

2023

Idaho Health and Welfare: Treatment and Transitions Program Evaluation 2022, Year 4 Annual Report

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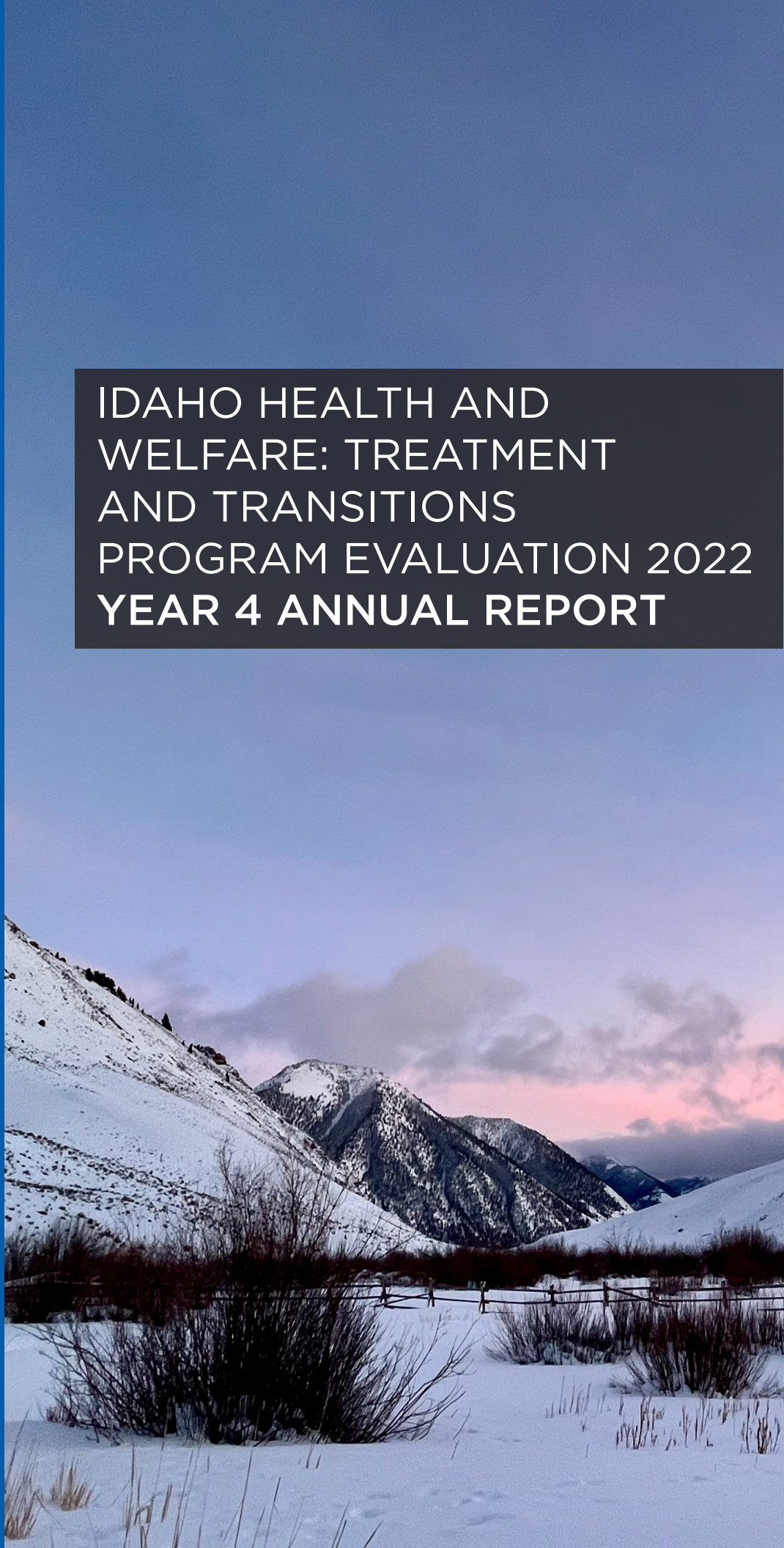
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IDAHO HEALTH AND
WELFARE: TREATMENT
AND TRANSITIONS
PROGRAM EVALUATION 2022
YEAR 4 ANNUAL REPORT



BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE



TREATMENT AND TRANSITIONS PROGRAM EVALUATION

YEAR 4 ANNUAL 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 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 quarterly evaluation of the program's fourth year.

