



NEW PATH COMMUNITY HOUSING ANNUAL EVALUATION 2020



BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE

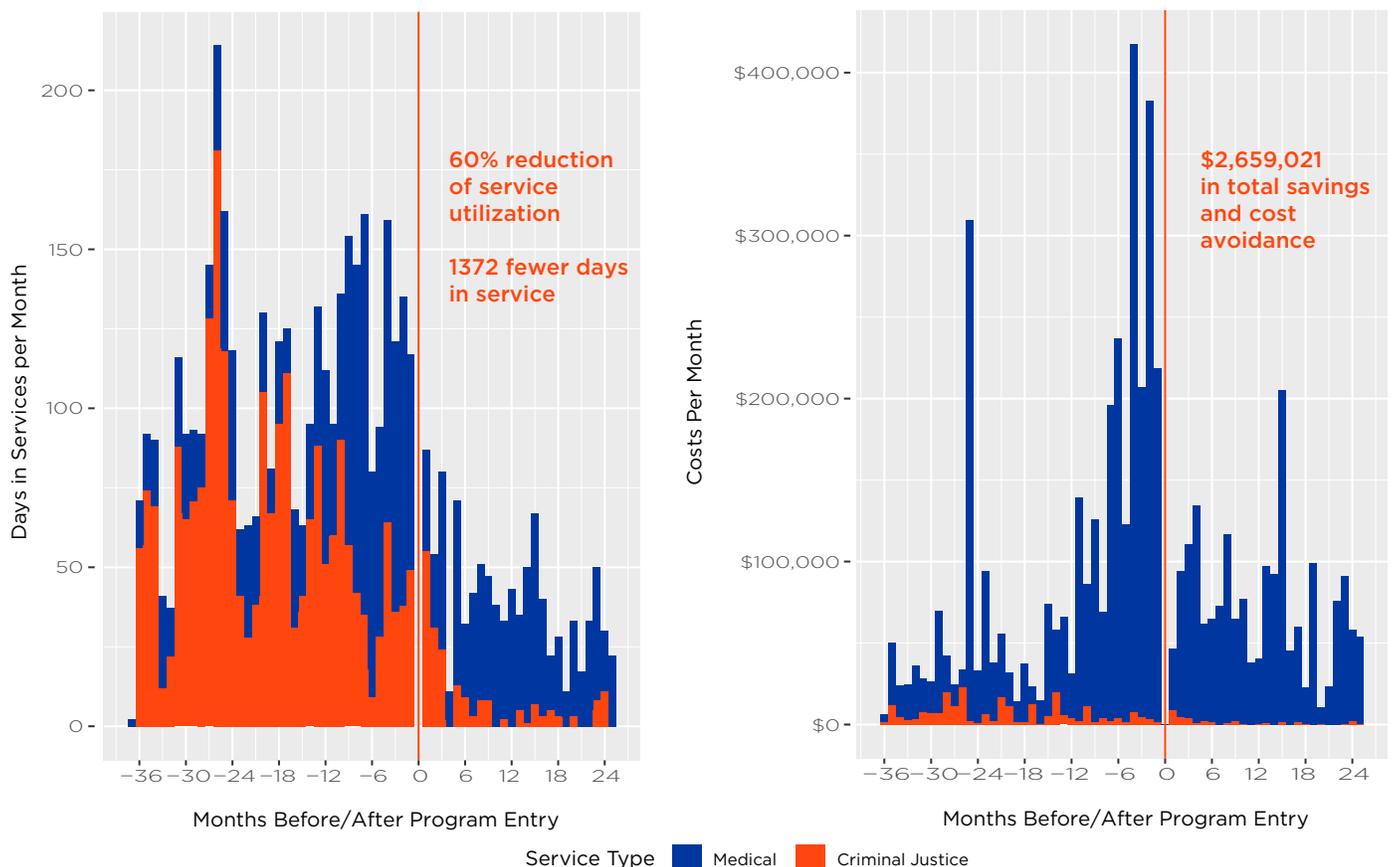
NEW PATH COMMUNITY HOUSING 2020 EVALUATION EXECUTIVE SUMMARY

New Path Community Housing is a 40-unit, single site, Permanent Supportive Housing with a Housing First approach (PSH/Housing First) program 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 substance dependence 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. The evaluation objectives are to:

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

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 two years include:

- A reduction in emergency services by 60% or 1,372 fewer days,
- Total savings/cost avoidance of \$2,659,021, and
- An increase in overall resident well-being.



EFFECTIVENESS OF HOUSING FIRST PERMANENT SUPPORTIVE HOUSING

Individuals experiencing long-term homelessness with high needs are often frequent users of public services due to increased rates of physical and mental instability. Each year of experiencing homelessness significantly decreases quality of life and increases use of public services. As such, communities often implement programs to address issues associated with chronic homelessness. Permanent Supportive Housing with a Housing First approach (PSH/Housing First) is widely identified as a successful approach to end homelessness for those people experiencing chronic homelessness with a high level of service utilization.¹ PSH/Housing First programs quickly and safely house individuals and families experiencing homelessness by providing permanent housing without preconditions in conjunction with offering supportive services including case management, substance dependence treatment,² and mental health support.²

The expectation of PSH/Housing First programs is that once people are housed, treatment and management of underlying conditions is more successful due to the availability of support services. Evidence shows when utilization of supportive services is not required to maintain housing, clients are more likely to remain stable and engaged in services over the long-term.³ PSH/Housing First is a highly effective approach to adopt, specifically for those experiencing chronic homelessness, one of the hardest populations to serve.⁴

PSH/Housing First programs that house and treat the most vulnerable community members decrease community costs because residents interact less with the emergency medical and criminal justice systems.⁵ Savings accrue in two distinct ways. First, when an individual does not use a public service, a direct saving instantly occurs. Secondly, when this happens, public services can redirect resources to another person in need.⁶ In addition to cost savings, the overall well-being of participants increases significantly after entering a PSH/Housing First program.

BACKGROUND

People experiencing chronic homelessness are only about 15% of all individuals experiencing homelessness, but account for the vast majority of the resources directed towards people experiencing homelessness.⁷ These individuals' quality of life is severely diminished due to experiencing long-term homelessness with disabling conditions. A 2016 study of Ada County found 100 individuals experiencing chronic homelessness were associated with over \$5.3 million annually in costs to the Ada County community.⁸ The same study estimated a PSH/Housing First intervention serving those 100 individuals would 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 a plan to launch Idaho's first single-site PSH/Housing First program, New Path Community Housing (New Path) with the following objectives.

