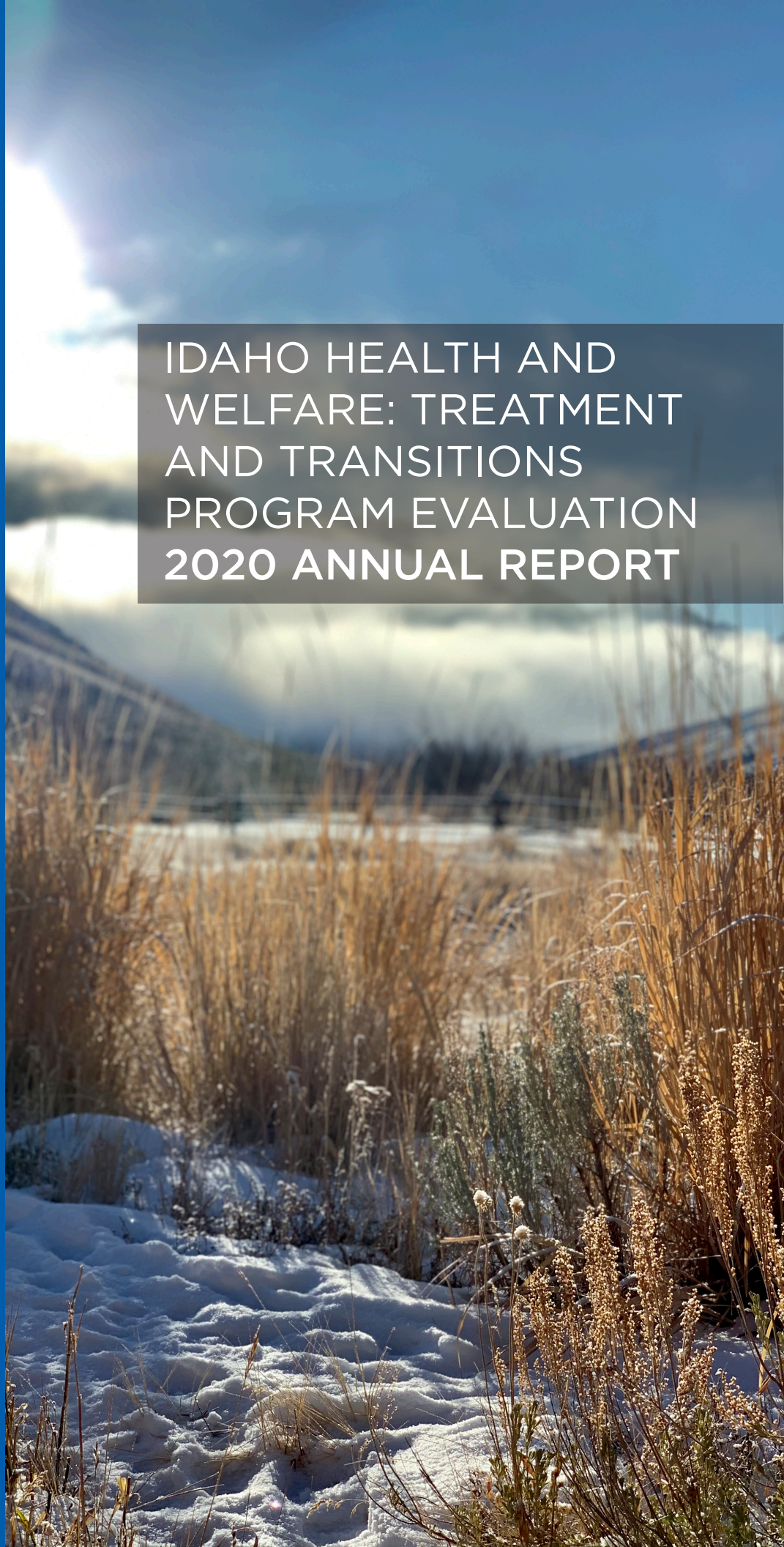
IDAHO HEALTH AND WELFARE: TREATMENT AND TRANSITIONS PROGRAM EVALUATION **2020 ANNUAL REPORT**



BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE

TREATMENT AND TRANSITIONS PROGRAM
YEAR 2 ANNUAL EVALUATION REPORT

The Idaho Department of Health and Welfare's (IDHW) Treatment and Transitions (TNT) 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, 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 second annual evaluation of the program.

Key achievements in this year include admitting 80 Idahoans experiencing severe mental illness and/or co-occurring disorders into the TNT Program. To date, the program has launched three enhanced safe and sober houses and has directly provided 107 Idahoans with stable housing and supportive services.

PROGRAM BACKGROUND

Idaho's population is medically under-served 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 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 serves as the second annual evaluation of the TNT Program. It provides an analysis of participant data from December 1, 2018 to November 30, 2020. This report reviews the results of the program's goals including ongoing collection of participant data, services provided, and program completion rates.

