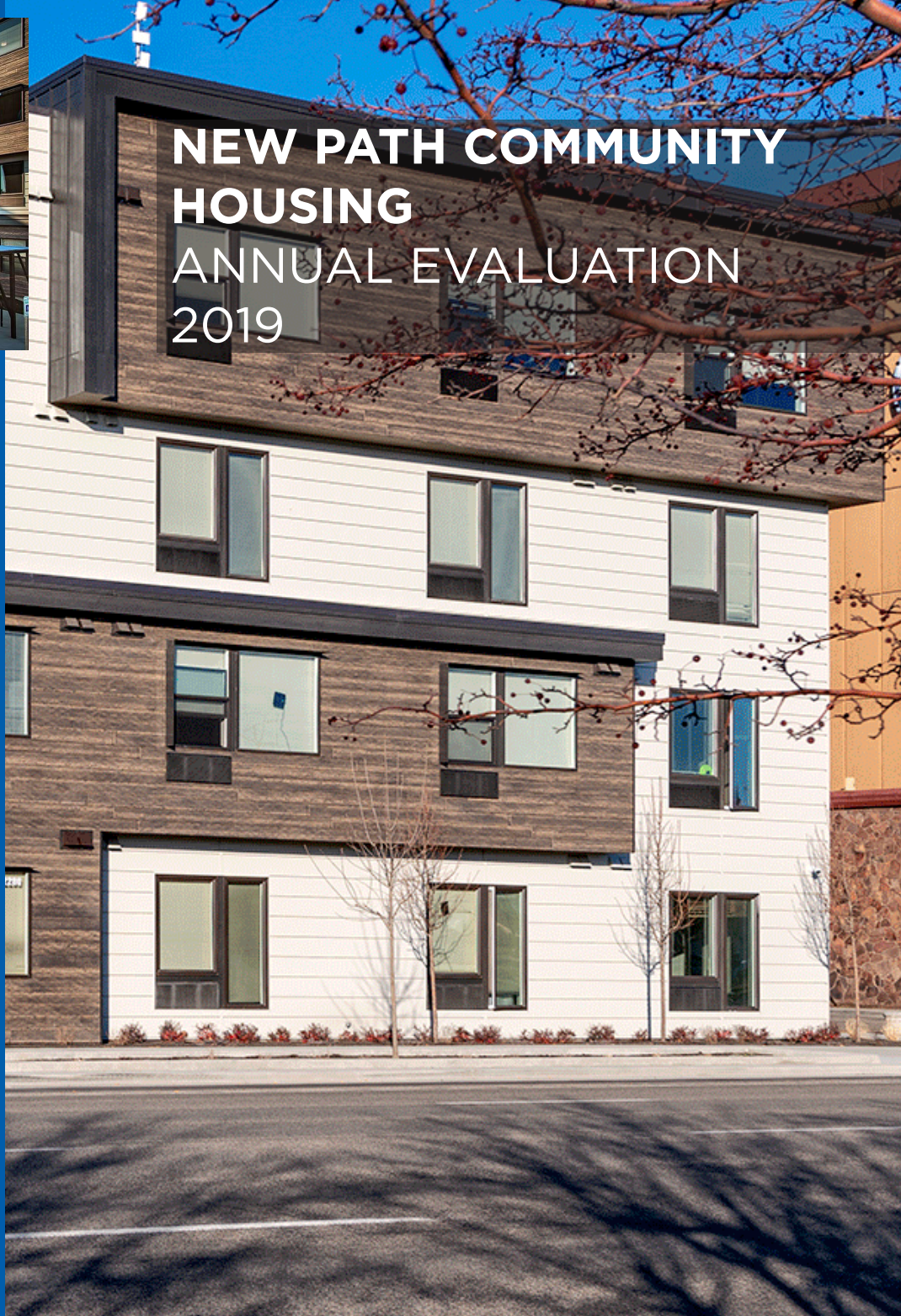




# NEW PATH COMMUNITY HOUSING ANNUAL EVALUATION 2019



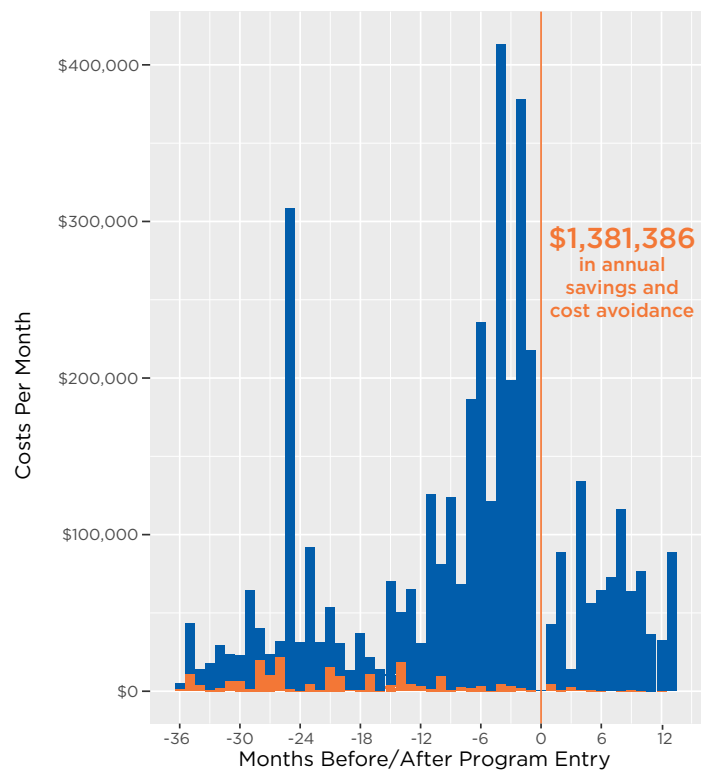
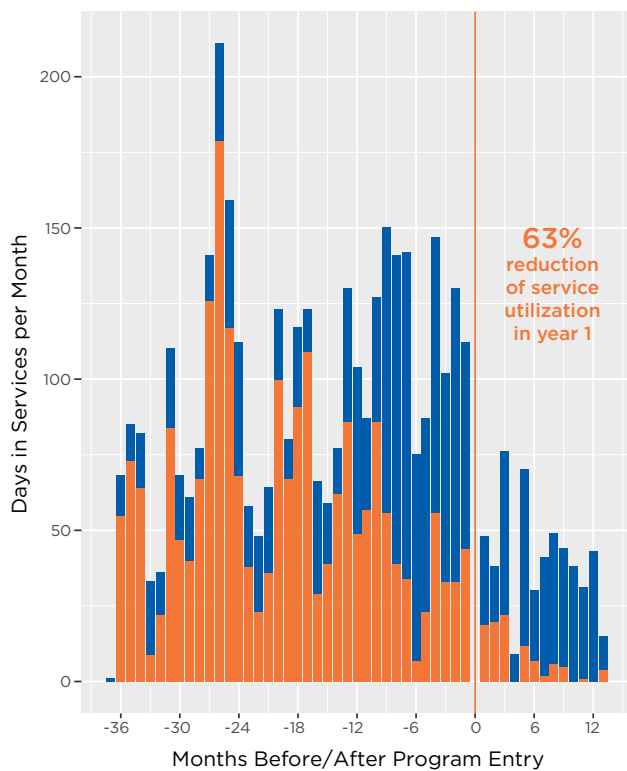
# NEW PATH COMMUNITY HOUSING 2019 EVALUATION EXECUTIVE SUMMARY

New Path Community Housing is a 40-unit, single site, Housing First project in Ada County, Idaho. New Path's evidence-based program is designed to address specific issues related to chronic homelessness including high utilization of emergency medical and detox services, frequent contact with the criminal justice system, and compromised overall personal well-being. As program evaluator, Idaho Policy Institute oversees all evaluation activities and works closely with New Path partners to design data collection strategies, monitoring, and reporting for this program with the objectives to:

1. Measure the program's ability to meet stated goals and objectives, and
2. Inform project partners' decisions for program improvement.