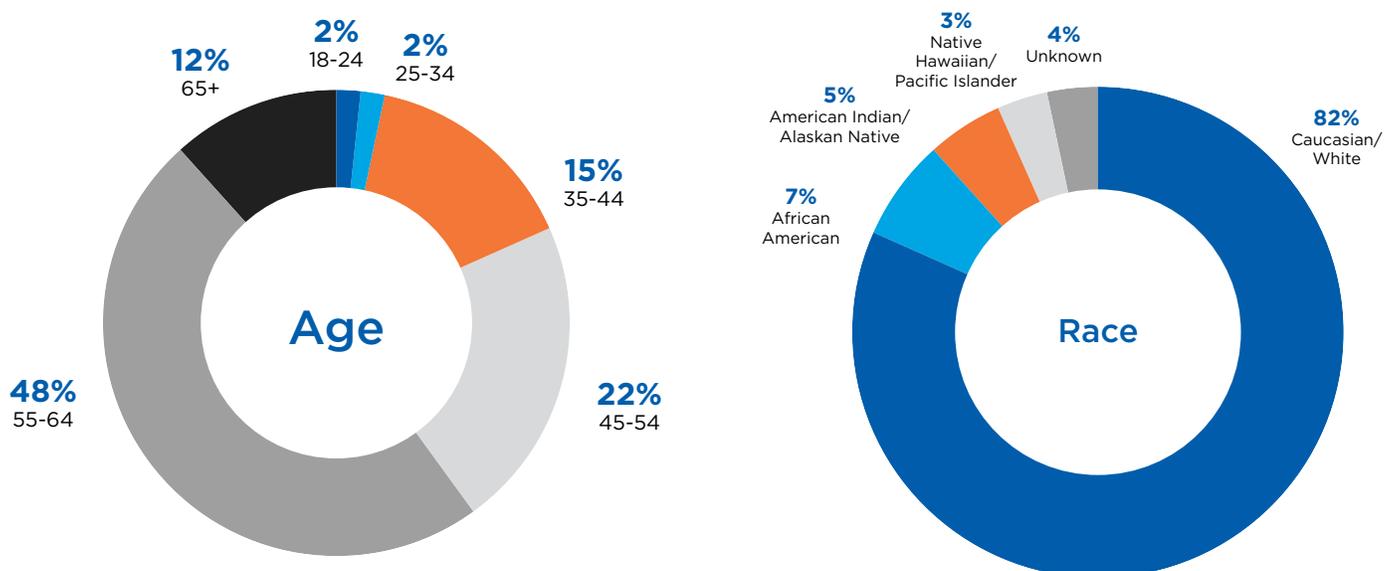
NEW PATH PROGRAM OBJECTIVES

Category	Objective
Health	Reduction in utilization of emergency medical service treatment (e.g., paramedics, emergency department, etc.) and hospitalizations.
Criminal Justice	Decrease in criminal justice involvement (e.g., arrests and jail stays).
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.

NEW PATH COMMUNITY HOUSING

New Path’s program includes a single-site, 40-unit complex with supportive services provided by Terry Reilly Heath Services. To construct the facility, Idaho Housing and Finance Association donated \$500,000 in HOME funds and designated Low Income Tax Credits to the construction project.⁹ The City of Boise donated \$1,000,000 in general funds. Boise City/Ada County Housing Authorities assigned 40 project-based vouchers to New Path, which requires program participants to pay 30% of their income toward rent. Ada County, Saint Alphonsus, and St. Luke’s fund the on-site, supportive services which in 2020 was \$512,000 (\$312,000 from Ada County and \$100,000 from each hospital system).

New Path’s program participants include Ada County residents previously experiencing long-term homelessness and frequent interaction with reactive public services (i.e., emergency health care and the criminal justice system). A total of 60 people experiencing chronic homelessness entered into New Path programming since its launch in November 2018. The demographics of program participants are shown in Figures 1 and 2.



2020 EVALUATION SUMMARY

New Path has six main goals. Qualitative survey data and quantitative service utilization data are used to evaluate the program's ability to meet these goals and objectives. Key accomplishments and challenges from the second year of the program (January 2020 through December 2020) are articulated below.

ACCOMPLISHMENTS

Key achievements in New Path's second year include:

- Improved efficiency and effectiveness of support service delivery in New Path's second year
- Improved clarity of the roles and responsibilities of program partners
- Programmatic issues addressed more effectively than in the program's first year
- Increased engagement with supportive services
- Decreased community costs associated with the participants' prior homelessness
- Decreased resident interactions with emergency medical services, the criminal justice system, and emergency shelters
- Continued improvement of residents' overall well-being

CHALLENGES

New Path improved on challenges identified in the first year, although some challenges still need to be addressed including:

- Program partners and staff see opportunities to improve communication among one another
- Property management needs more preparation in order to effectively engage with program participants and staff
- Funding instability challenges the sustainability of the program and creates unease with program participants and staff
- Some program participants require more intensive support services than what New Path is designed to provide

PROGRAM OUTCOMES

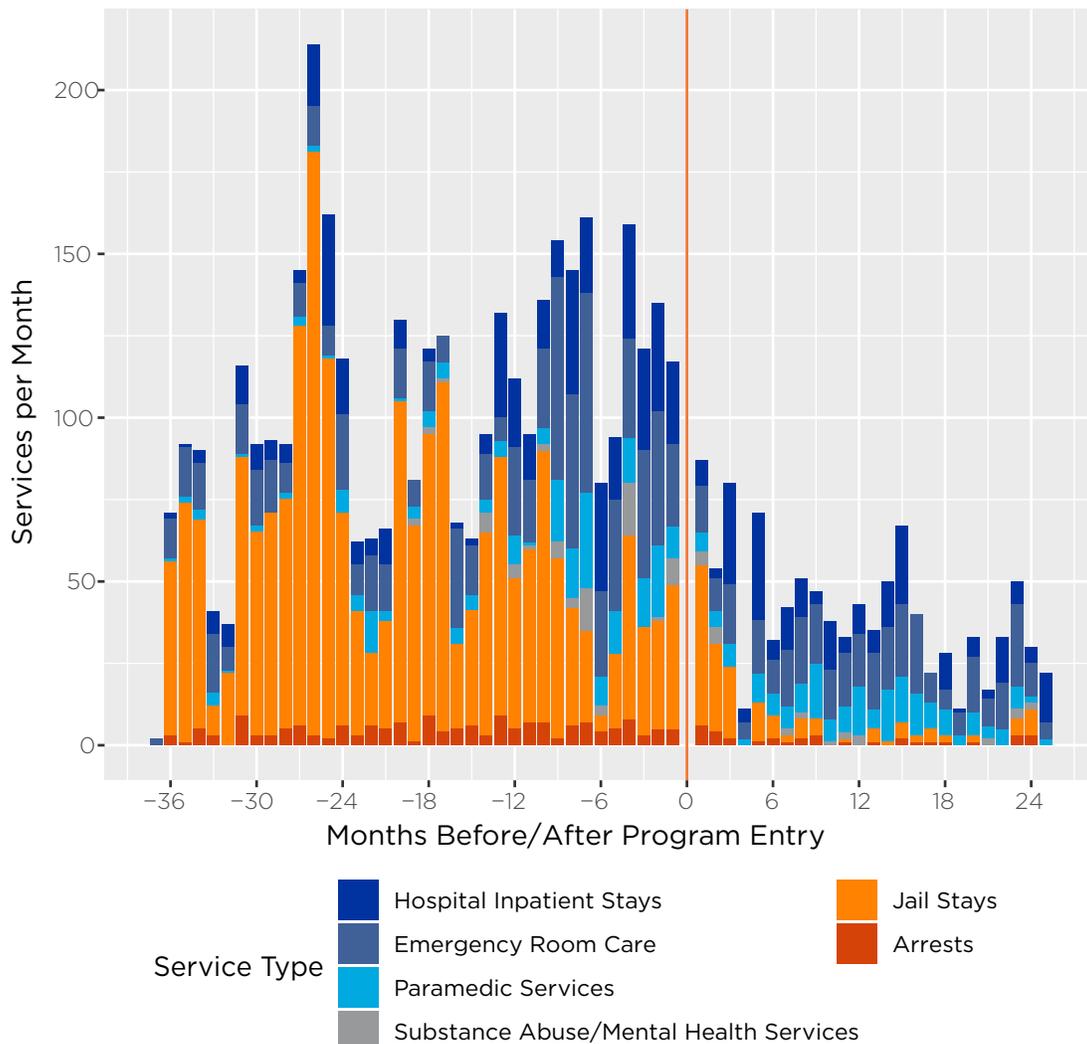
GOAL 1: PROVIDE HOUSING AND SUPPORTIVE SERVICES FOR THE COSTLIEST AND MOST VULNERABLE MEMBERS OF THE CHRONICALLY HOMELESS POPULATION IN ADA COUNTY.

