

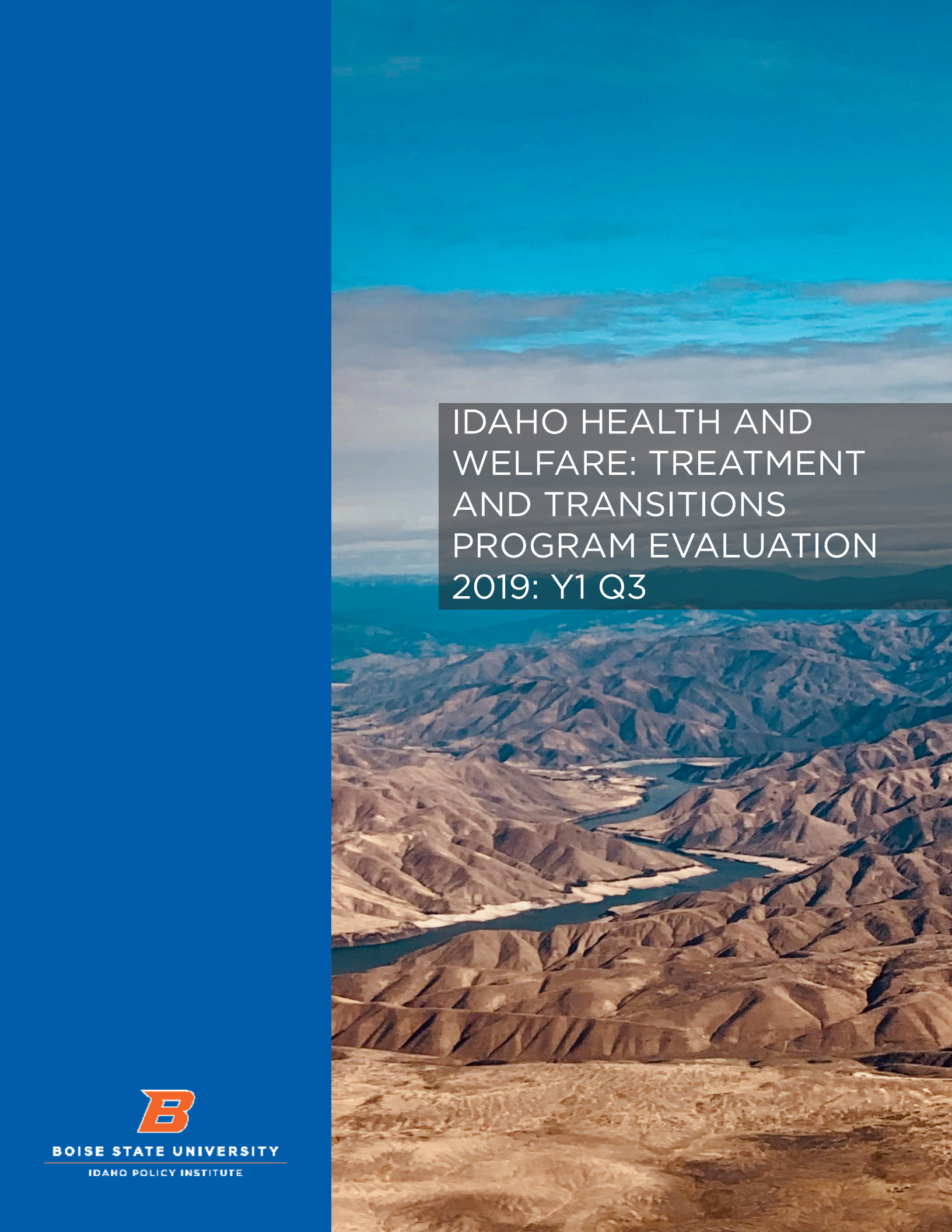
2019

## **Idaho Health and Welfare: Treatment and Transitions Program Evaluation 2019: Y1 Q3**

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IDAHO HEALTH AND  
WELFARE: TREATMENT  
AND TRANSITIONS  
PROGRAM EVALUATION  
2019: Y1 Q3



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# TREATMENT AND TRANSITIONS PROGRAM

## YEAR 1 QUARTER 3 EVALUATION

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, 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 initial evaluation of the program.