This evaluation measures the impact of the Housing First model on New Path residents in four outcome categories: health, criminal justice, housing, and well-being. Key achievements in New Path's first year include:

- A 63% decrease in utilization of emergency services,
- Total annual savings/cost avoidance of \$1,381,386, and
- An increase in overall resident well-being.



Service Type ■ Medical ■ Criminal Justice

## **BACKGROUND**

Although they only make up about 15% of the population of all individuals experiencing homelessness in the U.S., individuals experiencing chronic homelessness consume a majority of the resources directed towards homelessness.<sup>1</sup> A 2016 study of Ada County found 100 individuals experiencing chronic homelessness were associated with over \$5.3 million in annual costs to the Ada County community.<sup>2</sup> The same study estimated that a Housing First intervention serving those 100 individuals could result in annual cost avoidance of \$2.7 million. In November 2016, the Housing First Working Group from Our Path Home (Ada County's Continuum of Care) developed guiding principles, a clearly articulated program description, an operational pro forma, an evaluation methodology, and an implementation plan to launch Idaho's first, site-based Housing First project. The group's efforts resulted in a 40-unit, single site, Housing First project - New Path Community Housing (New Path).

New Path's program prioritizes service to individuals experiencing long-term homelessness who also have frequent interaction with reactive public services (i.e., emergency health care and the criminal justice system). Once individuals enter into the program, the expectation is that service utilization will decrease and individuals' overall well-being will increase. Such changes should result in cost avoidance and monetary savings to the community. New Path's first residents moved into New Path in November 2018.

Qualitative data collected through interviews, as well as quantitative service utilization data, are used to evaluate the program's ability to meet its goals and objectives. Key accomplishments and challenges from the first year of the program (November 2018 through December 2019) are articulated below. The report then provides a detailed evaluation of New Path's ability to meet its stated goals.

## **ACCOMPLISHMENTS**

Key achievements in New Path's first year include less utilization of emergency medical services and fewer interactions with the criminal justice system. Residents are also gaining increased access to mainstream preventative services. These services are positively impacting residents' lives and helping improve residents' physical and mental health. New Path residents also exhibit an increase in overall well-being. New Path service providers report residents look healthier, are calmer and more stable, and are taking on more personal responsibilities. In addition, they report that residents are receiving improved social treatment in the community. Finally, the community costs associated with the residents' prior homelessness significantly decreased for the majority of New Path residents due to decreased interactions with emergency medical services, the criminal justice system, and emergency shelters.

## **CHALLENGES**

New Path is an entirely new program and many of the challenges faced in the program's first year can be attributed to the startup nature of the program. This includes the initial transitioning of residents into New Path and confusion about roles and responsibilities of the New Path staff and stakeholders. In addition, findings indicate some New Path residents require more intensive long-term care beyond what New Path is designed to provide.

# PROGRAM OUTCOMES

## GOAL 1: PROVIDE HOUSING AND SUPPORTIVE SERVICES FOR THE COSTLIEST AND MOST VULNERABLE MEMBERS OF THE CHRONICALLY HOMELESS POPULATION IN ADA COUNTY.

The primary objective of New Path is to engage underserved individuals experiencing chronic homelessness who have not adequately benefited from mainstream homelessness services. The residents of New Path were chosen through a process of prioritization, focusing on individuals in Ada County experiencing long-term homelessness who also had frequent interactions with reactive services including the emergency medical system and criminal justice system. Partners (i.e., spouses, significant others) of prioritized individuals also moved into New Path. Table 1 provides demographics of all New Path’s first year residents.

**TABLE 1: DEMOGRAPHICS OF NEW PATH RESIDENTS**

	All Residents		Prioritized Residents	
	Count	Percentage	Count	Percentage
Total Residents	57	100%	52	100%
BY RACE				
African American	4	7.0%	4	7.7%
American Indian/Alaska Native	4	7.0%	3	5.8%
Asian	0	0%	0	0%
Native Hawaiian/Pacific Islander	2	3.5%	2	3.8%
White	45	78.9%	41	78.8%
Don't know/Refused	2	3.5%	2	3.8%
BY ETHNICITY				
Hispanic or Latino	5	8.8%	5	9.6%
Non-Hispanic or Latino	52	91.2%	47	90.3%
BY GENDER				
Female	13	22.8%	11	21.2%
Male	44	77.2%	41	78.8%
Transgender	0	0%	0	0%
BY AGE				
18-24 Years	1	1.8%	1	1.9%
25-34 Years	1	1.8%	1	1.9%
35-44 Years	8	14.0%	8	15.4%
45-54 Years	14	24.6%	12	23.1%
55-64 Years	27	47.4%	25	48.1%
65+	6	10.5%	5	9.6%

For the purposes of the remainder of this evaluation, data pertaining only to the residents prioritized into New Path are evaluated.

Table 2 indicates both the average community costs and total community costs for New Path residents before and after entering the program. Average annual community costs per resident decreased by 57.5% after program entry, while overall community costs decreased by 63.3% for a savings of \$1,381,386. Only reactive services were utilized for prioritization and evaluation. Costs of ongoing preventative services are incorporated into the overall fixed operating costs of New Path.

**TABLE 2: AVERAGE COMMUNITY COSTS PER RESIDENT AND TOTAL COMMUNITY COSTS BEFORE AND AFTER NEW PATH ENTRY**

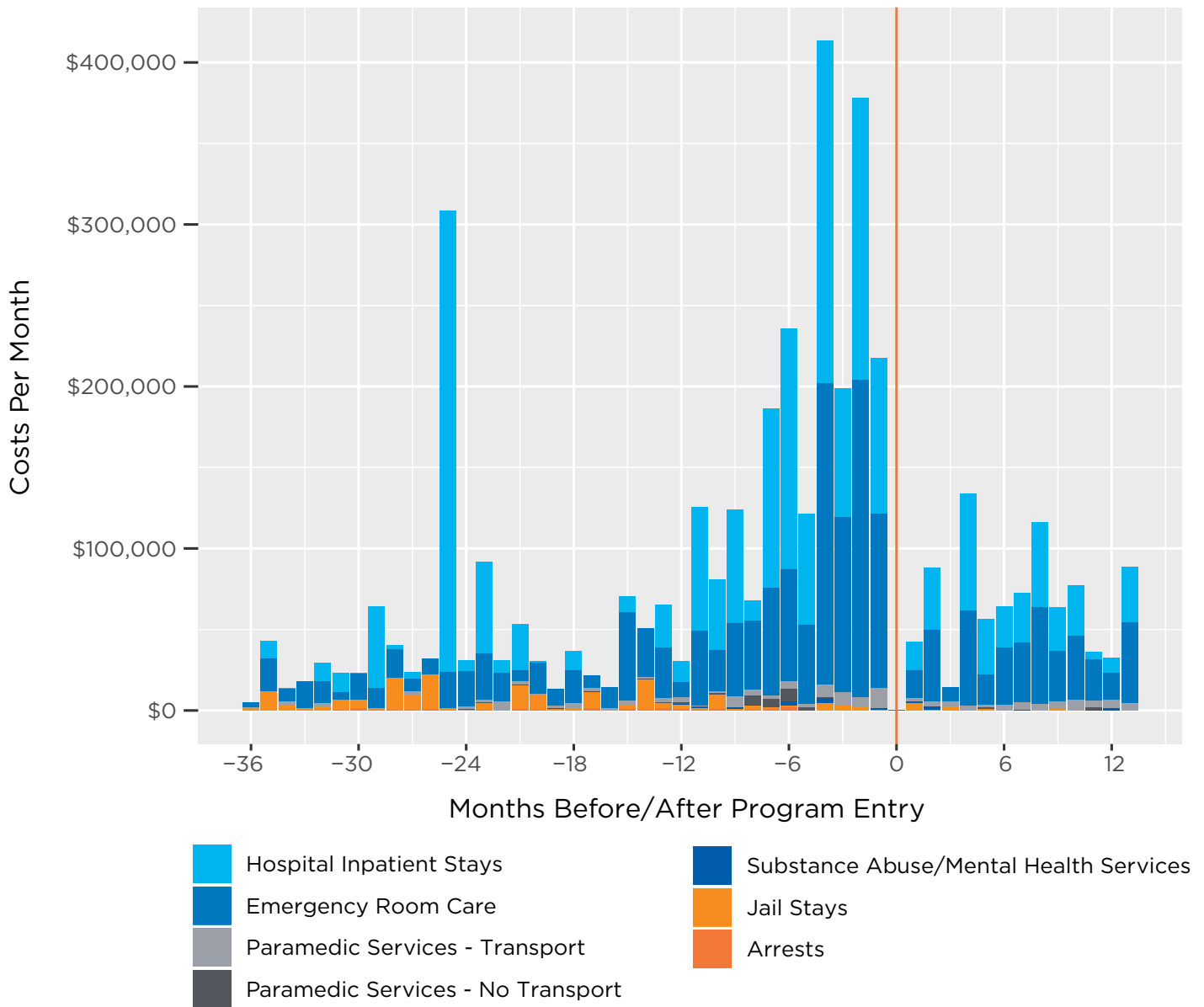
	Average Cost Per Resident	Total Community Costs
36 months prior	\$77,108	\$3,315,651
12 months prior	\$60,557	\$2,180,041
12 months after	\$25,763	\$798,655

