

# Hawai'i Pathways Project



## Progress Report August 2014–September 2015



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Photo on the cover page was taken by a Hawai'i Pathways Project client in his home.

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## Executive Summary

Hawai'i Pathways Project (HPP) is administered by the Hawai'i State Department of Health, Alcohol and Drug Abuse Division through a 3-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. HPP aims to provide:

- sustainable, permanent housing to individuals who meet the required disability conditions;
- mainstream entitlements such as Medicaid to clients;
- community-based evidence-based treatment for substance use and psychiatric disorders that is client-driven and recovery-oriented; and
- a variety of recovery resources and supports focusing on peer navigation and support.

HPP adopts the Pathways Housing First Model, which provides housing first and then combined with treatment services for people with psychiatric disabilities and addiction disorders. This progress report presents data on the program and selected client outcomes based on the first 14 months of implementation (August 2014 to September 2015). The overall findings indicate:

- 75 clients were admitted, reaching 79% of the targeted admission number for Years 1 and 2 of the grant.
- The majority of HPP clients (69%) were referred from Hale 'O Malama Coordinated Intake System, a data-driven system of coordinated entry to homeless resources.
- All clients were chronically homeless and half experienced at least six years of continuous homelessness prior to entering HPP.
- All clients were diagnosed with one of the following criteria: co-occurring substance use and mental disorders (66%); substance use only (34%); or severe mental illness only (1%).
- The majority of clients were men, lifetime residents of Hawai'i, most self-identified as Hawaiian, with an average age of 50.
- HPP assisted 45% of clients with applying for some form of ID or benefit (e.g., SNAP, Medicaid).
- 31% of clients received some form of ID or benefit during the reporting period.
- 52% of services provided were "case management"; 26% were "treatment services"; 17% were "peer-to-peer services"; 4% were "education services"; and 1% was "medical services."
- As of September 30, 2015, 38 clients (51%) were housed. All but one (37) remained in permanent rental apartments, representing a 97% retention rate.
- Of the housed clients, the median length of time from admission to housing placement was 78.5 days.
- More than half (53%) of the housing vouchers came from the State's Permanent Supportive Housing program, and the remainder came from the City (26%) and HUD (21%).
- At the six-month follow-up, HPP clients were more likely to report having social support for recovery compared to at the time of program entry. They were less likely to have ER visits, criminal justice system involvement, and alcohol and drug use; and were less likely to be bothered by psychological or emotional problems.
- A preliminary analysis shows that the net savings from reduced healthcare utilization among the housed HPP clients is estimated at \$2,370 per month.

Some of the challenges experienced during this reporting period include: a late start in program implementation, housing market barriers, staff vacancies, and keeping the momentum toward a coordinated system-level change.

## Introduction

### Background

In October 2013, the Hawai'i State Department of Health, Alcohol and Drug Abuse Division was awarded the Cooperative Agreement to Benefit Homeless Individuals for States (CABHI-States) Grant (No.: TI025340) from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services and Center for Substance Abuse Treatment, under the U.S. Dept. of Health and Human Services. The purpose of the grant is to place chronically homeless individuals with substance use disorders or co-occurring substance use disorders and mental illness into permanent supported housing; link them to health insurance and other entitlements (if eligible); provide outpatient substance abuse and mental health treatment, recovery and independent living support services; and refer them for medical services so as to improve their health status and sustain long term tenancy. The initiative is being designed to develop short and long term strategies to expand/enhance the collaboration of various state departments and private agencies to address the service needs/gaps of this population with the goal of ending chronic homelessness.

Hawai'i's project is modeled after Pathways Housing First, the only evidence-based program recognized by the National Registry of Evidence-Based Programs and Practices to provide comprehensive housing and treatment services without preconditions of the individual's alcohol or drug use. Since its inception in 1992, the Pathways Housing First model has shown impressive results in attaining permanent housing and other positive outcomes for the target population. Hawai'i Pathways Project (HPP) will focus on achieving high fidelity to the model. It will also assist in building sustainable partnerships, infrastructure, and practices through a partnership with the Hawai'i Interagency Council on Homelessness (HICH) and the development of a Statewide Plan.

HPP is funded for three years for a total of \$3.1 million—of which 68% was from the CABHI-States grant and 32% was from the CABHI-States Supplement grant. The majority of the funding, 79%, is allocated to the provision of direct treatment and recovery services, outreach, case management, vocational and peer support, and housing placement. The remainder is budgeted for program administration and infrastructure development/improvements at the state level (13%), Pathways Housing First program training (5%), and project evaluation (3%). Housing vouchers are provided by the State's Permanent Supportive Housing program, the City's Housing First program, and the Housing and Urban Development's Permanent Supportive Housing program. The serving capacity of the program is 155 clients, with the enrollment of new clients targeted at 40 to 60 per year.

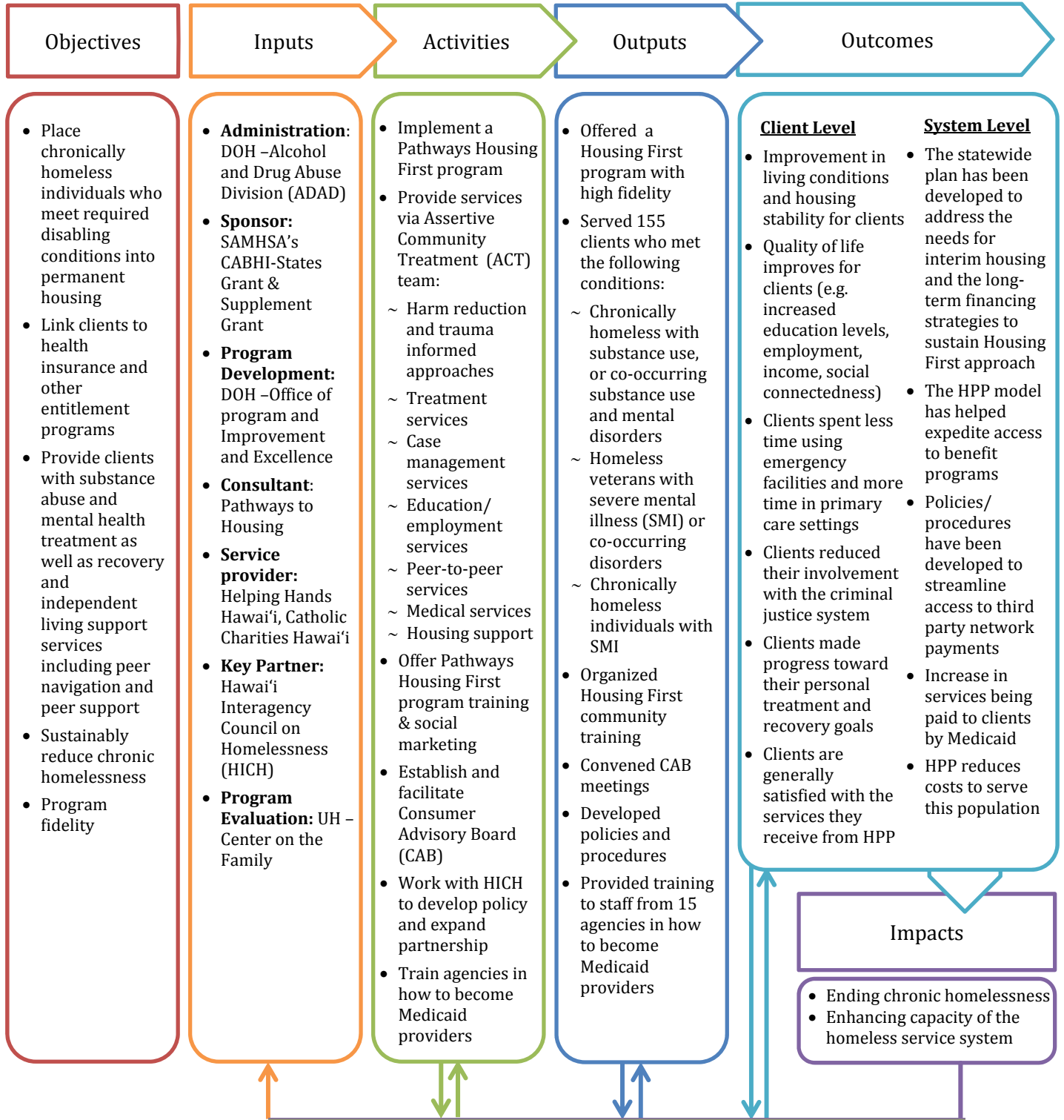
The Hawai'i Pathways Project has four goals:

