IDAHO HEALTH AND WELFARE: TREATMENT AND TRANSITIONS PROGRAM EVALUATION

2019 ANNUAL REPORT

BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE

TREATMENT AND TRANSITIONS PROGRAM

YEAR 1 ANNUAL EVALUATION REPORT

The Idaho Department of Health and Welfare's (IDHW) Treatment and Transitions Program serves individuals with severe mental illness and/or a co-occurring disorder who are experiencing homelessness or housing instability. The project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services. As the Project Evaluator, the Idaho Policy Institute oversees all evaluation activities and works closely with IDHW program staff to design data collection strategies, monitoring, and reporting for this program with the objectives to:

1. Measure the program's ability to meet its stated goals and objectives, and
2. Inform IDHW's decisions for program improvement.

This report serves as the first annual evaluation of the program. Key achivements in the first year include launching two enhanced safe and sober houses and providing 27 Idahoans expericing severe mental illness and/or co-occurring disorders with stable housing and supportive services.

PROGRAM BACKGROUND

Idaho's population is medically underserved and there is a shortage of mental health professionals in the state. Lack of coordinated services and housing instability often result in readmission to state psychiatric hospitals among Idaho's most vulnerable residents. When discharged from psychiatric hospitals, some patients have difficulty accessing community and housing resources.

As a result of receiving a Substance Abuse and Mental Health Services Administration (SAMHSA) grant from the U.S. Department of Health and Human Services, the Idaho Department of Health and Welfare (IDHW) initiated the Treatment and Transitions (TNT) Program to improve local infrastructure, ensuring housing-insecure individuals discharged from psychiatric hospitals have continued access to behavioral health treatment as well as housing support services. Participants in the program have a serious mental illness (SMI) and/or a co-occurring disorder (COD), were discharged from a state or community hospital in the past year, and are experiencing or at-risk of homelessness.

The TNT Program supports transition homes that provide recently hospitalized patients with a place to live for up to six months after discharge. The program provides participants with stable housing while they continue their recovery and attain permanent supportive housing. Participants are also provided with coordinated care services which eases potential difficulty managing the use of services on their own. The TNT Program aids participants by providing recovery coaches, continued behavioral health services, a supportive environment in transitional housing upon discharge, and entry into permanent supportive housing. The TNT Program relies on the combination of four types of evidence-based health service practices in order to better serve SMI/COD Idahoans: permanent supportive housing, integrated treatment for co-occurring disorders, health navigators, and SOAR case management.

This report is the first annual evaluation of the TNT Program and provides an analysis of participant data from November 30, 2018 to November 29, 2019. This report reviews the results of the program's first year goals including ongoing collection of participant data, services provided, and completion rates.

PROGRESS OF PROGRAM IMPLEMENTATION

The Idaho Policy Institute (IPI) worked with IDHW to develop a data collection plan that meets the requirements of the federal SAMHSA grant. Due to delayed implementation and the ongoing nature of this program, some evaluation metrics are not yet available. As such, the following report contains the data agreed upon and made available to the evaluators. IPI obtained data from SPARS[1] which was supplemented with Idaho WITS[2] data provided to the evaluators by IDHW personnel. IPI will continue to work with IDHW personnel to refine the data collection process and pursue improved methods of measuring program metrics.

The TNT Program has four main goals with underlying objectives. Key accomplishments and challenges from the first year of the program are articulated below followed by a discussion of participant demographics. The report ends with a detailed evaluation the program's ability to meet its first year goals and objectives.

ACCOMPLISHMENTS

Two enhanced safe and sober houses (ESSH) opened during the first year of the TNT Program with another scheduled to open in the first quarter of the program's second year (early 2020). The first house to open began accepting participants in mid-May 2019 and the second opened its doors in mid-June. One house is located in Boise and serves female participants and the other is in Idaho Falls and serves male participants. Both houses are operating at or near capacity with a total of 21 participants currently housed.

The TNT Program served 27 participants in the first year, just one individual shy of the program's goal of serving 28 participants. Most participants currently enrolled are on track to finish the full length of the program and graduate successfully. Of the six participants discharged from the program in the first year, three completed six months of the program and successfully graduated, one was discharged after five months and moved into assisted living, one was discharged after four months and was referred to other services, and one withdrew from the program and refused further service or treatment.

By closing housing gaps for program participants, ESSHs are expected to perform better than their traditional counterparts that do not offer transition into long-term supportive housing. Continued evaluation of participants completing the TNT Program will determine long-term rates of success.

