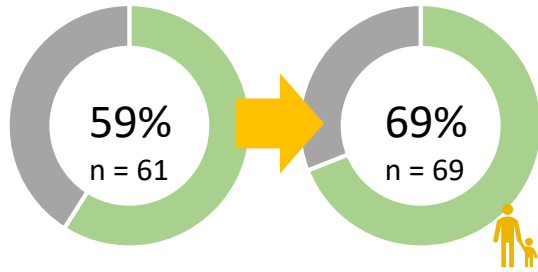
Medical Care

- Rapid improvement within 6-months, and modest improvement through 12-months. Causes include improved access to medical care as families obtain health insurance, and connection to nonprofit healthcare providers participating in 200 Bridges who accept Medicaid and serve uninsured clients. The percentage of families with access to medical care is substantially higher than the percentage with health insurance coverage.
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Rapid Improvement in the Pandemic

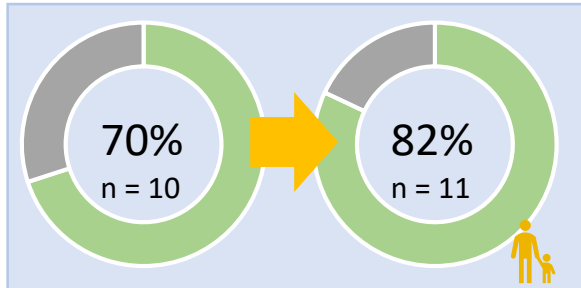
Overall vs. Pandemic

Safe, Reliable Child Care



Initial
Overall

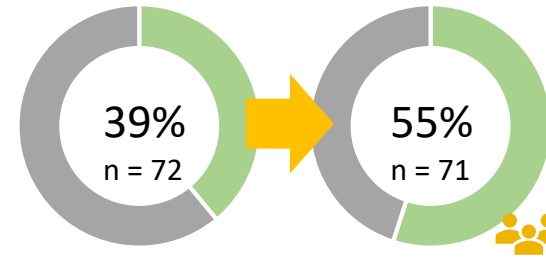
6-Months



Initial Since
Pandemic

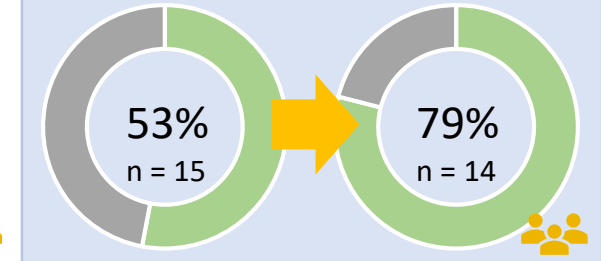
6-Months

Mutually Supportive Networks



Initial
Overall

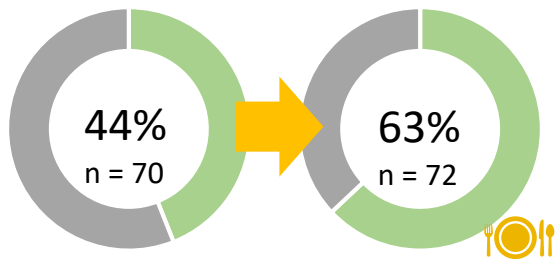
6-Months



Initial Since
Pandemic

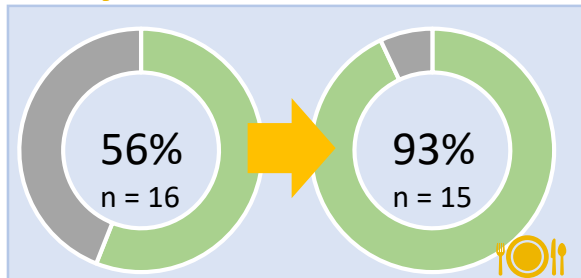
6-Months

Food Security



Initial
Overall

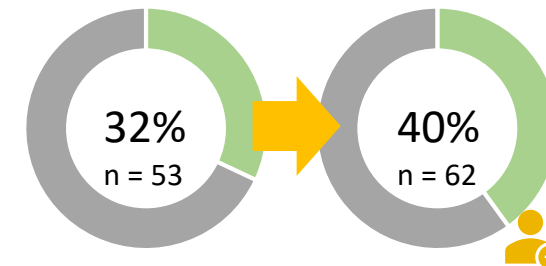
6-Months



Initial Since
Pandemic

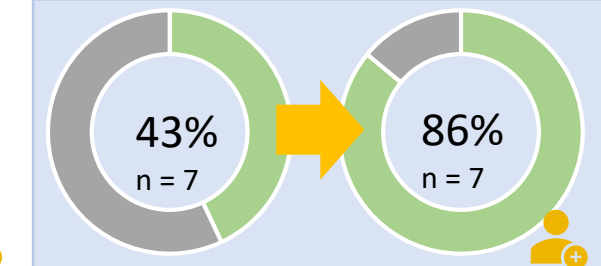
6-Months