2020 PROGRAM SUMMARY

Idaho Policy Institute (IPI) worked with IDHW to develop a data collection plan that meets the requirements of the federal SAMHSA grant. 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.

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

ACCOMPLISHMENTS

Three enhanced safe and sober houses (ESSH) were operating during year two. Two houses serve more urban populations. One house is located in Boise and serves female participants and one house is in Idaho Falls and serves male participants. The third house, in Caldwell, provides access to a more rural population. It serves male participants. All houses are operating at or near capacity with a total of 50 participants currently housed.

Most participants currently enrolled are on track to finish the full length of the program and graduate successfully. Since the beginning of the program, 57 participants have been discharged. Of these 25 have successfully graduated the program. 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. As outline by this report, the TNT Program is meeting these expectations. The program has enabled a high level of success among its program participants and has met nearly all of its objectives.

CHALLENGES

This year the COVID-19 pandemic forced the TNT Program to operate under protocols to protect TNT participants as well as staff. Some clients stayed in ESSH longer than the 180 day standard so as to not transfer them or expose them to the virus. Despite the challenges of the pandemic, the program is able to report no positive COVID-19 cases in any of the houses.

The TNT Program's largest challenge continues to be accessing housing vouchers for program participants in the Boise ESSH. Population growth in the region continues to put pressure on the voucher system. This challenge is likely to continue into the third year of the program. That said, all participants graduating from the program have moved into stable housing and continue accessing supportive services.

PARTICIPANT DEMOGRAPHICS

IDHW recognizes minority groups in the state are particularly vulnerable to behavioral health disparities. The TNT Program identified a target population to serve 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 since the program's beginning.

TABLE 1: PROPOSED AND ACTUAL PROGRAM ENROLLMENT

	Proposed Enrollment	Participants	Actual Enrollment
Total Participants		**107**	**100%**
By Race/Ethnicity*			
African American	2%	2	2%
American Indian/Alaska Native	6%	9	8%
Asian	2%	0	0%
Native Hawaiian/Pacific Islander	2%	3	3%
White (Non-Hispanic)	69%	85	79%
Two or More Races	2%	18	17%
Hispanic or Latino	17%	15	14%
Refused	0%	1	1%
By Gender**			
Female	46%	39	36%
Male	52%	67	63%
Transgender	2%	0	0%
Gender Nonconforming	0%	1	1%
By Locale			
Urban (Ada County)	71%	56	52%
Rural (Balance of State)	29%	51	48%
Age***			
16-25 Years		15	14%
26-34 Years		34	32%
35-44 Years		33	31%
45-54 Years		18	17%
55+ Years		6	5%
Missing Data		1	1%

**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.*

***The TNT Program enables clients to identify with the gender of their choice and clients are placed in houses according to their self-identified gender.*

****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, the distribution of participants by race and ethnicity continues to nearly match the long-term goals of the program. Gender distribution within the program also aligns closely with the proposed enrollment numbers, but because two houses serve men there is a greater percentage of male participants. The balance of state remains overrepresented when compared to projections based on the locale residence prior to program entry. This is likely due to two of the ESSH homes being outside Ada County.

The program's current population should be considered 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 and 37 individuals each year for years 2-5.

During the TNT Program's first year, 27 participants received mental health and/or substance abuse services. The program fell short of the projected 28 participants, but the first-year objective was met early in the second year of the program. In addition, 80 participants were actively enrolled in year two, exceeding the year two requirements.

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

TABLE 2: HOSPITALIZATION

	Count	Percentage
Hospitalization	4	15%
No Hospitalization	21	85%
Total	**27**	**100%**

The data available for analysis includes all hospitalizations and does not differentiate if the hospitalization is psychiatric. Of the participants in the program, 27 were enrolled 12 months or more. Of these participants, four were readmitted to hospital settings, as indicated in Table 2.

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

Recovery coaches are employed at each ESSH and provided service to all participants within two days of entering into the program, as indicated in Table 3.

TABLE 3: PROVISION OF RECOVERY COACH SERVICES

	Count	Percentage
Recovery Coach Provided	107	100%
Recovery Coach Not Provided	0	0%
Total	**107**	**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 4: SOAR CASE MANAGEMENT SERVICES RENDERED

	Count	Percentage
SOAR Provided	25	52%
SOAR Not Provided/Missing Data*	23	48%
Total Eligible	**48**	**100%**
Not Eligible	9	
Existing SSI	21	

**Two participants denied the case management services offered.*

Of the eligible participants in the program for at least six months, 52% were provided SOAR case management. Totals will be updated as missing data is received.

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 5: MEDICAID APPLICATIONS FILED

	Count	Percentage
Application Submitted	49	88%
No Application/Missing Data	7	12%
Total Eligible	**56**	**100%**
Not Eligible	4	
Existing Medicaid	38	

Of the 56 participants eligible for Medicaid without prior coverage, 88% of participants applied after admission into the project. It has been reported that all eligible applicants have had Medicaid applications filed therefore the missing data is likely due to dates of the application not being entered into the reporting system.