1. Individuals served will live in sustainable, permanent housing.
2. Individuals will receive Medicaid and other mainstream entitlements.
3. The project will provide community-based evidence-based treatment for substance use and psychiatric disorders that is client driven and recovery oriented.
4. The project will provide a range of recovery resources and supports including peer navigation and peer support.

# Logic Model

The Hawai'i Pathways Project (HPP) adopts the Pathways Housing First (PHF) evidence-based program to address the behavioral and mental health needs of chronically homeless individuals on O'ahu, with a long-range goal of making an impact on ending chronic homelessness and enhancing the capacity of the homeless service system in the State of Hawai'i. The logic model of HPP is presented in Figure 1.

Figure 1 Hawai'i Pathways Housing First Program: Logic Model



## Report Overview

This progress report covers the first 14 months of the implementation of Hawai'i Pathways Project (HPP), from August 2014 to September 2015. It serves as an update to two previous "progress highlights" of the project (see Appendices 1 and 2). While the grant period started in October 2013, delays in grant administration and the contractual process set back the implementation of the project for 10 months. In this report, we will focus on assessing services received by the clients and client outcomes. A final report will be completed at the end of the project, which will include the assessment of program fidelity, system-level activities and outcomes, in addition to a more comprehensive evaluation of the project using both quantitative data and qualitative interviews of clients and key stakeholders. The key measures to be discussed in this report include seven process measures (1-7) and six outcome measures (8-13) as follows:

1. Number of referrals admitted to the program
2. Length of eligibility determination process
3. Program eligibility criteria
4. Client Characteristics
5. Number of clients who applied for and received public benefit programs
6. Number and types of services provided
7. Length of time from admission to permanent housing placement
8. Housing stability
9. Improved quality of life
10. Reduced utilization of emergency facilities
11. Reduced involvement in the criminal justice system
12. Progress toward personal recovery goals
13. Cost reduction

Data for this report was collected by the HPP Project Team using data forms provided by SAMHSA and the Project Evaluation Team. Data reports and frequency of data collection are outlined in Table 1. Of note, throughout the report percentages may not add to 100% due to rounding.

**Table 1 Data Sources**

<b>Data</b>	<b>Method</b>
<b>Program Activities:</b> (1) Referrals received, (2) eligibility assessment, (3) program admission	Report data online on a continuous basis
<b>Client Updates:</b> (1) Access to benefit programs, (2) housing stability, (3) education and employment	Report data online on a monthly basis
<b>Government Performance &amp; Results Acts (GPRA) Interviews:</b> SAMSHA's survey instrument used for collecting National Outcome Measures data	Conduct face-to-face interviews with clients at program intake, 6-month, 12-month, and discharge; submit data online within 7 days upon completion of interview
<b>Service Log:</b> Services provided to clients	Enter data in an electronic file, submit data file on a monthly basis

## Program Activities and Outcomes

### Referrals

#### Referrals Admitted to the Program

Between August 2014 and September 2015, Hawai'i Pathways Project (HPP) received 171 referrals. Of the 130 referrals whose eligibility status was determined, 75 (58%) were admitted to HPP, and 55 (42%) were declined due to eligibility reasons or declined consent for services. A total of 41 referrals (24%) were pending a determination as of September 30, 2015.

The Project reached 79% of its targeted number of admission (95 clients) for Years 1 and 2 of the grant. The peak number of admission (33) occurred in December 2014, reflecting the Project's effort in catching up with the admission goal as a result of the 10-month delay in implementation.

Five clients (unhoused) were discharged from the program as housing opportunities became available from another program.

**Table 2 Referral Status**

Month	New Referrals	Admitted	Denied	Pending	Cumulative Number of Referrals
<b>Aug 2014</b>	10	0	0	10	10
<b>Sep</b>	0	6	0	4	10
<b>Oct</b>	16	4	6	10	26
<b>Nov</b>	13	9	2	12	39
<b>Dec</b>	64	33	9	34	103
<b>Jan 2015</b>	19	6	7	40	122
<b>Feb</b>	13	2	1	50	135
<b>Mar</b>	19	7	7	55	154
<b>Apr</b>	8	0	1	62	162
<b>May</b>	6	2	19	47	168
<b>Jun</b>	1	4	3	41	169
<b>Jul</b>	2	2	0	41	171
<b>Aug</b>	0	0	0	41	171
<b>Sep</b>	0	0	0	41	171
<b>Total</b>		<b>75</b>	<b>55</b>		<b>171</b>



## Referral Sources

For those referrals who were extended HPP admission (N=75), the majority were referred via the Hale 'O Malama Coordinated Intake (69%), a data-driven system of coordinated entry to homeless resources. The remainder included: 11% referred by hospitals, 9% by substance abuse treatment providers, 8% by community mental health providers, and 2% by other referral sources.

Those referred by Hale 'O Malama, hospitals, and community mental health providers were more likely to be admitted rather than denied or "pending." Meanwhile, participants referred by substance abuse treatment providers and other sources were more likely to be denied rather than admitted or "pending." For an overview of referral source by status, see Table 3.

**Table 3 Referral Source by Status**

Referral Source	Number of Referrals				Percent of Total Referrals			
	Adm.	Den.	Pend.	Total	Adm.	Den.	Pend.	Total
<b>Hale 'O Malama</b>	52	27	21	100	30%	16%	12%	58%
<b>SA Treatment Providers</b>	7	16	7	30	4%	9%	4%	18%
<b>Hospitals</b>	8	4	11	23	5%	2%	6%	13%
<b>CMHP</b>	6	2	1	9	4%	1%	1%	5%
<b>Other</b>	2	6	1	9	1%	4%	1%	5%
<b>Total</b>	<b>75</b>	<b>55</b>	<b>41</b>	<b>171</b>	<b>44%</b>	<b>32%</b>	<b>24%</b>	<b>100%</b>

## VI-SPDAT Score

A VI-SPDAT (Vulnerability Index & Service Prioritization Decision Assistance Tool) score of 10 was the minimum requirement for receiving HPP services. For those referrals who were admitted to HPP, over half (63%) scored a 13 or higher on the VI-SPDAT; meanwhile, a quarter of this group received a 10. For those who were denied HPP admission, 39% had a VI-SPDAT score lower than 10.