Adult Role Models



Initial
Overall

6-Months



Initial Since
Pandemic

6-Months

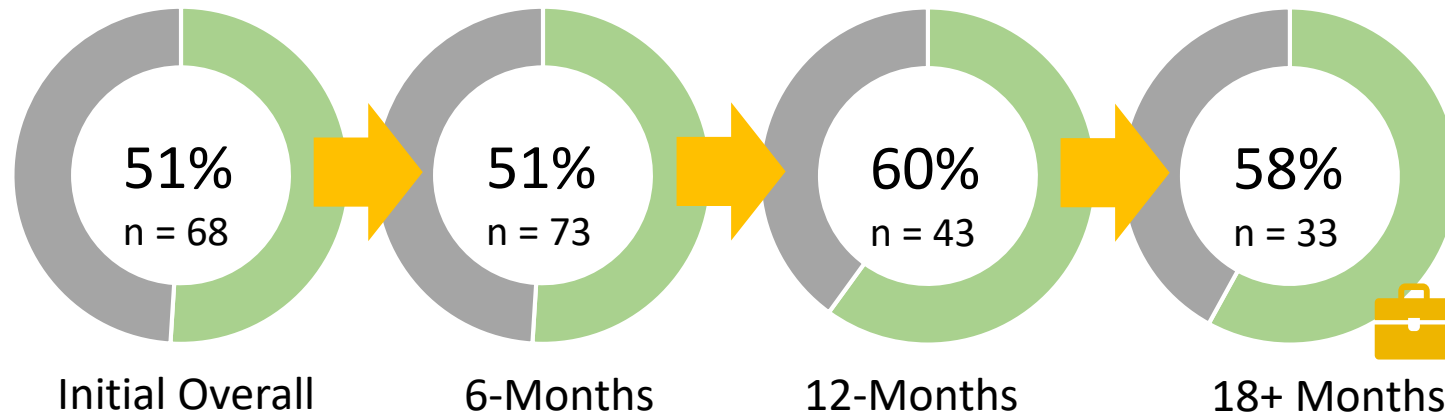
Rapid Pandemic Improvement – Key Findings

Overall vs. Pandemic

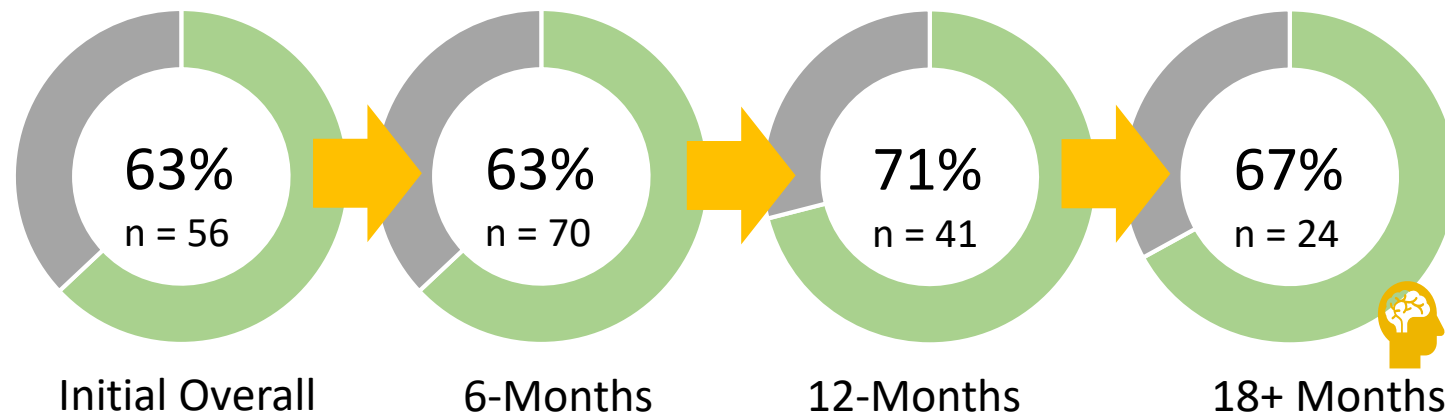
- For the small number of families enrolling in 200 Bridges since 3/2020, 4 domains have seen more rapid improvement in comparison to overall outcomes: Food Security, Access to Child Care, Adult participation in mutually supportive networks, and Children having 3+ adult role models.
- In these domains, families who enrolled during COVID experienced the same level of improvement in 6-months that the overall 200 Bridges cohort experienced in 18+ months.
- For some of the domains – such as Food Security – rapid improvement may be due to the increased availability of resources during the pandemic – such as expanded food distribution by food banks, expanded eligibility for SNAP, and work by the Arlington Food Security Task Force.
- For other domains – such as Adult participation in mutually supportive networks, and Children having 3+ adult role models – the reasons for the rapid improvement are less clear.