CHALLENGES

The initial referral process was slow in the beginning for both operating houses, therefore the launch of the program took longer than originally anticipated. The third planned house failed to open in the first year of the TNT Program. Costs and lack of viable housing resulted in delayed opening and reselection of the house's location during the planning process. Now opening in Caldwell in early 2020, this house will provide more access to rural populations in Southwest Idaho. Although the TNT Program experienced delayed implementation, the first year goal of serving 28 participants will be exceeded in early 2020 upon the opening of the third ESSH. In addition, establishment of the Steering Committee (currently being seated) will enable IDHW to make progress toward Goal 4's objectives.

PARTICIPANT DEMOGRAPHICS

IDHW recognizes minority groups in the state are particularly vulnerable to behavioral health disparities. As such, the TNT Program identified a target population to be served that takes into consideration subpopulations more susceptible to health disparities. Table 1 demonstrates both the proposed number of enrollees from the program's disparity statement as well as the demographic makeup of the participants enrolled in the TNT Program's first year.

TABLE 1: PROPOSED AND ACTUAL PROGRAM ENROLLMENT

	Proposed Enrollment		Actual Enrollment	
	Count	Percentage	Count	Percentage
Total Participants	**48**	**100%**	**27**	**100%**
		By Race/Ethnicity*		
African American	1	2%	0	0%
American Indian/Alaska Native	3	6%	3	11%
Asian	1	2%	0	0%
Native Hawaiian/Other Pacific Islander	1	2%	1	4%
White (Non-Hispanic)	33	69%	20	74%
Two or More Races	1	2%	4	15%
Hispanic or Latino	8	17%	5	19%
Refused	n/a		1	4%
		By Gender		
Female	22	46%	13	48%
Male	25	52%	14	52%
Transgender	1	2%	0	0%
		By Locale		
Urban (Ada County)	34	71%	11	41%
Rural (Balance of State)	14	29%	16	59%
		Age**		
16-25 Years			3	11%
26-34 Years			7	26%
35-44 Years			6	22%
45-54 Years			8	30%
55+ Years			2	7%
Missing Data			1	5%

**The race/ethnicity categories utilized are non-exclusive; participants could identify as more than one race/ethnicity. This results in the total count in the chart above being larger than the number of total participants.*

***Age was not included in the grant's diversity statement, but IDHW personnel requested that this data be included with demographic data in this report.*

Based on enrollment in the TNT Program's first year, the distribution of participants by race and ethnicity nearly matches the long-term goals of the program. Gender distribution within the program also aligns closely with the proposed enrollment numbers. In regards to locale, prior to

residence, the balance of state is overrepresented when compared to projections. This is likely due to the location of the first ESSH being outside Ada County.

As the TNT Program is still in the process of enrolling participants, the current population should be taken into consideration when recruiting future participants so the population continues to align closely with the numbers proposed in the disparity statement.

PROGRAM METRICS

IDHW established four main goals for the TNT Program. This section outlines the program's ability to attain the objectives associated with these goals.

Goal 1: Reduce state and community hospital readmissions for individuals with an SMI and/or COD who experience unstable housing.

Objective 1: Idaho will deliver mental health and/or substance abuse disorder services to 28 individuals during the first year.

During the TNT Program's first year, 27 participants received mental health and/or substance abuse services. Although the program fell short of the projected 28 participants, it is anticipated this objective will be met with the opening of the third house in early 2020.

Objective 2: At least 60% of project participants will avoid readmission to psychiatric hospital settings within twelve months of entry into the project.

As none of the current participants have been in the program for 12 months (the first participants enrolled in May 2019), objectives that rely on this longitudinal data are not yet measurable. This objective will be evaluated in the second quarter of the program's second year.

Objective 3: Idaho will provide recovery coaches to at least 80% of eligible participants within two business days of entry into the project.

Object 3 was originally "Idaho will provide navigation services to at least 80% of eligible participants within two business days of entry into the project." As the above statement indicates, this objective shifted from providing navigation services to recovery coaches. Recovery coaches are employed at the ESSH and have provided, as indicated in Table 2, service to all participants within two days of entering into the project.

TABLE 2: PROVISION OF RECOVERY COACH SERVICES

	Count	Percentage
Recovery Coach Provided	27	100%
Recovery Coach Not Provided	0	0%
Total	**27**	**100%**

Goal 2: Increase project participant access to health services and retention of safe, suitable, and affordable housing.