Key achievements in this quarter include admitting 17 Idahoans experiencing severe mental illness and/or co-occurring disorders into the TNT Program. To date, the program has launched four enhanced safe and sober houses and directly provided 233 Idahoans 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 individuals experiencing housing insecurity who are 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 Idahoans with SMI/COD: permanent supportive housing, integrated treatment for co-occurring disorders, health navigators, and SSI/SSDI Outreach, Access, and Recovery (SOAR) case management.

This report serves as the fourth annual evaluation of the TNT Program. It also provides an analysis of participant data for the fourth quarter of the fourth year (Y4Q4) from September 1, 2022 to November 30, 2022. This report reviews the results of the program's goals, including ongoing collection of participant data, services provided, and program completion rates.

TNT 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 SAMHSA's Performance Accountability and Reporting System (SPARS) which was supplemented with Idaho Web Infrastructure for Treatment Services (WITS) data provided to the evaluators by IDHW and service provider personnel.

The TNT Program has four main goals with underlying objectives.

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

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

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

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

Key accomplishments and challenges from Year 4 are articulated below followed by a discussion of participant demographics and evaluation of the program's ability to meet its goals and objectives.

YEAR 4 ACCOMPLISHMENTS

Four enhanced safe and sober houses (ESSH) operated during the most of the Programs fourth year. Two houses are located in Boise with one serving female participants and the other serving male participants. One house is in Idaho Falls and serves male participants. The fourth house, in Caldwell, provides access to a more rural population and male participants. Throughout the quarter, houses operated at or near capacity with a total of 60 participants housed at the end of the year. Year four also saw improvement in reporting from ESSH providers in that reporting was more streamlined and reliable.

The majority of participants throughout the year were track to finish the full length of the program and graduate successfully. Since the beginning of the program, 190 participants have been discharged. Of these, 94 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 outlined by this report, the TNT Program is meeting these expectations. The program continues to enable a high level of success among its program participants and has met nearly all of its objectives.

YEAR 4 CHALLENGES

Changes to ESSH operations due to the COVID-19 pandemic continue to influence the TNT Program and operation. Some clients continue to stay in the ESSH longer than the 180 day standard. Greater sanitation, distancing, and isolation protocols increased operational costs of running the houses.

While the houses continue to show strong graduation rates there has been a noted decrease in referrals, specifically to the female only ESSH. The operator of the house has reported a decrease in referrals which is impacting the house's ability to meet the personnel expenditures for the program. Because of these issues and the increased operational costs, the provider determined it necessary to shift programming at the one female only ESSH to regular safe and sober housing. This decision was necessary to continue supporting the remaining houses. In order to prevent further program attrition, outreach has been conducted with the State Hospitals, the regional

behavioral health programs, and the greater provider network informing of the bed availability. It is unclear at this time what is causing the decrease in referrals other than an increase in discharges from the State Hospitals.

The TNT Program’s largest challenge continues to be housing graduating participants. Accessing housing vouchers for program participants in the Boise ESSH continues to be impossible due to the closure of the wait list. In addition, rising cost of living is impacting the program’s ability to attract and retain staff.

PARTICIPANT DEMOGRAPHICS

IDHW recognizes that minority groups in the state are particularly vulnerable to behavioral health disparities. To identify a target population to serve, the TNT Program takes into consideration subpopulations that are 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*		233	100%
By Race/Ethnicity**			
African American	2%	12	5%
American Indian/Alaska Native	6%	20	9%
Asian	2%	1	<1%
Native Hawaiian/Pacific Islander	2%	6	3%
White (Non-Hispanic)	69%	188	81%
Two or More Races	2%	52	22%
Hispanic or Latino	17%	29	12%
Refused	0%	1	<1%
By Gender***			
Female	46%	73	31%
Male	52%	158	68%
Transgender	2%	1	<1%
Gender Nonconforming	0%	1	<1%
By Locale			
Urban (Ada County)	71%	156	69%
Rural (Balance of State)	29%	69	31%
By Age****			
16-25 Years		39	17%
26-34 Years		68	29%
35-44 Years		61	26%
45-54 Years		47	20%
55+ Years		17	7%
Missing Data		1	<1%

**These calculations are for unique program participants as some participants have enrolled more than once.*

***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, except in the category of White (Non-Hispanic) which continues to be overrepresented. Rurality goals now match that of the proposed enrollment. Because three houses serve men there is a greater percentage of male participants than initially proposed.

The program's current population should continue to 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. For this portion of the analysis we use all program entries (n=221), rather than unique clients (n=208).