New Path residents are chosen through a prioritization process focusing on individuals in Ada County experiencing long-term homelessness, have a disabling condition, and are frequent users of reactive services including the emergency medical system and criminal justice system. Partners (i.e., spouses, significant others) of prioritized individuals also live at New Path, but they are not included in the programmatic evaluation. Costs of ongoing preventative services are incorporated into the overall fixed operating costs of New Path.

Only reactive services were used for prioritization and utilization evaluation including arrests, incarceration, paramedic calls, emergency room visits, inpatient hospital stays, Crisis Center stays, Allumbaugh House stays, and Indigent Fund use.

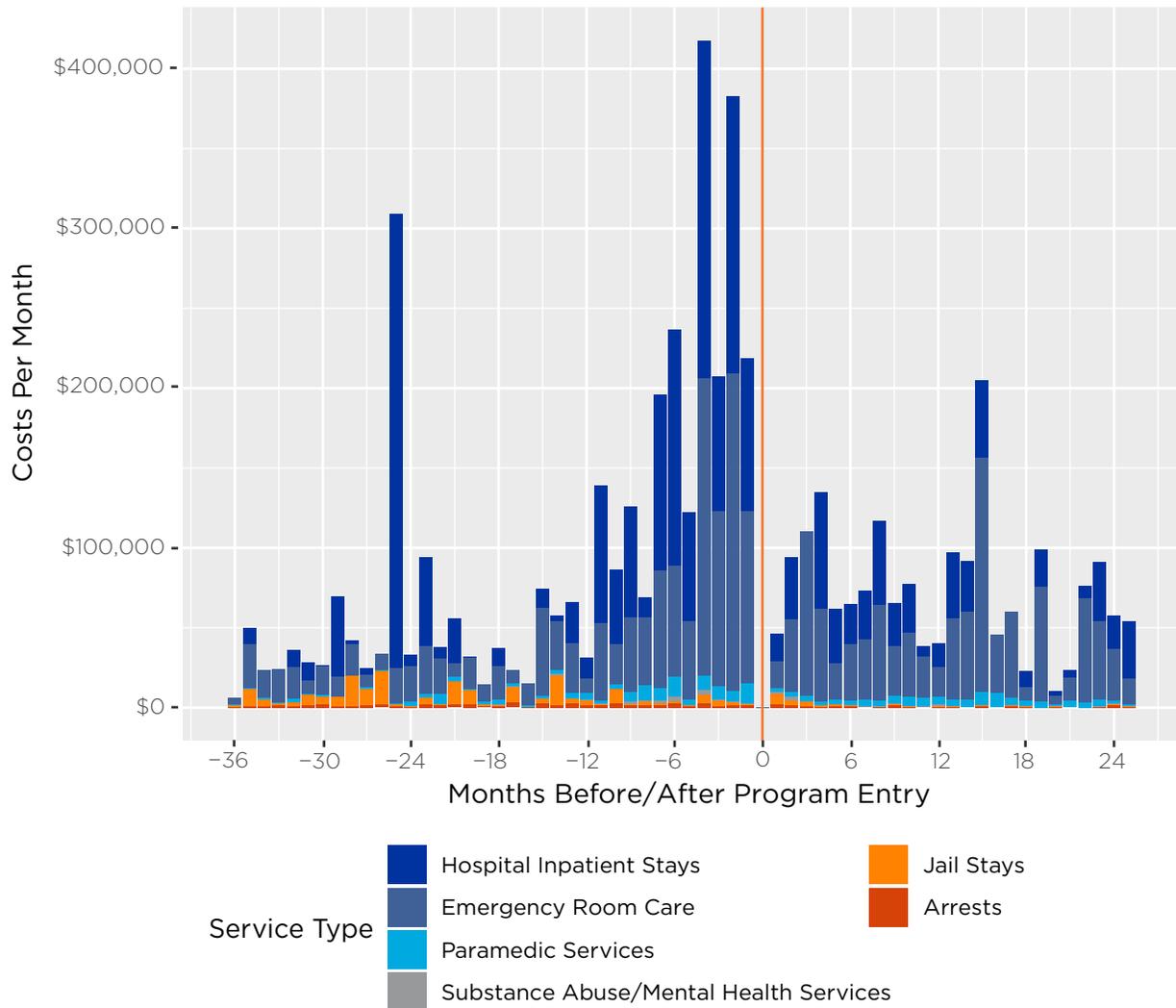
In the first two years of the program, substantial and immediate decreases in service utilization are evident after the program entry date. When compared to the year prior to program entry, total days spent in services dropped by 60.6% or 1,336 fewer days in service, as exhibited in Figure 1.

FIGURE 1: TOTAL DAYS IN REACTIVE SERVICES BY MONTH



As a result of decreased service utilization, community costs also decreased. Over New Path’s first two years, there was a 59.6% reduction in costs equaling a savings/cost avoidance of over \$2.6 million (see Figure 2 and Table 2).

FIGURE 2: TOTAL COSTS BY MONTH



As indicated by Figures 1 and 2, prior to entering New Path, utilization and community costs associated with individuals experiencing chronic homelessness were on an upward trajectory. Without placement into the program, this trajectory would likely continue upward resulting in a further decrease in individual well-being and increase in service utilization and associated community costs.

On average, when compared to the year prior to program entry, the community costs per resident decreased by 58.6% after the first year of program entry (see Table 2).

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

	Average Cost Per Resident	Total Community Costs
12 months prior	\$37,178	\$2,230,719
12 months after	\$15,368	\$922,103
24 months after	\$14,671	\$880,314

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

A primary objective of PSH/Housing First is to provide highly effective support services for residents. These include 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 work on site to offer these essential services to program participants. Participants also receive medical care from Terry Reilly Health Services' clinic.

New Path currently has 12 staff members employed by the service provider, Terry Reilly. These staff fill the following positions:

Project Lead
Lead Licensed Clinical Social Worker
Peer Specialist
Housing Specialist
Peer Support Life Skills Coach
Licensed Practical Nurse/Patient Educator
Case Manager/Advanced Certified Alcohol/Drug Counselor
Psychiatric Nurse Practitioner
Four Residential Counselors



During its first year of operation, New Path shifted staffing to address programmatic challenges and needs. After the second year, New Path staff and stakeholders report the staffing changes, along with clarifying the roles and responsibilities for support services, increased program effectiveness and efficiency resulting in improved delivery of services to participants. Going forward, staff feel service delivery could improve further through better collaboration with property management.

