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Idaho Health and Welfare: Treatment and Transitions Program Evaluation 2024, Year 5 Annual Report

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IDAHO HEALTH AND
WELFARE: TREATMENT
AND TRANSITIONS
PROGRAM EVALUATION 2024
YEAR 5 ANNUAL REPORT



BOISE STATE UNIVERSITY
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TREATMENT AND TRANSITIONS PROGRAM EVALUATION

YEAR 5 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 fourth quarter and annual evaluation of the program's fifth year.

Key achievements in the fifth year include admitting 45 Idahoans experiencing severe mental illness and/or co-occurring disorders into the TNT Program with 12 of those individuals being admitted in the fourth quarter. To date, the program has launched four enhanced safe and sober houses and directly provided 278 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 annual report of the TNT Program's fifth year (Y5Q4). It provides an analysis of participant data from December 1, 2022 to November 30, 2023. 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 Y5Q4 are articulated below followed by a discussion of participant demographics and evaluation of the program's ability to meet its goals and objectives.

Y5 ACCOMPLISHMENTS

Three enhanced safe and sober houses (ESSH) operated during the fifth year. Each of the houses serve male participants. One house is located in Boise and one house is in Idaho Falls. The third house, in Caldwell, provides access to a more rural population. Throughout the year, houses operated at or near capacity with a total of 123 participants housed throughout the year 64 of them being housed at the end of the year. The reporting in year five continued to show improvement from ESSH providers therefore providing data that is streamlined and reliable.

The majority of participants continue to be on track to finish the full length of the program and graduate successfully. Since the beginning of the program, 260 participants have been discharged. Of these, 115 successfully graduated from the program and two left the program early for other housing options. 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. Overall, the program continues to be successful and, as such, it is in the process of evaluating how it will be able to be sustained once the current grant funded ends.

Y5 CHALLENGES

In the program's fifth year, the program continues to experience issues around a limited availability of housing for graduating participants leading to some extended stays. In addition, the ESSH providers continue to struggle with the increased costs of operation and personnel. Finally, due to the grant funding ending this year, residents were prematurely discharged to other programs before being able to successfully graduate.

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*		278	100%
By Race/Ethnicity**			
African American	2%	13	5%
American Indian/Alaska Native	6%	21	8%
Asian	2%	1	<1%
Native Hawaiian/Pacific Islander	2%	7	3%
White (Non-Hispanic)	69%	227	82%
Two or More Races	2%	28	10%
Hispanic or Latino	17%	34	12%
Refused	0%	1	<1%
By Gender***			
Female	46%	89	33%
Male	52%	187	66%
Transgender	2%	1	<1%
Gender Nonconforming	0%	1	<1%
By Locale			
Urban (Ada County)	71%	183	64%
Rural (Balance of State)	29%	95	36%
By Age****			
16-25 Years		42	15%
26-34 Years		75	27%
35-44 Years		81	29%
45-54 Years		57	21%
55+ Years		22	8%
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.

The distribution of participants by race and ethnicity and rurality continue to nearly match the long-term goals of the TNT program, except in the category of White (Non-Hispanic) which continues to be overrepresented. The gender split expectations will continue to favor men since the female ESSH has closed.

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=300), rather than unique clients (n=278).

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 exceeded its goal by serving 91 participants throughout the year. In year five the program served 112 clients.

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, 48 were enrolled less than 12 months. The Program exceeded Objective 2 with 94% of project participants avoiding remission to psychiatric hospital settings, as indicated in Table 2.

TABLE 2: PSYCHIATRIC HOSPITALIZATION

	Count	Percentage
Hospitalization	3	6%
No Hospitalization	45	94%
Total	48	100%

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	300	100%
Recovery Coach Not Provided	0	0%
Total	300	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.

Of the eligible participants in the program for at least six months, 52% were provided SOAR case management while 104 people already had SSI. Houses may not be reporting SOAR was provided as this rate has dropped drastically the last three quarters.

TABLE 4: SOAR CASE MANAGEMENT SERVICES RENDERED

	Count	Percentage
SOAR Provided	73	52%
SOAR Not Provided/Missing Data*	67	48%
Total Eligible	140	100%
Not Eligible	45	
Existing SSI	104	

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

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.

Out of the 290 participants who have been in the program at least three months and are eligible for Medicaid without prior coverage, 93% of participants applied after admission into the project.

TABLE 5: MEDICAID APPLICATIONS FILED

	Count	Percentage
Application Submitted	136	94%
No Application/Missing Data	8	6%
Total Eligible	144	100%
Not Eligible	5	
Existing Medicaid	141	

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 (n=101). The program refers participants to the Coordinated Entry system within each Continuum of Care (CoC) 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 voucher program. The voucher program is working effectively in the Balance of State CoC. Those participants graduating from the program and unable to access housing vouchers continue to move into regular safe and sober housing.

TABLE 6: HUD VOUCHER PROGRAM REFERRAL

	Count	Percentage
Referral (2 deemed ineligible)	101	30%
Application Completed	152	57%
No Referral	33	13%
Other Housing	1	<1%
Total Eligible	287	100%

260 participants have been discharged from the TNT Program, shown in Table 7. 246 of those participants received housing services, despite the challenges faced accessing vouchers. Of those not receiving housing services, nine successfully graduated the program, three withdrew from the program and refused treatment, one was clinically referred out to a different program and one was incarcerated.

TABLE 7: HOUSING SERVICES UPON DISCHARGE

	Count	Percentage
Housing Services Received	246	94%
Housing Services Not Received	14	6%
Total	260	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, 290 individuals have been in the program for at least six months. Of those, 114 successfully graduated the program and were referred for supportive services and resources. Two left the program early due to finding stable housing. Three were clinically referred to another program. Thirty-three participants left the program and are no longer receiving services. Twenty-four were discharged for non-compliance with rules while nine were incarcerated. Eight left due to becoming stable and mutually agreeing with program staff to cease treatment. One additional participant was discharged due to the program ending while two no longer qualified for the program. One was discharged and hospitalized due to threats of self-harm and two were receiving drug court-related services. At the end of the year all remaining clients were discharged into other programs since the TNT grant was discontinued.

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

	Count	Percentage
Continued Supportive Service Engagement	221	67%
No Supportive Service Engagement	69	33%
Total	290	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.

TABLE 9: ARRESTS

	Count	Percentage
Not Arrested	290	100%
Arrested	0	0%
Total	290	100%

290 individuals have been in the TNT Program for at least six months. Of those, none have been arrested within the last 30 days.

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, rather, has conferred with subject matter experts throughout the time of the program. Doing so has enabled the program to deal with challenges such as attaining vouchers, operating during the pandemic, low referrals, and closing of the female ESSH.

Y5 ANNUAL 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 met nearly all its targeted goals during its fifth year and providers continued to improve their reporting. In total, the program has now served 278 Idahoans.

In regard to challenges, operating costs continue to impact the ESSHs. Housing vouchers for permanent housing placement continue to be limited in the Ada County Continuum of Care, although most graduates are able to receive housing support services.

In its fifth year, the TNT Program continues to enhance the safety and well-being of program participants. Although the TNT grant was not extended, IDHW will continue to fund the ESSH program and is in the process of transitioning the program to the state's Managed Care contractor to allow for ongoing funding and future expansion of the program. By providing housing and needed supports for individuals transitioning out of state hospitals, the ESSH program continues to be a valuable resource for participants, hospitals, and community providers.

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.”

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