

The Impact of Forensic Housing and Recovery Through Peer Services (FHARPS) on Homelessness and Housing Support Access – An Outcome Evaluation

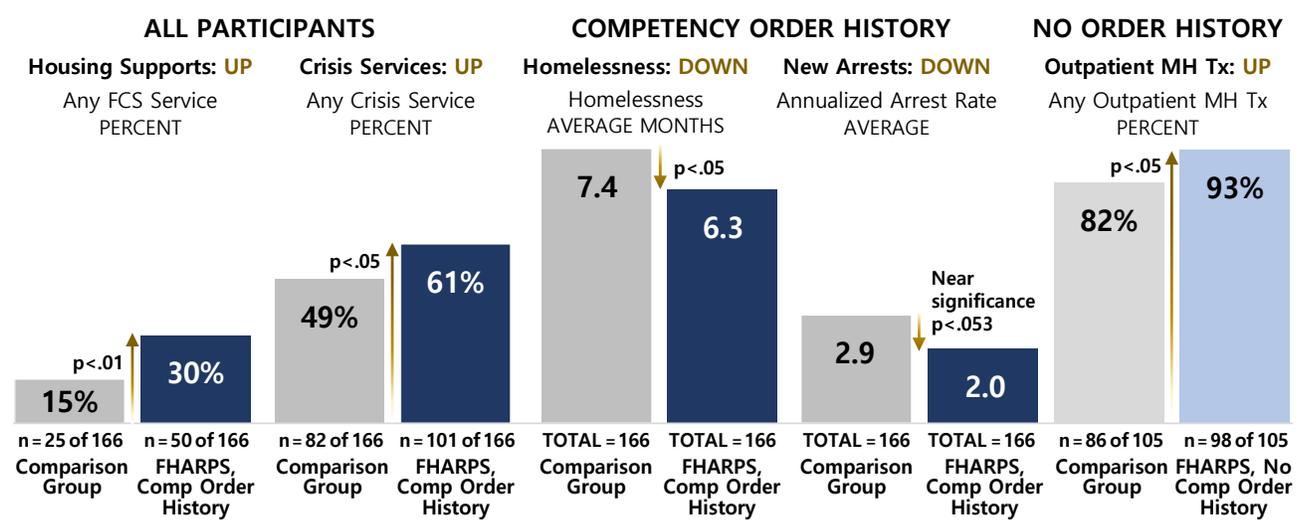
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Prepared for the Health Care Authority and Office of Forensic Mental Health Services.

FORENSIC HOUSING AND RECOVERY THROUGH PEER SERVICES (FHARPS) programs provide tailored housing supports and connections to housing resources for people who are homeless or unstably housed with current or previous (or at risk of) involvement in Washington state’s forensic mental health system. This study evaluates FHARPS programs serving three regions: 1) Pierce (Pierce County); 2) Southwest (Clark, Klickitat, and Skamania Counties); and 3) Spokane (Spokane, Ferry, Pend Oreille, Lincoln, Stevens, and Adams Counties). To assess the impact of FHARPS on homelessness and other key measures (e.g., housing support access), we compared outcomes over a 12-month period for two groups of Medicaid-enrolled FHARPS program participants, those with and those without a competency order history 2 years prior to FHARPS enrollment, to statistically matched comparison groups of similar people not enrolled in FHARPS.

Key Findings

Overall, significantly higher percentages of both groups of FHARPS program participants utilized housing supports and crisis services relative to the comparison groups. FHARPS participants with a competency order history had one month less of indicated homelessness and lower annualized re-arrest rates; significantly higher percentages of those with no competency order history accessed outpatient mental health treatment. There was no statistically significant difference between FHARPS participants and comparison groups for the following measures: competency orders, inpatient mental health treatment, and inpatient and outpatient substance use disorder treatment.



DECEMBER 2024

DSHS Research and Data Analysis Division
Olympia, Washington • RDA REPORT 11.274

FHARPS Programs

The FHARPS programs contracted with the Health Care Authority (HCA) began in March 2020 as part of the Contempt Settlement Agreement associated with Trueblood v. Washington State DSHS. The Trueblood lawsuit challenged the unconstitutional delays for competency services for people waiting in jail. As a result, the Department of Social and Health Services (DSHS) was ordered to provide competency services within a specific time frame in 2015¹, and in 2018, the Contempt Settlement Agreement was signed by the court. FHARPS programs, along with other programs developed as part of the agreement, were implemented in phases across Washington state to reduce involvement with the criminal legal and competency service systems.

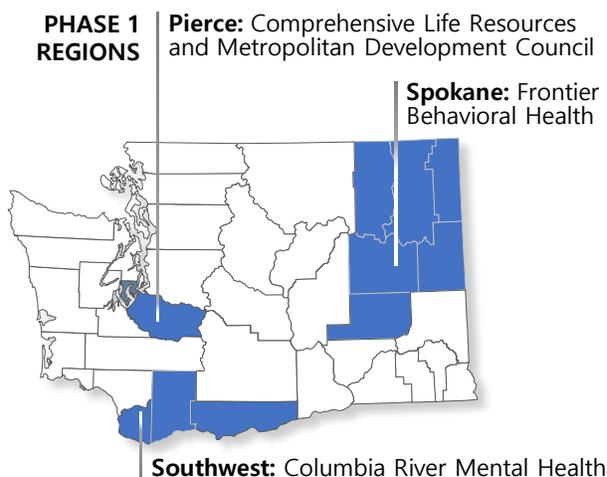
The current study focused on FHARPS programs in Phase 1 regions: 1) Pierce – Comprehensive Life Resources and Metropolitan Development Council, 2) Southwest – Columbia River Mental Health, and 3) Spokane – Frontier Behavioral Health. FHARPS programs target individuals who have had or could have a question of competency to stand trial raised and are at risk for re-arrest or re-institutionalization.

The primary goal of FHARPS was to provide services to current, former, and potential Trueblood class members to overcome barriers to stable housing and to obtain and maintain housing. An additional anticipated effect is that people with forensic involvement experiencing behavioral health challenges who receive supportive housing services may be less likely to reenter the forensic mental health system.