**Table 4 VI-SPDAT Score and Referral Status**

VI-SPDAT Score	Admitted	Denied	Total
<b>Below 10</b>	0	18	18
<b>10</b>	18	2	20
<b>11-12</b>	9	12	21
<b>13-14</b>	24	9	33
<b>15-16</b>	22	3	25
<b>Above 16</b>	0	2	2
<b>Total</b>	<b>73</b>	<b>46</b>	<b>119</b>

Note: VI-SPDAT screening was not administered to 11 individuals prior to referral to Hawai'i Pathways Project and therefore they were not included in the above table.

## Reasons for Denial

Of the 55 referrals denied HPP, 53% did not meet program eligibility criteria, including having a VI-SPDAT score lower than 10, not chronically homeless, or not having a substance use or co-occurring disorder. Other reasons of denial included: unable to establish contact (15%), obtained housing via another program (13%), refused services (9%), safety risk concerns (5%), and service/care level too high or too low (5%).

**Table 5 Reasons for Denial of HPP Admission**

Reason	Number	Percent
VI-SPDAT Score Below 10	18	33%
Not Chronically Homeless	3	5%
Chronically homeless but no substance use or co-occurring disorders	8	15%
Cannot establish contact/not on island	8	15%
Housed by another program	7	13%
Refused services	5	9%
Safety risk	3	5%
Service/care level too high or too low	3	5%
<b>Total</b>	<b>55</b>	<b>100%</b>

## Eligibility Determination Process

### Length of Time to Determine Eligibility

For half of the referrals, it took HPP up to 25 days to determine the eligibility status (Range: 0-192; Mean: 40). There were 17 cases where eligibility was determined in fewer than 5 days. Of admitted, half took 20 days for eligibility status to be determined (Range: 0-154; Mean: 29). Of those denied, the median was 37 days (Range: 1-192; Mean: 55).

For referrals with an eligibility determination (N=130), the majority was referred from Hale 'O Malama (61%). Hale 'O Malama referrals had a median length of time for eligibility determination of 27 days (Range: 0-192; Mean: 45), which is longer than referrals from many other sources such as hospitals (17 days), substance abuse treatment providers (24 days), and community mental health providers (26 days). See Table 6 for details regarding average length of time for eligibility determination by referral source.

**Table 6 Referral Source and Length of Time for Eligibility Determination**

Referral Source	Number	Percent	Number of Days			
			Min.	Max.	Mean	Median
<b>Hale 'O Malama</b>	79	61%	0	192	45	27
<b>SA Treatment Providers</b>	23	18%	1	97	27	24
<b>Hospitals</b>	12	9%	1	90	27	17
<b>CMHP</b>	8	6%	17	154	54	26
<b>Other</b>	8	6%	14	55	33	31
<b>Total</b>	<b>130</b>	<b>100%</b>	<b>1</b>	<b>192</b>	<b>40</b>	<b>25</b>

For individuals who were denied, those from Hale 'O Malama took substantially longer time from referral to eligibility determination compared to those referred from other sources. This may suggest that HPP took a longer period to locate, engage, and assess referrals from Hale 'O Malama. See Table 7 for details.

**Table 7 Length of Time for Eligibility Determination, Hale 'O Malama vs. Others**

Referral Status	Referral Source	Number	Percent of Closed Referrals	Number of Days			
				Min.	Max.	Mean	Median
Admitted	Other	23	18%	1	134	31	25
	Hale 'O Malama	52	40%	0	154	27	19
	<b>Total</b>	<b>75</b>		<b>0</b>	<b>154</b>	<b>29</b>	<b>20</b>
Denied	Other	28	22%	1	154	33	25
	Hale 'O Malama	27	21%	1	192	78	58
	<b>Total</b>	<b>55</b>		<b>1</b>	<b>192</b>	<b>55</b>	<b>37</b>

By the end of September, 2015, 41 of the participants still had a “pending” referral status. The “pending” referrals had a median length of time of 239 days (Range: 127-364; Mean: 234). When comparing “pending” referrals from Hale 'O Malama versus those from other referral sources, the latter experienced a shorter length of time in general.

## Program Eligibility Criteria

### Homeless Experience

All HPP clients were chronically homeless according to HUD’s definition. Six clients reported that their current homeless episode was less than 12 months but they had four or more episodes in the past three years. The median length of continuous homelessness was 72 months (6 years) prior to admission, and the top 10 percent of clients reported 222 months (18.5 years) or more. See Tables 8 and 9 for details regarding clients’ homeless experience.

**Table 8 Homeless Experience of HPP Clients**

During the Past 3 Years	Current Episode		Total
	<12 months	12 months or more	
1-3 episodes	0	64	64
4 or more episodes	6	3	9
<b>Total</b>	<b>6</b>	<b>67</b>	<b>73</b>

Note: Data for 2 clients was not available.

**Table 9 Length of Continuous Homelessness Prior to HPP Admission (in Months)**

Percentile	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>
<b>Months</b>	24	39.5	72	120	222

Note: Data for 2 clients was not available.

## Substance Abuse and Mental Disorders

For the current reporting period, 34% of clients had a substance abuse only diagnosis, 1% was diagnosed with severe mental illness (SMI) only, and 66% had a co-occurring substance abuse and mental illness disorder. Of those clients with a co-occurring diagnosis, 30% had a diagnosis of mental illness and 36% had a diagnosis of severe mental illness. The most common diagnoses among clients were: posttraumatic stress disorder (35%); other and unspecified alcohol dependence (34%); amphetamine and other psychostimulant dependence (22%); amphetamine or related acting sympathomimetic abuse (20%); opioid type dependence (16%); and major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior (15%).

**Table 10 Substance Abuse and Mental Disorders**

Diagnosis	Number	Percent
<b>Category</b>		
Substance abuse only	25	34%
Severe mental illness (SMI) only	1	1%
Co-occurring substance abuse and mental disorders/SMI	49	66%
<b>Co-Occurring substance abuse and...</b>		
Mental illness	22	30%
Severe mental illness	27	36%
<b>Most Common Diagnosis</b>		
Posttraumatic stress disorder	26	35%
Other and unspecified alcohol dependence, unspecified	25	34%
Amphetamine and other psychostimulant dependence	16	22%
Amphetamine or related acting sympathomimetic abuse	15	20%
Opioid type dependence	12	16%
Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior	11	15%

Note: Data based on information of 74 clients that was available.

## Veteran Status

Ten clients reported that they had previously served in the military, representing 13% of all clients.

## Client Characteristics

### Demographics

The majority of HPP clients were men (75%), lifetime residents of Hawai'i (49%), had an average age of 50 (Range: 25-69; Median: 51), most self-identified as Hawaiian (42%), and the majority has a high school diploma or higher education (77%). See demographic characteristic details in the table below.

**Table 11 Demographic Characteristics**

Characteristics	Mean	Median
<b>Age</b>		
Range: 25-69	50	51
	<b>Number</b>	<b>Percent</b>
<b>Gender</b>		
Male	54	75%
Female	16	22%
Trans (ID as female)	2	3%
<b>Race Most Identify With</b>		
Hawaiian	30	42%
White	25	35%
Portuguese	5	7%
Black	3	4%
Chinese	3	4%
Japanese	2	3%
Other	3	4%
<b>Length of Time in Hawai'i</b>		
Lifetime	35	49%
20+ years	15	21%
10-19 years	11	15%
5-9 years	3	4%
2-4 years	3	4%
1 year or less	4	6%
<b>Educational Attainment</b>		
Less than HS diploma	16	21%
HS diploma	30	40%
Some college	23	31%
Bachelor's degree or higher	6	8%

Note: Data was missing for 4 clients on length of time in Hawai'i and race most identified with; data was missing for 3 clients for gender.