After the program entry date, a substantial and immediate decrease is evident in both the total number of days that residents spend in services and the total monthly costs incurred, as exhibited in Figures 1 and 2.

**FIGURE 1: TOTAL DAYS IN SERVICE BY MONTH**



**FIGURE 2: TOTAL COSTS PER MONTH**



**GOAL 2: PAIR EVIDENCE-BASED SUPPORTIVE SERVICES WITH HOUSING.**

New Path’s Housing First intervention is an evidence-based approach that helps individuals experiencing chronic homelessness get permanent housing quickly and without prerequisites.<sup>3</sup> The purpose of this approach is to decrease the likelihood of residents returning to homelessness by providing permanent housing in conjunction with services that address ongoing issues of chronic illness, mental health, and substance abuse. A primary objective of New Path is to provide highly effective wraparound services for residents, including peer support, medical and health services, outpatient mental health treatment, substance abuse treatment, intensive case management services, and life skills education.

New Path's support services staff, employed by Terry Reilly Health Services, works on-site to offer essential services to residents. The 12 staff members specialize in case management, medical services, counseling, or life skills education. All staff work to build the trust and respect of residents in order to best serve them.

Staff members employed by Terry Reilly include:

**Project Lead**  
**Peer Specialist**  
**Housing Specialist**  
**Peer Support Life Skills Coach Lead**  
**Four Residential Counselors**  
**Case Manager/ACADC**  
**Licensed Clinical Social Worker**  
**Licensed Practical Nurse/Patient Educator**  
**Psychiatric Nurse Practitioner**



New Path residents engage with staff in many ways. Residents are offered mental health and substance abuse services from a team of counselors and medical professionals on-site. Residents also receive medical care from Terry Reilly Health Services' clinic, although New Path staff report that appointments are often limited. To assist with New Path residents' food insecurity, staff members worked with residents to register them to receive Supplemental Nutrition Assistance Program (SNAP) support and arrange for Idaho Food Bank on-site delivery. Residents needed help getting medical treatment and health coverage, but also with daily tasks.

New Path residents were experiencing long-term homelessness before entering the program with some residents experiencing homelessness for decades before moving into New Path. Some residents had a hard time transitioning into housing after being without it for so long and often do not accept or take advantage of the services intended to improve their lives and make transitioning easier. Several staff members believe that the transition to stable housing may be exacerbating some poor resident behavior. For example, some residents are bored so they are drinking more than when they were focused on survival. There have also been isolated violent and chaotic resident situations, however staff members indicate that these are declining as time passes. Staff responded by increasing active engagement on-site to help residents, including providing social activities and being available to chat with residents.

The supportive services staff had a few challenges within the New Path's first year. When speaking with Terry Reilly staff, some employees initially felt overwhelmed with the new program resulting in some employee turnover. Furthermore, some employees felt uneasy because funding for the project is not guaranteed from year to year, resulting in stress for the program to do well quickly. A nurse hired at the start of the project resigned soon after, so New Path was without an on-site nurse for approximately 6.5 weeks. However, the challenges faced by New Path staff during the first year resulted in some changes to staffing that benefited both staff and residents.

Originally, 24-hour security was on-site at New Path, but no support services team members were present after normal business hours. The on-site property manager who is not responsible for programmatic delivery, was often sought out by residents for afterhours assistance. To better serve the needs of residents, the program shifted to the 24-hour presence of a service provider.

### GOAL 3: MEASURE AND EVALUATE TO CONTINUALLY IMPROVE PROCESSES.

Biannual evaluations of New Path aim to measure the extent to which providing permanent supportive housing to the target population meets specific health, criminal justice, housing, and well-being outcomes, as well as improved efficiencies and economic benefits for the Ada County community. Measuring outcomes and adjusting the approach, as needed, will enable New Path to be responsive to changing conditions and allow the program to continually improve.

Quantitative data utilized for the program's evaluation includes data collected from the Ada County Sheriff's Office (which included arrest and incarceration data for the Sheriff's Office, Boise Police Department, and Garden City Police Department), Ada County Paramedics, Allumbaugh House, Pathways Community Crisis Center, St. Luke's Medical Center, Saint Alphonsus Regional Medical Center, Terry Reilly Health Services, and Our Path Home's Homeless Management Information System (HMIS). In addition, the evaluation also observed the current state of the Housing First program at New Path by including interviews with stakeholders involved with the project as well as exit interviews with residents who left New Path. These interviews provided first-hand details about the successes and challenges faced at New Path.

The Housing First theory of change is that once individuals enter into New Path, they will experience a decrease in interactions with the criminal justice system and emergency medical system. In addition, their overall well-being is expected to increase. In order to provide for such an evaluation, data pertaining to each resident was divided into two categories: 1) 36 months prior to entering into New Path and 2) after entering into New Path. This division provides for accurate comparisons across all New Path residents, as Housing First interventions often become more effective for residents the longer they remain in the program. Not all residents were in New Path for the entirety of the evaluation period. Additionally, data is missing for four potentially highest need residents because they opted out of the data collection agreement.

### GOAL 4: INCREASE THE OVERALL WELL-BEING OF HOUSING FIRST RESIDENTS.

Residents are expected to experience increased well-being after moving into New Path. Outcome data was collected for each resident beginning 36 months before move in and after move in through November 2019. Comparing data from before and after moving into New Path shows the effect of the Housing First intervention on residents' well-being. The data used in this report reflect resident outcomes only and are not compared to groups outside the program.



Data was collected for four outcome areas based on the following objectives:

**HEALTH**

**Reduction in utilization of emergency medical service treatment (e.g., paramedics, emergency department, etc.) and hospitalizations.**

