**Supportive Housing – *Updated 6/16/2025***

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| Recovery #1: Increase availability of supportive housing for people with behavioral health conditions. |

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| **ACTION ITEMS AND OBJECTIVES** |
| 1. **Determine the housing and documentation resources provided for individuals exiting the state hospitals**
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| Produce state hospital data report to identify how housing needs impact cyclical hospital admission and if housing status causes a difference in experience/outcomes for individuals served through the State system.  |
| Increase collaboration among agencies and service providers/funders, alongside the state hospital system, to address barriers to housing.  |
| Identify and secure funding for new program(s) to increase affordable supportive housing options for individuals exiting the state hospital system.  |
| 1. **Permanent, affordable, and quality supportive housing options for justice-involved individuals**
 |
| Facilitate cross-agency data sharing to identify and prioritize individuals with the most significant housing needs for resources.  |
| Increase collaboration among agencies and service providers/funders, alongside the local carceral system, to address barriers to housing.  |
| Identify and secure funding for new program(s) to increase affordable supportive housing options for justice involved individuals.  |
| Increase options for high functioning mental health clients (Increased daily rate for Medicaid for issues with behavioral health issues.  |
| 1. **Conduct targeted education to further increase affordable housing options for individuals with significant behavioral health needs**
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| Educate state lawmakers and administrators on the costs associated with insufficient supportive housing resources.  |
| Educate housing providers on how supportive housing programs benefit their business operations. |

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| **ACTION ITEM #1** |
| **Determine the housing and documentation resources provided for individuals exiting the state hospitals.** |
| **FULL DESCRIPTION** |
| State Hospitals, local police departments, service providers, continuum of care agencies, and other partners have expressed a gap in supportive housing options for individuals exiting State Hospital care. Determining the housing and documentation resources provided for individuals exiting state hospitals (through the following target objectives below) will effectively contribute to the workgroup’s overall goal to *“Increase availability of supportive housing for people with behavioral health conditions”*. |
| **TARGET OBJECTIVES** |
| **1.** | Produce state hospital data report to identify how housing needs impact cyclical hospital admission and if housing status causes a difference in experience/outcomes for individuals served through the State system.  |
| **2.** | Increase collaboration among agencies and service providers/funders, alongside the state hospital system, to address barriers to housing.  |
| **3.** | Identify and secure funding for new program(s) to increase affordable supportive housing options for individuals exiting the state hospital system.  |

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| **SMART GOALS TO ACCOMPLISH ACTION ITEM #1 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET DATE FOR COMPLETION** | **RESPONSIBLE PARTY** |
| #1 | 1. Complete one-time data analysis report to quantify the scope of the issue and isolate key identifiers for individuals that should be prioritized for resources.
 | Define data pull from Idaho State Hospitals. Produce final report that outlines:* Census of hospital admissions for people experiencing homelessness, including how housing status is identified in the system and where they are coming from (referrals or hold partners)
* Difference in experience for individuals experience homelessness compared to housed counterparts (length of stay, % of return, time from exit to return for readmission, average cost of care, etc.)
* Where the State Hospital discharges individuals experiencing homelessness (jails, RALFs/HART Homes, private residence, shelters, etc.) and how follow-up care is conducted including any support service connections (Access, ACT)