Case workers indicate their relationship with residents began well and remains positive through constant efforts to maintain trust and understanding. Participants are comfortable asking for help and communicating needs to case workers. Participants utilizing support services have positive and helpful interactions. However, not all participants immediately take advantage of the services available. That said, PSH/Housing First interventions often become more effective for participants the longer they remain in the program. As trust is built with support staff, participants are more likely to engage with services offered.

In year two of the program, all New Path participants engaged in supportive services offered. However, there were different levels of engagement depending on participants' needs. Some participants (29%) are able to live independently with minimal interactions with the support service team around specific needs. Residents with higher needs have more consistent and constant interactions. Almost half of participants (42%) engage daily or multiple times per day with the support service team. The remaining participants (29%) engage most days.

In New Path's first year, some participants' conditions were so severe (e.g., physical health issues requiring 24-hour nursing support) that New Path staff were unable to provide the needed care. New Path is not designed to be a nursing-home type facility. In its second year, New Path better determined if the program could address individuals' conditions and only referred such individuals.

In addition to receiving medical treatment and health services, residents need help with daily tasks. For instance, to assist with food insecurity, staff members help residents register for Supplemental Nutrition Assistance Program (SNAP) benefits and arrange for on-site delivery from Idaho Food Bank. Case workers indicate a need for more capacity or service providers to help residents with these tasks.

GOAL 3: MEASURE AND EVALUATE TO CONTINUALLY IMPROVE PROCESSES.

Annual evaluations measure New Path's success by reporting the economic benefits for the Ada County community and whether the program meets specific health, criminal justice, housing, and well-being outcomes. Measuring outcomes and adjusting the approach, as needed, enables New Path to be responsive to changing conditions and continually improve program delivery.

This evaluation includes quantitative data collected from Ada County Sheriff's Office (including arrest and incarceration data for the Sheriff's Office, Boise Police Department, and Garden City Police Department), Ada County Paramedics, Ada County Indigent Fund, 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 includes surveys of staff and stakeholders involved with the project. These surveys asked for details about the successes and challenges faced at New Path.

Not all participants were enrolled in New Path since its launch. Therefore, data pertaining to each participant was divided into two categories: 1) 36 months prior to entering into New Path, and 2) after entering into New Path. This allows for consistent comparisons across all New Path residents. Data is missing for four residents with potentially the highest needs because they opted out of releasing data for evaluative purposes. As such, the utilization data presented in this report represents 56 of the 60 participants enrolled in New Path since its opening in November 2018.

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

With program fidelity, PSH/Housing First programs are expected to decrease interactions with the criminal justice system and emergency medical system. In addition, program participant overall well-being is expected to increase.

Comparing data from before and after enrolling into New Path shows the effect of the program on residents' well-being. The data used in this report reflect resident outcomes only and are not compared to groups outside the program. Data collected include four outcome areas based on the following program objectives: health outcomes, criminal justice outcomes, housing outcomes, and well-being outcomes.

HEALTH OUTCOMES

Data collected for this outcome includes interactions with Ada County Paramedics, emergency department utilization and inpatient medical care at Saint Alphonus and St. Luke's, stays at Allumbaugh House, and visits to Pathways Community Crisis Center. Data regarding indigent care was provided by Ada County Indigent Services.

As demonstrated in Figures 3-7, New Path residents exhibit 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 modest reductions. Residents remaining in New Path demonstrate more positive outcomes than those who left the program.