**CRIMINAL JUSTICE**

**Decrease in criminal justice involvement.**

**HOUSING**

**Provision of stable housing and reduction in emergency shelter utilization.**

**WELL-BEING**

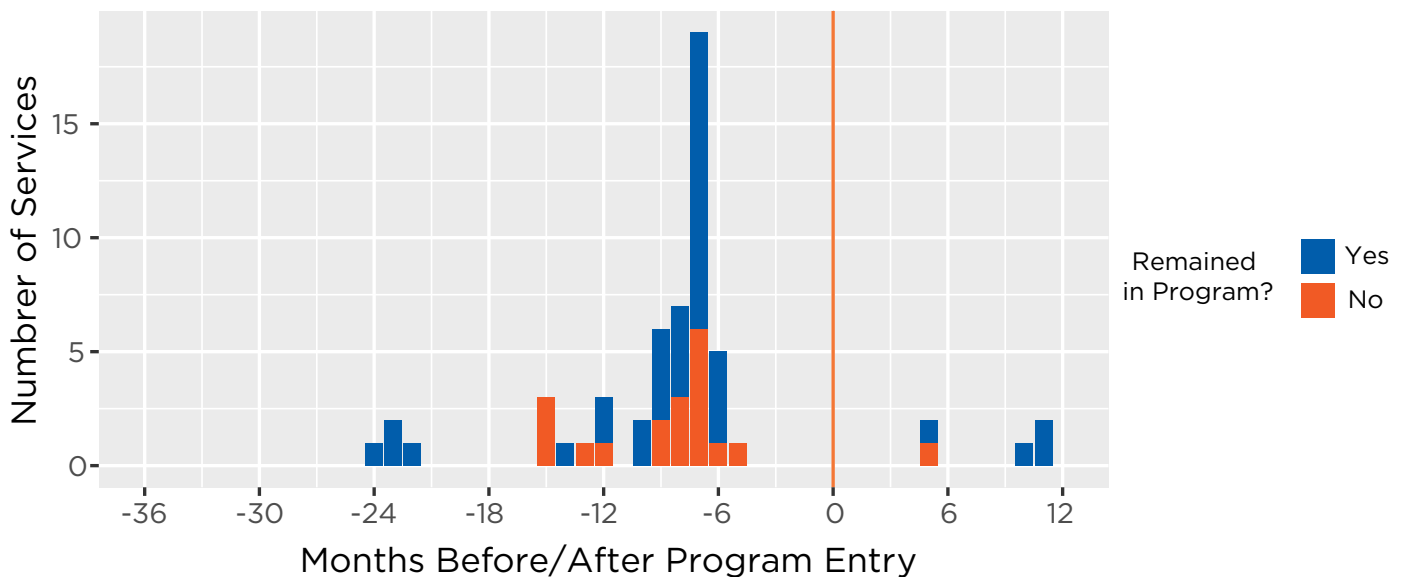
**Increased and strengthened connections to and engagement with mainstream resources and peer support systems.**

**HEALTH OUTCOMES**

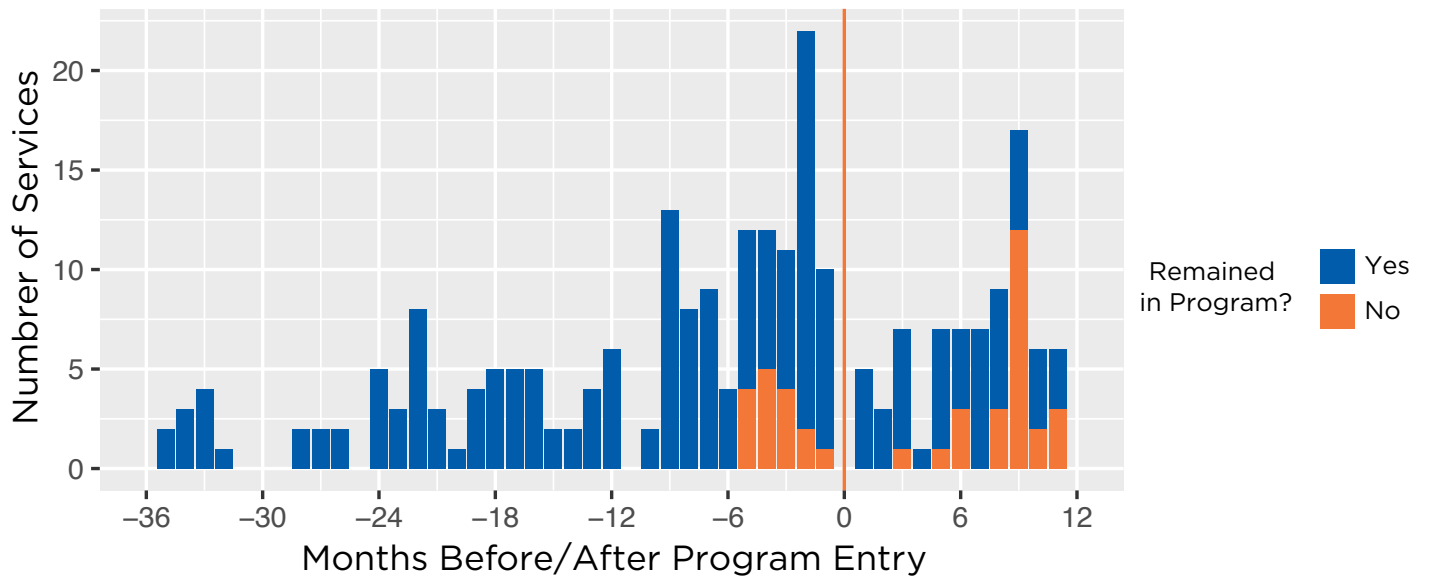
After entering into New Path, residents were expected to improve in both physical and mental health. Data collected for this outcome included interactions with Ada County Paramedics, emergency department utilization and inpatient medical care at Saint Alphonsus and St. Luke’s, stays at Allumbaugh House, and visits to Pathways Community Crisis Center. As anticipated, New Path residents gained access to mainstream resources to support their health and this data was provided by Terry Reilly Health Services. Data regarding indigent care, which would provide additional indications of associated community costs related to health outcomes, was not available for this evaluation.

As demonstrated in Figures 3-7, New Path residents exhibited an immediate decrease in the use of emergency medical services. This decrease is most evident in emergency room care and hospital stays. Paramedic services saw more modest improvements. Notably, residents remaining in New Path demonstrated more positive outcomes than those who left the program.

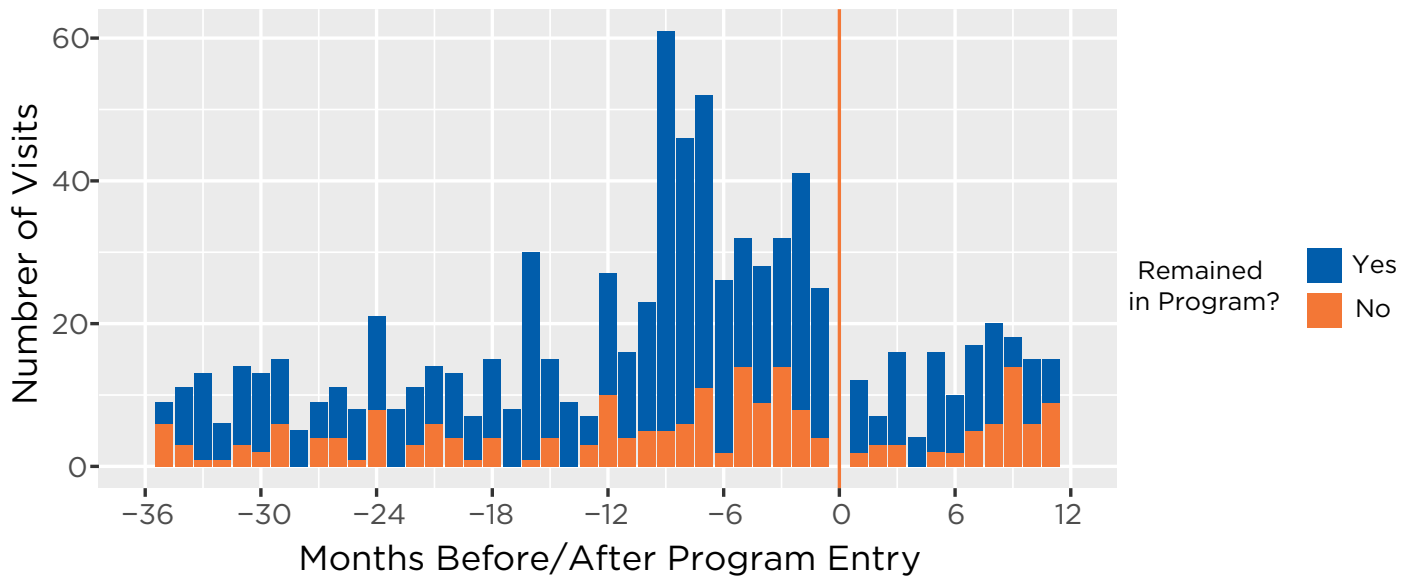
**FIGURE 3: PARAMEDIC SERVICES WITHOUT TRANSPORT**