Study Design

The study population included individuals enrolled in FHARPS between March 2020 and December 2021 (n=525) who were Medicaid-enrolled for at least one month in the 12 months both pre- and post-FHARPS program enrollment (434 of 525). Of the 434 Medicaid-enrolled individuals, 163 FHARPS enrollees were excluded due to the following: 1) not meeting measurable eligibility criteria² (n=126), 2) overlapping Trueblood program services³, 3) missing data (n=19), or 4) not having a matched comparison case (n=18). After applying these restrictions, our study population included 271 Medicaid-enrolled individuals with an FHARPS enrollment from March 2020 to December 2021 who met measurable eligibility criteria (i.e., a competency order or a crisis service within the previous two years; Figure 1). Due to differences in participant competency order histories, we divided the 271 FHARPS study participants into two groups: 1) those with at least one competency order in the two years prior to FHARPS enrollment (n=166; 61 percent) and 2) those with no history of competency orders in the two years prior to FHARPS (n=105; 39 percent) who had received crisis services⁴ in those

FHARPS Locations



¹ In-jail competency evaluations need to be completed either within 14 days of order receipt or 21 days of order signature. Inpatient competency services and outpatient competency restoration need to be provided within 7 days of order receipt or 14 days of order signature.

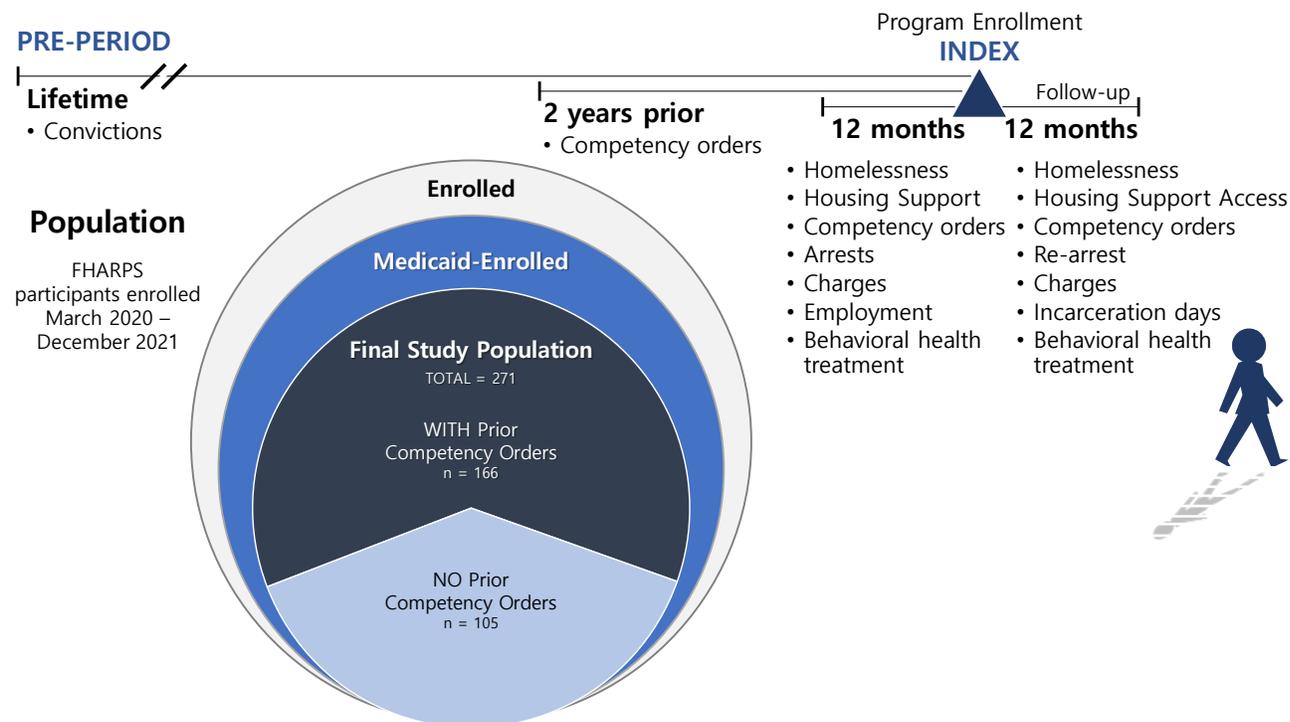
² Measurable [FHARPS eligibility criteria](#) include a competency order or a crisis service in the two years prior to FHARPS enrollment.

³ Individuals enrolled in the Forensic Projects for Assistance in Transition from Homelessness (FPATH) program for more than 60 days prior to their FHARPS enrollment were excluded to increase the likelihood that outcomes were associated with the FHARPS program.

⁴ Crisis services include hotline, therapy, and intervention services not funded by a state mental health agency.

two years (see Appendix Table 1). The study used an intent-to-treat approach, meaning that all participants enrolled in FHARPS meeting the criteria specified above were included regardless of whether they received any services and/or were discharged from FHARPS during the 12-month follow-up period.

FIGURE 1.
Study Timeline and Population



Study Population Program Characteristics

Among FHARPS study participants, 74 percent (n=201) were referred by Trueblood partner programs; the competency order history group had 46 percent (n=76) and 20 percent (n=33) of their referrals from Forensic Projects for Assistance in Transition from Homelessness (FPATH)⁵ and Forensic Navigators⁶, respectively. Most of the no competency order history group were referred by crisis stabilization centers (n=63; 60 percent).

Of the 271 FHARPS participants, 24 percent (n=64) were still enrolled in FHARPS at the end of the 12-month follow-up period. Among the 76 percent (n=207) discharged by the end of the follow-up period, 38 percent (n=78) were discharged due to loss of contact. The average length of stay for those discharged from FHARPS during the follow-up period (i.e., not including those still enrolled in FHARPS) was about 163 days. Per the intent-to-treat study design, both discharged and active individuals were included in our analyses.

⁵ Led by the Washington State Health Care Authority (HCA), the Forensic PATH program offers enhanced engagement and connection to services for individuals identified as most at risk of being referred for a competency evaluation within the next six months.

