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Idaho Health and Welfare: Treatment and Transitions Program Evaluation 2021 Year 3 Quarter 1

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IDAHO HEALTH AND
WELFARE: TREATMENT AND
TRANSITIONS PROGRAM
EVALUATION 2021
YEAR 3 QUARTER 1



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TREATMENT AND TRANSITIONS PROGRAM EVALUATION

YEAR 3 QUARTER 1 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 first quarterly evaluation of the TNT program's third year.

Key achievements in this quarter include admitting 26 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 directly provided 126 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 previous 12 months, 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 first quarterly (Q1) evaluation of the TNT Program's third year (Y3). It provides an analysis of participant data from December 1, 2020 to February 28, 2021. This report reviews the results of the program's goals including ongoing collection of participant data, services provided, and program completion rates.

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 SPARS¹ which was supplemented with Idaho WITS² data provided to the evaluators by IDHW and service provider personnel.

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

ACCOMPLISHMENTS

Three enhanced safe and sober houses (ESSH) were operating during Y3Q1. 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 58 participants currently housed.

The majority of participants currently enrolled are on track to finish the full length of the program and graduate successfully. Since the beginning of the program, 75 participants have been discharged. Of these, 39 successfully graduated from 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

The COVID-19 pandemic continues to influence the TNT Program. As such, each ESSH continues 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. However, despite the challenges of the pandemic, the program is still able to report no positive COVID-19 cases in any of the houses.

The TNT Program's largest challenge of accessing housing vouchers for program participants in the Boise ESSH continues in Y3Q1. Population growth in the state will continue to put pressure on the voucher system. Despite this challenge, 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*		133	100%
By Race/Ethnicity**			
African American	2%	2	2%
American Indian/Alaska Native	6%	11	8%
Asian	2%	0	0%
Native Hawaiian/Pacific Islander	2%	5	4%
White (Non-Hispanic)	69%	105	79%
Two or More Races	2%	13	10%
Hispanic or Latino	17%	19	14%
Refused	0%	1	<1%
By Gender***			
Female	46%	46	36%
Male	52%	86	65%
Transgender	2%	0	0%
Gender Nonconforming	0%	1	<1%
By Locale			
Urban (Ada County)	71%	56	42%
Rural (Balance of State)	29%	68	51%
Missing		9	7%
Age****			
16-25 Years		20	15%
26-34 Years		38	29%
35-44 Years		37	28%
45-54 Years		26	20%
55+ Years		11	8%
Missing Data		1	<1%

*These calculations treat each program entry as a participant. Of the total 133 entries, 126 are unique participants.

**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 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 while 80 participants were actively enrolled in year two, exceeding the year two requirements. In the first quarter of year three, the program served 74 participants, already exceeding the year three goal.

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	5	15%
No Hospitalization	53	85%
Total	58	100%

The data available for analysis includes all hospitalization and does not differentiate if the hospitalization is psychiatric. Of the participants in the program, 58 were enrolled 12 months or more. Of these participants, five 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	133	100%
Recovery Coach Not Provided	0	0%
Total	133	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	30	55%
SOAR Not Provided/Missing Data*	25	45%
Total Eligible	55	100%
Not Eligible	15	
Existing SSI	30	

*One participant denied the case management services offered and another application is in the appeals process.

Of the eligible participants in the program for at least six months, 55% 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	50	81%
No Application/Missing Data	12	19%
Total Eligible	62	100%
Not Eligible	4	
Existing Medicaid	44	

Of the 62 participants eligible for Medicaid without prior coverage who have been in the program at least three months, 81% of participants applied after admission into the project. Program staff report that all eligible applicants 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. 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. However, the wait list is closed for the Boise City/Ada County Continuum of Care (Our Path Home). This prevents applications from being submitted and therefore referred, 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 moved into regular safe and sober housing.

TABLE 6: HUD VOUCHER PROGRAM REFERRAL

	Count	Percentage
Referral	33	34%
No Referral	65	66%
Total Eligible	98	100%
Not Eligible (< 6 months in program)	33	
Other Housing*	2	

*One participant went into assisted living and another will return home.

75 participants have been discharged from the TNT Program, shown in Table 7. 71 of those participants received housing services. Two withdrew from the program and refused treatment and one who graduated did not receive housing services. There were no services available for one other participant who graduated from the program.

TABLE 7: HOUSING SERVICES UPON DISCHARGE

	Count	Percentage
Housing Services Received	71	95%
Housing Services Not Received	4	5%
Total	75	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, 100 individuals were in the program for at least six months. Of those, 39 successfully graduated the program and were referred for supportive services and resources. One was clinically referred to another program. Fourteen participants left the program and are no longer receiving services. Seven were discharged for non-compliance with rules while four were incarcerated. Four left due to becoming stable and mutually agreeing with program staff to cease treatment. Two additional participants was discharge due to no longer qualifying for the program. The 29 participants 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	73	73%
No Supportive Service Engagement	27	27%
Total	100	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.

100 individuals have been in the TNT Program for at least six months. Of those, nine individuals have been arrested. Arrests in the database are likely due to mental health court sanctions, rather than arrests for new offenses. Future data collection efforts will attempt to specify reason for arrest.

TABLE 9: ARRESTS

	Count	Percentage
Not Arrested	91	91%
Arrested	9	9%
Total	100	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. Already in year three, the program has served 74 participants. In total, the program has now served 126 Idahoans. Graduation rates from the houses continue to be consistent and referrals are overall steady.

The program continues to face two major challenges. The first is accessing housing vouchers for program participants in the Boise ESSH. However, vouchers continued to be 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 continues to be the COVID-19 pandemic. In order to maintain the safety and security of project participants, the program allows participants to remain housed after the six month mark of the program. This effort allows this very vulnerable population to remain safe and healthy during the pandemic. The TNT Program still reports zero COVID-19 cases.

In the first quarter of its third year, the TNT Program continues to enhance the safety and well-being of program participants. In the remaining quarters of this year, the program should work toward establishing a steering committee and examine what resources are necessary to add a fourth ESSH. In addition, the program team and evaluation team should continue to collaborate on filling in missing data for future reports.

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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