Ongoing Challenges

Employment



Behavioral Health and Disabilities



Ongoing Challenges – Key Findings

Employment — Behavioral Health and Disabilities

Employment

- Employment did not see a substantial increase during 200 Bridges participation, which may be due to a few different factors. The survey question is phrased as “All members needing employment have been employed for at least 6 months.” Answers may be impacted by those who do not have steady employment (day laborers, contractors, temporary/seasonal jobs, people that do not have the right to work in the US, etc.). Some families also faced challenges during COVID due to layoffs or shutdowns, and school closures.

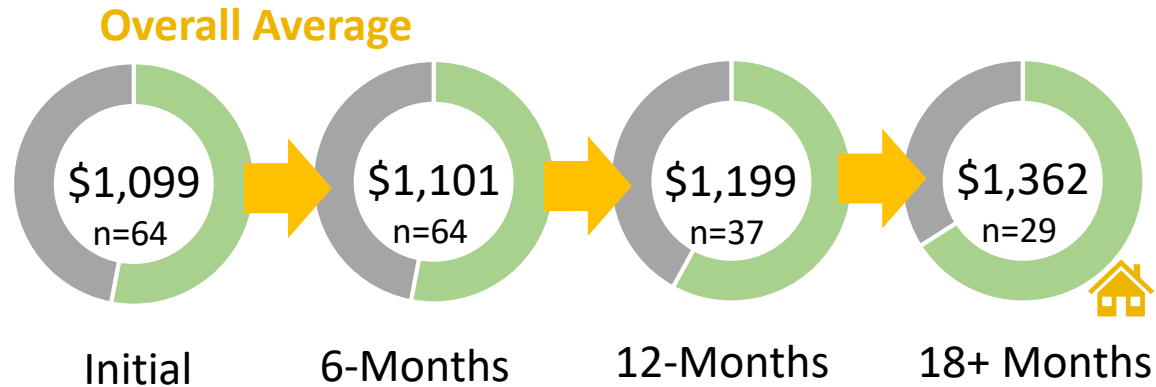
Behavioral Health Impact

- There was no substantial increase, even in the longer term, for those answering “yes” to “Behavioral health and disability needs have minimal impact on daily life.” Behavioral health is not the main focus of 200 Bridges, and not everyone is a client of Community Service Board services.