⁶ The Forensic Navigator Program is administered by the Behavioral Health Administration and is designed to support individuals navigating the state's community-based competency evaluation services and outpatient restoration programs.

Demographics

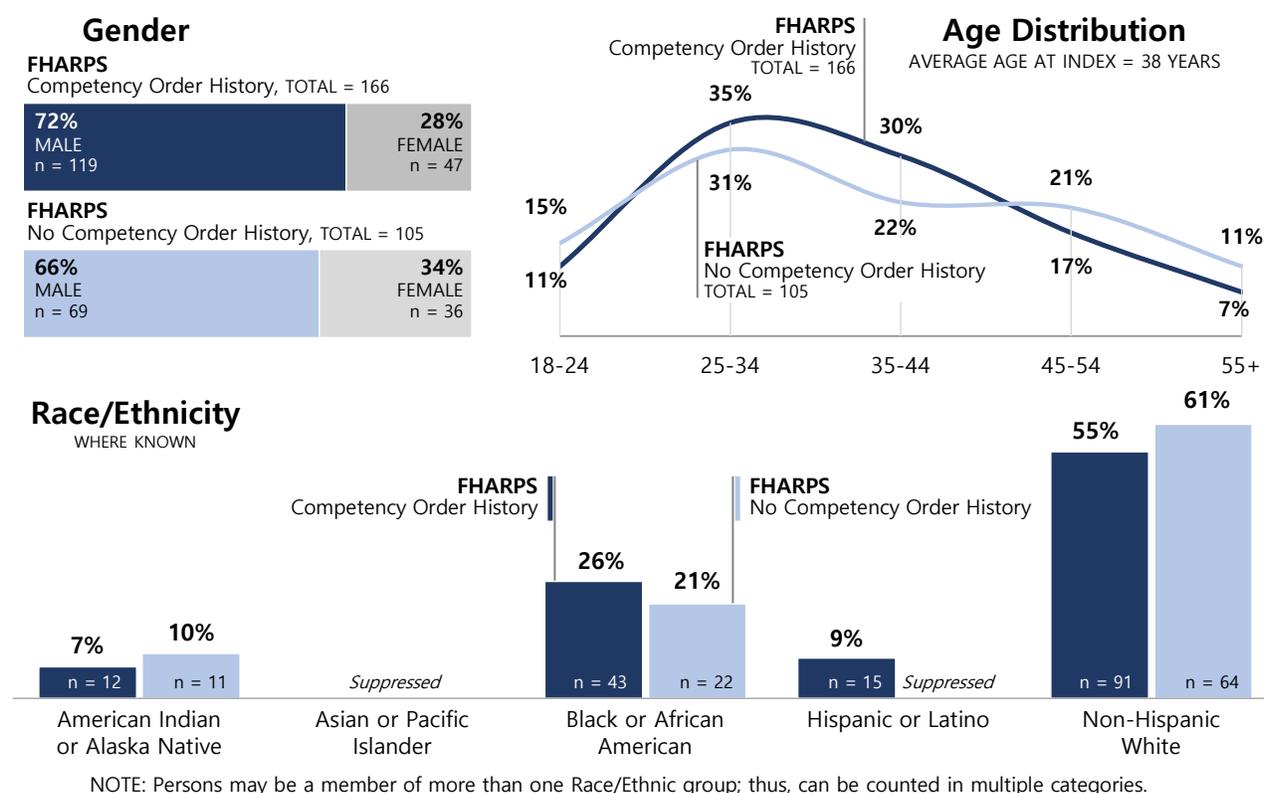
The two FHARPS participant groups were similar regarding their gender, race and ethnicity, and age breakdowns (See Appendix Table 1).

- Seventy-two percent (n=119) of FHARPS participants with a competency order history in the two years prior to FHARPS enrollment and two-thirds (66 percent; n=69) of participants with no competency order history in the two years prior were male (Figure 2).
- More than half of FHARPS participants with and without a competency order history were non-Hispanic White (55 percent and 61 percent, respectively).
- On average, FHARPS participants included in this study were 38 years old at program enrollment.

FIGURE 2.

Demographics of FHARPS Participants

Among Medicaid-enrolled participants starting a FHARPS program March 2020 – December 2021



Baseline FHARPS Participant Characteristics

Homelessness

Homelessness is difficult to measure in administrative data. Once an indication of homelessness appears, it may remain active until renewal or verification of benefit eligibility. This study included several measures of homelessness:

- 1) homeless,
- 2) homeless/unstably housed, and
- 3) chronic homelessness.⁷

All FHARPS participants were either homeless or unstably housed at program enrollment per program inclusion criteria, with 77 percent (n=209) identified as homeless.

In the 12 months prior to FHARPS enrollment, the participants in both groups were indicated as homeless for an average of about 6 months (Figure 3). See also Appendix Table 1.

Housing Support Access

In addition to homelessness measures, we examined access to Foundational Community Supports (FCS). FCS provides supportive housing and supported employment services to eligible Medicaid beneficiaries with complex needs. The services are intended to help clients secure and maintain stable housing and employment.

In the 12 months prior to FHARPS enrollment, a small portion of both groups received FCS services. A higher percentage of participants with no competency order history received FCS services than those with a competency order history (25 percent and 11 percent, respectively, Figure 4).

FIGURE 3.

Months Homeless – Prior 12 Months
Among Medicaid-enrolled participants starting an FHARPS program March 2020 – December 2021

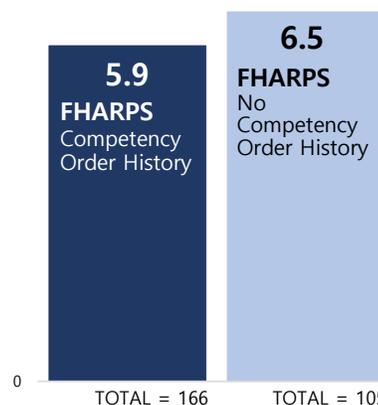
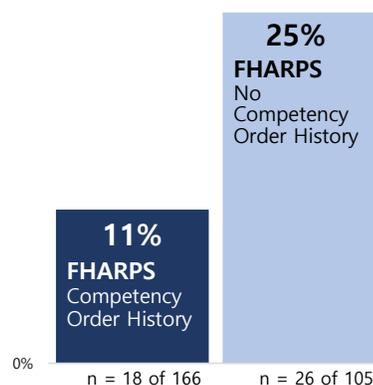


FIGURE 4.