FIGURE 3: ADA COUNTY PARAMEDIC SERVICES

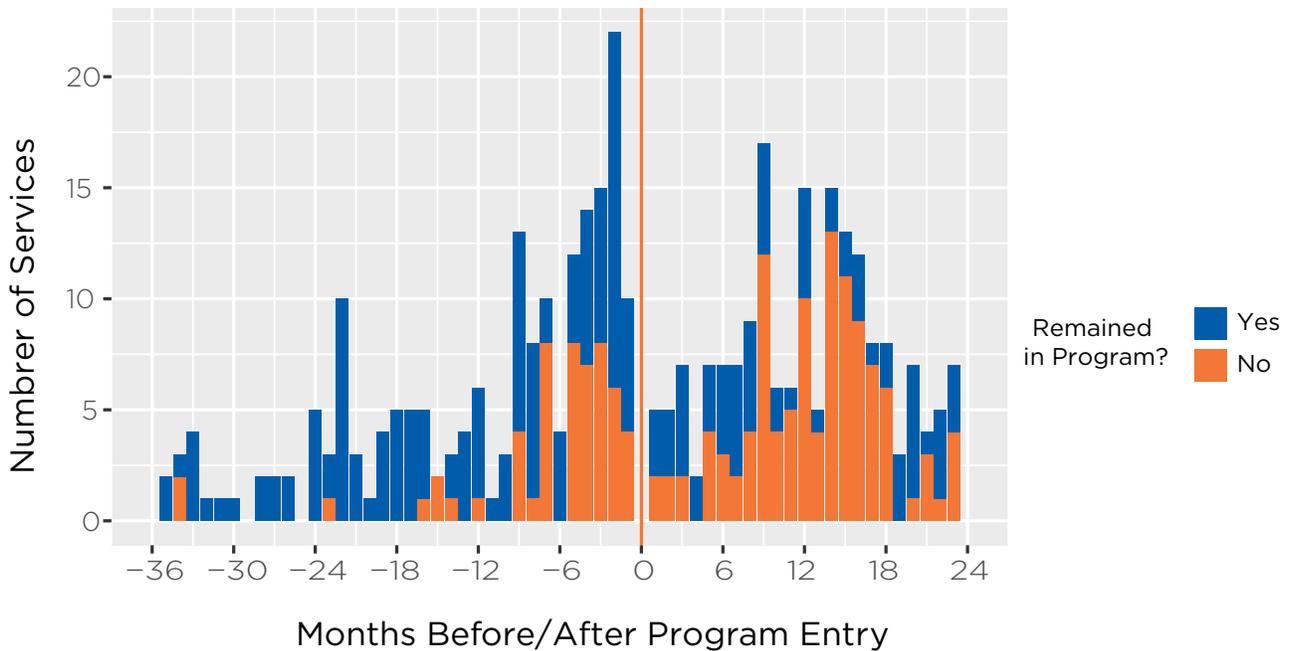


FIGURE 4: EMERGENCY ROOM CARE

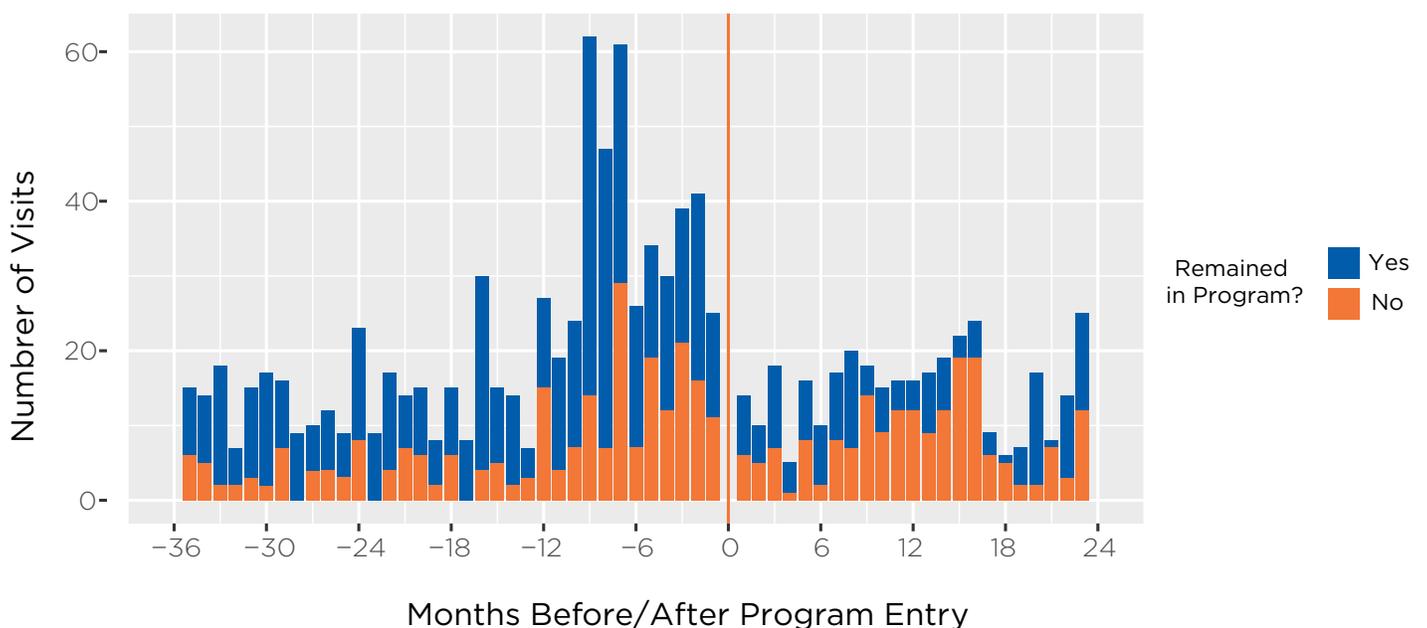


FIGURE 5: HOSPITAL STAYS

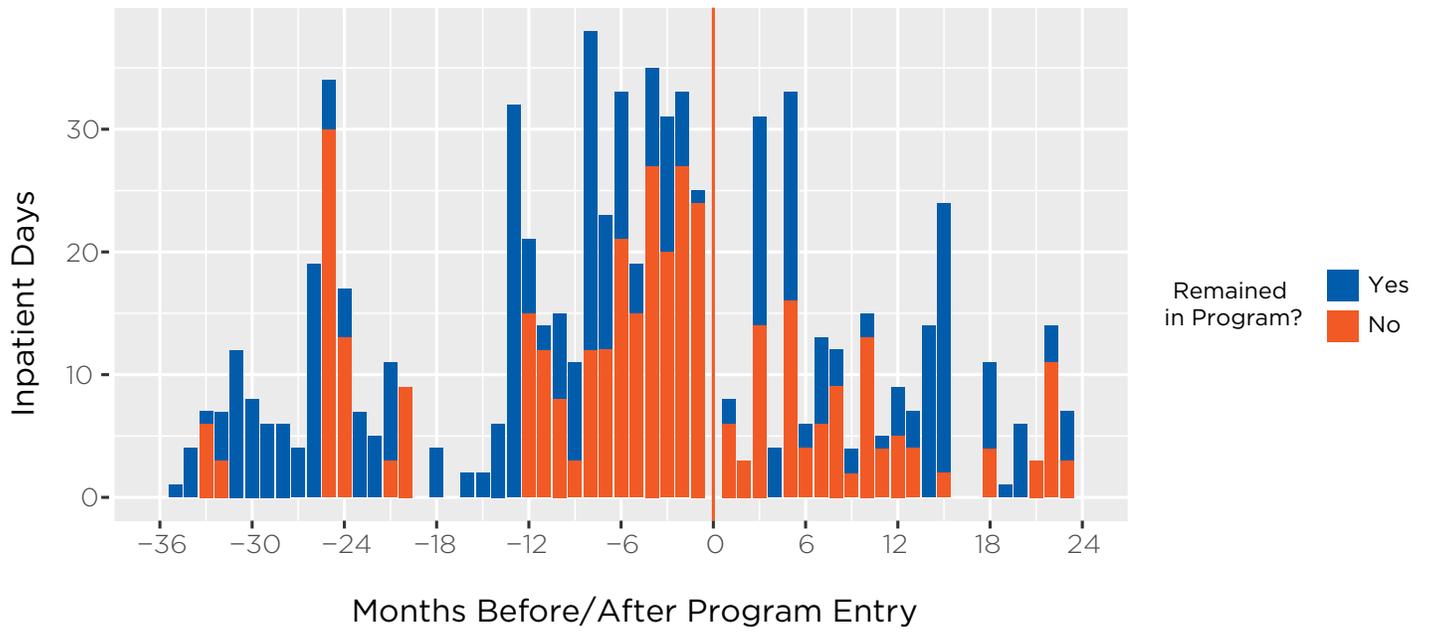
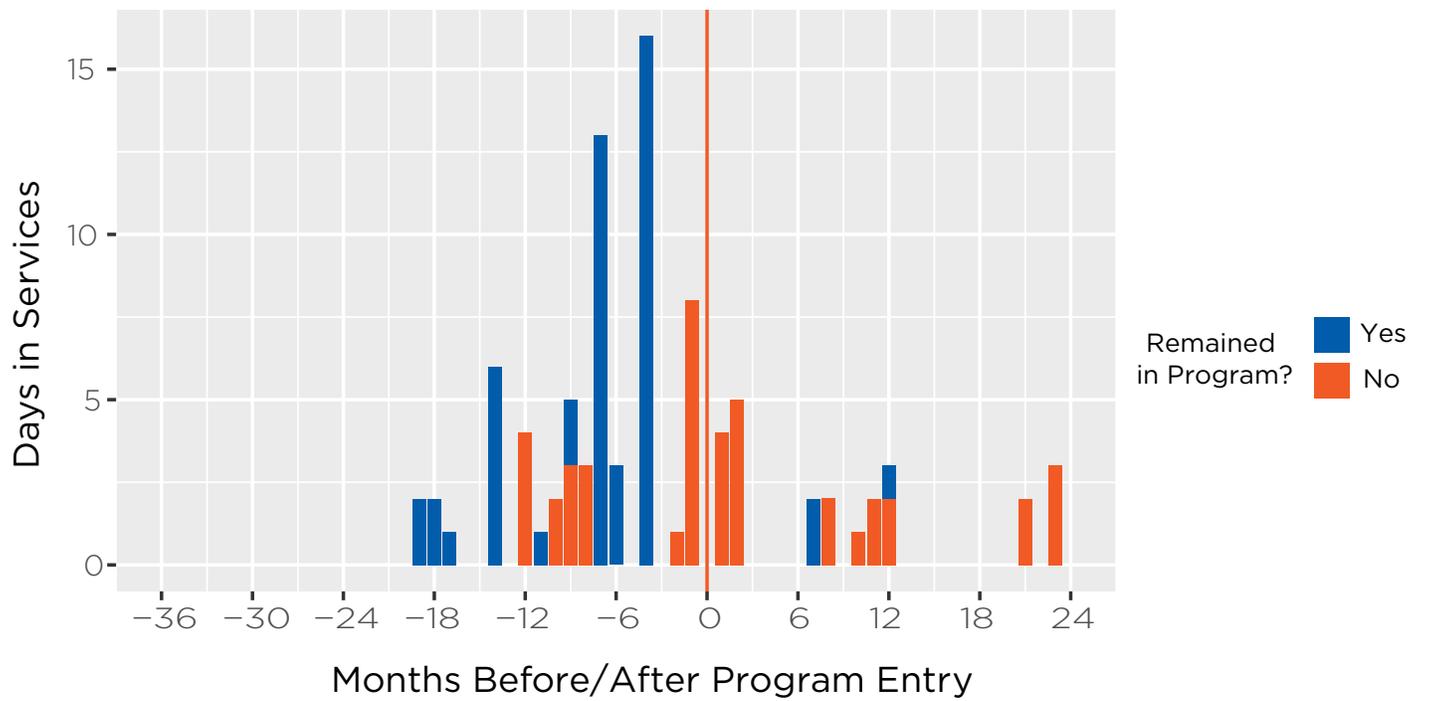


