



NEW PATH COMMUNITY HOUSING **ANNUAL EVALUATION** 2023



BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE

NEW PATH COMMUNITY HOUSING ANNUAL EVALUATION 2023

EXECUTIVE SUMMARY

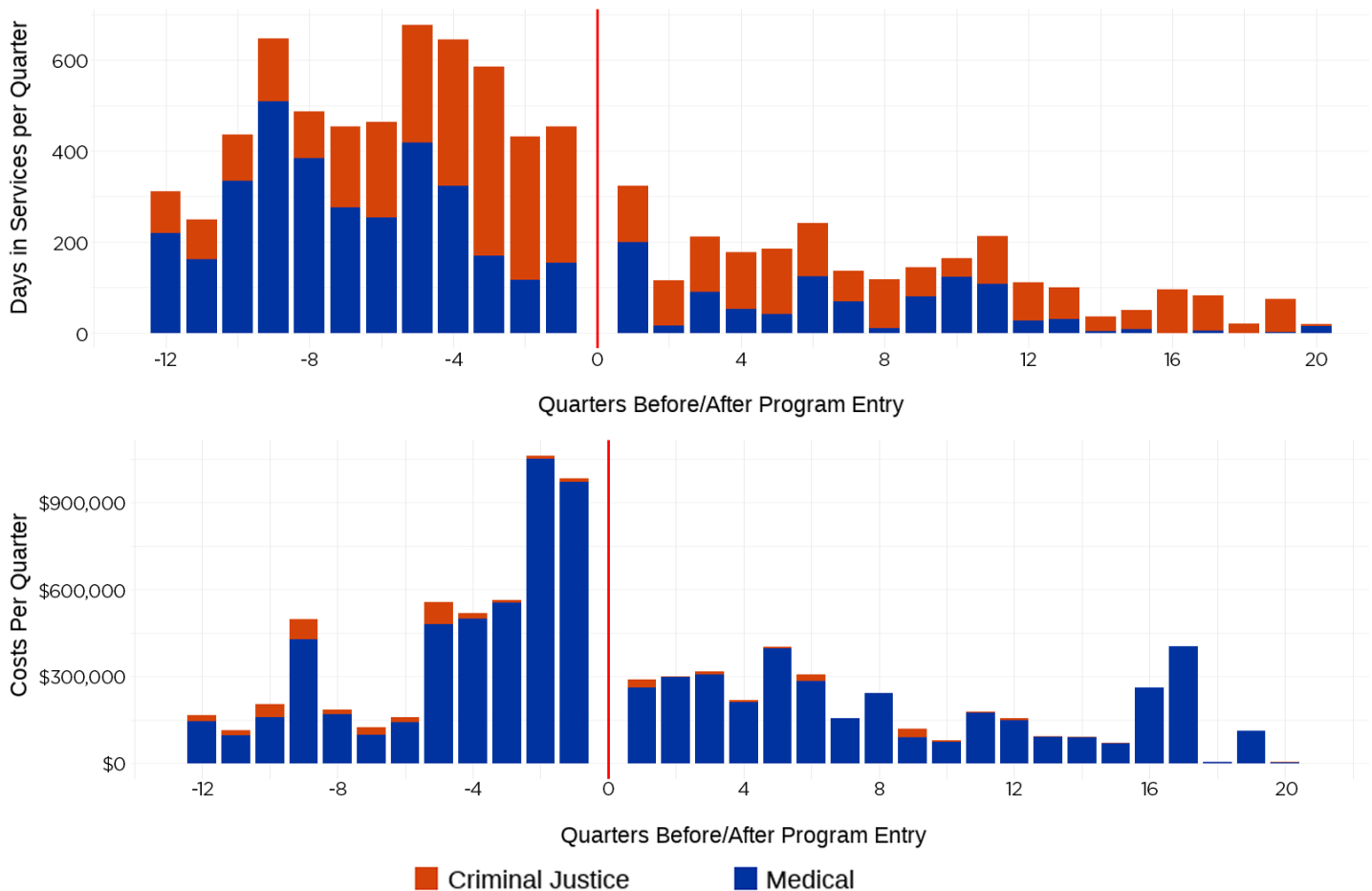
New Path Community Housing is a 40-unit, single-site, Permanent Supportive Housing (PSH) program in Ada County, Idaho. New Path's evidence-based Housing First program is designed to address specific issues related to chronic homelessness including high utilization of emergency medical, mental health, 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. The evaluation objectives are to:

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

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

- A reduction in emergency services by 5,569 fewer days
- Total savings/cost avoidance of \$8,852,837, and
- An increase in overall program participant well-being.

TOTAL DAYS AND COSTS 2023



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 (PSH) with a Housing First program fidelity 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 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, and mental health support.²

PSH programs' expectation 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 is a highly effective approach to adopt, specifically for those experiencing chronic homelessness, one of the hardest populations to serve.⁴

PSH 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 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 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 program, New Path Community Housing (New Path) with the following objectives.

New Path Program 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 (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 PROJECT OVERVIEW

New Path's program includes a single-site, 40-unit complex with support services provided by Terry Reilly Health Services. To construct the facility, Idaho Housing and Finance Association allocated \$500,000 in HOME funds and designated \$5,830,000 in Low Income Tax Credits (LIHTC) to the project.⁹ The City of Boise donated \$1,000,000 in general funds. Boise City/Ada County Housing Authorities (BCACHA) assigned 40 project-based vouchers to New Path, which requires program participants to pay 30% of their income toward rent with the rest of rent payment covered by the BCACHA voucher.

Below is a table of the total rental assistance allocated to the project through the most recent evaluation year. Because the evaluation focuses on the intervention of supportive services, which differentiates the program from housing alone, the capital costs and rental assistance are not included in evaluative calculations.

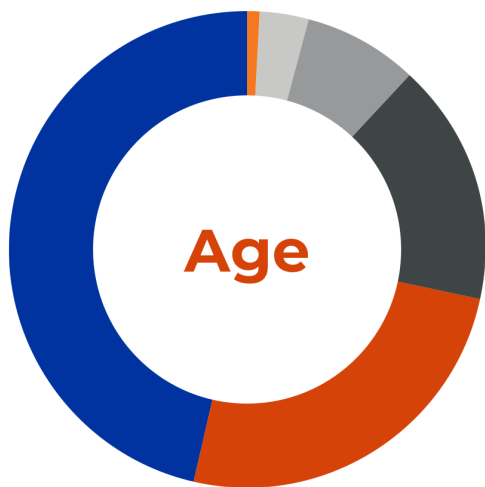
Year	Rental Assistance
2019	\$198,013
2020	\$190,641
2021	\$187,358
2022	\$204,650
2023	\$206,339
Total	\$987,001

On-site supportive services cost \$750,000 in 2023. Funding for services during this most recent evaluation year came from a combination of City of Boise HOME-ARP federal pass-through funding.

NEW PATH COMMUNITY HOUSING PARTICIPANT OVERVIEW

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 91 people have entered into New Path programming since its launch in November 2018. The demographics of program participants are shown in Figures 1 and 2.