Housing Support Access – Prior 12 Months
Among Medicaid-enrolled participants starting an FHARPS program March 2020 – December 2021



⁷ **Homeless:** literal homelessness (i.e., homeless without housing, - living on the streets or somewhere not meant for human habitation, staying in a domestic violence, emergency shelter, or Safe Haven). Measured as number of months with a homeless indicator.
Homeless/Unstably Housed: literal homelessness or experienced some form of housing instability (e.g., doubled up, couch-surfing, or housed through short-term/transitional housing program). Measured as number of months with homeless/unstable housing indicators.
Chronic homelessness: having an identified disabling condition and having either experienced homelessness for all 12 months of the last year or experienced four or more separate episodes of homelessness in the last three years and were homeless for a total of 12 or more months. This is presented as a percentage of the population fitting these criteria.

Criminal Legal System Involvement⁸

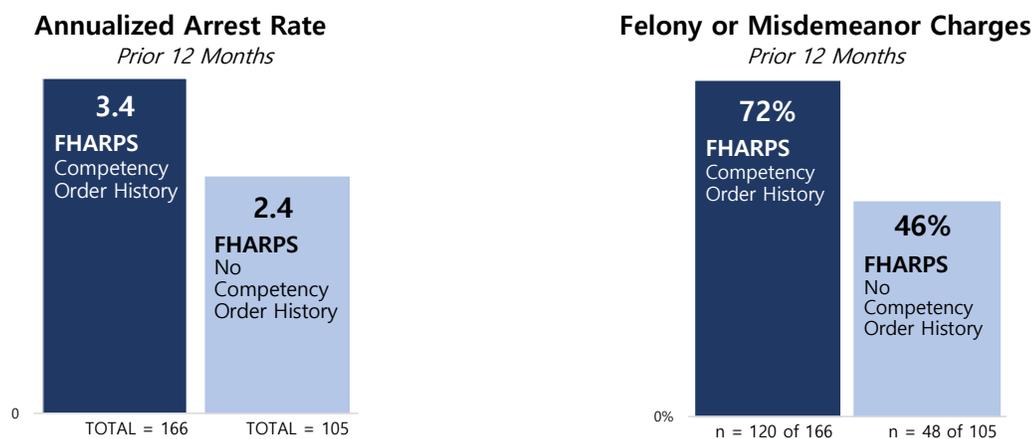
Charges and Arrests. FHARPS participants with a competency order history had more extensive criminal histories relative to participants with no competency order history. FHARPS participants with a competency order history had an annualized arrest rate⁹ of 3.4 arrests in the 12 months prior to program enrollment compared to 2.4 arrests among those with no competency order history (see Figure 5).

Seventy-two percent of participants with a competency order history were charged with at least one misdemeanor or felony charge in the 12 months prior to FHARPS enrollment, with 66 percent charged with at least one misdemeanor and 48 percent charged with at least one felony (not shown in figure). In contrast, 46 percent of participants with no competency order history were charged with at least one misdemeanor or felony charge in the 12 months prior to FHARPS enrollment; 40 percent were charged with at least one misdemeanor and 13 percent were charged with at least one felony.

FIGURE 5.

Criminal Legal System Involvement – Prior 12 Months

Among Medicaid-enrolled participants starting an FHARPS program March 2020 – December 2021



Behavioral Health Characteristics

Almost all FHARPS participants in both competency and no competency order history groups received outpatient mental health treatment in the 12 months prior to program enrollment (87 percent and 96 percent, respectively; Figure 6). Approximately half of FHARPS participants received inpatient mental health treatment (51 percent and 47 percent, respectively). A higher percentage of participants with no competency order history received crisis services in the 12 months prior to FHARPS enrollment (90 percent relative to 56 percent of participants with a competency order history).¹⁰ Nearly three-quarters of FHARPS participants had substance use disorder (SUD) treatment needs¹¹ (74 percent and 67 percent of competency and no competency order history groups, respectively). Of those, almost half of them received outpatient SUD treatment (48 percent).

⁸ “Criminal Involvement” includes arrests and criminal charges reported in Washington state only.

⁹ The **annualized arrest rate** is measured by the number of arrests in the specified time period corrected for time in the community or time “at risk” of re-arrest. Time in jail or prison is excluded from time in the community. The annualized arrest rate was computed as the number of arrests in the 12 months prior to FHARPS enrollment, divided by days in the community and multiplied by 365. The annualized arrest rate is larger than the actual number of arrests experienced by the FHARPS and comparison groups.

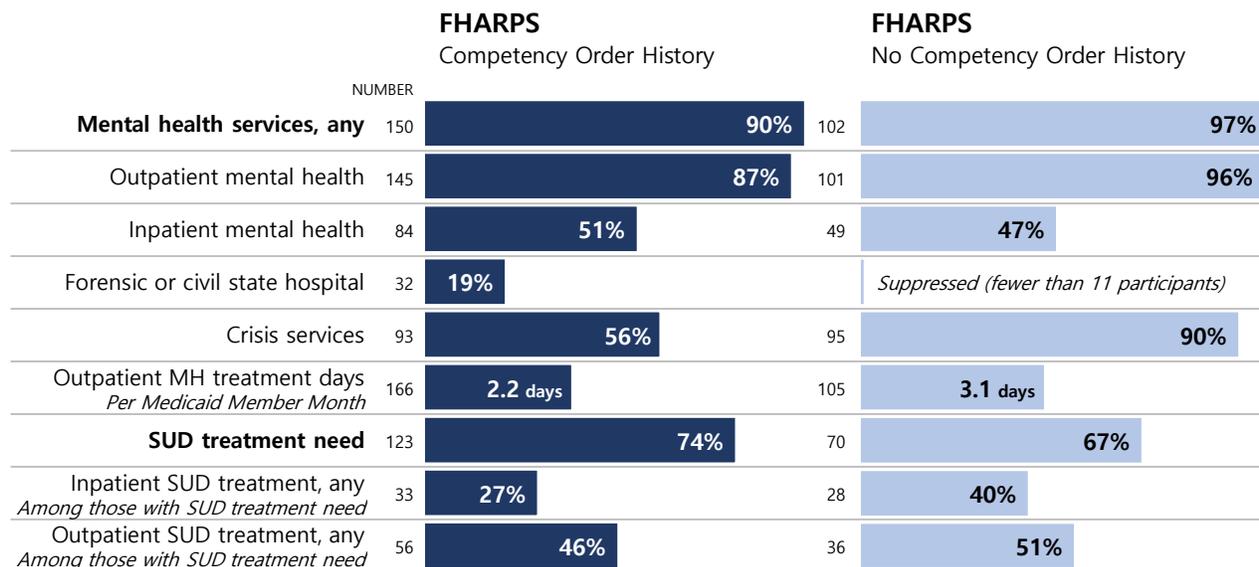
¹⁰ All study participants with no competency order history received crisis services in the two years prior to FHARPS enrollment.