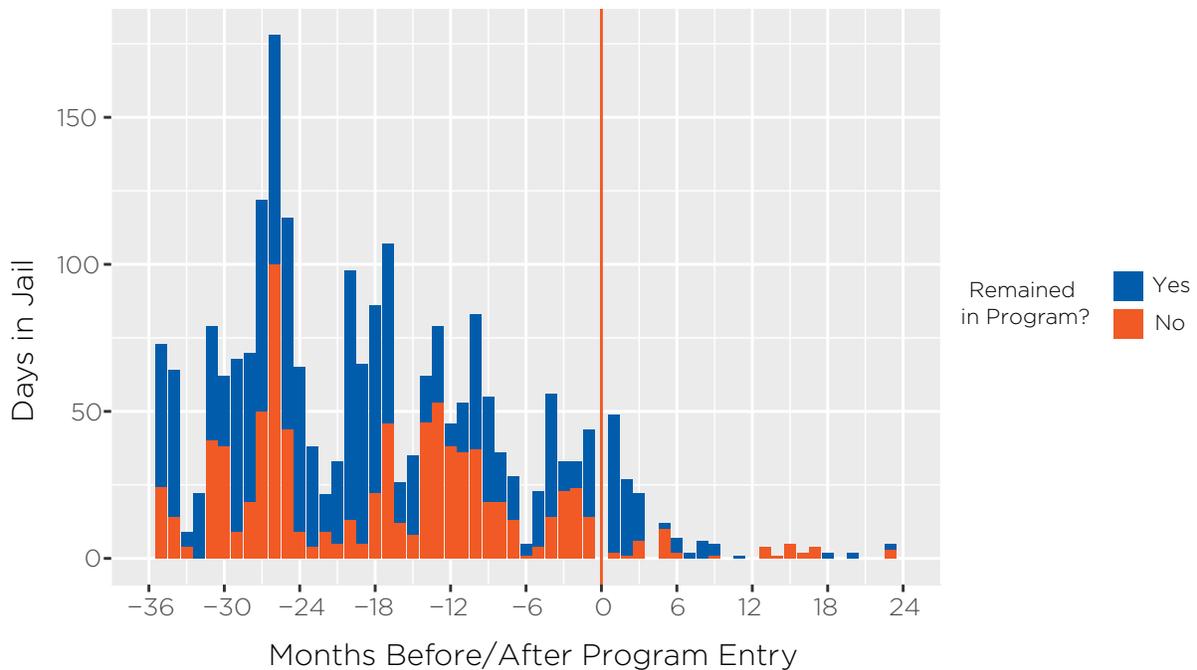
FIGURE 6: SUBSTANCE ABUSE AND MENTAL HEALTH CRISIS TREATMENT



CRIMINAL JUSTICE OUTCOMES

Arrest and incarceration data collected from Ada County Sheriff's Office measured engagement with the criminal justice system. This data includes arrest and incarceration data for the Sheriff's Office, Boise Police Department and Garden City Police Department. Participants' interactions with county correctional facilities and arrests decreased significantly as demonstrated in Figure 7.

FIGURE 7: COUNTY CORRECTIONAL FACILITIES (ADA COUNTY JAIL)



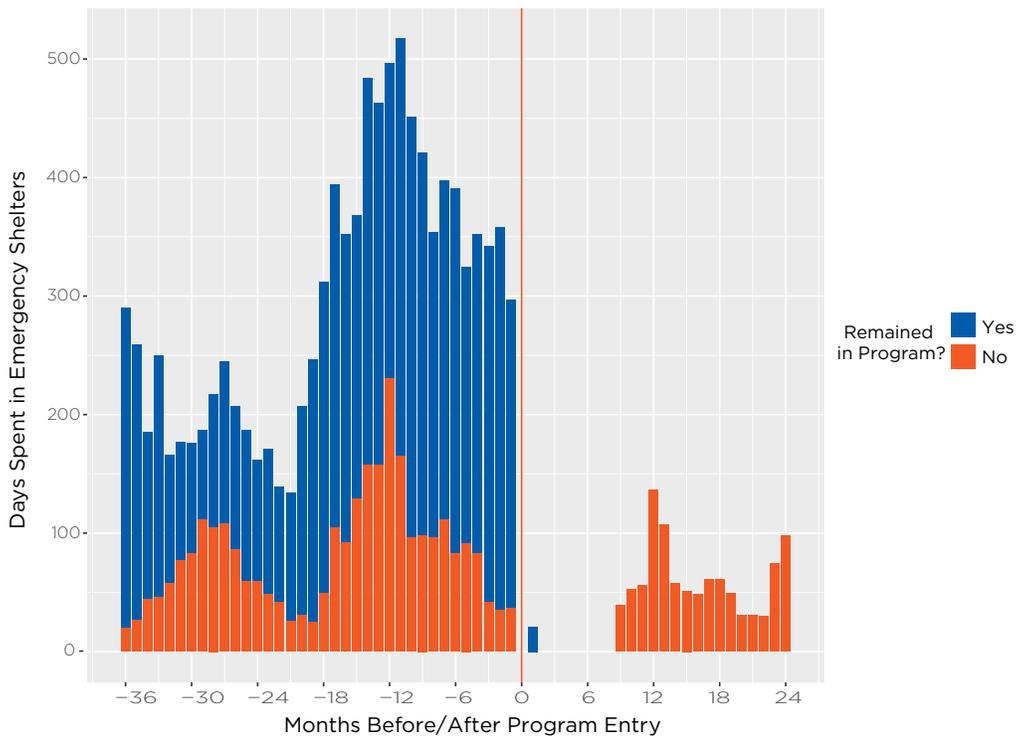
HOUSING OUTCOMES

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 at an emergency shelter in a thirty-day period. Program participants remaining in New Path were stably housed since entering the program. Those exiting the program did so for a number of reasons.

Twelve participants exited New Path in 2019 while seven exited in 2020. One participant was able to leave New Path and move into a public housing unit. Some participants found it either difficult to follow program rules or did not feel like the program was a good fit, which resulted in eight leaving the program. Two participants were incarcerated (it is unknown if it was for activity before entering the program or during the program). Four participants needed more intensive, long-term care not provided by New Path and four residents passed away while in the program. In the program's second year, most of the staff agree residents are more accustomed to the program and its rules resulting in decreased program attrition.