## Income

The majority of clients have some form of income (92%), with most clients receiving income from public assistance (79%). See Table 12 for details regarding source of income.

**Table 12 Source of Income**

Source	Number	Percent
Public Assistance	59	79%
Disability	22	29%
Other	9	12%
Wages	5	7%
Retirement	2	3%
Any income	69	92%

Note: Clients could select more than one type of income (N=75).

## Health Insurance

As of September 30, 2015, the majority of clients had health insurance (91%). The HMSA and 'Ohana Health Plans were two major health insurers, each covered slightly over one third of the clients. See Table 13 for details regarding clients' health insurance.

**Table 13 Health Insurance**

Health Insurer	Number	Percent
HMSA	27	36%
'Ohana Health Plan	26	35%
United Healthcare	9	12%
AlohaCare	6	8%
No health insurance	7	9%
Total	75	100%

## Application for Benefits and IDs

As of September 2015, 34 clients (45%) had applied for at least one benefit and/or one ID including: birth certificate, state ID, social security card, bus pass, general assistance (GA), SNAP (Supplemental Nutrition Assistance Program) benefits, Medicaid, supplemental security income (SSI), and social security disability income (SSDI). About one-third (23 clients) had received their documents and/or been approved for the benefit programs during the reporting period.

HPP assisted 17 clients (23%) to apply for GA and 7 to 8 clients (about 10%) applied for SNAP, bus passes, and Medicaid each. Additionally, 12 clients applied for more than one benefit/ID. During the reporting period, six clients each received GA, SNAP, and bus passes. Also, seven clients received more than one benefit/ID. See Table 14 for details regarding benefits that clients applied for and received.

**Table 14 Applications Submitted and ID/Benefits Received**

ID/Program	Application Submitted		Benefit/ID Received	
	Number	Percent	Number	Percent
GA	17	23%	6	8%
SNAP	8	11%	6	8%
Bus pass	7	9%	6	8%
Medicaid	7	9%	5	7%
SSI	6	8%	4	5%
Birth certificate	4	5%	4	5%
State ID	2	3%	0	0%
SS card	2	3%	3	4%
SSDI	1	1%	2	3%
<b>Any of the above</b>	<b>34</b>	<b>45%</b>	<b>23</b>	<b>31%</b>

Note: Some clients submitted and/or received more than one benefit/ID. Some clients received benefits/IDs that they applied for prior to admission to HPP (N=75).

## Health and Support Services Provided

Service data was reviewed for a 5-month period from May to September of 2015. A total of 1,138 service contacts were reported, of which 86% were successful contacts and 14% were attempted contacts. The average monthly service encounters was 203 times for all clients or about 3 times per client.

The HPP Service Team provided a range of treatment and support services to clients. The most common service category was “case management,” accounting for 52% of all services delivered, followed by “treatment and recovery services” (26%), and “peer-to-peer” navigation and support services” (17%). Services that were not frequently provided were “education” (4%) and “medical services” (1%).

**Table 15 Types of Services Provided**

Service Type	Percent
Case Management	52%
Treatment	26%
Peer-to-Peer	17%
Education	4%
Medical	1%

Note: Based on data from May to September of 2015, a total of 2,238 counts of services were reported for 1,138 service encounters. Data prior to May was not available for the report.

The top three services that most clients utilized were under the “case management” category. The 5-month averages show that, on a monthly basis, 53% of the clients received “service to support housing tenure”; 40% received “care coordination,” and 28% received “pre-housing services.” Other top services utilized by 19% or more of clients on a monthly basis, were found in the “treatment” category, such as “assessment,” “brief intervention,” “treatment/recovery plan,” and “individual counseling”; the “peer-to-peer services” category, such as “peer coaching/mentoring” and “housing support”; and the “individual services

coordination” under the “case management” category. See Table 16 for a complete list of the 29 services and the average number of clients served for each service type per month.

**Table 16 Number of Clients Served by Type of Services**

<b>Service Type</b>	<b>Average Number of Clients per Month</b>	<b>Percent of Clients</b>
<b>Treatment services</b>		
Screening	2	3%
Brief Intervention	14	19%
Assessment	16	22%
Treatment/Recovery Planning	14	19%
Individual Counseling	14	19%
Co-Occurring Treatment/Recovery Services	1	1%
Pharmacological Interventions	5	7%
Community Integration & Recovery Supplemental Services	6	8%
Mental Health Services	11	15%
Referral to Treatment	1	1%
<b>Case management services</b>		
Pre-Employment	0	0%
Employment Coaching	1	1%
Transportation	7	10%
Pre-Housing Services	20	28%
Services to Support Housing Tenure	38	53%
Re-Housing Services	2	3%
Care Coordination	29	40%
Family Services	0	0%
Individual Services Coordination	15	21%
HIV/AIDS Service	0	0%
<b>Education services</b>		
Substance Abuse Education	6	8%
Other Education Services	9	13%
<b>Peer-to-peer services</b>		
Peer Coaching/Mentoring	14	19%
Housing Support	15	21%
Alcohol- and Drug-Free Social Activities	0	0%
Peer-Navigation Services	11	15%
Peer-to-Peer Recovery and Education Supplemental Group	0	0%
<b>Medical services</b>		
Medical Care	1	1%
Other Medical Services	2	3%

Note: Based on data of all 72 clients enrolled during the period from May to September of 2015.



## Housing Status

Prior to HPP admission, the majority of clients (73%) were unsheltered (streets, outdoors, other place not meant for human habitation). The rest stayed in emergency shelters or Safe Haven—a supportive housing program for single homeless adults with mental illnesses (15%), or were discharged from a residential treatment facility or hospital (12%).

**Table 17 Prior Residence**

Type of Residence	Number	Percent
<b>Unsheltered</b>	55	73%
<b>Emergency shelter, Safe Haven</b>	11	15%
<b>Residential treatment facility, Hospital</b>	9	12%
<b>Total</b>	<b>75</b>	<b>100%</b>

During the reporting period, 38 clients were placed in a regular rental unit. As of September 30, 2015, 37 remained stably housed, but one client became homeless again after being housed for 301 days. Housing retention rate was 97%. As a point of reference, programs implementing the Pathways Housing First model elsewhere reported housing retention rates of 85%–90%<sup>1</sup>.

**Table 18 Current Housing Status**

Housing Status	Number	Percent
<b>Homeless</b>	37	49%
<b>Became homeless again</b>	1	1%
<b>Permanent Supportive Housing</b>	37	49%
<b>Total</b>	<b>75</b>	<b>100%</b>

Note: Five unhoused clients were discharged from the program and their housing status at discharge is reported in the above table.

Considering all 75 HPP clients, 33% were housed within four months of program admission, including 15% housed within six weeks. Of the 38 housed, 50% waited for 78.5 days for the housing placement. The average was 101.8 days, with the fastest being 18 days and the slowest being 305 days.