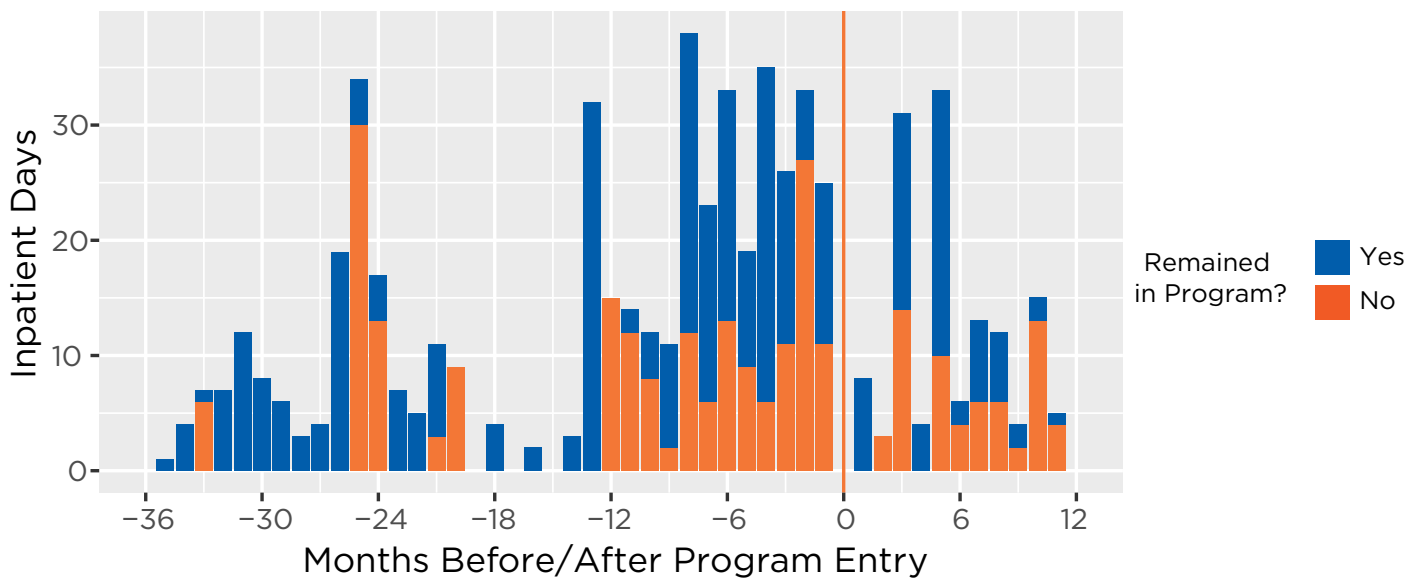
**FIGURE 4: PARAMEDIC SERVICES WITH TRANSPORT**