New Path program participants saw a sharp, immediate, and lasting decrease in emergency shelter usage. Residents that exited the program saw a return to previous shelter usage patterns, as seen in Figure 8.

FIGURE 8: DAYS SPENT IN SHELTER PER MONTH

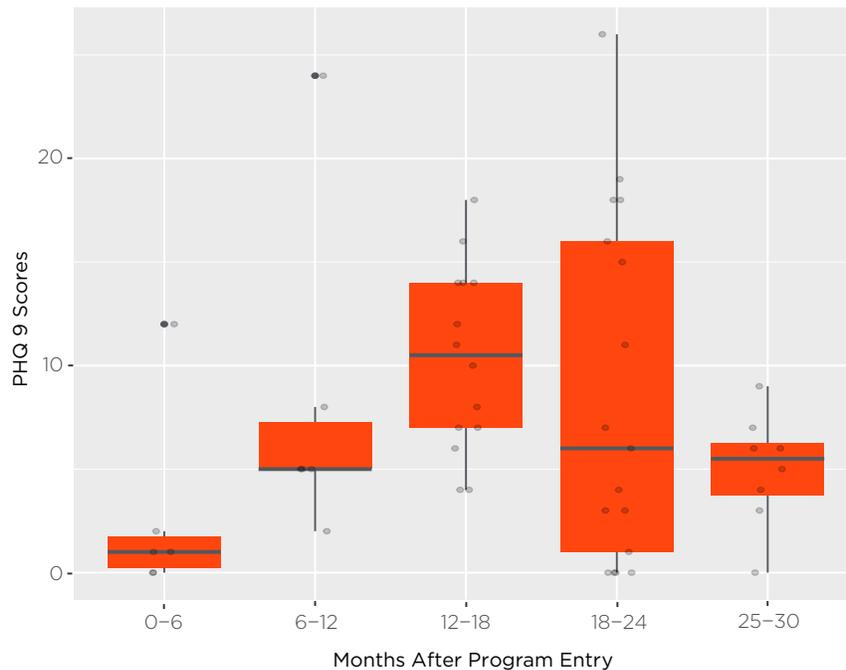


WELL-BEING OUTCOMES

Overall well-being of New Path residents is evaluated using the World Health Organization Quality of Life Assessment (WHO-QOL) and the Patient Health Questionnaire (PHQ-9, used for screening, diagnosing, and monitoring depression). Data from these assessments is reported using box-and-whisker plots.¹⁰

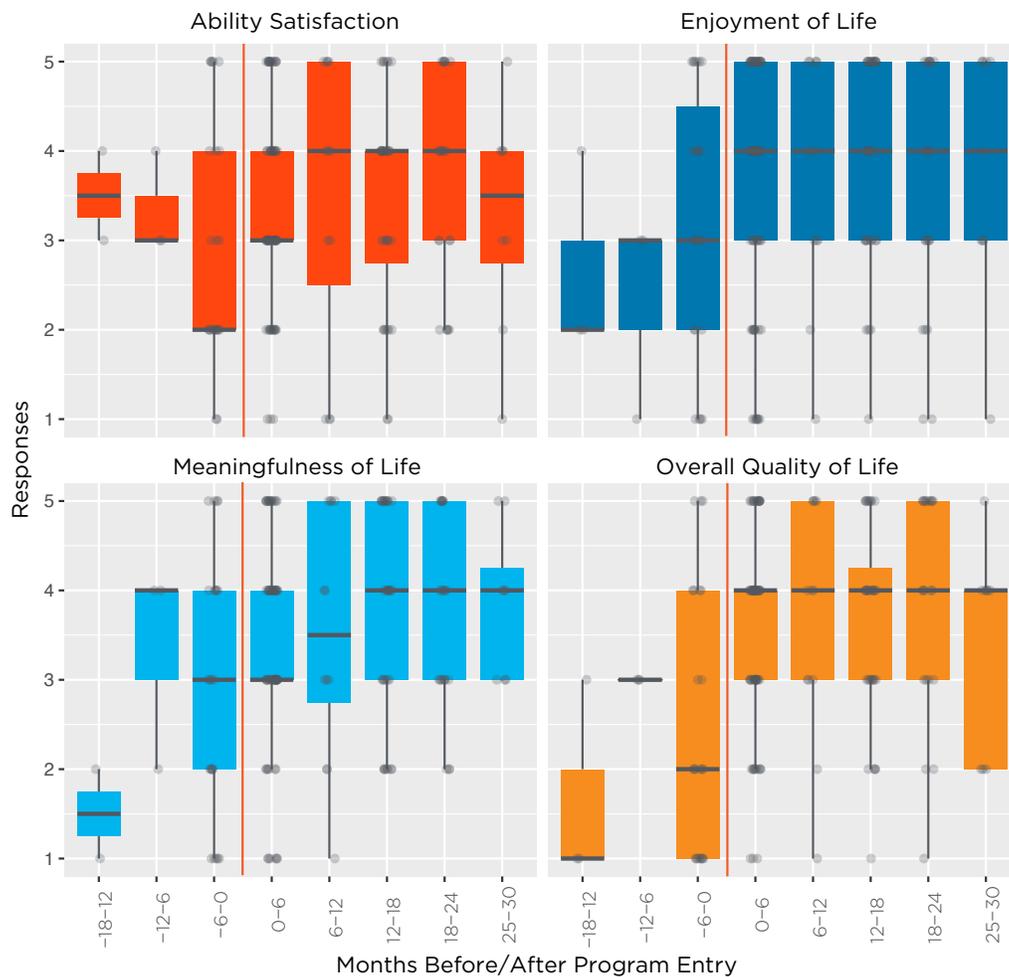
Resident PHQ-9 scores saw a slight decrease (an improvement in depression measures) as residents' time in the program increased (see Figure 9). Those in the program for more than a year saw the most significant decrease, although the data does not show a strong trend.