Key identifiers of folks within state hospitals as highest probability of entering homelessness upon exit from system and/or return; and share report with IBHC and system leadership teams.  | 10/1/2025 | Idaho State Hospital, Magellan |
| #2 | 1. Cross-sector teams identify barriers to housing resources during hospital stay and shortly after.
 | Secure commitment from agency and service provider/funder leadership teams to participate in process. Host meeting(s) to flush out barriers or housing gaps by service area (housing, mental health, physical health, income/employment, education, etc.) with a focus on those that impact housing outcomes.  | 10/1/2025 | State Hospitals, Magellan |
| #2 | 1. Develop procedural and policy change recommendations to increase service access that will improve system flow between state hospitals.
 | Use barriers, gather additional feedback from teams and people with lived experience to develop a series of recommendations to improve system flow and housing outcomes.*Example: Standard operating procedures for hospital discharges that connect individuals with Section 811 vouchers and services to support housing navigation and stability.* Present recommendations to teams with decision making power, either within agencies or power to introduce/approve policy changes. *Example: Change Boise City/Ada County Section 811 vouchers admin plan to make available for individuals exiting state hospitals.*  | 10/1/2026 | State Hospitals, Magellan |
| #2 | 1. Utilize regular collaborative meeting, (quarterly meeting with hospital, housing, and service partners) to monitor system barriers and continuously identify areas for improvement.
 | Identify a collaborative meeting space for each hospital service area/service demographic that can be leveraged to source continuous information about barriers and identify new opportunities, assign one person to attend and gather system improvement throughlines. *How/where will this person report system improvement throughlines? IBHC Supportive Housing Subcommittee?**Utilize already established case conferencing or coalitions.* | 10/1/2027 | State Hospitals, Magellan |
| #3 | Complete nationwide scan to develop case-study of supportive housing programs that improve housing outcomes for individuals with significant mental and behavioral health issues.  | Scan national supportive housing programs for individuals coming from state hospitals/involuntary holds that are experiencing homelessness upon either entry or exit – including how they are funded, where they are implemented, who they target for services, and what outcomes they produce (cost-containment. Combine options that have some level of applicability to Idaho, either based on where they operate or the players at the table, into a single case study that has notes about what implementation in Idaho could look like. *Example: To unlock Boise City/Ada County Section 811 vouchers admin plan change, State funds support services to match individuals accessing vouchers upon exit state hospitals to support long-term housing stability.* | 11/1/2025 | State Hospitals, Magellan |
| #3 | 1. Advance evidence-based supportive housing models to the IBHC for input and selection.
 | Present case-study to IBHC to get initial feedback on programs, including the identification of which are most viable for support and success in Idaho. Use feedback to refine a final, limited set of program options to take back to agency leaders for consideration.  | 7/1/2026 | State Hospitals, Magellan |
| #3 | 1. Request budget for new supportive housing program(s) by Fiscal Year 2027/2028.
 | Support agency leaders to develop proposals, including new budget requests, to fund new supportive housing programs for individuals with significant mental and behavioral health issues.  | 7/01/2027 | Idaho Department of Correction |

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| **TEAM LEAD** |
| Dustin Lapray | Idaho Department of Health and Welfare, Division of Behavioral Health |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #1** |
| Casey Matoon | City of Boise |
| Jordan Downey | Idaho Housing and Finance Association |
| Donna Brundage | St. Vincent de Paul North Idaho |
| Jamie Simpson | Idaho Housing and Finance Association |
| Dea Hibdon | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Jessica Witten | Idaho Department of Health and Welfare, Division of Behavioral Health |
| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #1** |
| State Hospital South, State Hospital North, State Hospital West, Idaho Housing and Finance Association, City of Boise, St. Vincent de Paul, Idaho Department of Correction, Idaho Department of Juvenile Corrections |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #1** |
| Lack of data, privacy, youth involved, multi-system involved, funding |

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| **ACTION ITEM #2** |
| **Permanent, affordable, and quality supportive housing options for justice-involved individuals** |
| **FULL DESCRIPTION** |
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| **TARGET OBJECTIVES** |
| **1.** | Facilitate cross-agency data sharing to identify and prioritize individuals with the most significant housing needs for resources.  |
| **2.** | Increase collaboration among agencies and service providers/funders, alongside the local carceral system, to address barriers to housing.  |
| **3.** | Identify and secure funding for new program(s) to increase affordable supportive housing options for justice involved individuals. |

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| **SMART GOALS TO ACCOMPLISH ACTION ITEM #2 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET DATE FOR COMPLETION** | **RESPONSIBLE PARTY** |
| #1 | 1. Complete one-time, cross-agency data analysis report to quantify the scope of the issue and isolate key identifiers for individuals that should be prioritized for resources.
 | Define data pull from carceral and homeless system data. Finalize Data Use Agreement (DUA) between IHFA, ICA, IDOC.Produce final report that outlines:* scope of the problem, including system costs (BSU); and
* key identifiers of folks within IDOC as highest probability of entering homelessness (IDOC); and
* key identifiers of folks within CoC as highest probability of entering the carceral system (HIC/OPH).