**Table 19 Length of time for Housing Placement**

	Number of Clients	Percent of HPP Clients (N=75)
<b>Housing Placement</b>		
Within 6 weeks of admission	11	15%
Within 4 months of admission	25	33%
<b>Average Length of Time (N=38)</b>		
Median / Mean	78.5 days / 101.8 days	
Range	18–305 days	

<sup>1</sup> Pathways to Housing Annual Report 2012. Retrieved from <https://pathwaystohousing.org/about/annual-report>

More than half (53%) of the housing vouchers came from the state’s Permanent Supportive Housing program, and the remainder from the city’s Housing First program (26%) and HUD’s Permanent Supportive Housing program (21%).

**Table 20 Source of Housing Voucher**

Source	Number	Percent
State	20	53%
City	10	26%
HUD	8	21%
<b>Total</b>	<b>38</b>	<b>100%</b>

### Quality of Life

Overall, clients reported improvement in their health, comparing their assessments at program entry to the six-month follow-up<sup>2</sup>. Clients were more likely to have received social support for recovery: 68% of clients reported having social support at program entry versus 84% of clients six months later, representing a 24% increase in the rate.

At a similar rate (25%), fewer clients reported any ER visits in the past 30 days at the six-month interview, compared to the baseline interview. During the same time interval, the number of clients who reported no crimes and arrests increased from 39% to 53%, and those who didn’t use alcohol or drugs increased from 24% to 42%.

The six-month follow-up also found that HPP clients were less likely to be bothered by psychological or emotional problems: the average score dropped from 3.6 to 2.9 on a 5-point scale. See Table 21 for more details.

**Table 21 Outcomes at Intake and 6-Month**

Client Outcome	Intake	6-month	Rate of Change
	Percent of clients	Percent of clients	
<b>With social support for recovery</b>	68%	84%	24%
<b>No ER visits</b>	61%	76%	25%
<b>No crimes and arrests</b>	39%	53%	36%
<b>No alcohol and drug use</b>	24%	42%	75%
<b>Bothered by psychological or emotional problems (scale 1-5)</b>	3.6	2.9	-19%

Note: 38 clients completed the six-month interviews as of September 2015. Clients’ self-reported data referenced to the previous 30 days.

<sup>2</sup> GPRA 6-month follow-up rate was 70%, lower than the target rate of 80% during the reporting period.

## Healthcare Utilization and Cost

For the current reporting period, the estimated public healthcare cost per client per month was reduced by \$4,590 (from \$10,570 at intake to \$5,980 at six-month interview), a 43% reduction. After accounting for the cost of the average monthly housing rental (\$1,100) as well as the cost of the average monthly supportive services (\$1,120), the net savings per client per month is estimated at \$2,370.

As shown in Table 22, changes in the utilization of healthcare services resulted in an overall decrease in the amount of public resources spent on a variety of healthcare services including: ER visits, inpatient care, and outpatient visits. Please refer to Appendix 3 for details of the estimation methods.

**Table 22 Changes in Healthcare Utilization among Hawai'i Pathways Clients in the State's Housing First Program**

Type of Service	30-Day Usage			Estimated Cost			Estimated Cost Savings
	Baseline	6-month	Change	Baseline	6-month	Change	
<b>ER visit, time</b>	11	5	-55%	\$13,563	\$6,165	-55%	\$7,398
<b>Inpatient care, nights</b>	60	37	-38%	\$115,140	\$71,003	-38%	\$44,137
<b>Outpatient visit, times</b>	150	63	-58%	\$29,850	\$12,537	-58%	\$17,313
<b>Total</b>	221	105	-52%	\$158,553	\$89,705	-43%	\$68,848
<b>Average per client</b>	14.7	7.0	-52%	\$10,570	\$5,980	-43%	\$4,590

Note: The analysis includes all 15 Hawai'i Pathways Project's clients who utilize the State's Housing First voucher and have completed both the baseline and six-month interviews as of September 30, 2015. Future analysis will include housed clients who utilized other sources of vouchers.

## Challenges and Next Steps

Data from the first 14 months of program implementation showed positive outcomes for clients enrolled in the Hawai'i Pathways Project. However, programmatically, HPP has been struggling to reach enrollment goal, to find housing for clients, and to address system issues. Some challenges and next steps are discussed below.

### Late Start

With the delays experienced by the state's Alcohol and Drug Abuse Division (ADAD) in establishing the program and executing the service contracts, the Hawai'i Pathways Project (HPP) did not start until August 2014—10 months after the grant period began. To make up the time lost, HPP accepted a large number of referrals (103) and focused its efforts in meeting the enrollment goal of 55 clients by the end of 2014. While HPP was successful in meeting the goal within the first five months after its inauguration, there was pressure placed on the service team to provide adequate services to the large influx of new clients.

### Tight Housing Market

The tight housing market on O'ahu created a barrier in placing clients into permanent housing. Although the housing vouchers from the state, city, and HUD were readily available to HPP clients, it was often difficult to find landlords willing to rent their apartments to this population. For the current reporting period, only half of the enrolled clients have been placed into permanent housing. Additionally, only 29% of clients who are currently housed were housed within the six-week timeframe, a benchmark of the Pathways Housing First Model. Five clients who were admitted into HPP left before being housed partly due to the wait-time associated with housing placement. While there is no easy solution to the housing market situation, two important steps for HPP would be to increase outreach to landlords and address housing policies.

### Staffing Vacancies

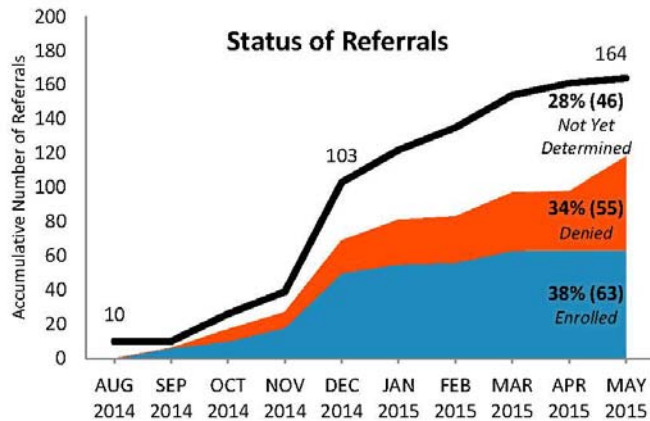
During the current reporting period, about half of the service team positions (15.5 FTE) were not filled. Vacancies included 3.5 of 4.0 full-time equivalent (FTE) for peer navigator positions, 2.0 of 5.5 FTE for case manager positions, 1.0 of 1.0 FTE for family specialist position, and 0.5 of 1.5 FTE for housing specialist positions. Lack of qualified applicants and a competitive job market were two major barriers. The Assertive Community Treatment (ACT) team is required to have a low staff to client ratio of 1:10; as a consequence, the overall HPP enrollment fell short of the target number, at 79%, as of September 30, 2015. Concerted efforts to recruit qualified service team members are underway.

### Coordination for System Change

One of Hawai'i Pathways Project's long-term goals is to develop a Statewide Plan with streamlined policies and procedures that would improve services for chronically homeless individuals with mental and substance use disorders. The project has been part of a larger coordinated effort that is being led by the Hawai'i Interagency Council on Homelessness (HICH) to address system-level barriers. However, the project coordinator position has been vacated since June 2015, which could affect the project's momentum toward achieving this goal. The ADAD has been actively recruiting for a replacement and expects to increase the project's efforts in addressing system issues once the position is filled again.