# PROGRAM BACKGROUND AND GOALS

Idaho's population is medically underserved and there is a shortage of mental health professionals in the state. A 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.

The Idaho Department of Health and Welfare (IDHW) has initiated the Treatment and Transitions (TNT) Program with the goal of improving local infrastructure to ensure that housing-insecure individuals discharged from psychiatric hospitals are able to access continued 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), have been 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 the difficulty managing the use of services on their own. The TNT Program aids participants by providing IDHW Navigation services, 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.

The purpose of this report is to report on the initial implementation of the TNT Program and provide an analysis of participant data as of October 2019 and serve as the first evaluation of the program. Two enhanced safe and sober houses opened in 2019 and have been operating for approximately six months. This initial report reviews progress toward the programs first year goals as well as establish data collection procedures and baseline data for longitudinal analysis in subsequent reports. The TNT Program has a goal of serving 28 participants in the first year and 37 participants each subsequent year. The program currently serves 20 participants with another safe and sober house on track to open by the end of 2019.

# INITIAL IMPLEMENTATION OF PROGRAM

Idaho Policy Institute (IPI) worked with IDHW to develop a data collection plan that meets the requirements established in the federal grant. Due to the ongoing nature of this program, some evaluation metrics are not yet available. As such, the following report contains the data that has been agreed upon and made available to the evaluators. IPI obtained data from SPARS<sup>1</sup> which was supplemented with Idaho WITS<sup>2</sup> 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.

## ACCOMPLISHMENTS

Two safe and sober houses have opened as part of the TNT Program in 2019 with another scheduled to open by the end of 2019. 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, while the other is in Idaho Falls and serves male participants. Both houses are operating at capacity with a total of 20 participants. Participants have remained consistent and are on track to finish the full length of the program and graduate successfully, particularly the house for women. By closing housing gaps for program participants, these enhanced safe and sober houses will likely perform better than their traditional counterparts that do not offer transition into long-term supportive housing.

## CHALLENGES

The initial referral process was slow in the beginning for both operating houses, therefore the start up of the program took longer than originally anticipated. Although the TNT Program experienced delayed implementation, it is likely to meet the goal of serving 28 SMI/COD Idahoans in 2019. The third planned house failed to open by the third quarter. Costs and lack of viable housing resulted in delayed opening and the relocation of the house during planning. Now opening in Caldwell by the end of 2019, this house has the potential to provide more access to rural populations of Southwest Idaho.

# PARTICIPANT DEMOGRAPHICS

IDHW recognizes minority groups in the state are particularly vulnerable to behavioral health disparities. As such, the TNT Program has identified a target population to be served that takes into consideration subpopulations more susceptible to health disparities.

**TABLE 1: PROPOSED NUMBER TO BE ENROLLED FROM DISPARITY STATEMENT**

	Count	Percentage
<b>Total Participants</b>	<b>48</b>	<b>100%</b>
<b>By Race/Ethnicity*</b>		
African American	1	2.08%
American Indian/Alaska Native	3	6.25%
Asian	1	2.08%
White (Non-Hispanic)	33	68.75%
Hispanic or Latino	8	16.67%
Native Hawaiian/Other Pacific Islander	1	2.08%
Two or More Races	1	2.08%
<b>By Gender</b>		
Female	22	45.83%
Male	25	52.08%
Transgender	1	2.08%
<b>By Locale</b>		
Urban (Ada County)	34	70.83%
Rural (Balance of State)	14	29.17%

*\*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 following tables illustrate the demographic makeup of the participants currently enrolled in the TNT program.