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



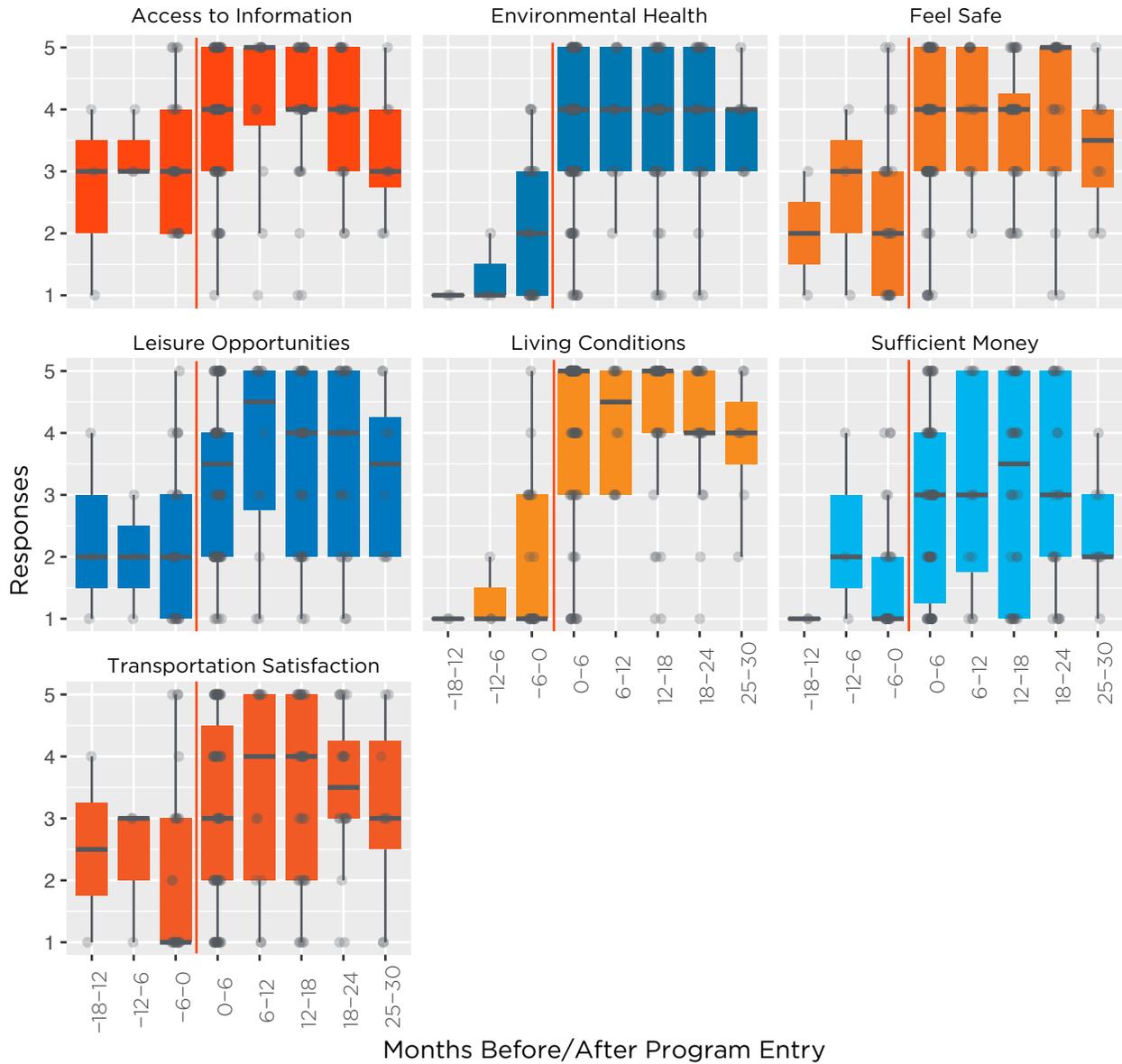
Participant responses to the WHO-QOL survey (see Figure 10) showed some improvements with duration in the program as well. They tended to rate their overall quality of life, satisfaction with their abilities, and their feeling of meaningfulness higher after entering the program, while enjoyment of life did not see significant changes.

FIGURE 10: WHO-QOL SUMMARY QUESTIONS



WHO-QOL questions about environmental factors faced by participants saw the most dramatic changes after participants entered New Path. Perceptions about the health of their physical environment, feelings of safety, satisfaction with their living conditions, satisfaction with access to transportation, access to information, and leisure opportunities all saw marked increases, as seen in Figure 11.

FIGURE 11: WHO-QOL ENVIRONMENTAL QUESTIONS



GOAL 5: CREATE PARTNERSHIPS FOR LONG-TERM SUSTAINABILITY.

New Path is a collaboration of nonprofits, private firms, and government agencies. The strong cooperation among New Path’s project partners enabled both project construction and delivery of support services for residents.

In the program’s first year, stakeholders faced challenges with communication and clarification of expectations and requirements and as a result established regular meetings. In New Path’s second year, regular meetings continue to occur, but stakeholders indicate communication between partners can still improve. In year two, there is evidence of clarified roles and expectations among the partnership. When problems arise, partners easily identify which partner can best solve the problem.

In New Path's first year, many staff reported feeling overwhelmed with work and responsibilities. In its second year, staff report a good work-life balance, the necessary training, sufficient tools to meet resident needs, and support when voicing concerns. Improvements in staff satisfaction reflect the clarified roles and expectations among partners and may improve employee retention.

Both partners and staff reported challenges with property management employees. Partners addressed challenges with property management identified in the first year but observed marginal improvement from the change in the program's second year. Partners and staff believe training for the on-site property management employee would enable better understanding of New Path participants as well as the roles and expectations of property management for this project.

Long-term funding for New Path is not secure. Project funding partners only make annual commitments resulting in uncertainty and potentially attrition as New Path staff seek out 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. One option may include working within Medicaid expansion to pay for supportive services.

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

The second annual evaluation of New Path indicates the program is meeting the needs of the majority of residents and creating significant cost savings for the community. The evaluation of the project should continue to be rigorous. This will allow project partners to continue to identify necessary changes that, once implemented, can increase the rates of success. New Path has already informed future Housing First projects. Valor Pointe, a program serving military veterans, is also located in Ada County and is the second single-site PSH/Housing First program in the state.

Future evaluations of New Path will continue integrating the perspectives of residents and partners in the effort to address program challenges and scale its successes. Continued communication of program outcomes and cost savings with program stakeholders is imperative. Doing so will increase the likelihood for sustainable support and additional PSH/Housing First opportunities in Ada County.

Finally, as a program, New Path's PSH/Housing First approach requires permanent housing with no preconditions alongside provision of supportive services. Therefore, the successful outcomes produced in New Path's first two years may only continue into the future if fidelity to the PSH/Housing First approach is maintained. Any changes in the program's design will impact continuity of program outcomes.

ENDNOTES

- 1 National Alliance to End Homelessness. (2021). *Data visualization: The evidence on Housing First*. <https://endhomelessness.org/resource/data-visualization-the-evidence-on-housing-first/>
- 2 Donovan, S., & Shinseki, E. (2013). Homelessness is a public health issue. *American Journal of Public Health*, 103(2), Supp. 2, S180.
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Silletti, L. (2005). *The costs and benefits of supportive housing: A research paper*. Center for Urban Initiatives and Research. University of Wisconsin-Milwaukee.
- 3 Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651-656.
- 4 National Academies of Sciences, Engineering, and Medicine. (2018). *Permanent supportive housing: Evaluating the evidence for improving health outcomes among people experiencing chronic homelessness*. The National Academies Press. <https://doi.org/10.17226/25133>
- 5 Brown, M., Jason, L., Malone, D., Srebniak, D., & Sylla, L. (2016). Housing first as an effective model for community stabilization among vulnerable individuals with chronic and nonchronic homelessness histories. *Journal of Community Psychology* 44(3), 384-390.
Rog, D. J., Marshall, T., Dougherty, R. H., George, P., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Permanent supportive housing: Assessing the evidence. *Psychiatric Services*, 65(3), 287-294.
- 6 Culhane, D. P., Metraux, S., & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, 13(1), 107-163.
- 7 The United States Interagency Council on Homelessness. (2015). *Opening doors: Federal strategic plan to end homelessness*. Washington, DC.
- 8 Fry, V. (2016). *Reducing chronic homelessness via Pay for Success: A feasibility study for Ada County, Idaho*. Boise State University.
- 9 The Home Investment Partnership Program (HOME) is a federal program through the Department of Housing and Urban Development that provides grants to states and local governments to implement local housing strategies designed to increase homeownership and affordable housing opportunities for low and very low-income Americans.
- 10 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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