# HAWAI'I PATHWAYS PROJECT PROGRESS HIGHLIGHTS AUG 2014-MAY 2015

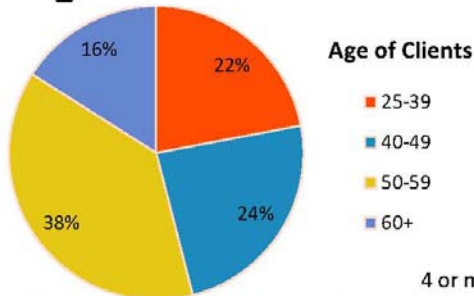
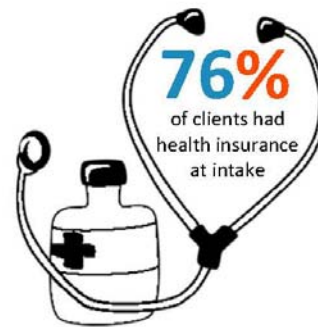
Diagnosis	Percent of Clients
Substance abuse only	35%
Co-occurring substance abuse and mental disorders	65%
Substance abuse	100%
Mental illness	41%
Severe mental illness	37%
<b>Most Common Diagnosis</b>	
Posttraumatic stress disorder	35%
Other and unspecified alcohol dependence, unspecified	33%
Amphetamine and other psychostimulant dependence	22%
Amphetamine or related acting sympathomimetic abuse	21%
Opioid type dependence	17%
Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior	16%



Referral Source	Percent of Referrals
Hale 'O Malama Coordinated Intake System	59%
Substance abuse treatment providers	17%
Hospitals	13%
Community mental health providers	6%
Other	5%

**EDUCATION LEVEL**  
Percent of Clients

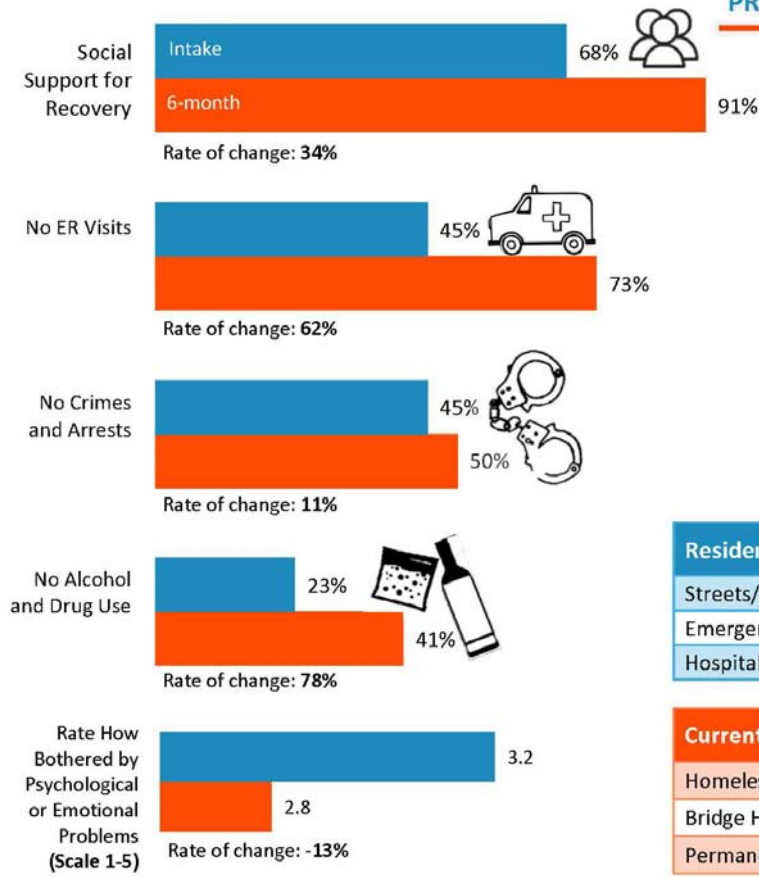
- Bachelor's Degree or Higher: **8%**
- Some College or Vocational/Technical Training: **32%**
- 12<sup>th</sup> Grade, H.S. Diploma or Equivalent: **37%**
- 11<sup>th</sup> Grade or Lower: **23%**



VI-SPDAT Score	Percent of Clients
10	27%
11-12	14%
13-14	30%
15-16	29%



**CLIENT OUTCOME RATES BETWEEN INTAKE AND 6-MONTH\***



\* 22 clients completed the 6-month interview as of May 2015. Completion rate was 100%. Clients' self-reported data referenced to the previous 30 days.

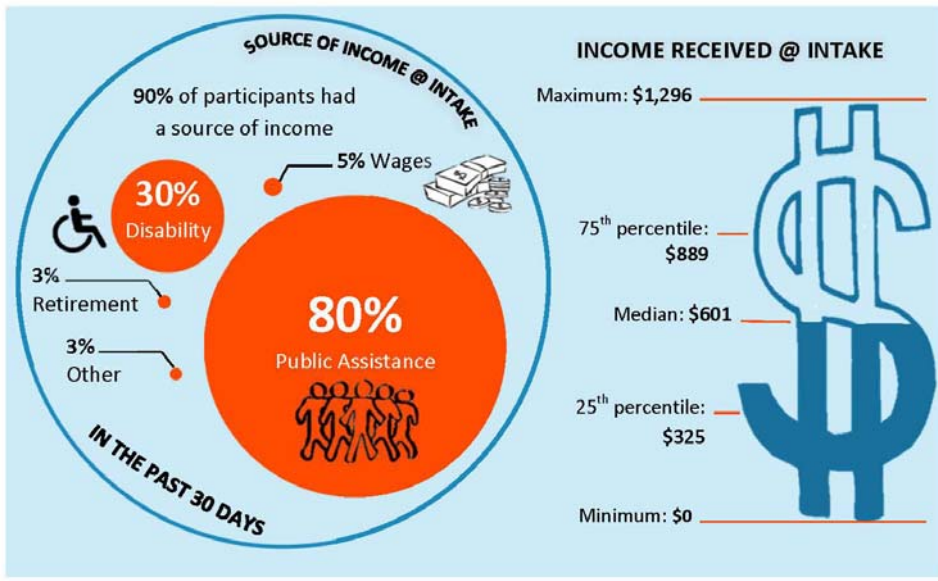
**HAWAI'I PATHWAYS PROJECT**  
**PROGRESS HIGHLIGHTS** AUG 2014-MAY 2015

ID, Other Document, and Public Program Applications	Number of Clients
Applied for one or more IDs/Programs	25
Received for one or more IDs/Programs	18
Birth Certificate	4
State ID	5
Social Security Card	3
Disability Bus Pass	6
General Assistance	2
SNAP	6
Medicaid	3

Residence Prior to Intake	Number of Clients	Percent
Streets/Outdoors	45	71%
Emergency Shelter, Safe Haven	10	16%
Hospital, Residential Treatment	8	13%

Current Housing Status	Number of Clients	Percent
Homeless	39	62%
Bridge Housing	5	8%
Permanent Housing **	19	30%

\*\* 100% housing retention rate as of May 2015.



Average number of days it took from program intake to clients' move into independent rental apartments or units located across O'ahu. The range is from 8 to 160 days.

Hawai'i Pathways Project Evaluation, Center on the Family, University of Hawai'i. June 9, 2015. Rev. June 11, 2015.