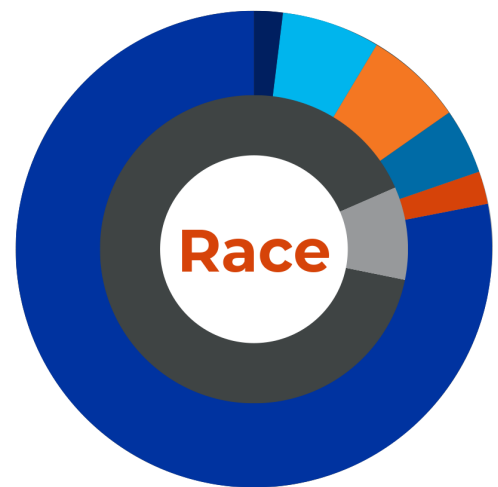
FIGURE 1: AGE ENTERING THE PROGRAM



46.2% 55-64
25.3% 45-54
16.5% 35-44
7.7% 65-74
3.3% 25-34
1.1% 18-24

FIGURE 2: RACE

1.1% Hispanic/Latino
90.1% Non-Hispanic/Non-Latino



78.0% White
2.2% Client doesn't know/refused
4.4% American Indian, Alaska Native, or Indigenous
6.6% More than one race
6.6% Black, African American, or African
2.2% Native Hawaiian or Pacific Islander

2023 EVALUATION

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 fifth year of the program (January 2023 through December 2023) are articulated below.

ACCOMPLISHMENTS

Key achievements in New Path's fifth year include:

- Increased opportunities for community building among residents including residents wanting to help each other.
- Increased engagement with supportive services resulting in better mental health and sobriety for some residents.
- 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 resident's overall well-being.
- Increased housing stability with decreased lease violations.
- Increased residents establishing secure income.

CHALLENGES

New Path is continually working to improve on challenges. Residents and stakeholders are regularly asked about potential improvements as a result of these challenges. Many of the challenges experienced during the program's first years have been addressed, but some challenges remaining include:

- Ensuring collection of Release of Information Forms for current and past New Path residents.
- Support services funding sustainability.

In 2024, the Supportive Housing Investment Fund (SHIF) launched to address the issue of funding sustainability. This new Idaho Community Foundation (ICF) fund is a collaboration with key partners like the City of Boise, Our Path Home, healthcare providers, local funders, and community-based organizations. The fund aims to bridge funding gaps and revolutionize support for PSH initiatives in Ada County, including to provide ongoing funding for the services delivered in projects like New Path Community Housing.

PROGRAM OUTCOMES

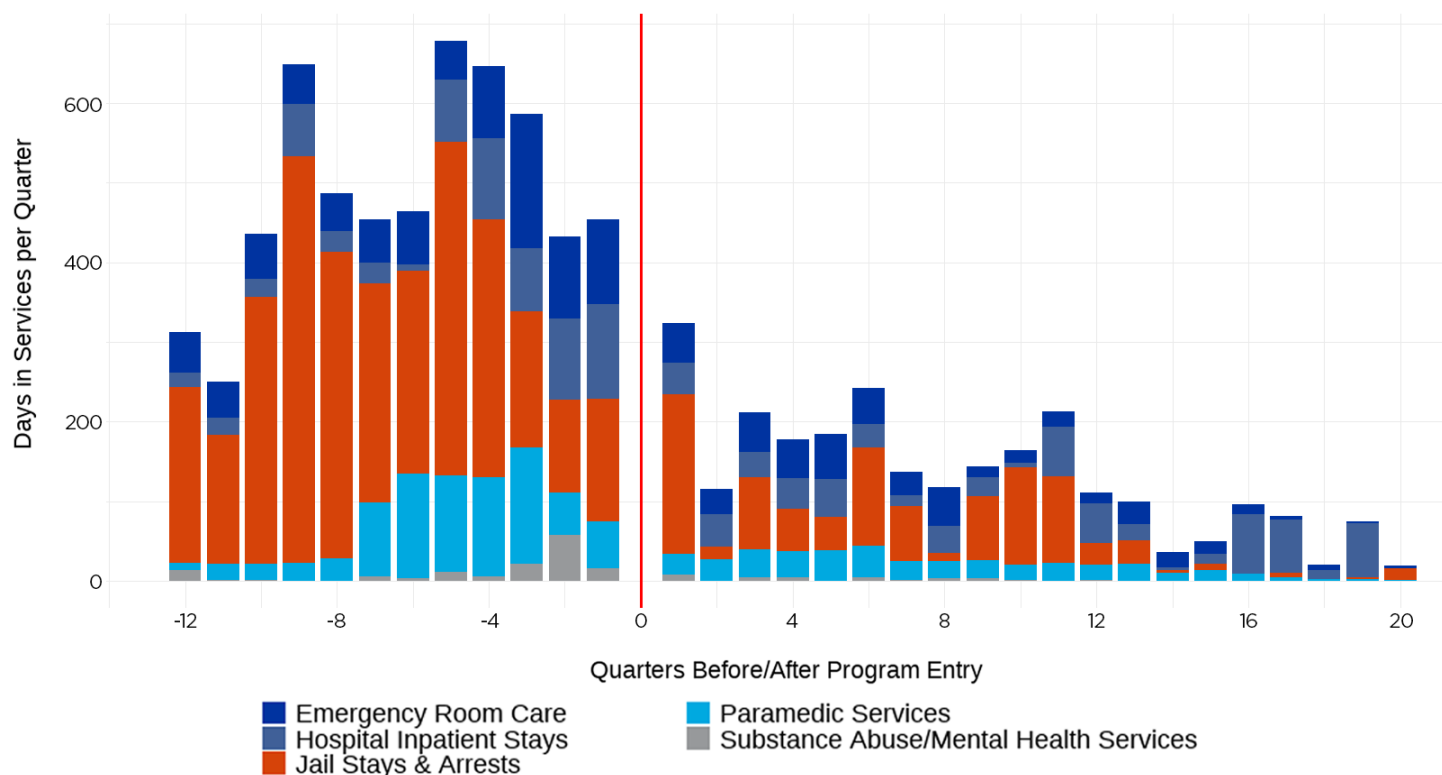
Goal 1: Provide housing and supportive services for the costliest and most vulnerable members of the population experiencing homelessness in Ada County.

New Path residents are chosen through a prioritization process called coordinated entry, overseen by Our Path Home (OPH), which focuses 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 utilized for prioritization and evaluation including arrests, incarceration in jail, EMS calls, emergency room visits, inpatient hospital stays, Crisis Center stays, Allumbaugh House stays, and Indigent Fund use.

In the first five years of the program, substantial and immediate decreases in service utilization are evident after the program entry date. Altogether, residents spent 5,569 fewer days in service, as exhibited in Figure 3. In a survey of New Path residents, multiple residents reported that the greatest successes of their year were decreasing interactions with the criminal justice system and establishing regular health care.

FIGURE 3: TOTAL DAYS IN REACTIVE SERVICES BY QUARTER



As a result of decreased service utilization, annual community costs also decreased. Over New Path’s first five years, there was a savings/cost avoidance of \$8.8 million (see Figure 4 and Table 1). As seen in Figure 4, costs in 2023 were higher than in previous years because of long term hospital stays of two participants in their fifth year of the program. One of the hospital stays was by a participant who had recently exited the program at the time of the hospital stay. The other resident had two long term stays and then exited the program to live in a facility providing more extensive medical care. Though the costs to the program are higher this year because of these hospital stays, this is considered a successful and positive experience for the resident who was able to remain in housing and receive the needed care.

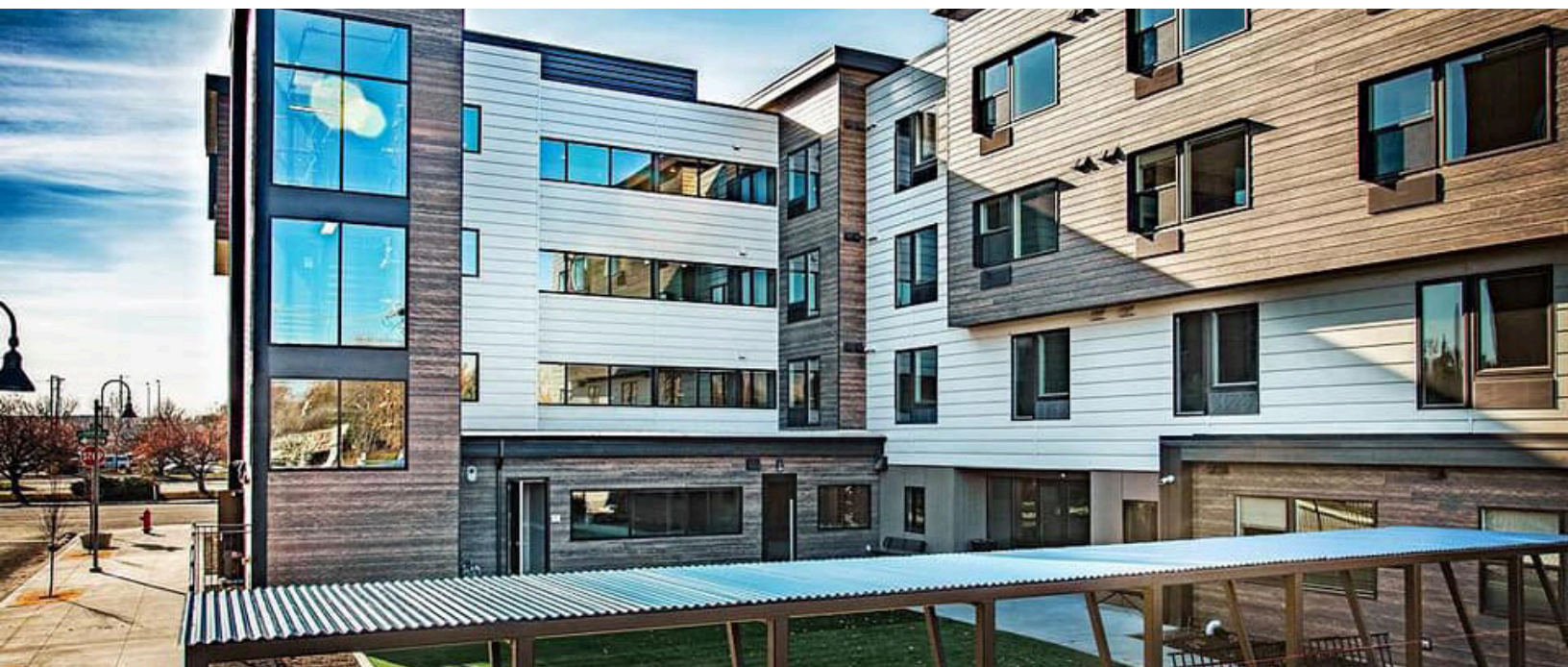
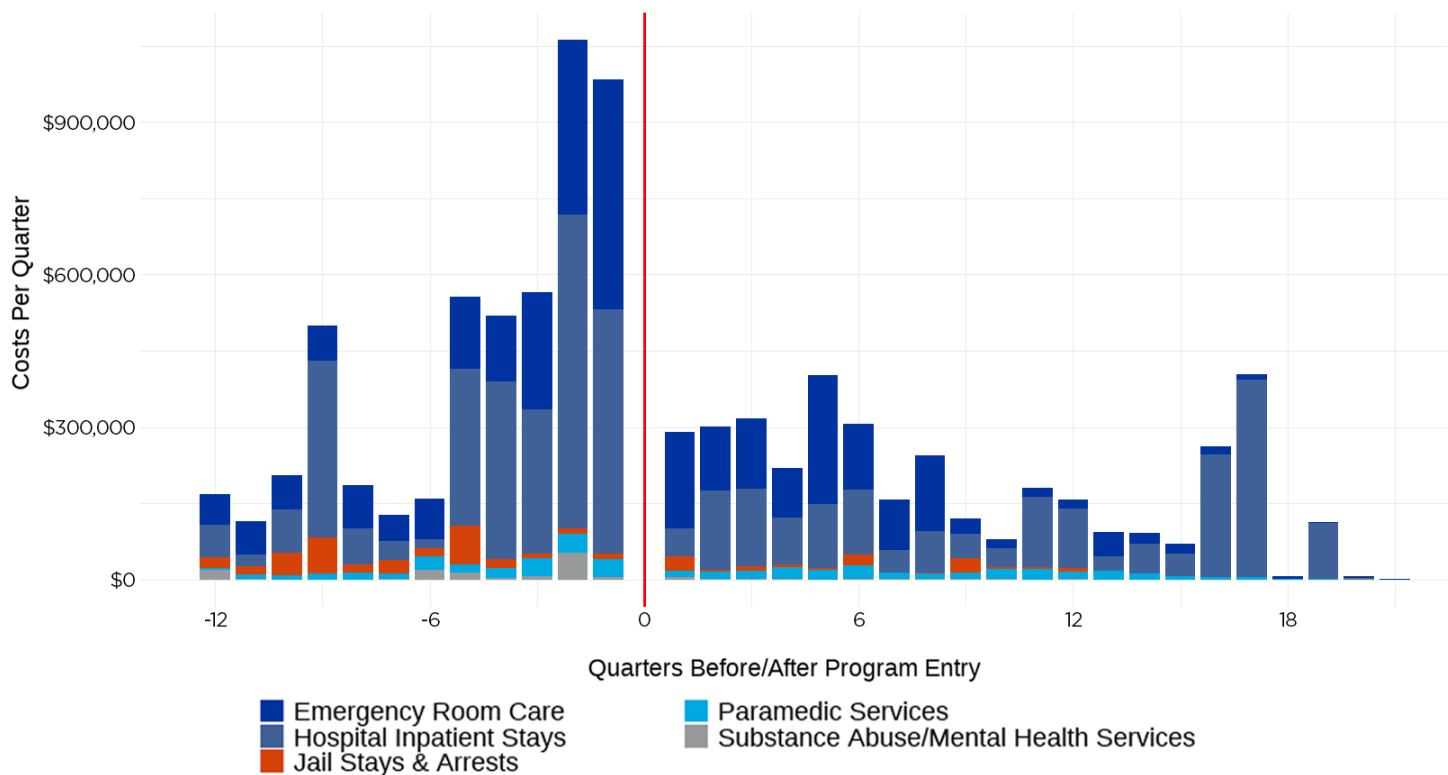


FIGURE 4: TOTAL COSTS BY QUARTER

As indicated by Figures 3 and 4, 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, the annual community costs per resident decrease progressively after each year of program entry (see Table 1). Again, in 2023 there is a slight anomaly in this pattern because of the long term hospital stays of the two aforementioned residents. Despite the increase in average cost for year five participants this year, overall program costs are still lower than before program entry.

TABLE 1: AVERAGE COMMUNITY COSTS PER RESIDENT AND TOTAL COMMUNITY COSTS BEFORE AND AFTER NEW PATH ENTRY

Years Before/ After Program Entry	Average Community Cost Per Resident	Total Community Costs
-1	\$52,160.97	\$3,129,658.25
1	\$22,122.61	\$1,128,253.12
2	\$24,664.99	\$1,109,924.42
3	\$19,879.84	\$1,128,253.12
4	\$27,334.52	\$536,755.65
5	\$48,112.49	\$529,237.39

Goal 2: Pair evidence-based supportive services with housing.

A primary objective of PSH is to provide highly effective support services for program participants. 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 11 staff members employed by the service provider, Terry Reilly. These staff fill the following positions:

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



There were no major changes in staffing in the fifth year of operation.

Case workers report having positive relationships with residents, actively working to develop and maintain trust. As a result, most participants are comfortable asking for help and communicating needs to case workers. Respondents not taking advantage of program services benefit from outreach from support staff and may engage more once stronger relationships are formed.

In the past year, support staff facilitated activities to improve resident relationships, this included work done by the AmeriCorps member to increase the number and variety of services offered. In some cases, resident friendships can increase participation in services as residents encourage each other to take advantage of opportunities and share positive experiences. To improve upon resident experiences, the City of Boise provided funding in 2024 for contracting with external partners to support activities of daily living for this next evaluation year. Outcomes of this new strategy will be reported in New Path's sixth annual evaluation.

In year five 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 are able to live independently with minimal interactions with the support service team around specific needs.

The services used most frequently based on reports from participants are utilization of the food bank and energy assistance for utilities, benefitting 29 and 26 participants respectively. Several New Path participants noted that the utilization of support from case management staff has benefitted their lives and their duration of time spent at New Path. Additionally, the residents who utilized nursing services recognized that they have been able to establish regular care for chronic issues and medication needs.

New Path partners and staff continue to search for the best solution for residents and potential residents requiring a higher level of care. These individuals often have physical health issues requiring 24-hour nursing support which is not sustainable at New Path. This year caseworkers did report more successes in relocating residents, including one previously mentioned, to a facility better suited for their needs.

As residents continue to interact with services, there is the opportunity to increase the variety of services available. Examples reported include a shuttle for residents, incentives for participation in activities, and an increase in variety of outings to build the sense of community.

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. This year also includes information from surveys completed by residents at New Path asking about their successes, challenges, and experiences during their time at New Path.

Some successes identified by New Path staff included participant responsibility in decision making for program changes, responding to participant feedback in regard to increasing activities to build community, and overall increased interactions between staff and participants. Staff also identified challenges, including assisting participants through an adjustment period when newly entering the program, utilizing harm reduction approaches to substance use, and encouraging participants to accept help when necessary. New Path participants reported that having housing stability and established medical care have been primary successes in the past year.

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 73 of the 91 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 participants' 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 Alphonse 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 5-8, 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 experience modest reductions when residents first enter the program and then continue to decrease. Residents remaining in New Path demonstrate more positive outcomes than those who left the program.

FIGURE 5: PARAMEDIC SERVICES

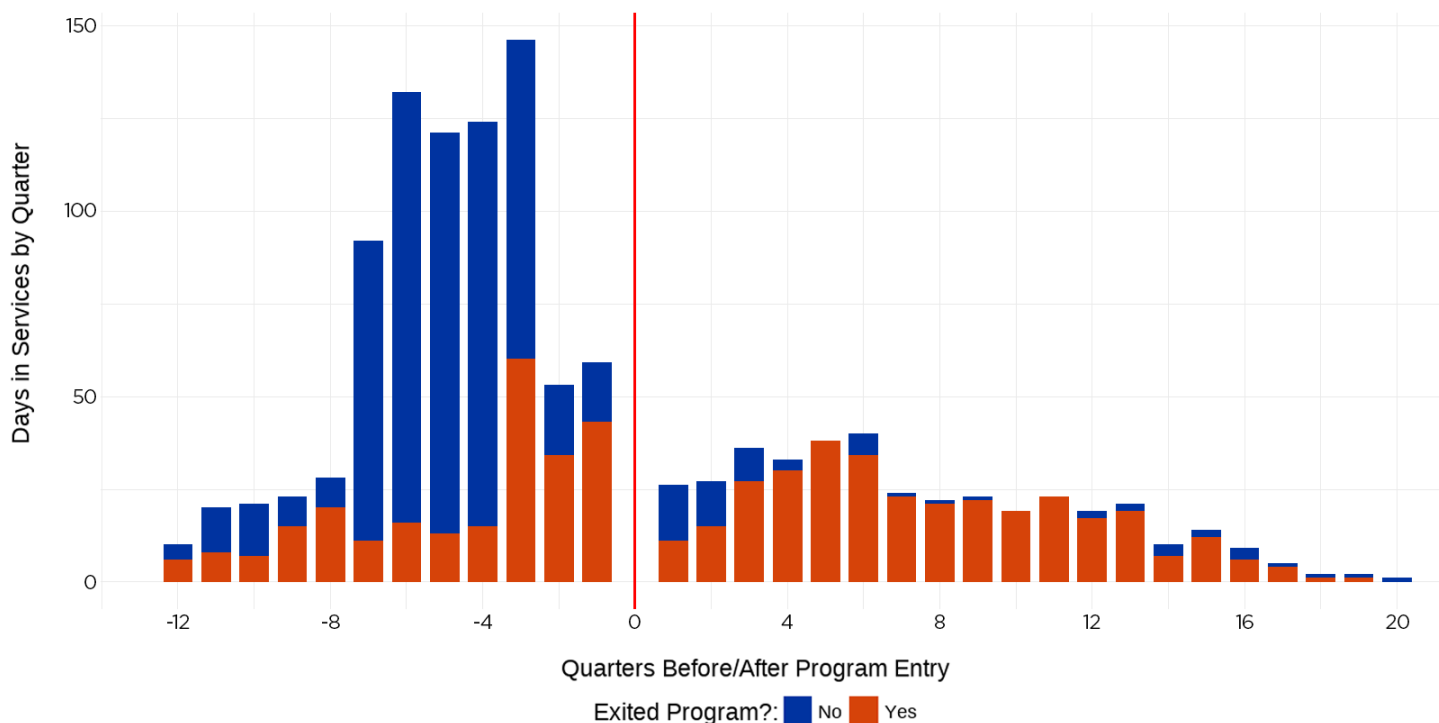


FIGURE 6: EMERGENCY ROOM CARE

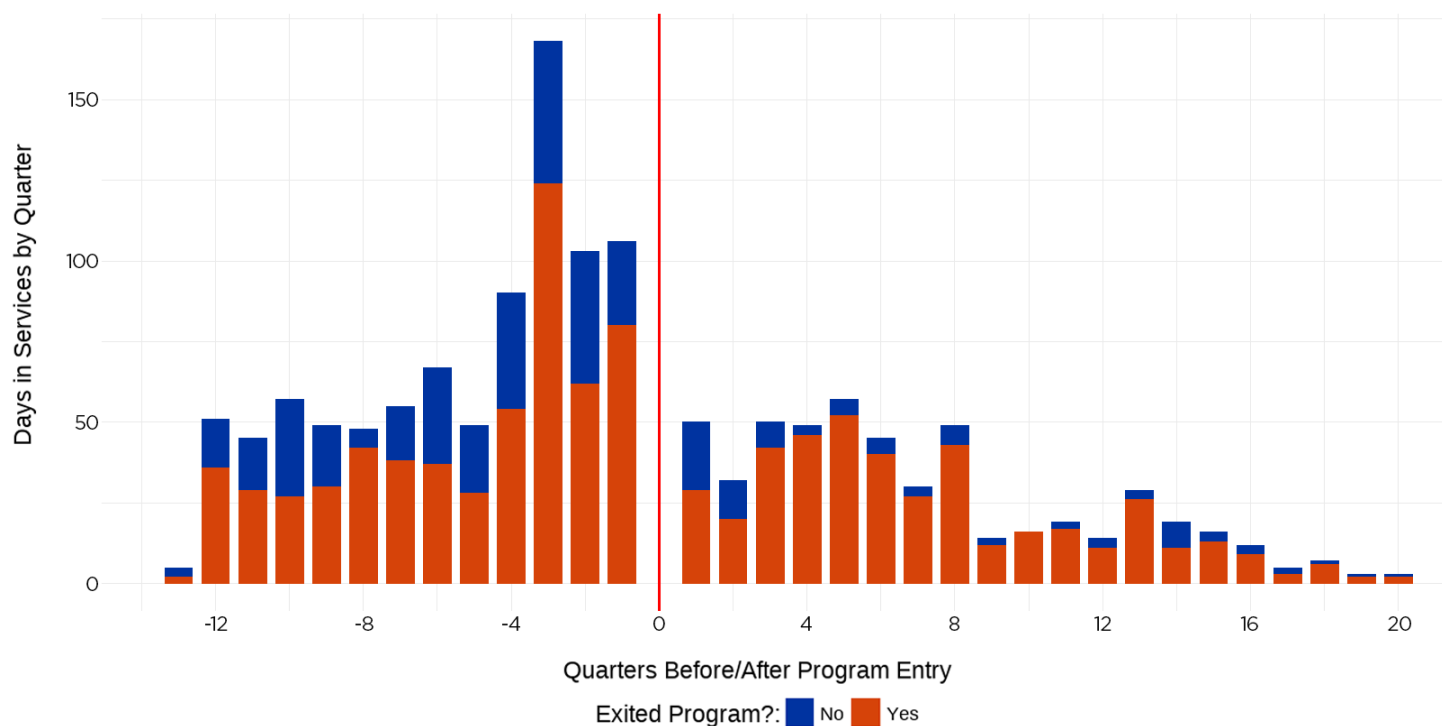
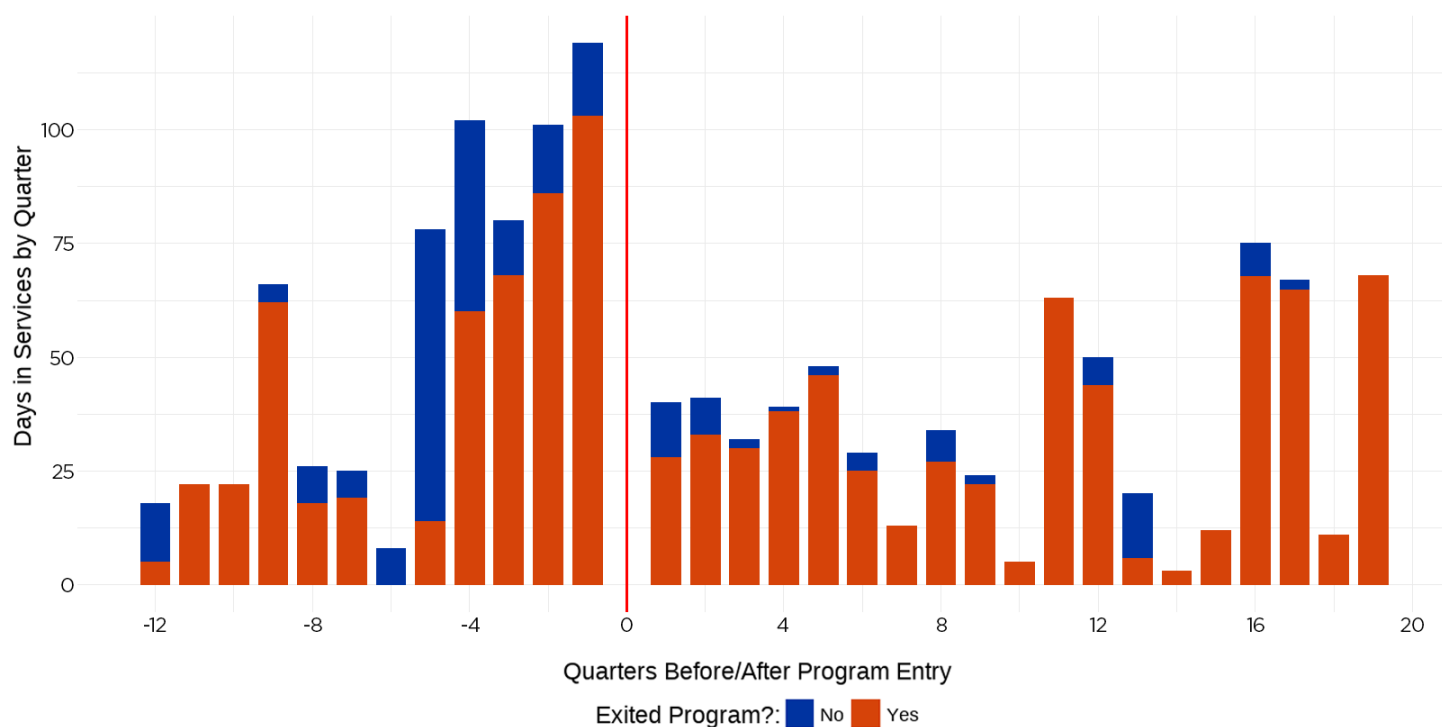
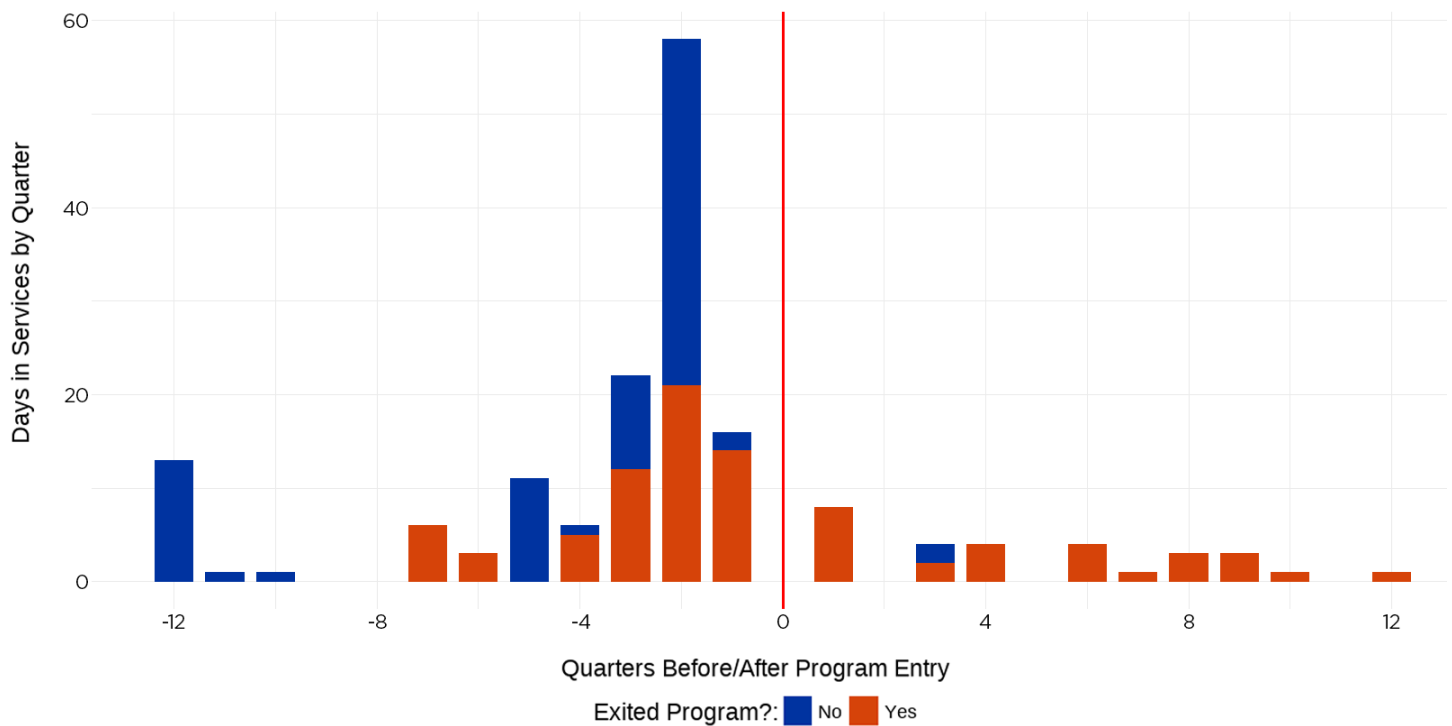


FIGURE 7: HOSPITAL STAYS



Nine residents reported using nursing services provided by Terry Reilly. The more these services are used, the less likely residents will need to interact with emergency medical services. Three residents defined their success for the year as living another year, one resident mentioned healing physically, and another said they finally started regularly seeing a doctor to treat their chronic illness.

FIGURE 8: SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT

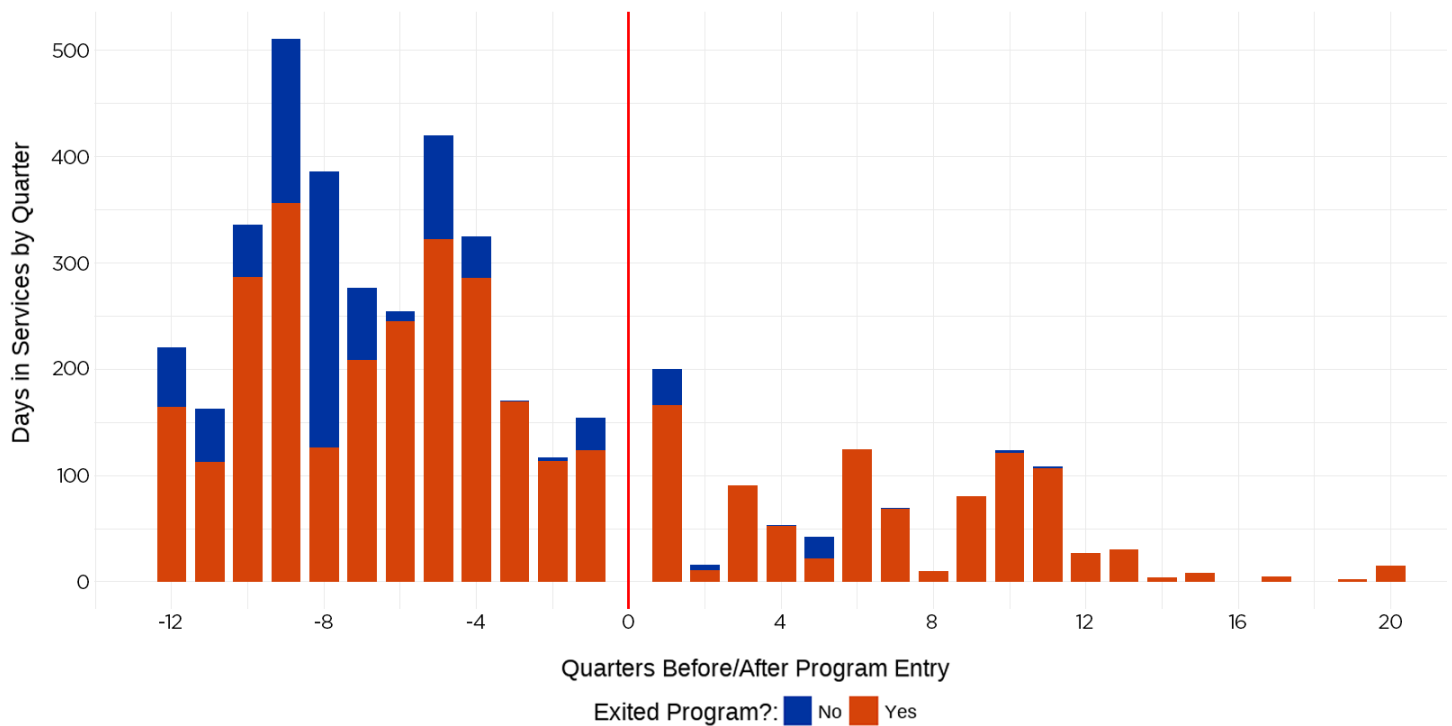


In the resident survey, many residents mentioned that this year they were able to work on mental health issues. One resident said they started dealing with childhood trauma, one said they are healing emotionally, and one mentioned being able to get medication to treat their anxiety. Eleven residents reported taking advantage of counseling services offered through Terry Reilly this year. Though many residents reported having challenges getting and remaining sober, some reported sobriety as a success for the year and New Path staff also report resident sobriety efforts are a success of the program.

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 9. Most residents engaging with the criminal justice system have left the program. In some cases, such as long-term incarceration, interactions with the criminal justice system can be the reason for resident exit from New Path.

FIGURE 9: COUNTY CORRECTIONAL FACILITIES AND ARRESTS (ADA COUNTY JAIL)



In the survey, four residents reported being able to clear up legal matters, staying out of trouble, not having any arrests, and having no jail stays as their success for the year.

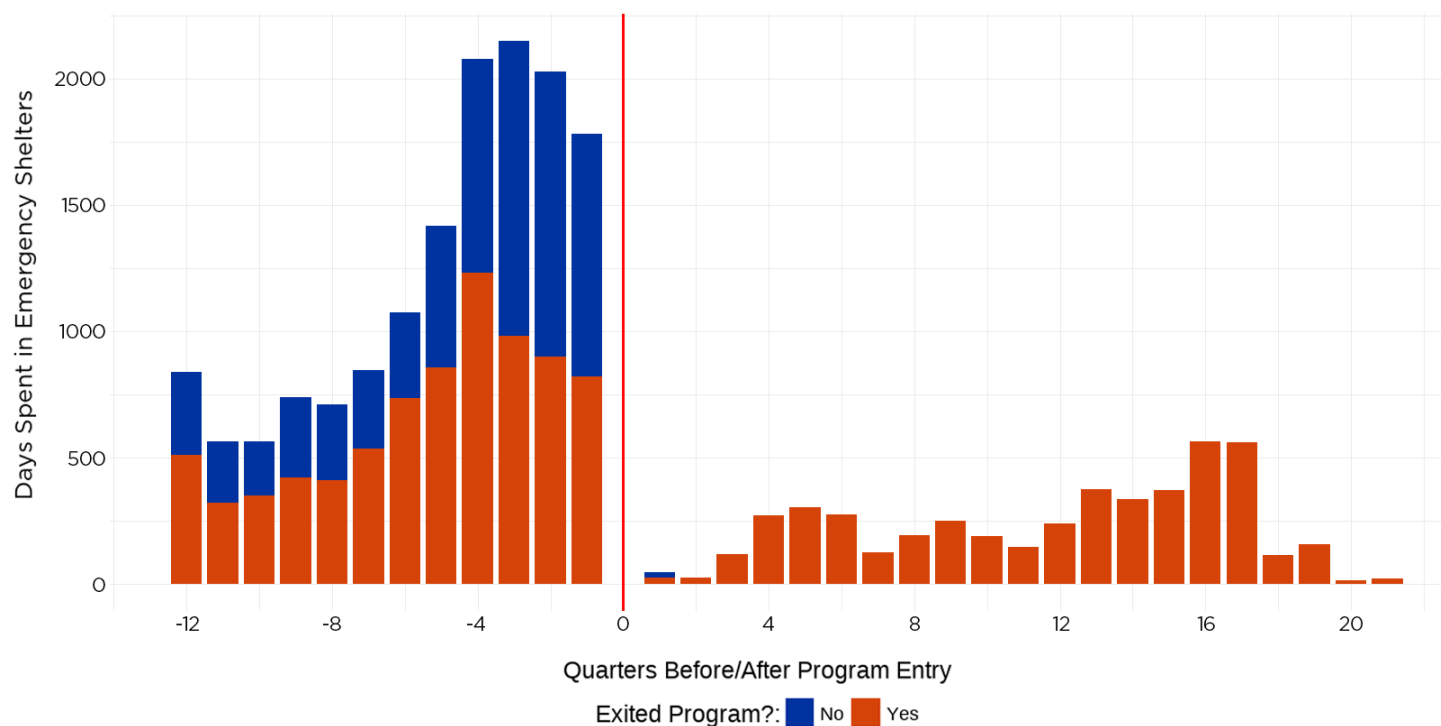
HOUSING OUTCOMES

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 including death, incarceration, need for more care, substance use, not following program rules. In 2023, five residents left to other stable housing or care facilities, two died, and three left to less stable housing

Twelve participants exited New Path in 2019, eight exited in 2020, seven in 2021, 15 exited in 2022, and 11 exited in 2023.

New Path program participants 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: DAYS SPENT IN EMERGENCY SHELTER PER QUARTER



Twelve residents reported that their greatest success in 2023 was remaining housed.

WELL-BEING OUTCOMES

Overall well-being of New Path residents is evaluated using the World Health Organization Quality of Life Assessment (WHO-QOL).¹⁰ Data from this assessment is reported using box-and-whisker plots.¹¹

Participant responses to the WHO-QOL survey (see Figure 12) showed some improvements with duration in the program as well. They tended to rate their overall quality of life, satisfaction with their abilities, their enjoyment of life, and their feeling of meaningfulness higher after entering the program.

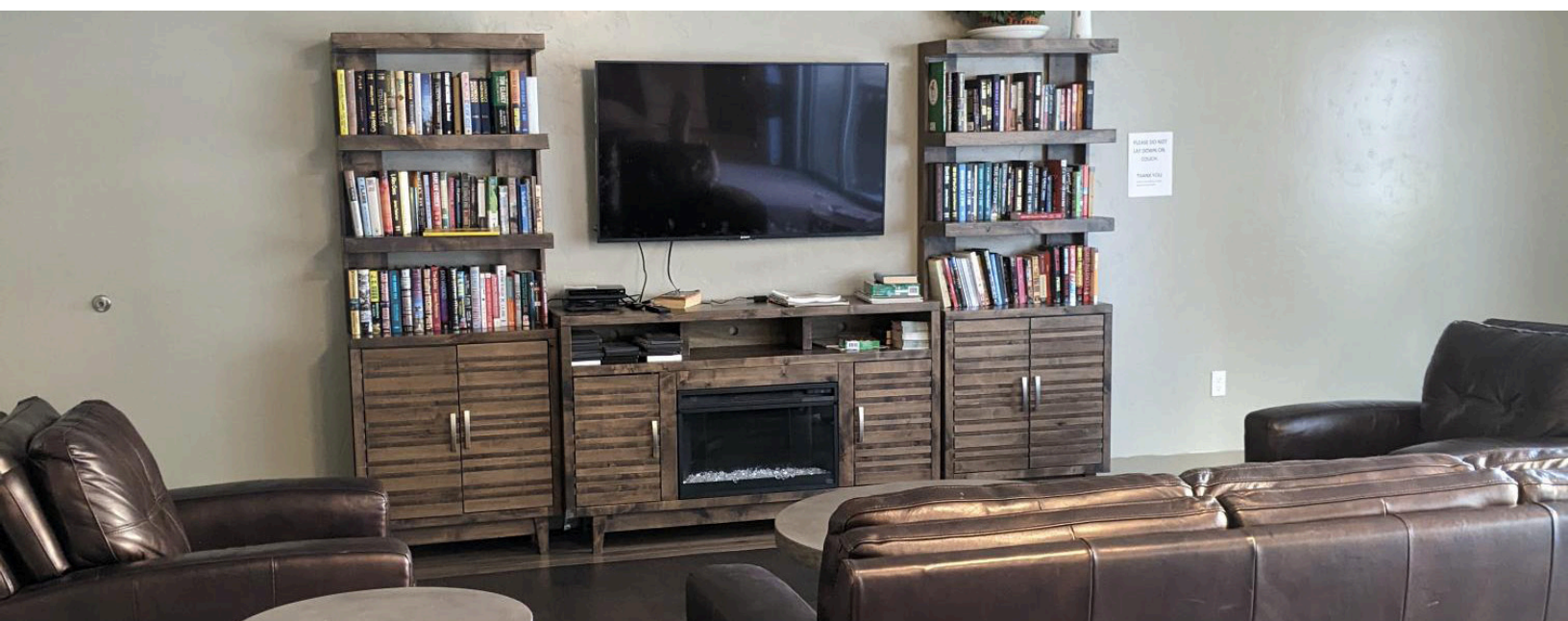
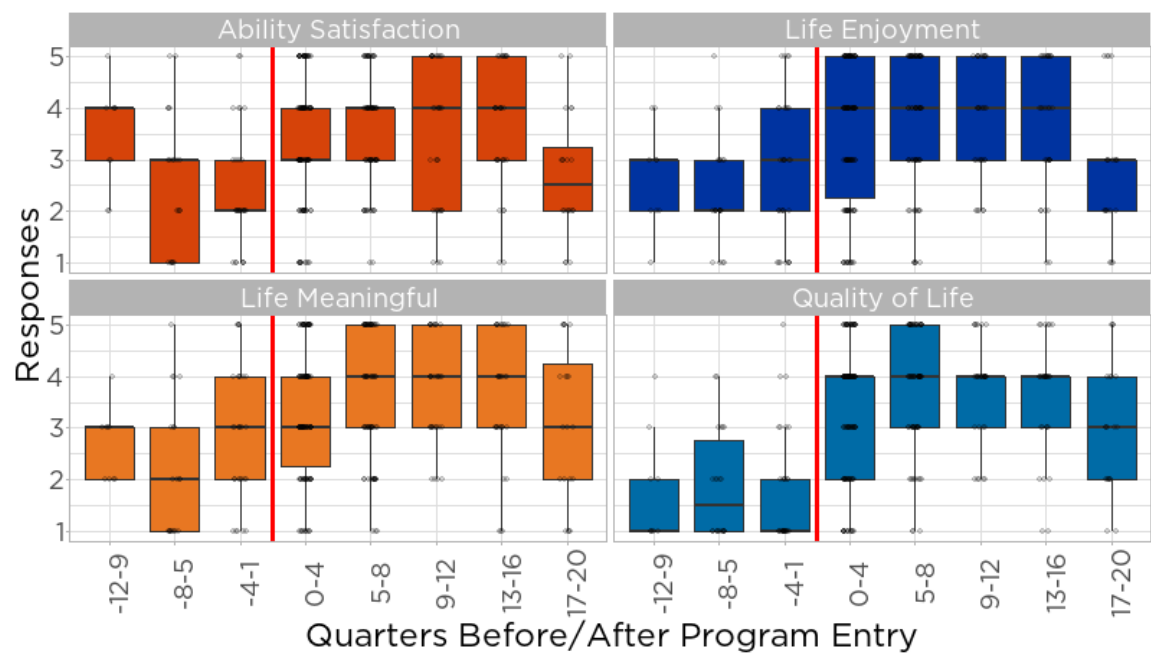
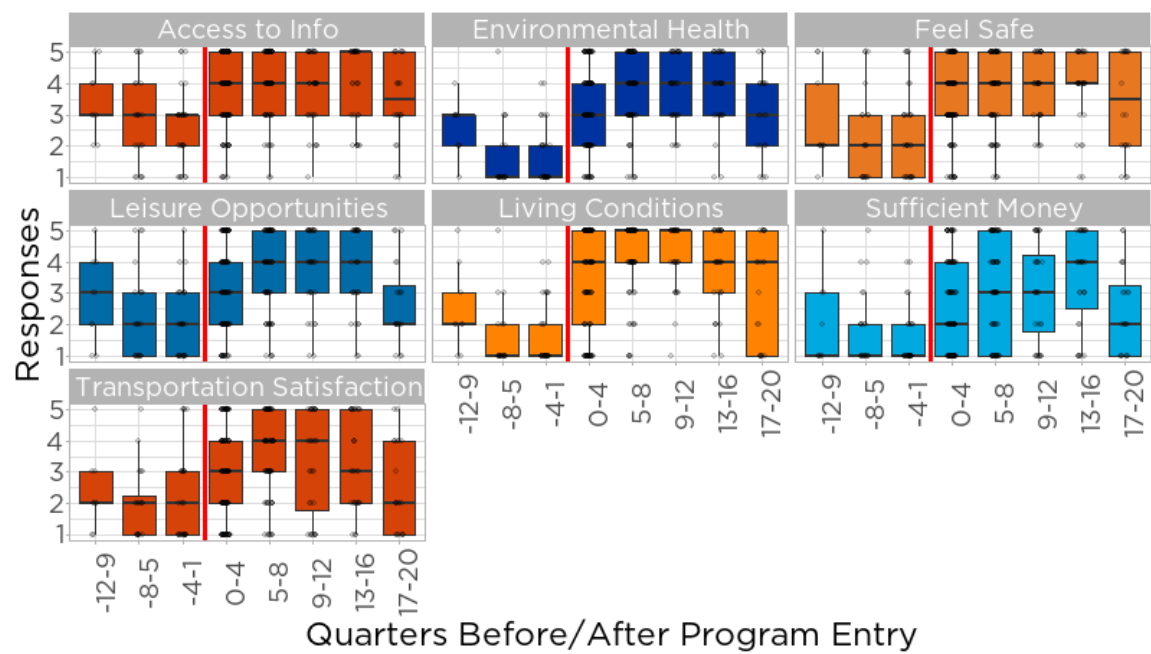


FIGURE 12: QOL SUMMARY QUESTIONS



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, their feelings of safety, their satisfaction with their living conditions, their satisfaction with access to transportation, their access to information, and their leisure opportunities all saw marked increases, as seen in Figure 13.

FIGURE 13: 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 continued to occur, but stakeholders indicated communication between partners can still improve. In year two, there was evidence of clarified roles and expectations among the partnership. Now, when problems arise, partners easily identify which partner can best solve the problem. Year three saw continued success in communication among partners. In both years four and five, a survey of partners confirmed that most feel collaboration among partners is positive though some see there is some room for improvement in communicating.

Both partners and staff report challenges with property management employees in every year of evaluation. In the past five years, the on-site property manager employee has changed multiple times. At the time of the interview with program staff, they reported they did not currently have a property manager on site. Each year it is recommended that the property manager needs complete training in trauma-informed care to work more effectively with residents. In year four and five on-site staff also emphasized the need for the property manager to understand and respect the rolls of on-site staff.

For the first five years of the program long-term funding for New Path was not secure. New Path project partners continue to show commitment to the project and have sought more sustainable funding options for future operations. The City of Boise identified multiple years of funding through two separate federal funding sources that anticipate supporting the program funding through four more years of program implementation and evaluation. Two long-term solutions are also being pursued. The first includes working within Medicaid to increase health partner ability to bill for health supportive services provided. The second is creation of the SHIF which will raise \$15 million for ongoing 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 fifth 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 Point, a 27-unit apartment complex offering health care, mental health counseling and substance abuse treatment opened its doors to Ada County's most vulnerable veterans experiencing homelessness in August 2020. In addition, the partnership has been collaborating on three new projects in varying stages of development that will bring 193 new single-site PSH units online within the next several years, including 48 units that will be for families with children. In addition, community partners have applied for funding through the

Social Impact Partnerships Pay for Results Act (SIPPPRA) by leveraging the progress on development and partnership with the SHIF on support services funding. Funding received will augment the SHIF's investment in ongoing supportive services for PSH in Ada County.

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 approach requires permanent housing with no preconditions alongside provision of supportive services. Therefore, the successful outcomes produced in New Path's first five years may only continue into the future if fidelity to the PSH 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., and Shinseki, E. (2013). Homelessness is a public health issue. *American Journal of Public Health*, 103(2), Supp. 2, S180.
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- 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., Srebnik, 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.
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- 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 Housing and Urban Development that provides grants to states and local government to implement local housing strategies designed to increase homeownership and affordable housing opportunities for low and very low-income Americans.
- ¹⁰ In past years, the evaluation also included data from the Patient Health Questionnaire (PHQ-9, used for screening, diagnosing, and monitoring depression). The residents did not complete this survey this year so the data is not included.
- ¹¹ 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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