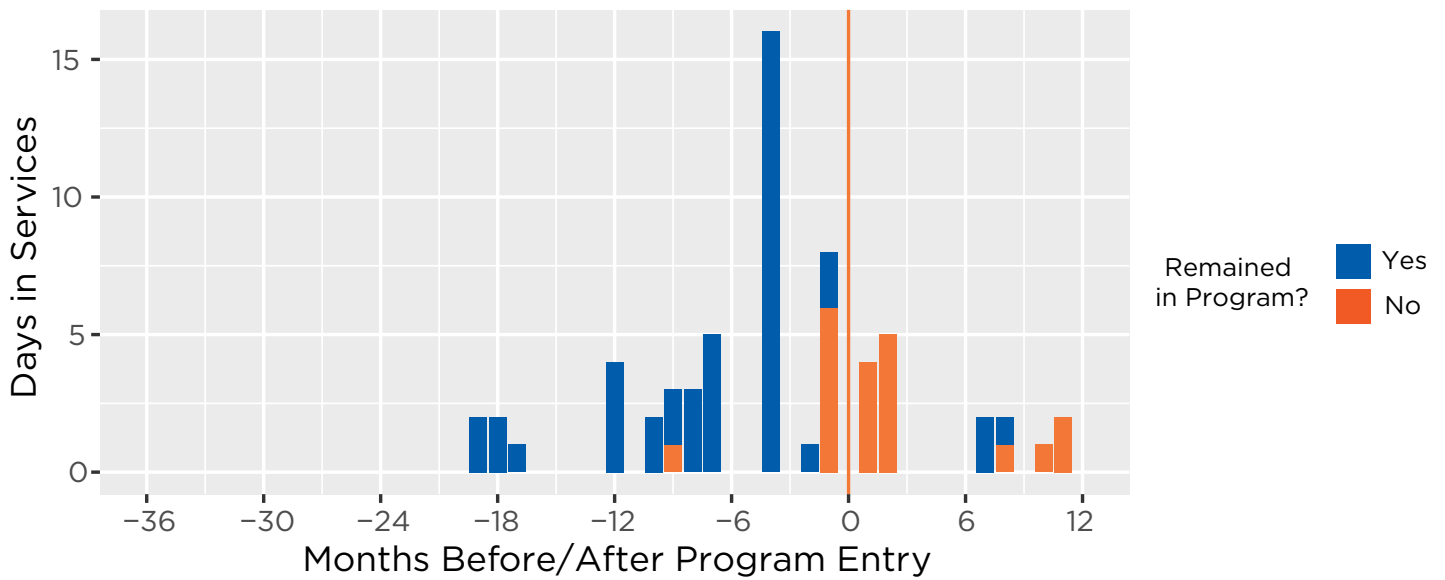
**FIGURE 5: EMERGENCY ROOM CARE**



**FIGURE 6: HOSPITAL INPATIENT STAYS**



**FIGURE 7: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**

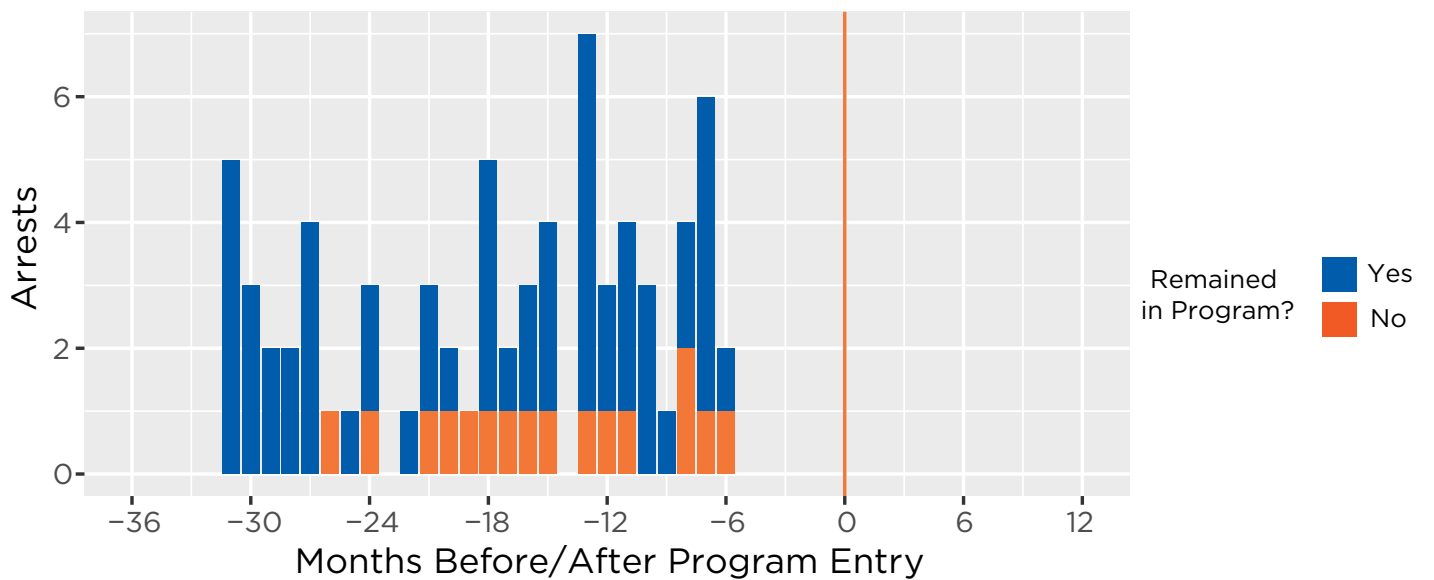


**CRIMINAL JUSTICE OUTCOMES**

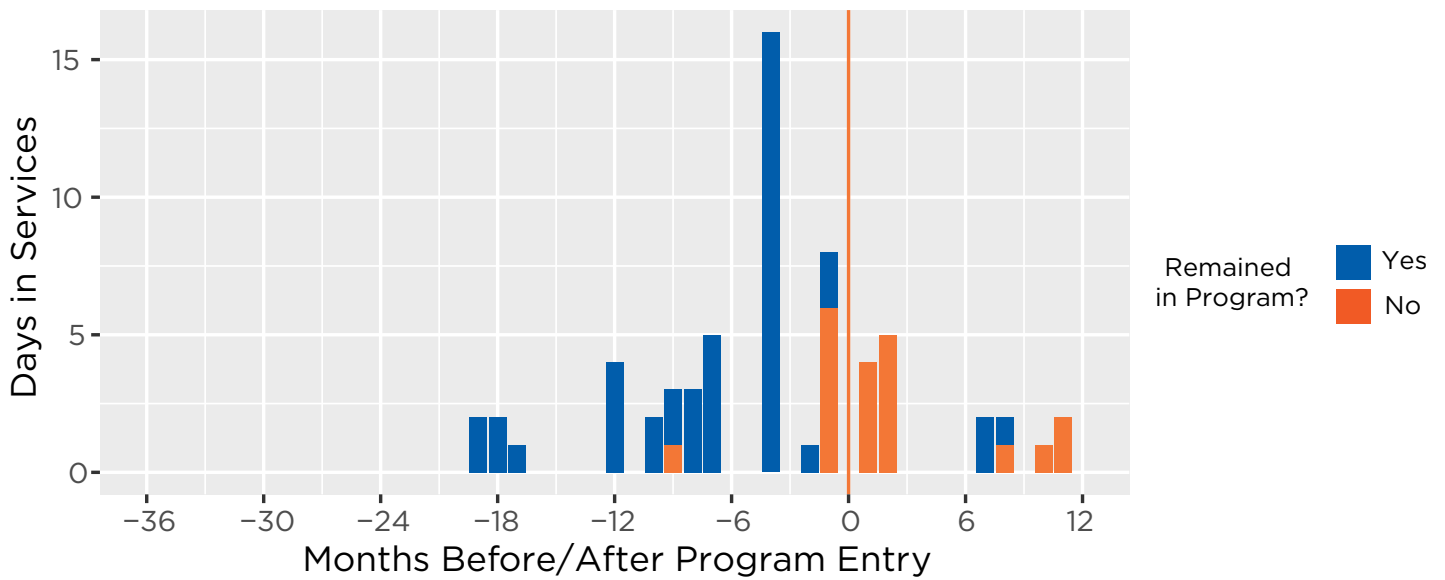
Housing First programs are proven to decrease residents’ interactions with the criminal justice system.<sup>4</sup> To measure this outcome, arrest and incarceration data was collected from the Ada County Sheriff’s Office. This data included arrest and incarceration data for the Sheriff’s Office, Boise Police Department, and Garden City Police Department.

New Path residents had no interactions with municipal police after placement into the program and resident interactions with county correctional facilities decreased significantly, as demonstrated in Figures 8 and 9.

**FIGURE 8: MUNICIPAL POLICE SERVICES (CITY OF BOISE AND GARDEN CITY)**



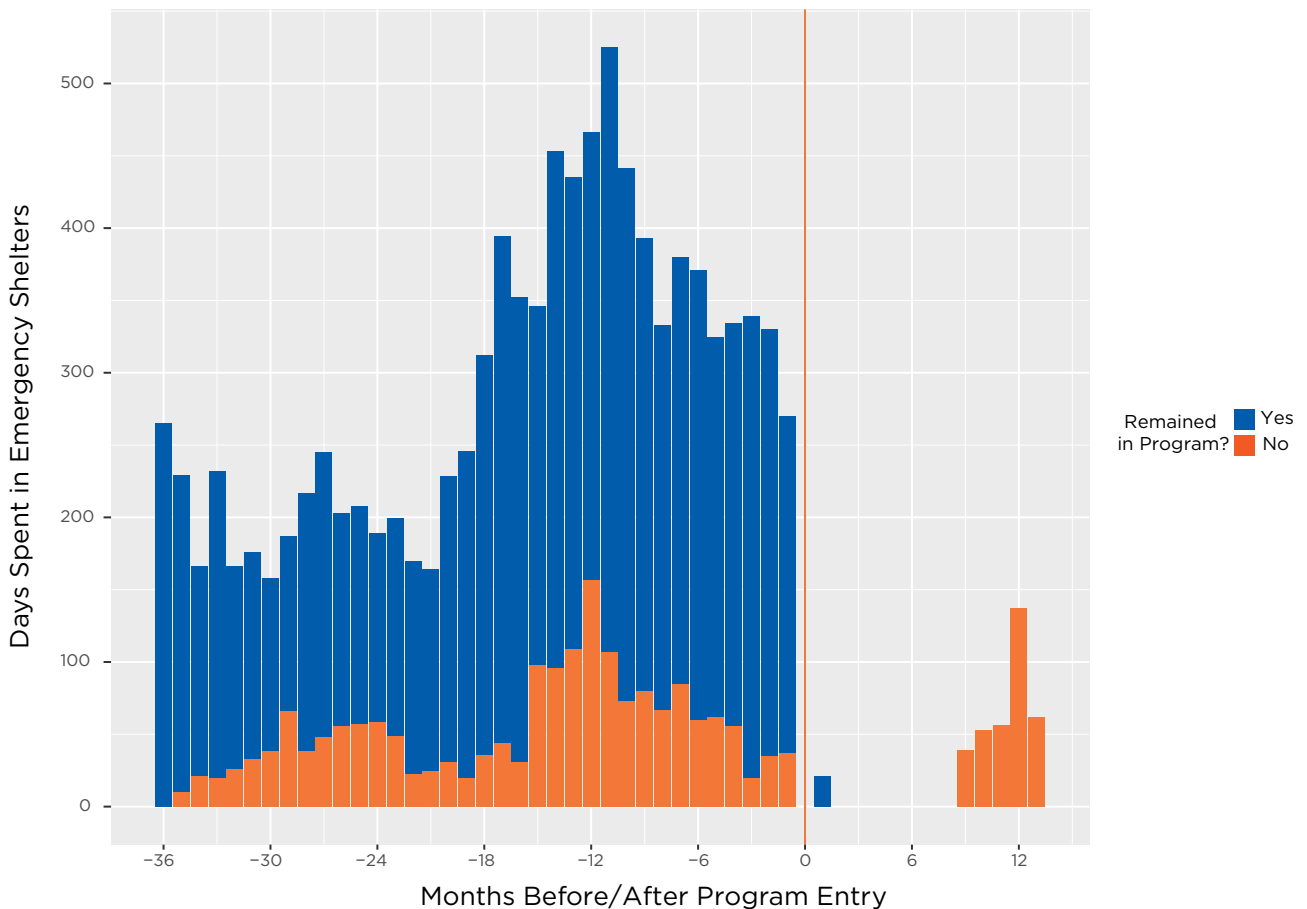
**FIGURE 9: COUNTY CORRECTIONAL FACILITIES (ADA COUNTY JAIL)**



**HOUSING OUTCOMES**

Housing stability is measured by the number of uninterrupted months in housing after entering into New Path. Interruptions include more than seven days hospitalized, in jail, or an emergency shelter in a thirty-day period. Residents that entered the New Path program saw a sharp, immediate, and lasting decrease in emergency shelter usage. Residents that exited the program, however, saw a return to previous shelter usage patterns, as seen in Figure 10.