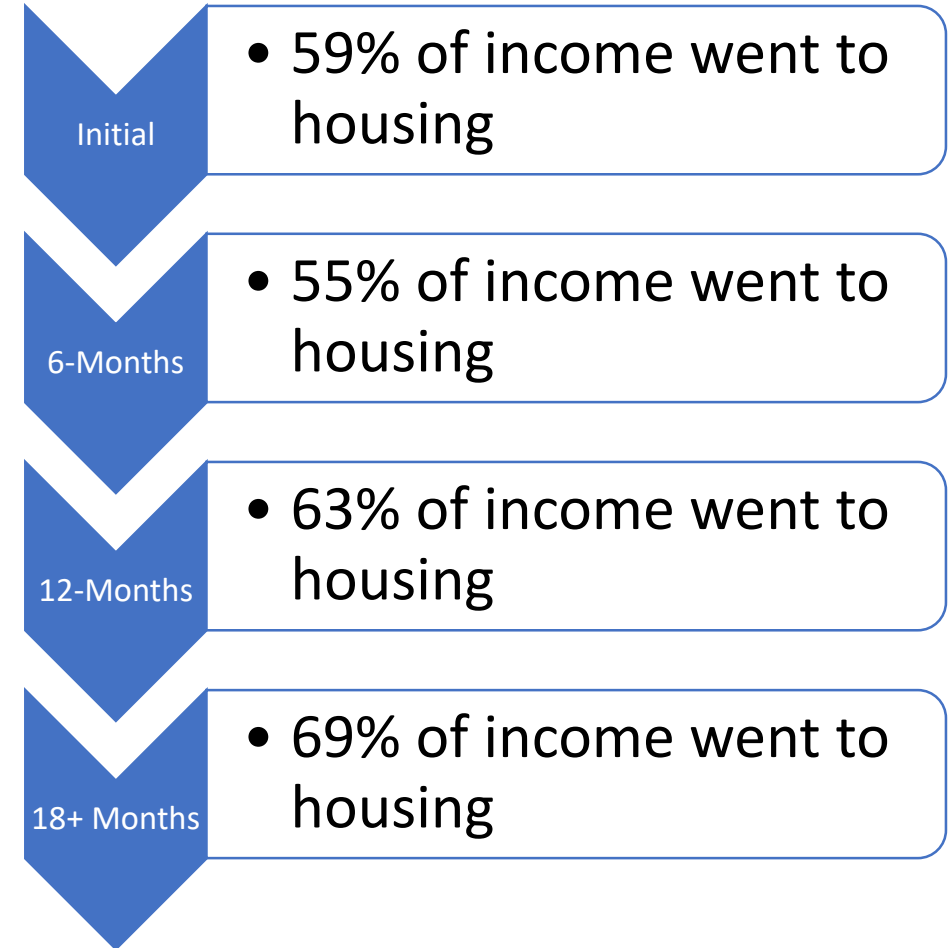
200 Bridges Housing Cost and Income

2019 to 2022 results for families assessed at 6-, 12-, and 18+ months

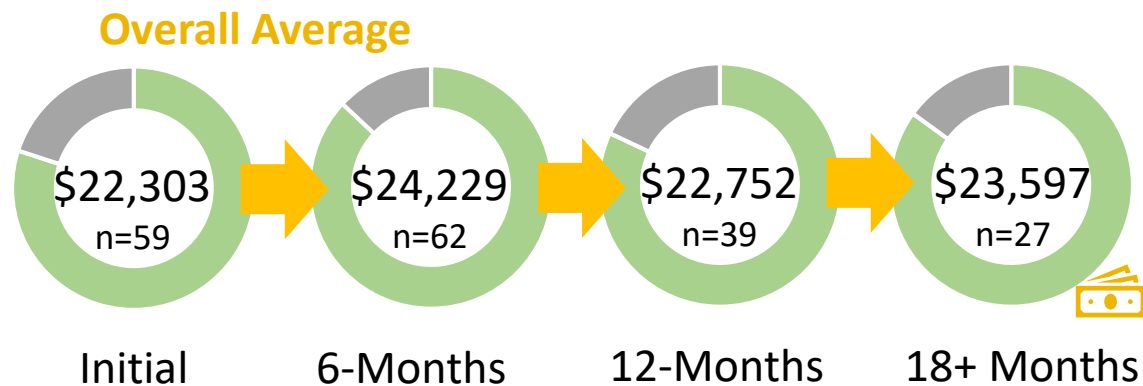
Monthly Housing Cost



Housing vs Income



Annual Income



200 Bridges Housing Cost and Income

Housing vs. Income

Monthly Housing

- Average monthly housing cost ranged from approximately \$1100 to \$1370. Housing costs represented 55-69% of average annual income.