# HAWAI'I PATHWAYS PROJECT PROGRESS HIGHLIGHTS AUG 2014-SEP 2015

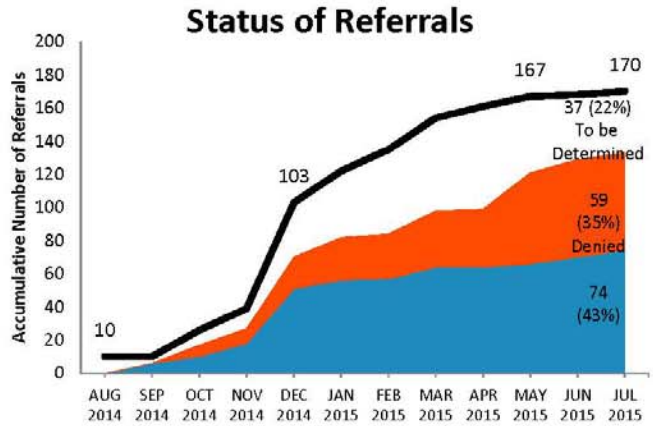
Diagnosis	Percent of Clients
Substance abuse only	32%
Co-occurring substance abuse and mental disorders	68%
<b>Co-occurring</b>	
Mental illness	30%
Severe mental illness	38%
<b>Most Common Diagnosis</b>	
Other and unspecified alcohol dependence, unspecified	39%
Posttraumatic stress disorder	35%
Amphetamine and other psychostimulant dependence	22%
Amphetamine or related acting sympathomimetic abuse	18%
Opioid type dependence	17%
Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior	15%

## CREATIVE THERAPY

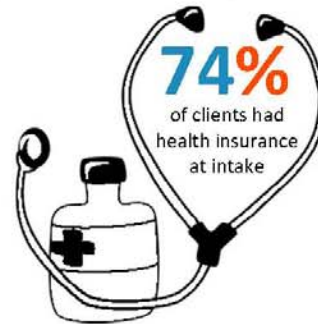


DRAWINGS IS A BIG LUXURY...TRYING TO FEEL MORE HUMAN

"I tried to get back into some drawing. I couldn't do that when I was on the street because things would always get lost or wet or stolen. I wasn't feeling very creative. ...It's kind of a therapy. I'm trying to get more into trying to feel more human. Living on the street, it's like you don't... it's like an animal."



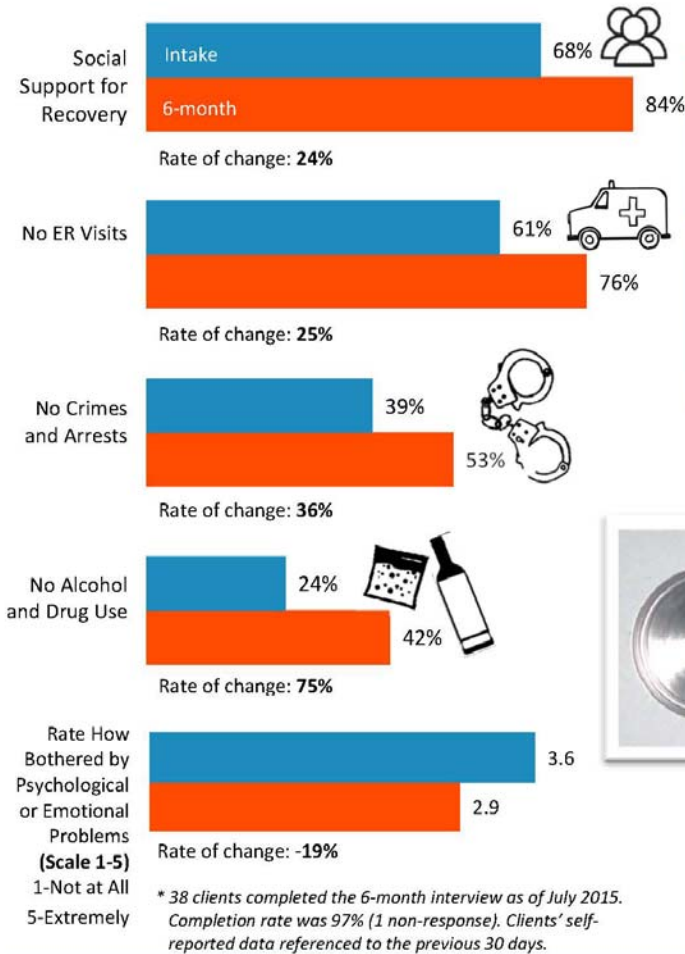
Referral Source	Percent of Referrals
Hale 'O Malama Coordinated Intake System	59%
Substance abuse treatment providers	17%
Hospitals	13%
Community mental health providers	6%
Other	5%



VI-SPDAT Score	Percent of Clients
10	26%
11-12	13%
13-14	33%
15-16	28%



**CLIENT OUTCOME RATES BETWEEN INTAKE AND 6-MONTH\***



**HAWAI'I PATHWAYS PROJECT**

**PROGRESS HIGHLIGHTS** AUG 2014-SEP 2015

Residence Prior to Intake	# of Clients*	%
Streets/Outdoors	52	72%
Emergency Shelter, Safe Haven	11	15%
Hospital, Residential Treatment	9	13%

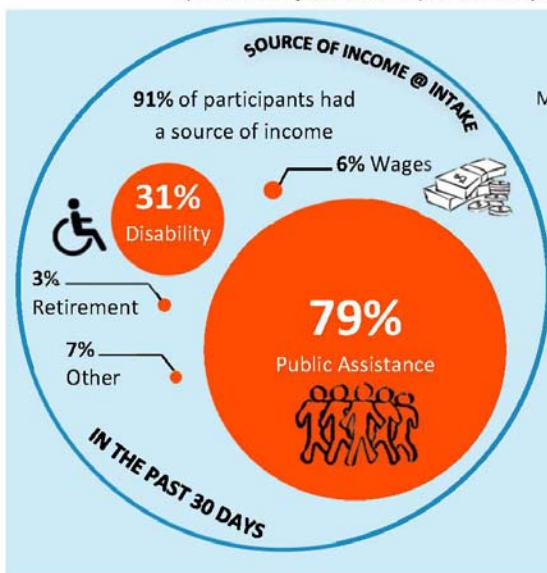
Current Housing Status	# of Clients*	%
Homeless	47	65%
Bridge Housing	2	3%
Permanent Housing	23	32%

\* Based on available data from 72 of 74 enrolled clients. Note: 85% housing retention rate. Four clients lost housing and their average length of stay in permanent housing was 8.5 months.

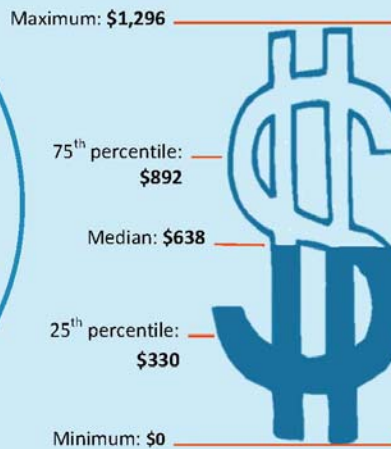


**CLOSED DOORS**

"It symbolizes how doors can be closed. There's a lot of closed doors in our society, but through this program that I'm in I found that through all my struggles and all my years being on the street that not all doors are closed."



**INCOME RECEIVED @ INTAKE**



Median days it took from program intake to clients' move into independent rental apartments or units located across O'ahu. The range is from 8 to 301 days.