**FIGURE 10: EMERGENCY SHELTER UTILIZATION**

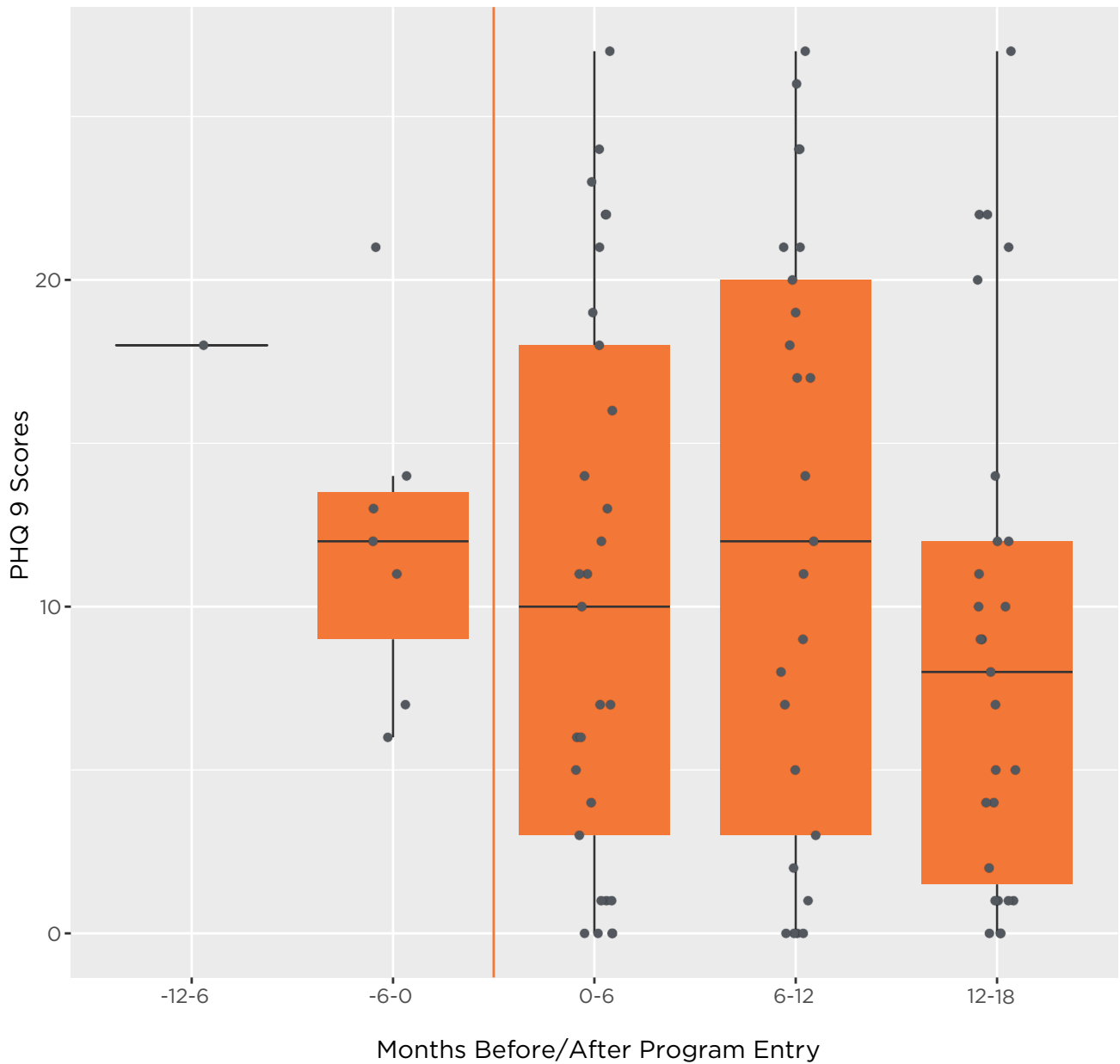


## WELL-BEING OUTCOMES

Overall well-being of New Path residents is evaluated using the Patient Health Questionnaire (PHQ-9) for depression screening, the World Health Organization Quality of Life Assessment (WHO-QOL), and exit interviews done with residents leaving the program. Data from these assessments is reported using box-and-whisker plots.<sup>5</sup>

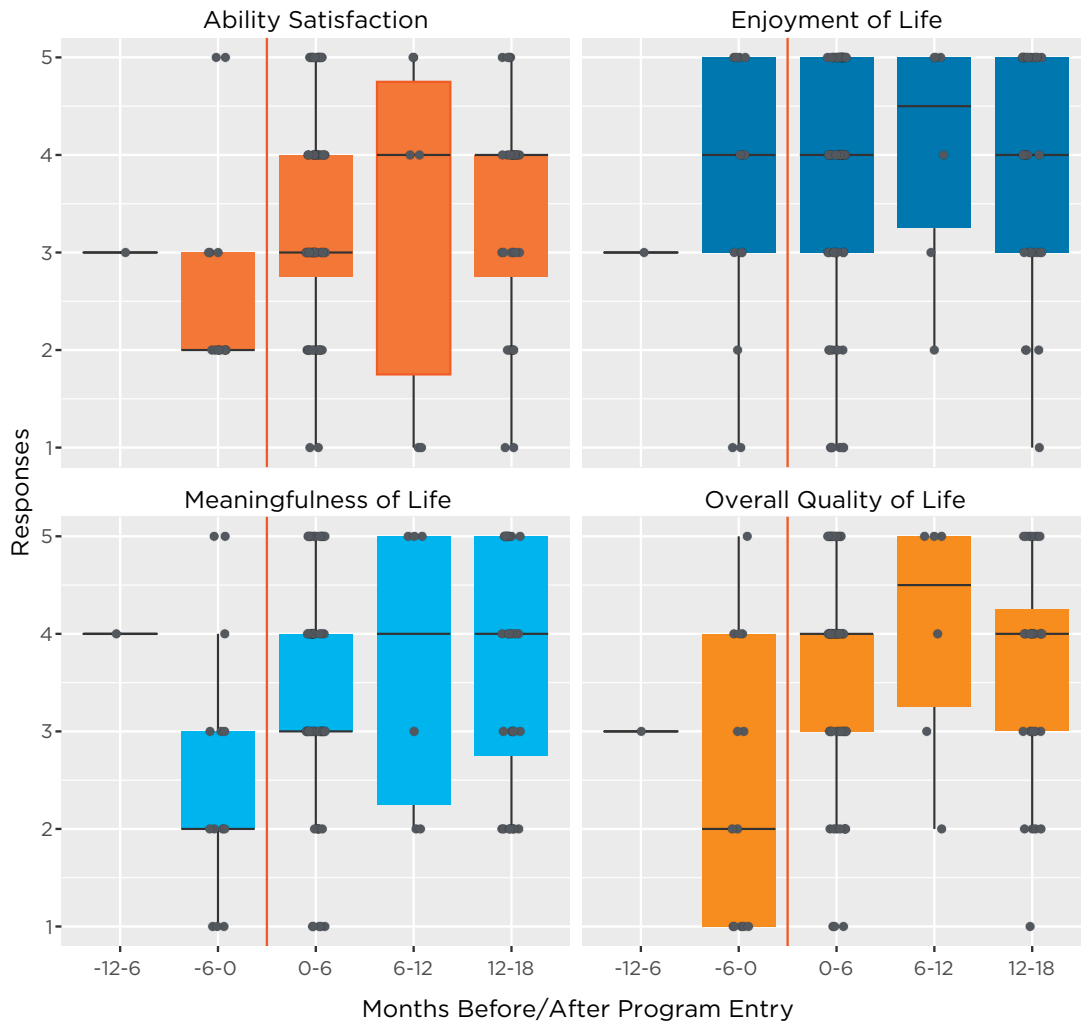
Resident PHQ-9 scores saw a slight decrease (an improvement in depression measures) as residents' time in the program increased (see Figure 11). Those who have been in the program for more than a year saw the most significant decrease.