Share report with IBHC and system leadership teams.  | October 1, 2025 | Idaho Housing & Finance Association |
| #1 | 1. Build and implement ongoing ability for identifying and prioritizing individuals for resources to prevent system entry/cycling.
 | IDOC to implement key identifiers into assessment process and prioritize individuals with highest probability of entering the homeless system for existing and newly created funding/ affordable supportive housing programs (IDOC).CoC to implement key identifiers into assessment process and prioritize individuals with highest probability of entering the carceral system for existing and newly created case management/ affordable housing navigation/ supportive housing programs (HIC/OPH). | October 1, 2026 | Idaho Department of CorrectionHousing Idaho CollaborativeOur Path Home |
| #2 | 1. Cross-sector teams identify barriers to services during incarceration and shortly after, including at transition centers.
 | Secure commitment from agency and service provider/funder leadership teams to participate in process. Host meeting(s) to flush out barriers by service area (mental health, physical health, income/employment, education, etc.) with a focus on those that impact housing outcomes.  | October 1, 2025 | Idaho Department of Correction |
| #2 | 1. Develop procedural and policy change recommendations to increase service access that will improve system flow between prison/jail/CoC.
 | Use barriers, gather additional feedback from teams and people with lived experience to develop a series of recommendations to improve system flow and housing outcomes.Present recommendations to teams with decision making power, either within agencies or power to introduce/approve policy changes.  | October 1, 2026 | Idaho Department of Correction |
| #2 | 1. Utilize regular collaborative meeting, (example is monthly staffing model in District 4) to monitor system barriers and continuously identify areas for improvement.
 | Identify a collaborative meeting space for each region that can be leveraged to source continuous information about barriers and identify new opportunities, assign one person to attend and gather system improvement throughlines. *How/where will this person report system improvement throughlines? IBHC Supportive Housing Subcommittee?**Utilize already established case conferencing or coalitions.* | October 1, 2027? | Idaho Department of Correction |
| #3 | 1. Complete nationwide scan to develop case-study of supportive housing programs that improve housing outcomes for justice involved individuals.
 | Scan national supportive housing programs for justice involved individuals – including how they are funded, where they are implemented, who they target for services, and what outcomes they produce (cost-containment. Combine options that have some level of applicability to Idaho, either based on where they operate or the players at the table, into a single case study that has notes about what implementation in Idaho could look like.   | November 1, 2025 | Idaho Department of Correction |
| #3 | 1. Advance evidence-based supportive housing models to the IBHC for input and selection.
 | Present case-study to IBHC to get initial feedback on programs, including the identification of which are most viable for support and success in Idaho. Use feedback to refine a final, limited set of program options to take back to agency leaders for consideration.  | July 1, 2026 | Idaho Department of Correction |
| #3 | 1. Request budget for new supportive housing program(s) by Fiscal Year 2027/2028.
 | Support agency leaders to develop proposals, including new budget requests, to fund new supportive housing programs for justice involved individuals.  | July 1, 2027 | Idaho Department of Correction |

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| **TEAM LEAD** |
| Daina Drake | Idaho Department of Correction |
| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #2** |
| Magellan |  |
| Senator Rabe |  |
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| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #2** |
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| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #2** |
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| **ACTION ITEM #3** |
| **Conduct targeted education to further increase affordable housing options for individuals with significant behavioral health needs.** |
| **FULL DESCRIPTION** |
| This Action Team will be responsible for identifying the appropriate channels for providing education, based on the data collected from Action Items #1 and #2. |
| **TARGET OBJECTIVES** |
| **1.** | Educate state lawmakers and administrators on the costs associated with insufficient supportive housing resources.  |
| **2.** | Educate housing providers on how supportive housing programs benefit their business operations. |

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| **SMART GOALS TO ACCOMPLISH ACTION ITEM #3 OBJECTIVES** |
| **OBJECTIVE** | **SPECIFIC OUTCOME** | **METRIC FOR ACCOMPLISHMENT** | **TARGET DATE FOR COMPLETION** | **RESPONSIBLE PARTY** |
| #1 |  |  |  |  |
| #2 | Develop education materials to take out to housing providers about justice involved individuals and housing outcomes.  | TBD in Supportive Housing Committee meeting  |  |  |
| #2 | Educate housing providers about the positive impact of housing justice involved people.  | TBD in Supportive Housing Committee meeting |  |  |
| #2 | Educate tenants and property management companies regarding benefits of accepting housing vouchers. |  |  |  |
| #2 | Educate property managers on the importance of housing for folks with a SPMI or other significant behavioral health need. |  |  |  |

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| **ACTION ITEM #3 TEAM LEAD** |
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| **OTHER KEY IMPLEMENTATION STAFF FOR ACTION ITEM #3** |
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| **CONSULTING STAKEHOLDERS FOR ACTION ITEM #3** |
| Idaho Housing and Finance Association, State Hospitals, Idaho Department of Correction, Current HART Homes, assisted living programs, Idaho Department of Health and Welfare |
| **RESOURCES, RISKS, AND ADDITIONAL INFORMATION FOR ACTION ITEM #3** |
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