**TABLE 2: GENDER**

Gender	Count	Percent
Female	12	60%
Male	8	40%
Total	20	100%

**TABLE 3: RACE/ETHNICITY\***

	Count	Percent
White	15	62.50%
Hispanic/Latino	4	16.67%
American Indian	3	12.50%
Native Hawaiian	1	4.17%
Alaskan Native	0	0.00%
Asian	0	0.00%
Black	0	0.00%
Refused	1	4.17%

*\*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.*

**TABLE 4: URBAN/RURAL PRIOR RESIDENCE**

	Count	Percent
Urban (Ada County)	9	45%
Rural (Balance of State)	11	55%
<b>Total</b>	<b>20</b>	<b>100%</b>

**TABLE 5: AGE**

	Count	Percent
16-25 Years	2	10%
26-34 Years	5	25%
35-44 Years	5	25%
45-54 Years	6	30%
55-64 Years	1	5%
Missing Data	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

As the TNT Program is still in the process of enrolling participants, the objective to mirror the target population in Table 1 is not fully measurable. However, the current population should be taken into consideration when recruiting future participants. Once the program is full, the objective will be further evaluated.

# PROGRAM METRICS

IDHW established three 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.

There are currently 20 participants enrolled under this project. The project is on track to meet its goal of 28 participants served in the first year, pending the opening of the third safe and sober house in Caldwell.

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 program objectives that rely on this longitudinal data are not yet measurable. This objective will be evaluated in upcoming reports.

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

Rather than provide navigation services through IDHW, recovery coaches at the safe and sober houses are providing this service.

**TABLE 6: PROVISION OF NAVIGATION SERVICES**

	Count	Percent
Navigation Provided	20	100%
Navigation Not Provided	0	0%
<b>Total</b>	<b>20</b>	<b>100%</b>

All program participants have met with a recovery coach for navigation services. However, the data entered into SPARS is inconclusive as to whether the objective of providing the service within two business days of entry into the program has been met. IPI will work with IDHW on the reporting of the metric to ensure future reports can provide a full evaluation on meeting this objective.

## 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 7: SOAR CASE MANAGEMENT SERVICES RENDERED**

	Count	Percent
Existing SSI	4	20%
SOAR Not Provided	5	25%
SOAR Provided	11	55%
<b>Total</b>	<b>20</b>	<b>100%</b>

Nearly 75% of participants were either provided SOAR case management or had existing SSI benefits. However, the data is not currently available to assess whether the remaining 5 participants were eligible for SOAR case management.

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 8: MEDICAID APPLICATION FILED**

	Count	Percent
Application Submitted	10	50%
No Application	4	20%
Prior Medicaid	6	30%
<b>Total</b>	<b>20</b>	<b>100%</b>

Of the 14 participants without a prior record of applying for Medicaid approximately 70% applied after admission into the project. However, the data is not currently available to assess whether the remaining four participants were eligible for Medicaid and other benefits.

Objective 3: Navigator will connect 80% of eligible participants with their local HUD Coordinated Entry within six months of entry into the project.

**TABLE 9: HUD VOUCHER PROGRAM REFERRAL**

	Count	Percent
Referral	9	45%
No Referral	9	45%
Not Applicable	2	10%
<b>Total</b>	<b>20</b>	<b>100%</b>

Table 9 describes the number of participants that have been referred to housing voucher programs. However, as none of the current participants have been in the program for six months, this program objective is not yet fully measurable. This objective will be evaluated further in upcoming reports.

### 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.

As none of the current participants have been in the program for six months, the program objectives that rely on this longitudinal data are not yet measurable. This objective will be evaluated in upcoming reports.

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

As none of the current participants have graduated from the program for more than 30 days, the program objectives that rely on this longitudinal data are not yet measurable. This objective will be evaluated in upcoming reports.

### Goal 5: Develop a collaborative approach to providing services and supports.

Objective 1: A Steering Committee will be established within 4 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 still working to establish a steering committee for the TNT Program. Initial outreach to potential committee members has occurred, however, and it is anticipated the committee will be established by the completion of the fourth quarter of the program's first 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. Even though program start up has been slower than anticipated, initial implementation is underway. Two enhanced safe and sober houses are operating at full capacity with reportedly consistent participation rates. A third house is scheduled to open by the end of 2019. The TNT Program is on track to meet the goal of serving 28 participants in the first year, as long as the implementation of the third house proceeds as planned. The short duration of the program thus far limits the availability of data for most program metrics, nevertheless, this report establishes a baseline framework for ongoing evaluation of the TNT Program. 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

<sup>1</sup> SAMHSA's Performance Accountability and Reporting System (SPARS)

<sup>2</sup> Web Infrastructure for Treatment Services (WITS)

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

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