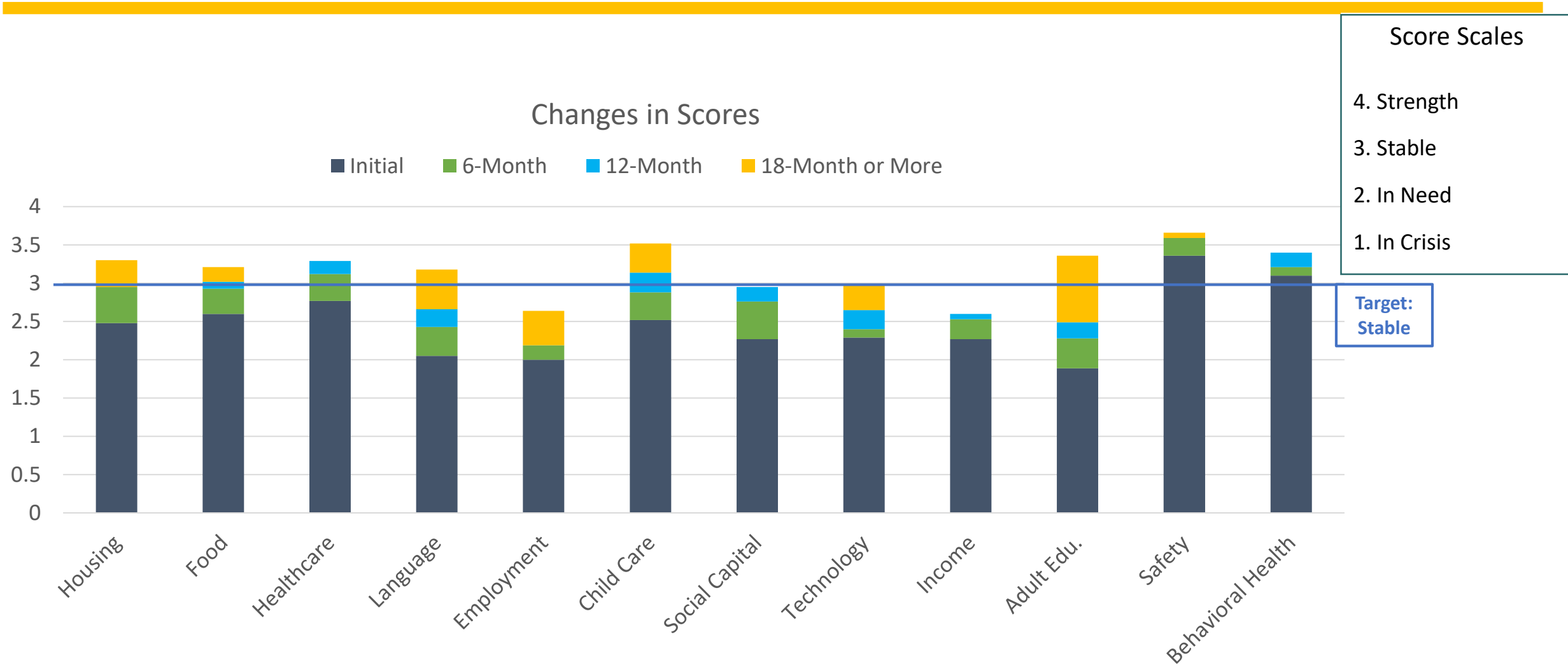
Annual Income

- Average income ranged from approximately \$22,000 to \$24,500. The Federal Poverty Line for a household of 4 in 2022 is \$27,750 according to the U.S. Department of Health & Human Services. The average annual income for participants remained below the Federal Poverty Line at initial, 6-, 12-, and 18+ month intervals.

These averages show families are still severely rent burdened, based on U.S. Department of Housing and Urban Development (HUD) definition of “rent burdened” as spending more than 30% of income on housing, and “severely rent burdened” as more than 50%.

According to national data from the Board of Governors of the Federal Reserve System, the median renter in the lowest income quintile pays 56% of monthly income on rent.

200 Bridges Average Scores



200 Bridges Average Scores

All categories showed improvement after the initial survey. Steady improvement shown over time for technology, childcare, language, adult education.

Adult Education, Child Care, Language, and Housing started well below the target score of 3 but have made the largest improvements.

Food, healthcare, and social capital showed rapid improvements, with some additional increases after 6 months.

Behavioral Health has not shown much change, as noted in previous slides; initial scores in this domain were above 3, showing stability. Safety was also rated stable or higher at initial, with minimal improvement over time.

Income and Employment have remained below a stable rating of 3 from initial to 18+ months, as indicated in the previous slides.