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

Table 6 indicates the number of participants referred to housing voucher programs within the state's two Continuums of Care. Although, the program refers participants to the Coordinated Entry system within each Continuum of Care to ensure participants are prioritized into housing opportunities when they become available, the wait list is closed for the Boise City/Ada County Continuum of Care (Our Path Home). This prevents applications from being submitted, although they have been filled out for the majority of program participants. The voucher program is working very well in the Balance of State Continuum of Care as there are housing vouchers available. Those participants graduating from the program and unable to access housing vouchers have been able to move into regular safe and sober housing.

TABLE 6: HUD VOUCHER PROGRAM REFERRAL

	Count	Percentage
Referral	31	40%
No Referral	45	60%
Total Eligible	**78**	**100%**
Not Eligible (< 6 months in program)	29	
Other Housing*	1	

**Went into assisted living*

57 participants have been discharged from the TNT Program, shown in Table 7. 53 of those participants received housing services while three, two who withdrew from the program and refused treatment and one who graduated, did not. There were no services available for one other participant.

TABLE 7: HOUSING SERVICES UPON DISCHARGE

	Count	Percentage
Housing Services Received	53	93%
Housing Services Not Received	4	7%
Total	**57**	**100%**

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.

Since the TNT Program launched, 78 individuals were in the program for at least six months. Of those, 17 successfully graduated the program and were referred for supportive services and resources. One was clinically referred to another program. Seven participants left the program and are no longer receiving services. Two were discharged for non-compliance with rules while one was incarcerated. Three left due to becoming stable and mutually agreeing with program staff to cease treatment. One additional participant was discharge due to no longer qualifying for the program. The 31 remaining in the program continue to have access to supportive services and resources.

TABLE 8: SUPPORTIVE SERVICE INVOLVEMENT (>6 MONTHS IN PROGRAM)

	Count	Percentage
Continued Supportive Service Engagement	43	74%
No Supportive Service Engagement	15	26%
Total	**78**	**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.

78 individuals have been in the TNT Program for at least six months. Of those, eight individuals have been arrested and one was discharged while incarcerated. It is likely the arrests in the database are due to mental health court sanctions, rather than arrests for new offenses. Future data collection efforts will attemp to specifiy reason for arrest.

TABLE 9: ARRESTS

	Count	Percentage
Not Arrested	70	90%
Arrested	8	10%
Total	**78**	**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 intended to establish the Steering Committee for the TNT Program within the program's second year. However, challenges presented from the COVID-19 pandemic further delayed the committee's launch. In the coming quarters, IDHW will recruit members for the committee with a goal of having it established by the completion of the fourth quarter of the program's third year. Despite no formal committee formation IDHW has conferred with subject matter experts throughout the first two years of the program.

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. This report indicates the TNT Program is meeting nearly all its target goals.

Within the first two years of the program, three enhanced safe and sober houses operated at full or near capacity with consistent participation rates. The program exceeded the goal of serving 37 participants in year two with 80 participants enrolled throughout the year. In total, the program has now served 107 Idahoans. Graduation rates from the houses continue to be consistent and referrals are overall steady.

The program faced two major challenges in its second year. The first was accessing housing vouchers for program participants in the Boise ESSH. However, vouchers were filled out for participants and will be submitted once the current waiting list for vouchers opens or if IDHW is able to work with project partners, including the Ada County/City of Boise Continuum of Care, to remedy this issue. In some instances, program participants who cannot access housing vouchers moved into regular safe and sober houses while maintaining program support. The second challenge faced by the TNT Program was the COVID-19 pandemic. In order to maintain the safety and security of project participants, the program decided to allow participants to remain housed after the six month mark of the program. This effort allowed this very vulnerable population to remain safe and healthy during the pandemic. At the year's end, the TNT Program reported zero COVID-19 cases.

The resiliency exhibited by the TNT Program in its second year has enabled program success by enhancing the safety and well-being of program participants and staff. In the coming year, the program should continue to consider adding a fourth ESSH.

ENDNOTES

[1] SAMHSA's Performance Accountability and Reporting System (SPARS)

[2] Web Infrastructure for Treatment Services (WITS)

[3] In the first year, the TNT Program shifted from providing navigation services to recovery coaches. Objective 3 originally read "Idaho will provide navigation services to at least 80% of eligible participants within two business days of entry into the project."

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ipi.boisestate.edu

REPORT AUTHORS
VANESSA FRY, PHD, INTERIM DIRECTOR
LANTZ MCGINNIS-BROWN, RESEARCH ASSOCIATE
BENJAMIN LARSEN, PHD, RESEARCH ASSOCIATE

BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE