



IDAHO POLICY INSTITUTE



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### NEW PATH COMMUNITY HOUSING ANNUAL EVALUATION 2024

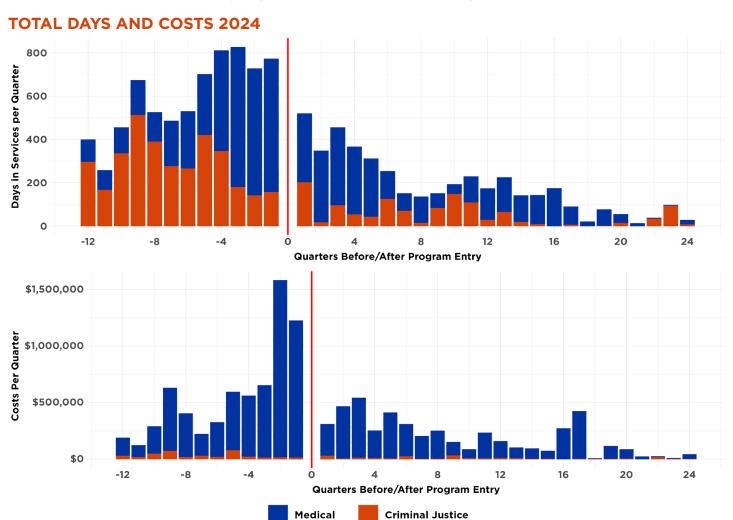
# **EXECUTIVE SUMMARY**

New Path Community Housing is a 40-unit, single-site, Permanent Supportive Housing (PSH) program in Ada County, Idaho. New Path's evidence-based supportive housing 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 at Boise State University 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 six years include:

- A reduction in emergency services by 7,986 fewer days
- Total savings/cost avoidance of \$11,144,242 and
- An increase in overall program participant 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 high-cost, reactive 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. 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.

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.<sup>3</sup> PSH is a highly effective approach to adopt, specifically for those experiencing chronic homelessness, one of the hardest populations to serve.<sup>4</sup>

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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup> 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.

**TABLE 1: NEW PATH PROGRAM 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. 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.

**TABLE 2: RENTAL ASSISTANCE BY YEAR** 

Year	Rental Assistance
2019	\$198,013
2020	\$190,641
2021	\$187,358
2022	\$204,650
2023	\$206,339
2024	\$219,834
TOTAL	\$1,206,835

On-site supportive service cost \$547,565 in 2024. Funding for services during this most recent evaluation year came from a combination of HOME-ARP and State and Local Fiscal Recovery Funds (SLFRF), both sources of federal pass-through funding administered by the City of Boise.

# 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 100 people have entered into New Path programming since its launch in November 2018.

TABLE 3: NEW PATH HEADS OF HOUSEHOLD

Year	Heads of Household - Project Starts	Heads of Household - Project Exits
2018	40	0
2019	12	12
2020	8	8
2021	7	6
2022	13	15
2023	11	11
2024	10	9
Grand Total	100	60

The demographics of program participants are shown in Table 3.

**TABLE 4: NEW PATH CLIENT DEMOGRAPHICS** 

Ethnicity & Race		Age				
		25-34	35-44	45-54	55-64	65-74
Hispanic/Latina/e/o						
American Indian, Alaska Native, or Indigenous		Ο	0	0	0	0
Unreported	0	0	0	0	2	0
White	0	0	3	2	2	0
Non-Hispanic/Non-Latina/e/o						
American Indian, Alaska Native, or Indigenous		Ο	0	1	2	1
Black, African American, or African	0	1	1	4	1	0
More than one race	0	0	0	1	6	0
Native Hawaiian or Pacific Islander	0	1	0	0	1	0
White	0	2	13	20	30	6

## **2024 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 2024 through December 2024) are articulated below.

### **ACCOMPLISHMENTS**

Key achievements in New Path's sixth year include:

- 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.
- Residents report greater ability build relationships and better interact with others
- Trauma informed care
- Steady resident engagement with supportive services
- Residents report positive interactions with Terry Reilly staff and appreciate staff support
- Increased collaboration with property management to address potential lease violations

### **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 and extending the collection of these forms when they are set to expire.
- Support services funding sustainability
- Residents report concerns regarding building maintenance including elevator function and general repairs
- Residents report a desire for collective internet access

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 Permanent Supportive Housing (PSH) initiatives in Ada County, including to provide ongoing funding for the services delivered in projects like New Path Community Housing.

# **PROGRAM OUTCOMES**

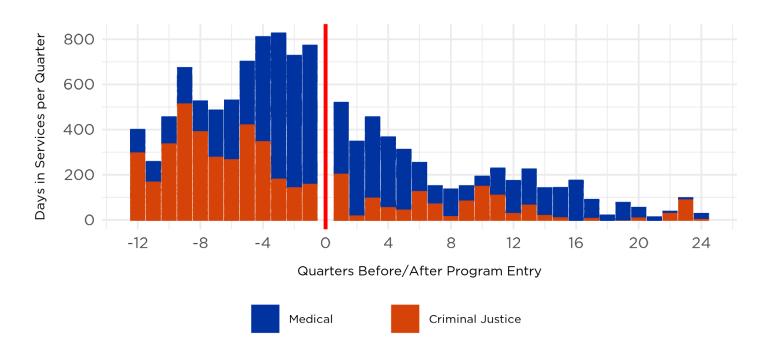
**Goal 1:** Provide housing and supportive services for the costliest and most vulnerable members of the population experiencing homelessness in Ada County.

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.

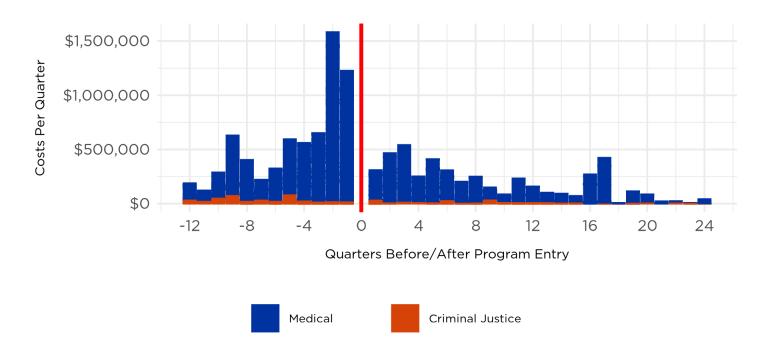
In the first five years of the program, substantial and immediate decreases in service utilization are evident after the program entry date. Altogether, residents spent 7,986 fewer days in service, as exhibited in Figure 1.

FIGURE 1: TOTAL DAYS IN SERVICE 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 over \$11 million (see Figure 2).

FIGURE 2: TOTAL COSTS BY QUARTER



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, the annual community costs per resident decrease progressively after each year of program entry (see Table 5). In 2024 there is a slight anomaly in this pattern because of the long term hospital stays of two residents.

TABLE 5: AVERAGE COMMUNITY COSTS PER RESIDENT AND TOTAL COMMUNITY COSTS BEFORE AND AFTER NEW PATH ENTRY

Service Costs Before/After Program Entry		
Years Before/After Program entry	Total Service Costs	
-3	\$1,211,773.57	
-2	\$1,532,876.91	
-1	\$3,974,478.74	
1	\$1,527,524.24	
2	\$1,189,771.31	
3	\$574,474.82	
4	\$535,055.61	
5	\$629,523.30	
6	\$94,194.65	

Average Client Costs				
Years Before/After Program Entry	Average Cost	Average Days in Service	N of Clients	
-1	\$20,393.71	3.15	63	
1	\$11,411.91	1.57	50	
2	\$15,896.66	1.21	42	
3	\$4,381.81	1.13	22	
4	\$5,989.63	2.93	19	
5	\$2,496.07	2	12	
6	\$5,977.67	2	6	

### **UPDATED METHODOLOGY**

As New Path loses some residents and gains new ones, gaps can appear in the data, especially for individuals without a signed Release of Information form (or without an updated form). The IPI research team worked to address this challenge in previous years by adjusting the methodology to group residents into cohorts based on length of time in the program. However, to better account for individuals with missing data, we refined the methodology further this year to calculate costs at the individual level and then aggregate them. This updated methodology has the added benefit of better accounting for individual-level variations.

To find total savings under this updated methodology, we first calculate individual costs, then use the average of those individual costs to estimate missing data for other individuals based on their length of time in New Path. All individual costs (actual and estimated) were then compared to a 'counterfactual' cost, estimating what that individual's service usage would have cost if they had not joined the program. This counterfactual was extrapolated from individual service costs in the year prior to joining the program. Actual and estimated costs are compared to counterfactual costs to yield estimated individual cost-savings. Individual cost-savings are summed up in Table 6.

**TABLE 6: TOTAL INDIVIDUAL SAVINGS BY TIME IN PROGRAM** 

Years in Program	Total Savings
1	\$3,166,314.04
2	\$4,172,581.40
3	\$1,716,423.91
4	(\$17,149.61)
5	\$453,419.18
6	\$1,652,653.53
TOTAL	\$11,144,242.45

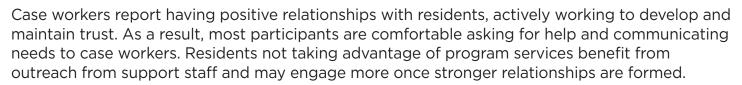
Goal 2: Pair evidence-based supportive services with housing.

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





One way case workers build trust with residents is by spending time with them. Each year, New Path increases the number of resident outings and social activities based on participation. This year, the New Path team added monthly thrift store trips, monthly bowling, and sobriety groups. In 2024, 18 residents reported going on group outings, 16 reported playing games and 12 reported participating in general social activities. Each year, residents report enjoying the outings and request more in the future. Residents benefit from the sense of community and may take advantage of other services offered because of the relationships built doing social activities.

In year six 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, housing assistance, and energy assistance for utilities, benefitting 34, 33, and 32 participants respectively. Many residents also reported getting help signing up for Health and Welfare and Social Security assistance, 22 and 16 residents respectively. Connecting residents with these assistance programs helps decrease costs as they help them establish an income and receive the benefits of health insurance.

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. Residents reported that staff are friendly, positive, and helpful.

New Path partners and staff seem to have found a pathway 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. Each year caseworkers report more successes in relocating residents to a facility better suited for their needs.



As residents continue to interact with services, there is the opportunity to increase involvement. Examples reported include providing a directory of available services, a regular 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.

Residents of New Path identified several personal successes this year, including housing stability, improved health, and relationship building or emotional learning, reported by 11, 8, and 8 residents respectively. New Path staff reported successes regarding relationship building with residents through engagement and group outings as well as supporting residents in navigating health challenges and solutions. Challenges identified by New Path staff primarily relate to the social challenges of having a variety of people living with shared spaces, including noise complaints, personality differences, and mental health challenges. New Path staff also cited attending scheduled appointments as a challenge for many residents. The two primary challenges reported by New Path residents were relationship management, both with family or friends and other New Path residents, in addition to navigating health challenges.

## 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 Alphonsus 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 3-5, 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. This is likely due to residents' prior reliance on 911 calls for their medical needs. Therefore, after entering the program they continue to use that resource until they become accustomed to the new resources and services available through New Path. Residents remaining in New Path demonstrate more positive outcomes than those who left the program.

FIGURE 3: PARAMEDIC SERVICES

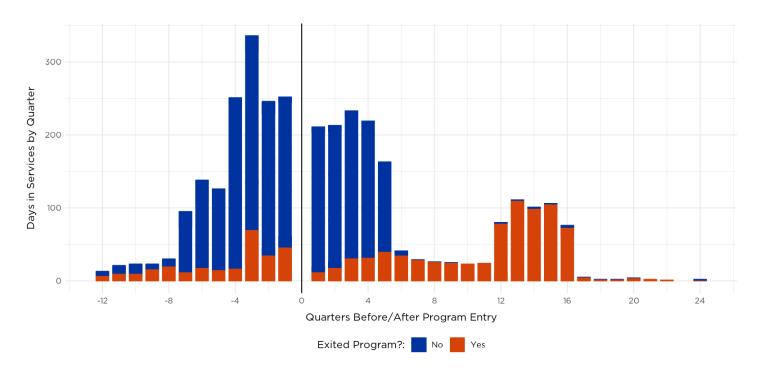
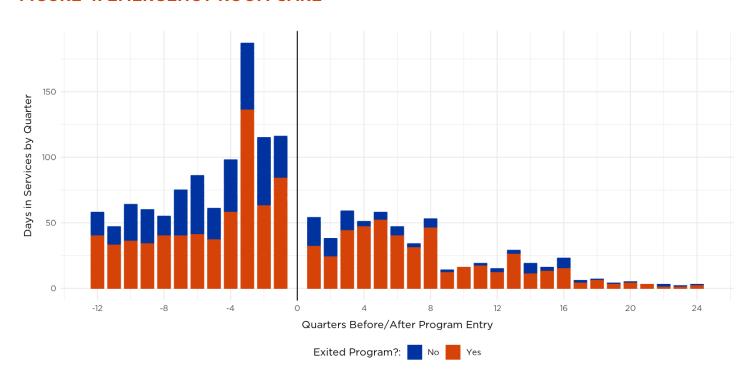
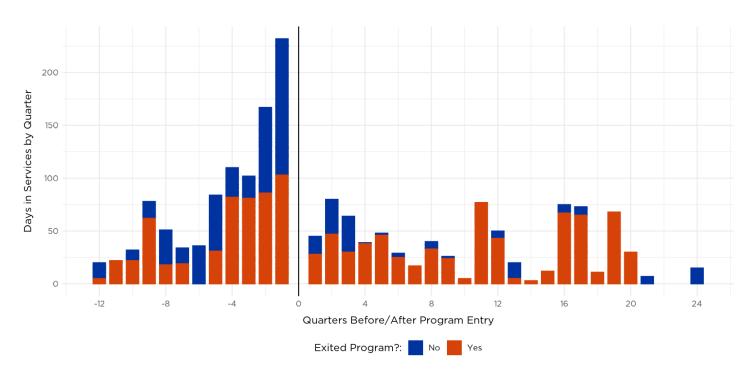


FIGURE 4: EMERGENCY ROOM CARE

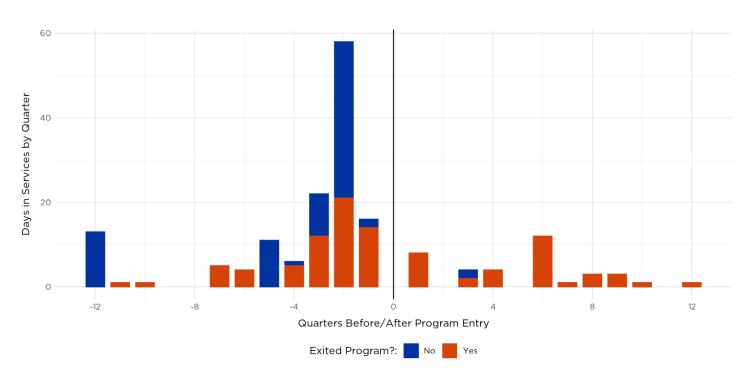


**FIGURE 5: HOSPITAL STAYS** 



Sixteen residents reported using nursing services provided by Terry Reilly and five listed improvements to their health as their biggest success this year. The more these services are used, the less likely residents will need to interact with emergency medical services. When surveyed, the nurse onsite at New Path mentioned that more residents seemed to use their services this year. It was also mentioned that New Path would benefit from a home health model that would require less clinic visits for residents who often struggle scheduling and keeping appointments.

FIGURE 6: SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT

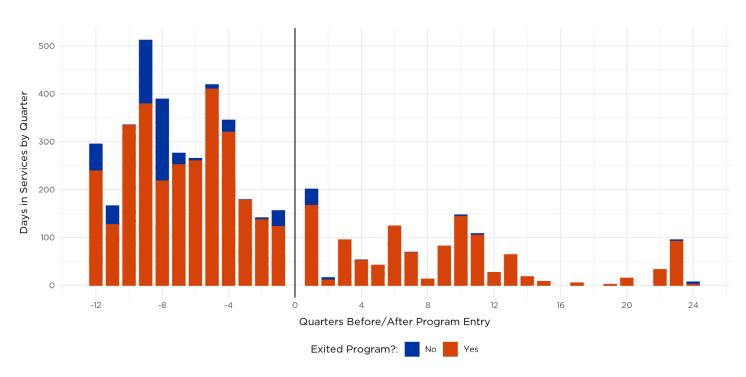


In the resident survey, sixteen residents reported taking advantage of counseling services offered through Terry Reilly this year. Though some residents reported having challenges getting and remaining sober, four reported sobriety as a success for the year and New Path staff also report resident sobriety efforts are a success of the program while also working on ways to help those struggling to remain sober.

### **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. Residents engaging with the criminal justice system tend to leave the program at a greater rate than others. Such is the case most often with long term incarceration.

FIGURE 7: COUNTY CORRECTIONAL FACILITIES AND ARRESTS (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 tend to more often be stably housed since entering the program than those that end up exiting. 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 2024, five residents left to other stable housing or care facilities, one left because of incarceration, one died, and two left to less stable housing, such as doubling up with a friend or relative.

Twelve participants exited New Path in 2019, eight exited in 2020, seven in 2021, 15 exited in 2022, 11 exited in 2023, and nine exited in 2024.

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 8.

FIGURE 8: DAYS SPENT IN EMERGENCY SHELTER PER QUARTER

Twelve residents reported that their greatest success in 2024 was having and remaining in housing.

Quarters Before/After Program Entry

Exited Program?: No Yes

16

20

24

### **WELL-BEING OUTCOMES**

-8

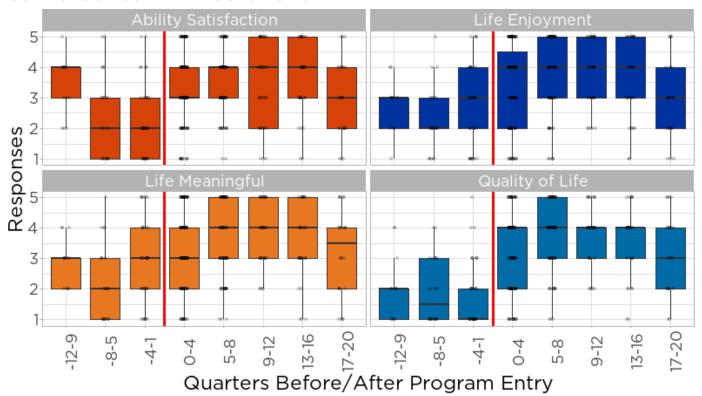
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Overall well-being of New Path residents is evaluated using the World Health Organization Quality of Life Assessment (WHO-QOL).<sup>10</sup> Data from this assessment is reported using box-and-whisker plots.<sup>11</sup>

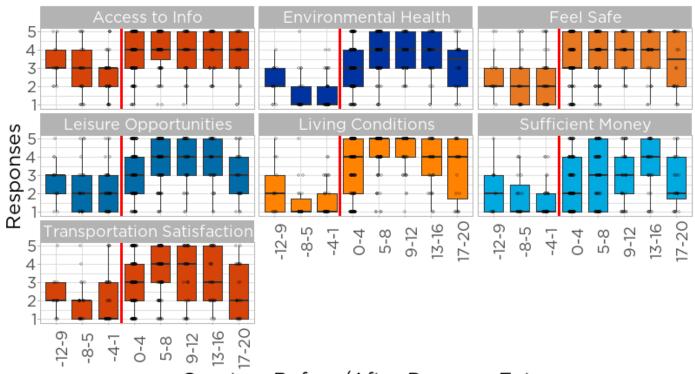
Participant responses to the WHO-QOL survey (see Figure 9) showed some improvements with duration in the program as well. They tended to rate their overall quality of life, satisfaction with their abilities, their enjoyment of life, and their feeling of meaningfulness higher after entering the program.

FIGURE 9: 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 10.

FIGURE 10: QOL ENVIRONMENTAL QUESTIONS



Quarters Before/After Program Entry

#### 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 continued improvement in communicating.

Partners, staff, and residents report challenges with property management employees in every year of evaluation. In the past six years, the on-site property manager employee has changed multiple times. Each year it is recommended that the property manager needs complete training in trauma-informed care to work more effectively with residents.

For the first five years of the program long-term funding for New Path was not secure. Project funding partners only made annual commitments resulting in uncertainty and potentially attrition as New Path staff seek out more secure places for employment. That said, New Path project partners continued to show commitment to the project and sought more sustainable funding options for future operations. Midterm, the City of Boise has identified multiple years of funding through two separate federal one-time funding sources that anticipate supporting the program funding through four more years of program implementation/evaluation. Two long-term solutions were also identified and have been pursued. The first includes working within Medicaid to increase health partner ability to bill for health supportive services provided - this effort continued in year six. The second is creation of the previously mentioned 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 sixth 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 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 2024, the City of Boise, the Idaho Community Foundation, and Terry Reilly Health Services proposed the Permanent Supportive Housing Pipeline (PSHP) Pay for Success project through the U.S. Treasury's Social Impact Partnerships to Pay for Results Act (SIPPRA) program. The PSHP will provide Permanent Supportive Housing (PSH) and services using an Intensive Case Management (ICM) model including wrap-around services to 143 prioritized households who are experiencing long-term homelessness and have high service needs. The City of Boise has been awarded \$6.6 million from the program. Funds, which will be received by the City of Boise upon achievement of defined outcomes confirmed by an independent evaluation, will be paid to the Idaho Community Foundation to augment the SHIF's investment in ongoing supportive services for PSH in Ada County and enable long term program evaluation.

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 six 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**

- <sup>1</sup> National Alliance to End Homelessness. (2021). Data visualization: The evidence on Housing First https://endhomelessness.org/resource/data-visualization-the-evidence-on-housing-first/
- <sup>2</sup> 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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- <sup>4</sup> 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
- <sup>5</sup> 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.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.
- <sup>6</sup> 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.
- <sup>7</sup> The United States Interagency Council on Homelessness. (2015). Opening doors: Federal strategic plan to end homelessness. Washington, DC.
- <sup>8</sup> Fry, V. (2016). Reducing chronic homelessness via Pay for Success: A feasibility study for Ada County, Idaho. Boise State University.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> 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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For media and other inquiries please contact: Vanessa Crossgrove Fry at vanessafry@boisestate.edu

## boisestate.edu/sps-ipi/

#### **REPORT AUTHORS**

BOISE STATE UNIVERSITY

VANESSA CROSSGROVE FRY, PHD, Research Professor LANTZ MCGINNIS-BROWN, Research Associate MCALLISTER HALL, Research Associate KRISTI SPALDING, Research Assistant