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 were enrolled in the program, while 80 participants were actively enrolled in year two, exceeding the year two requirements. In year three, the program served 129 participants, exceeding the year three goal. In year four the program has exceeded its goal by serving 91 participants throughout the year.

TABLE 2: PSYCHIATRIC HOSPITALIZATION

	Count	Percentage
Hospitalization	11	19%
No Hospitalization	46	81%
Total	57	100%

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

Of the participants in the program, 57 were enrolled less than 12 months. The Program exceeded Objective 2 with 81% of project participants avoiding remission to psychiatric 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.¹

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	250	100%
Recovery Coach Not Provided	0	0%
Total	250	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	67	68%
SOAR Not Provided/Missing Data*	32	32%
Total Eligible	99	100%
Not Eligible	38	
Existing SSI	86	

*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, 68% were provided SOAR case management while 86 people already had SSI.

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	107	96%
No Application/Missing Data	5	4%
Total Eligible	112	100%
Not Eligible	5	
Existing Medicaid	118	

Out of the 118 participants who have been in the program at least three months and are eligible for Medicaid without prior coverage, 96% of 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 6: HUD VOUCHER PROGRAM REFERRAL

	Count	Percentage
Referral	67	30%
Application Completed	126	57%
No Referral	29	13%
Other Housing	1	<1%
Total Eligible	223	100%

Table 6 indicates the number of participants referred to housing voucher programs within the state’s two Continuums of Care (n=67). 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 continues to be closed for the Boise City/Ada County Continuum of Care (Our Path Home). This prevents applications from being submitted and therefore referred, although applications have been filled out for program participants that would qualify for the Boise City/Ada County voucher program. The voucher program is working effectively in the Balance of State Continuum of Care as long 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 7: HOUSING SERVICES UPON DISCHARGE

	Count	Percentage
Housing Services Received	177	93%
Housing Services Not Received	13	7%
Total	190	100%

190 participants have been discharged from the TNT Program, shown in Table 7. 177 of those participants received housing services, despite the challenges faced accessing vouchers. Three withdrew from the program and refused treatment, and five who graduated did not receive housing services. There were no services available for three other participants who graduated from the program. One participant that was discharged is incarcerated and one other was discharged back to the state hospital.

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.

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

	Count	Percentage
Continued Supportive Service Engagement	137	67%
No Supportive Service Engagement	69	33%
Total	223	100%

Since the TNT Program launched, 223 individuals have been in the program for at least six months. Of those, 92 successfully graduated the program and were referred for supportive services and resources. Two left the program early due to finding stable housing. Two were clinically referred to another program while one is considering whether or not to continue treatment. Twenty-nine participants left the program and are no longer receiving services. Twenty-one were discharged for non-compliance with rules while nine were incarcerated. Seven left due to becoming stable and mutually agreeing with program staff to cease treatment. Six additional participants were discharged due to no longer qualifying for the program while one was discharged and hospitalized due to threats of self-harm. The 53 participants remaining in the program continue to have access to supportive services and resources.

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

TABLE 9: ARRESTS

	Count	Percentage
Not Arrested	220	99%
Arrested	3	1%
Total	223	100%

223 individuals have been in the TNT Program for at least six months. Of those, three individuals have been arrested within the last 30 days. All three were due to mental health court sanctions.

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

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 delayed the committee’s launch. This Committee was not able to be established in the program’s third year due to staff turnover. Due to the challenge of establishing a formal committee formation, IDHW has conferred with subject matter experts throughout the four years of the program. Doing so has enabled the program to deal with challenges such as attaining vouchers and operating during the pandemic.

YEAR 4 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 and providers are improving their reporting. In total, the program has now served 233 Idahoans. Graduation rates from the houses continue to be consistent and referral rates are steady. However, there has been a noted decrease in referrals, specifically to the female only ESSH. Although discharge rates have decreased from State Hospitals, IDHW will continue outreach efforts to determine what is causing the decrease in referrals.

The program continues to face two other challenges. First, rising operating costs are impacting the ESSHs. As reported, this led to transitioning the one female only ESSH out of the program a regular safe and sober home. Second, housing vouchers for permanent housing placement continue to be limited in the Ada County Continuum of Care.

In its fourth year, the TNT Program continues to enhance the safety and well-being of program participants. The program should continue to confer informally with stakeholder and within the year should begin planning for the continuation of this successful program after year five.

ENDNOTES

¹ 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.”

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

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