**FIGURE 11: PHQ-9 SCORE CHANGES BY TIME IN PROGRAM**



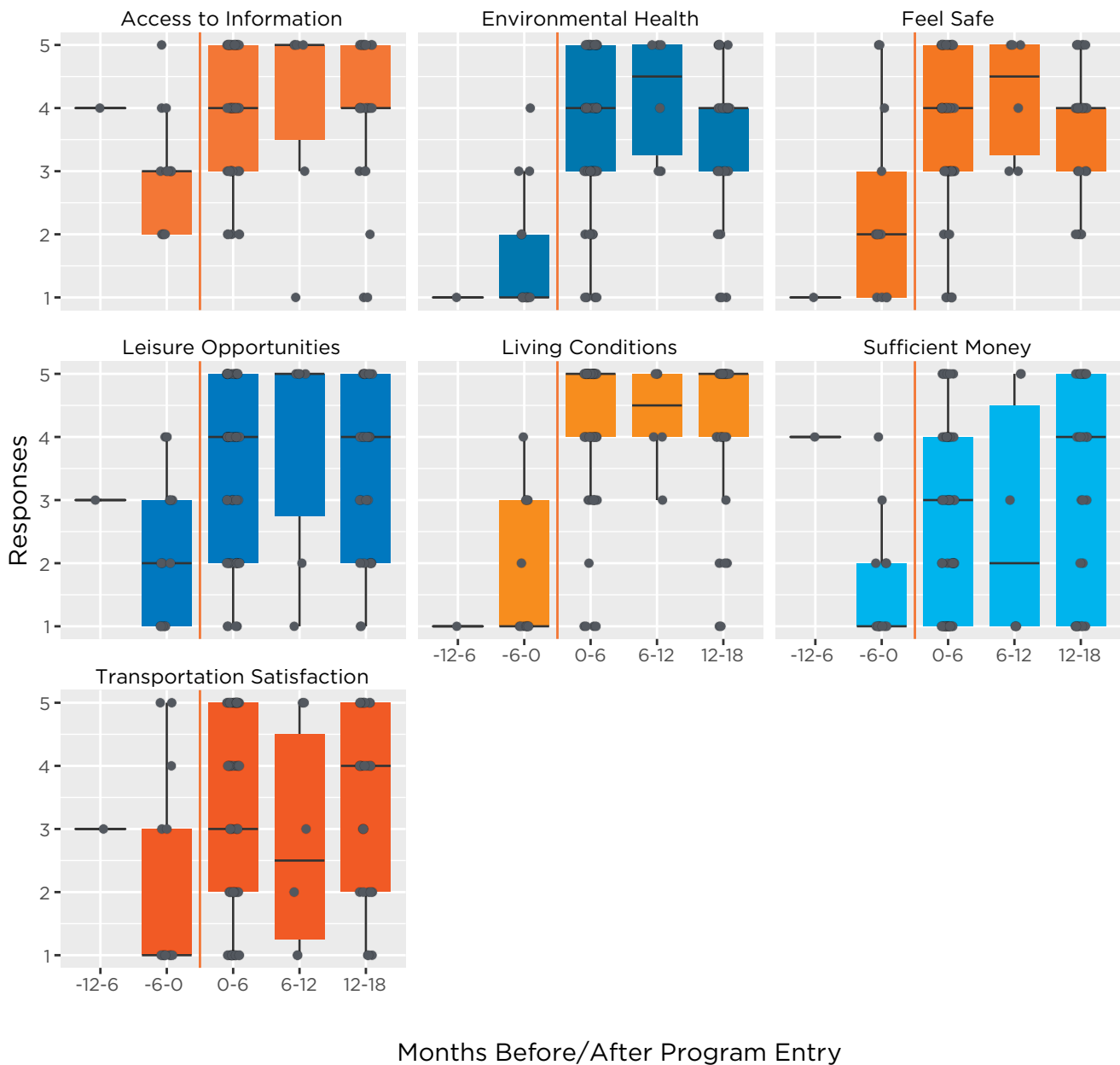
Resident responses to the WHO-QOL survey (see Figure 12) tended to show some improvements with duration in the program as well. Residents tended to rate their overall quality of life, satisfaction with their abilities, and their feeling of meaningfulness higher after entering the program, while enjoyment of life did not see significant changes.

**FIGURE 12: WHO-QOL SUMMARY QUESTIONS**



WHO-QOL questions about environmental factors faced by residents saw the most dramatic changes after residents entered New Path. Resident perceptions about the health of their physical environment, feelings of safety, satisfaction with living conditions, satisfaction with access to transportation, access to information, and leisure opportunities all saw marked increases, as seen in Figure 13.

**FIGURE 13: WHO-QOL ENVIRONMENTAL QUESTIONS**



Exit interviews were conducted with five residents who left New Path. All exiting residents agreed that the physical apartment, and the items provided in it, met their needs. However, only two of the respondents felt safe and comfortable in their apartments. Almost all of the interviewees felt the staff cared about their well-being, but few felt that they were receiving adequate assistance, care, or services from staff.

The negative circumstances that resulted in residents exiting the program were likely due to some residents needing more intensive, long-term care that is unavailable at New Path. It must be noted that residents that remain in New Path were not asked the same questions so these exit interviews do not reflect the sentiments of all New Path residents. Future evaluations may incorporate similar questions for residents both remaining in and exiting New Path.

## GOAL 5: CREATE PARTNERSHIPS FOR LONG-TERM SUSTAINABILITY.

Since its inception, the New Path partnership has been strong. The collaboration of the project's partners enabled both construction of New Path and delivery of the wraparound services for New Path residents. The large number of stakeholders involved in New Path initially created challenges regarding communication of roles, expectations and requirements, as discussed below.

In New Path's first year, the application and placement process to qualify for New Path was challenging for both potential residents and project partners. As a result, some potential residents felt hopeful then were disappointed when not selected for the program. Over the project's first year, the program team streamlined this process.

Initially, several issues arose with property management and the facilities. For instance, property management, not being trained to work with a population similar to New Path residents, may have had some unrealistic expectations for residents at the beginning of the program. In addition, the building itself had some issues, including limited outdoor space and an occasionally faulty card reader leading to resident lockouts. However, project partners and property management took significant steps to overcome these issues.

Finally, the ongoing funding sustainability for New Path is not secure. Project partners only make annual commitments which leads to uncertainty in longevity for program staff, who may seek more secure places for employment. New Path project partners continue to show commitment to the project and are seeking more sustainable funding options for future operations, including accessing additional support through Medicaid.

## GOAL 6: DETERMINE WHETHER HOUSING FIRST IS A REPLICABLE AND SCALABLE MODEL FOR PROVIDING FUTURE HOMELESS SERVICE PROVISION WITHIN THE GREATER TREASURE VALLEY.

In conclusion, the initial annual evaluation of New Path indicates the program is meeting the needs of most residents and creating significant cost-savings for the community. The ongoing evaluation of New Path must include continued engagement with residents, staff, and partners to integrate their perspectives into the effort to address program challenges and scale its successes. Finally, the evaluation of the project should continue to be rigorous, allowing project partners to identify and implement necessary changes to increase the rate of success and help inform future Housing First projects.



# ENDNOTES

- 1 The United States Interagency Council on Homelessness. (2015). *Opening doors: Federal strategic plan to end homelessness*. Washington, DC.
- 2 Fry, V. (2016). *Reducing chronic homelessness via Pay for Success: A feasibility study for Ada County, Idaho*. Boise State University.
- 3 Donovan, S., and Shinseki, E. (2013). *Homelessness is a public health issue*. *American Journal of Public Health*, 103(2), Supp. 2, S180.
- 4 Toros, H., and Flaming, D. (2018). *Prioritizing homeless assistance using predictive algorithms: An evidence-based approach*. *Cityscape: A Journal of Housing and Urban Development and Research*, 20(1), 117-146.
- 5 When interpreting a box-and-whisker plot, the middle line of each box represents the median reported score, not the average. The boxes separated by the middle line represent the middle quartiles and each whisker represents the outer quartiles. Each of the four quartiles displayed in the box-and-whisker plots contain an equal number of scores.

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and commissioned by City of Boise.

Recommended citation

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