Objective 1: SOAR case management services will be provided to at least 80% of eligible project participants within six months of entry into the project.

TABLE 3: SOAR CASE MANAGEMENT SERVICES RENDERED

	Count	Percentage
Existing SSI	7	26%
SOAR Not Provided	6*	22%
SOAR Provided	14	52%
Total Eligible	**27**	**100%**

**One participant denied the case management services offered.*

78% of participants were either provided SOAR case management or had existing SSI benefits.

Objective 2: At least 80% of project participants without insurance will apply for Medicaid and other eligible benefits within three months of admission to the project.

TABLE 4: MEDICAID APPLICATION FILED

	Count	Percentage
Application Submitted	15	75%
No Application	5	25%
Total Eligible	**20**	**100%**
Not Eligible	1	
Prior Medicaid	6	

Of the 20 participants eligible for Medicaid without prior coverage, 15 participants applied after admission into the project.

Objective 3: 80% of eligible participants will be connected to their local HUD Coordinated Entry within six months of entry into the project.

Table 5 indicates the number of participants that were referred to housing voucher programs within the local Continuum of Care.

TABLE 5: HUD VOUCHER PROGRAM REFERRAL

	Count	Percentage
Referral	10	37%
No Referral	10	37%
Not Applicable	7	26%
Total	**27**	**100%**

The voucher program is working very well in the balance of state Continuum of Care as there are housing vouchers available. However, within the Ada County Continuum of Care, the wait list for vouchers is closed. In the future, the program will refer participants to the Coordinated Entry system within the local Continuum of Care to ensure participants are prioritized into housing opportunities when they become available.

TABLE 6: HOUSING SERVICES UPON DISCHARGE

	Count	Percentage
Housing Services Received	5	88%
Housing Services Not Received	1	12%
Total	**6**	**100%**

Six participants have been discharged from the TNT Program. Five of those participants received housing services while one, who withdrew from the program and refused treatment, did not.

Goal 3: Promote recovery, resilience, and independence in the community of choice.

Objective 1: At least 45% of project participants will report continued involvement with local supportive services and resources after six months of admission to the project.

In year one, ten individuals were in the TNT Program for at least six months. Of those, three successfully graduated the program and were referred for supportive services and resources. Those remaining in the program continue to have access to supportive services and resources.

TABLE 7: SUPPORTIVE SERVICE INVOLVEMENT

	Count	Involvement Count	Percentage
>= 6 Months in Program	10	10	100%
Total	**10**	**10**	**100%**

Objective 2: At least 70% of participants will report no arrests in the past 30 days after six months of entry into the project.

In year one, ten individuals were in the program for at least six months. None of those individuals reported arrests after six months in the program.

TABLE 8: ARRESTS

	Count	Arrest Count	Percentage
>= 6 Months in Program	10	0	100%
Total	**10**	**0**	**100%**

Goal 4: Develop a collaborative approach to providing services and supports.

Objective 1: A Steering Committee will be established within four months of project award.

Objective 2: The Steering Committee will be composed of consumers and other stakeholders and will meet quarterly to review project outcomes, consult, and review evaluation results.

Objective 3: In years 3-5, the Steering Committee will be expected to actively assist with efforts to identify collaborating partnerships and funding to ensure project sustainability after the grant period ends.

> IDHW is in the process of seating steering committee members for the TNT Program. It is anticipated the committee will be established within the first quarter of the program's second year.

EVALUATION CONCLUSIONS

The TNT Program was designed to address the lack of behavioral and mental health services in Idaho, particularly for those experiencing homelessness or housing instability. The program's launch was slower than anticipated. That said, within the first year, two enhanced safe and sober houses were operating at full capacity with consistent participation rates. A third house is scheduled to open in the first quarter of the program's second year, which will likely enable the program to meet its goal of serving 37 participants in year two and each subsequent year.

Although there are some limitations in measuring success metrics within the first year, this report indicates the TNT Program is well on its way to meeting its targeted goals. The evaluators will continue to work with IDHW personnel to refine the data collection process in order to ensure the most effective delivery of supportive services to Idaho's vulnerable SMI/COD population.

ENDNOTES

[1] SAMHSA's Performance Accountability and Reporting System (SPARS)
[2] Web Infrastructure for Treatment Services (WITS)

This report was prepared by Idaho Policy Institute at Boise State University and commissioned by Idaho Health and Welfare.

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