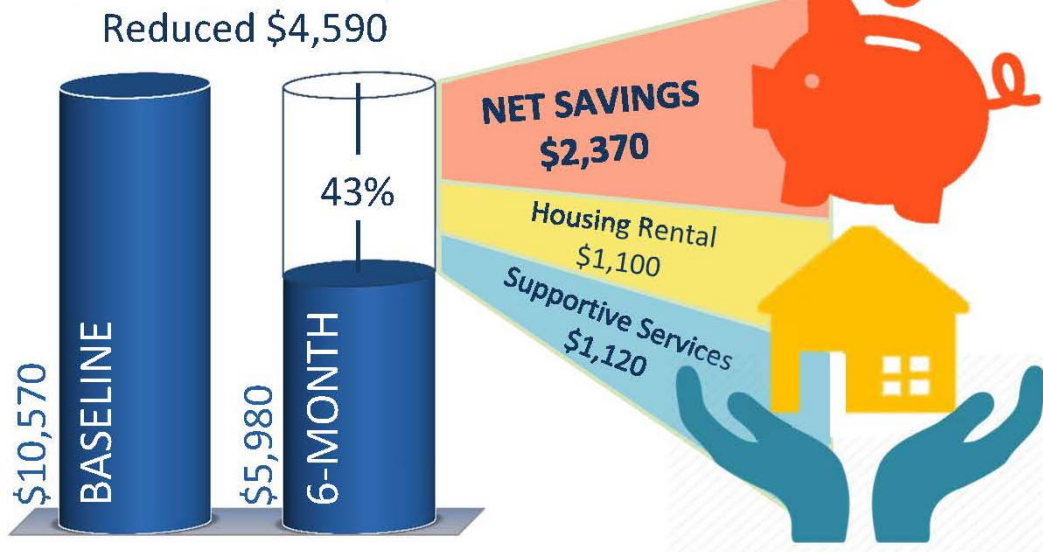
Hawai'i Pathways Project Evaluation, Center on the Family, University of Hawai'i. Oct 19, 2015.



## Appendix 3

# Estimated Healthcare Cost Reduction among Hawai'i Pathways Clients in the State's Housing First Program

Estimated Healthcare Cost per Client per Month



Data Source: Hawai'i Pathways Project, Baseline and 6-Month Interviews, 9/2014 – 9/2015.

After obtaining stable housing, the estimated healthcare cost for Hawai'i Pathways clients served through the State's Housing First Program<sup>1</sup> dropped from an average of \$10,570 per client per month to \$5,980. This represents a 43% decrease over a six-month period. The estimated cost savings from reduced healthcare utilization by stably housed clients was \$4,590 per month.

The cost of housing rental subsidies for each client is about \$1,100 per month<sup>2</sup> and the cost of providing supportive services<sup>3</sup> is estimated to be \$1,120 per month, resulting in a total estimated cost of \$2,220 per month per client. The net saving after accounting for these expenses is estimated to be \$2,370 per client per month.

Hawai'i Pathways Project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a grant awarded to the State's Department of Health Alcohol and Drug Abuse Division (DOH-ADAD) to serve chronically homelessness individuals who are diagnosed with substance abuse and/or mental disorders. Pathways provides wrap-around services to support clients in achieving housing stability and better recovery outcomes. It is modeled after *Pathways to Housing*, an evidence-based program that is proven to be both effective in ending chronic homelessness and effective in reducing the cost of serving this population. Housing for Pathways clients is provided by three major housing programs funded by the State, the City, and the U.S. Department of Housing and Urban Development.

Results of this preliminary analysis should be interpreted with caution as they are based on clients' self-report data and may be different from the actual service utilization. Cost estimation is based on the average cost for specific type of health services from the latest published studies and may not represent typical healthcare cost for the chronically homeless population.

### Changes in Healthcare Utilization among Hawai'i Pathways Clients in the State's Housing First Program

Type of Service	30-Day Usage of All Clients <sup>4</sup> (n=15)			Estimated Cost <sup>5</sup>			Estimated Cost Savings
	Baseline	6-month	Change	Baseline	6-month	Change	
ER visit, times	11	5	-55%	\$13,563	\$6,165	-55%	\$7,398
Inpatient care, nights	60	37	-38%	\$115,140	\$71,003	-38%	\$44,137
Outpatient visit, times	150	63	-58%	\$29,850	\$12,537	-58%	\$17,313
<b>Total</b>	<b>221</b>	<b>105</b>	<b>-52%</b>	<b>\$158,553</b>	<b>\$89,705</b>	<b>-43%</b>	<b>\$68,848</b>
<b>Average Per Client</b>	<b>14.7</b>	<b>7.0</b>	<b>-52%</b>	<b>\$10,570</b>	<b>\$5,980</b>	<b>-43%</b>	<b>\$4,590</b>

Data Source: Hawai'i Pathways Project, Baseline and 6-Month Interviews, 9/2014 – 9/2015.

#### Notes

<sup>1</sup> The analysis includes all fifteen (15) Hawai'i Pathways Project's clients who utilize the State's Housing First voucher and have completed both the baseline and 6-month interviews as of September 30, 2015. The project has housed 20 clients via the State's Housing First program but five of them have not yet reached 6-month interview time point. An additional 18 clients have been housed through House First approaches but have utilized the City's Housing First vouchers (10) or HUD's Permanent Supportive Housing vouchers (8) rather than State Housing First vouchers.

<sup>2</sup> According to the Department of Human Services' report to the State Legislature, the housing costs have averaged about \$1,100 per month for each client served by the State's Housing First Program.

<sup>3</sup> DOH-ADAD was awarded 3.1 million from SAMHSA to implement the Hawai'i Pathways Project to serve a total of 155 clients over a 3-year period. Assuming that the average length of service is 18 months, the estimated cost is calculated to be about \$1,120. The actual cost should be lower if the non-service components of the grant can be excluded.

<sup>4</sup> Data is based on clients' self-report healthcare utilization in the 30 days prior to the interviews at program admission (baseline) and 6 months afterwards.

<sup>5</sup> The estimated costs are calculated by multiplying the total usage with the average cost for each type of service:

- ER visit: Median ER charge was \$1,233 for the ten most frequent outpatient diagnoses based on a national study utilizing the 2006-2008 Medical Expenditure Panel Survey (MEPS) data (Caldwell, Srebotnjak, Wang, & Hsia, 2013).
- Inpatient care: Hospital adjusted expenses per patient day for Hawai'i was \$1,919 based on 2013 AHA Annual Survey of the American Hospital Association (The Henry J. Kaiser Family Foundation State Health Facts, 2015).
- Outpatient visit: A physician office visit averaged \$199 in the U.S. in 2008 based on the Medical Expenditure Panel Survey (MEPS) data (AHRQ News and Numbers, 2011).

#### References

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- Caldwell, N., Srebotnjak, T., Wang, T., & Hsia, R. (2013). "How Much Will I get Charged for This?" Patient Charges for Top Ten Diagnoses in the Emergency Department. PLoS ONE 8(2): e55491.
- Hawai'i State Department of Human Services. (2014). Report on the Housing First Program Pursuant to Section 346-378 Hawai'i Revised Statutes, December 2014, Benefit, Employment, and Support Services Division. Retrieved from <http://humanservices.hawaii.gov/wp-content/uploads/2015/01/HRS-346-378-housing-first.pdf>
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