¹¹ The **SUD treatment need indicator** is based on health and behavioral health diagnoses, prescriptions, and treatment records; and drug and alcohol-related arrest data.

FIGURE 6.

Behavioral Health Indicators – Prior 12 Months

Among Medicaid-enrolled participants starting an FHARPS program March 2020 – December 2021



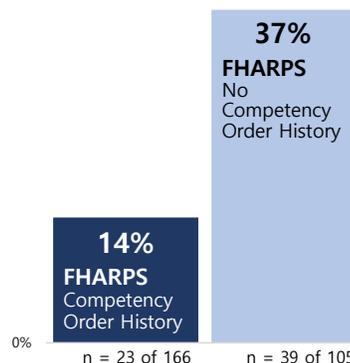
Employment

Less than one-quarter (23 percent) of all FHARPS participants were employed in the 12 months prior to program enrollment. A lower percentage of participants with a history of competency orders were employed during that time compared to those with no competency orders (14 percent versus 37 percent, respectively, Figure 7).

FIGURE 7.

Employment – Prior 12 Months

Among Medicaid-enrolled participants starting an FHARPS program March 2020 – December 2021



Outcome Study Design

To evaluate the impacts of the Phase 1 FHARPS programs on homelessness, housing support access, competency services, and other key outcomes, we compared the outcomes of the two groups of FHARPS participants (i.e., those with and those without a competency order history who enrolled in FHARPS between March 2020 and December 2021) to matched comparison groups comprised of people with similar characteristics. A person qualified for inclusion in the initial comparison pool if they lived in regions not served by a Phase 1 FHARPS program, had an indication of mental health treatment need and homelessness in the same month, and either had a competency order history or crisis service history in the 2 years prior.

We then identified the matched comparison groups using administrative data and a standard statistical matching algorithm to match on key baseline characteristics including demographics, homelessness, competency service order history, criminal legal history, behavioral health treatment, employment, and other socio-economic characteristics (see Appendix Table 1 for details).

We assessed the impact of FHARPS on the following outcome variables: homelessness, housing supports, new competency service orders, new arrests, new charges, days of incarceration, and both inpatient and outpatient mental health and substance use disorder (SUD) treatment. All these outcomes were measured over a 12-month period starting at the “index month”. For FHARPS participants, the index month was the month they enrolled in FHARPS. We calculated an equivalent index month for the people in the comparison groups using the first month in the sample selection period where a person had indicators for both homelessness and mental health treatment need.

Additional analyses were conducted for each outcome variable to control for residual differences between the FHARPS and comparison groups and to estimate the impact of the FHARPS program on outcomes. Matching variables and outcomes were measured using RDA’s Integrated Client Databases, which contain integrated health, criminal legal, and social service data. We examined outcomes for both groups of Medicaid-enrolled FHARPS program participants. See Technical Notes for more details.

Outcomes

Homelessness

A primary goal of the FHARPS programs is to provide immediate low-barrier housing resources to obtain and maintain housing, thereby reducing homelessness post-FHARPS enrollment. Given the challenges associated with measuring homelessness in administrative data, we examined a few different homelessness measures during the 12-month outcome period: 1) homeless, 2) homeless/unstably housed, and 3) the difference in months a person was indicated as homeless pre-/post-FHARPS enrollment (see definitions for 1-3 on p. 4). Chronic homelessness was not measured during the outcome period due to insufficient follow-up time for that measure.

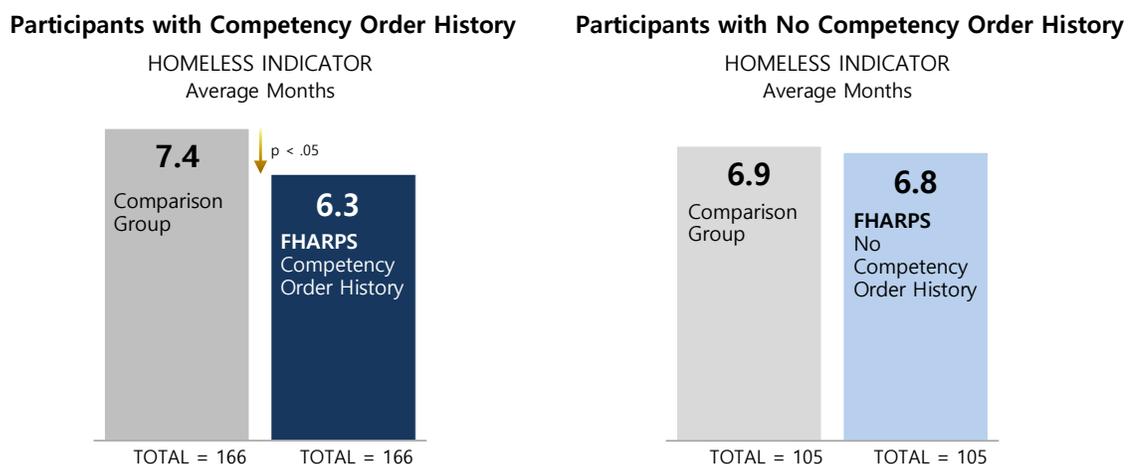
FHARPS participation led to significantly less time of indicated homelessness for individuals with a history of competency orders.

FHARPS participants with a history of competency orders had one less average month of indicated homelessness relative to their comparison group (i.e., 6.3 months compared to 7.4 months, respectively, Figure 8) in the 12 months post-FHARPS enrollment. There was no significant difference in the average time of indicated homelessness for FHARPS participants with no competency order history relative to their comparison group (6.8 months versus 6.9 months, respectively).

FIGURE 8.

Fewer Average Months Indicated Homeless

Matched analysis, 12 months post program enrollment

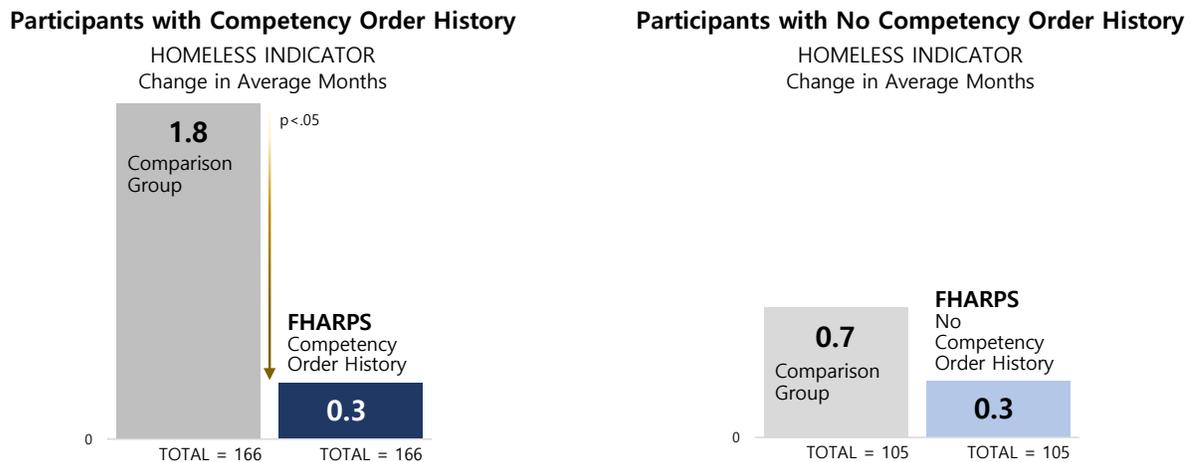


Both FHARPS groups and their respective comparison groups were identified as homeless longer in the 12 months after program enrollment relative to the 12-month period prior to enrollment. However, FHARPS participants with a competency order history experienced an average increase of 0.3 months of indicated homelessness between the pre- and post-index periods compared to 1.8 months for the comparison group, resulting in a statistically significant difference of 1.5 months (Figure 9). There was no significant difference in the average number of months a person was indicated homeless after program enrollment between FHARPS participants with no competency order history and their comparison group.

FIGURE 9.

Pre-Post Difference in Average Months Indicated Homeless

Matched analysis, 12 months post program enrollment



Housing Support Access

Another goal of the FHARPS programs is to connect participants to housing resources and housing maintenance resources. To this end, we examined access to Foundational Community Supports (FCS, the program offering supportive housing benefits).

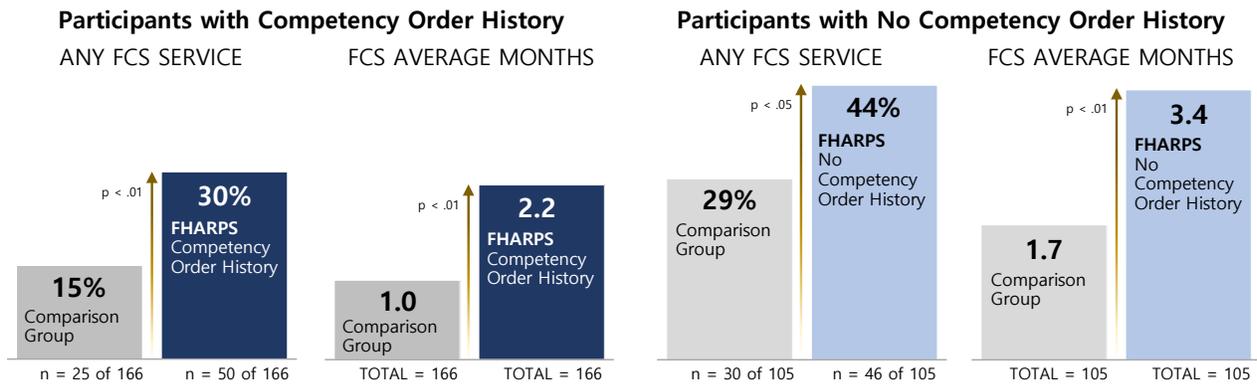
FHARPS participation led to increased utilization of Foundational Community Supports.

Receipt of FCS services increased significantly for both FHARPS participant groups (Figure 10). Specifically, the FHARPS competency order history group participants and the FHARPS no competency order history group participants were more likely to use FCS services relative to their comparison groups (30 percent versus 15 percent, and 44 percent versus 29 percent, respectively). Additionally, there were significantly more average months of FCS services for the FHARPS competency order group and the FHARPS no competency order history group relative to their comparison groups (2.2 versus 1.0 months, and 3.4 versus 1.7 months, respectively).

FIGURE 10.

More Foundational Community Support Access

Matched analysis, 12 months post program enrollment



Competency Service Outcomes

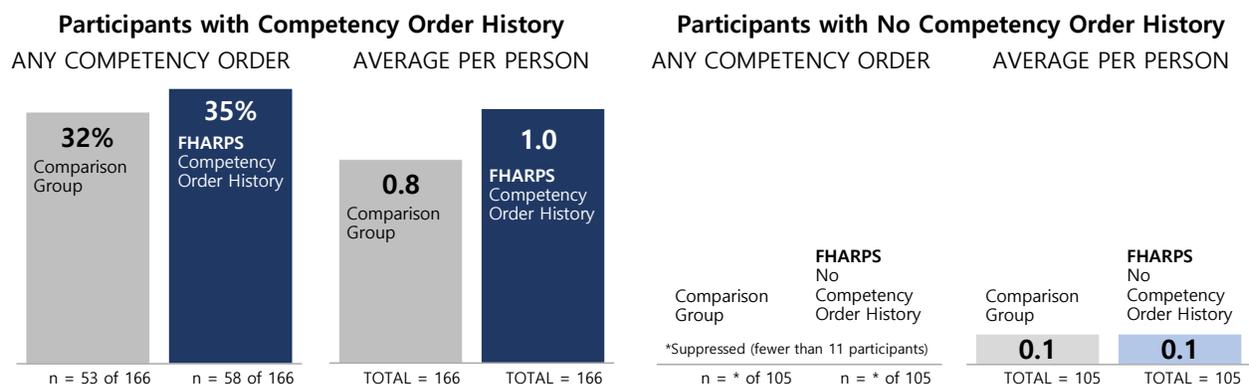
An anticipated effect of the FHARPS programs is that housing, case management, and peer support may reduce involvement with the criminal legal and competency service systems. We examined two outcome measures related to competency service orders: (1) any order for competency services in the 12 months following program enrollment; and (2) the average number of orders for competency services in the 12 months following program enrollment. We found no measurable impacts of FHARPS programs on competency service orders.

The FHARPS participants with a competency order history had a similar rate of new competency orders as their comparison group (35 percent versus 32 percent; see Figure 11).¹² The average number of new competency orders between FHARPS participants with a competency order history did not significantly differ from those of the comparison group (1.0 and 0.8, respectively). Although the sample is too small for the group with no competency order history, it is important to note that there was no significant difference noted for this group.

FIGURE 11.

No Measurable Impact on Competency Service Orders

Matched analysis, 12 months post program enrollment



¹² The no competency order history group and their comparison group are not reported here due to small numbers.

Criminal Legal System Outcomes

One strategy for reducing the number of competency services is to reduce criminal legal system involvement. We examined three sets of outcome measures related to criminal legal system involvement to determine if FHARPS participation reduced these measures in the 12 months following FHARPS program enrollment: 1) arrests reported by the Washington State Patrol (WSP), 2) misdemeanor and felony charges, and 3) number of days a person was incarcerated in local jails or the Department of Corrections (DOC).

FHARPS program participation led to fewer arrests for individuals with a competency order history.

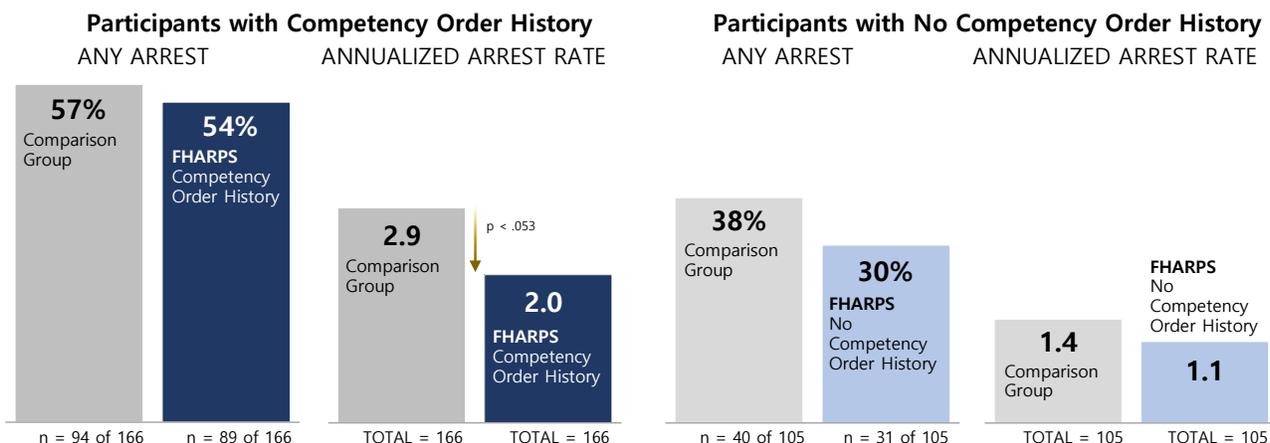
Arrests

The annualized arrest rate (see definition on page 5) during the 12-month follow-up period was marginally lower ($p=0.053$) for FHARPS participants with a competency order history (2.0 arrests versus 2.9 arrests for the comparison group, Figure 12). This was approaching statistical significance at $p<0.05$. However, there was no significant difference in the percentage of those arrested (54 percent for the FHARPS group with a competency history versus 57 percent for the comparison group). Among those with no competency order history, there was no statistically significant difference in either the annualized arrest rate or the percentage arrested.

FIGURE 12.

Fewer Arrests for Participants with a Competency Order History

Matched analysis, 12 months post program enrollment



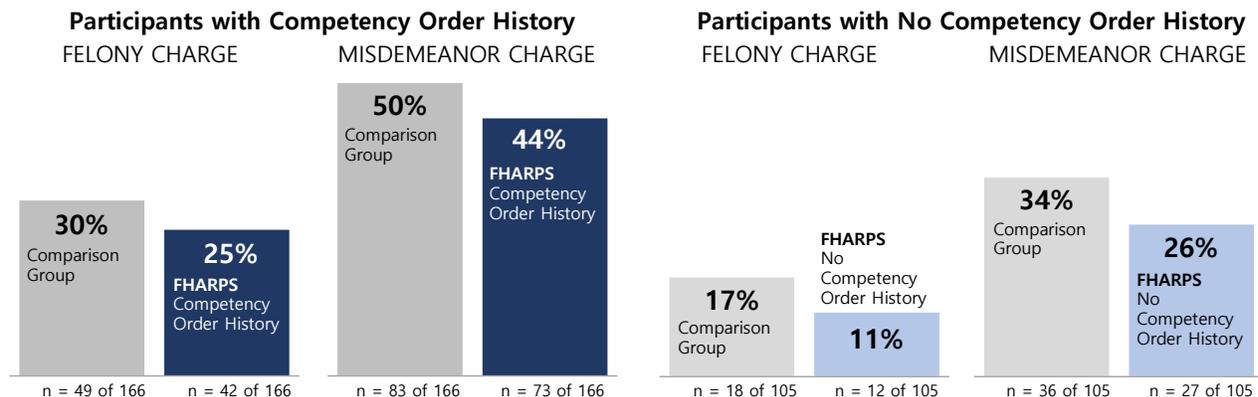
Charges

Although both FHARPS participant groups showed a lower proportion of people with felony or misdemeanor charges compared to their respective comparison groups, none of these differences reached statistical significance at the $p<0.05$ level (Figure 13).

FIGURE 13.

No Measurable Impacts on Misdemeanor and Felony Charges Overall

Matched analysis, 12 months post program enrollment



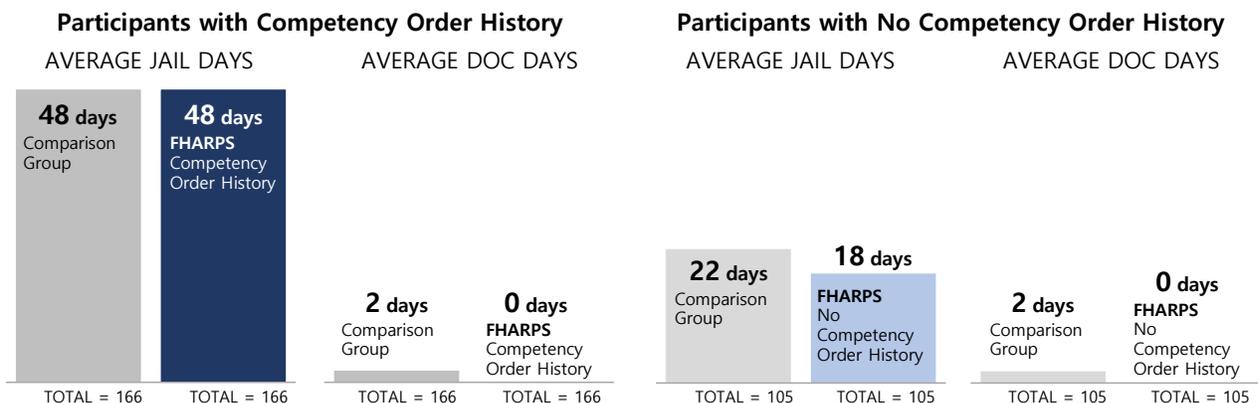
Incarceration

We found no significant impact of the FHARPS program on incarceration days in either jails or in DOC facilities for participants with a competency order history or participants with no competency order history in the 12 months after FHARPS enrollment (Figure 14). FHARPS participants with a competency order history and their comparison group were both incarcerated in jail for an average of 48 days in the 12-month outcome period, and FHARPS participants with no competency order history were incarcerated in jail for an average of 18 days. No FHARPS participants were incarcerated in DOC facilities in the follow-up period.

FIGURE 14.

No Measurable Impact on Days of Incarceration

Matched analysis, 12 months post program enrollment



Mental Health Treatment

Active engagement in mental health treatment is encouraged by FHARPS and all other Trueblood programs. Treatment engagement, intensity, and duration varies based on personal choice, treatment need, and community resources.

FHARPS participants with no competency order history were significantly more likely to receive outpatient mental health treatment than the comparison group.

Mental Health Outpatient and Inpatient Treatment. Outpatient mental health treatment includes counseling, medication monitoring, and other treatment services provided in the community (not

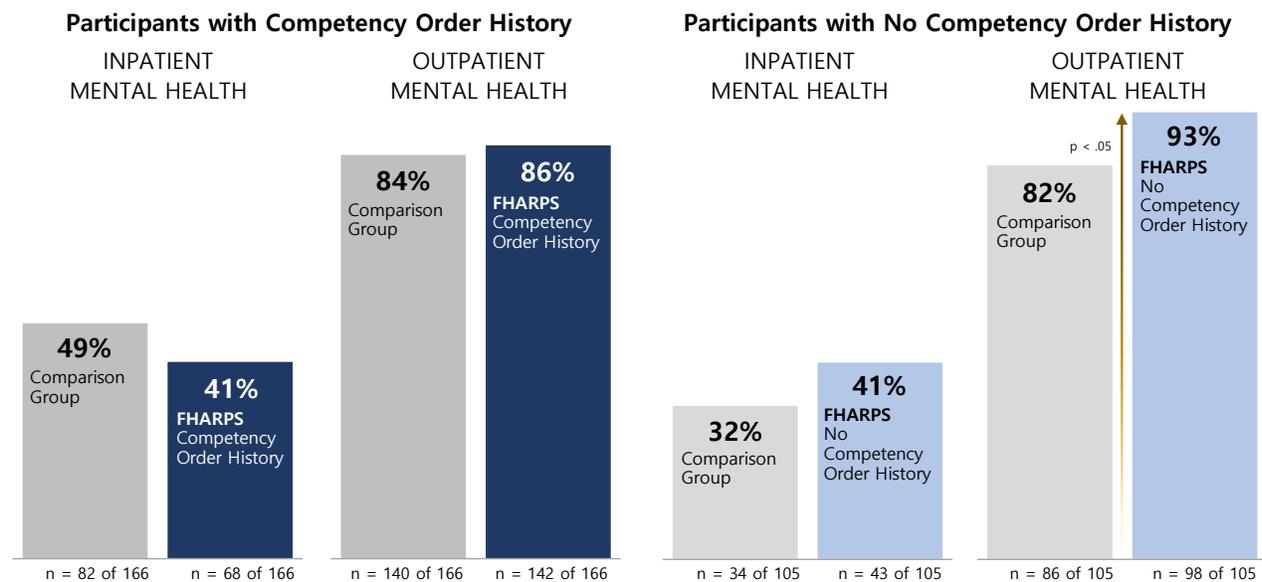
including crisis services). FHARPS participants with no competency order history were significantly more likely to engage in community-based outpatient mental health treatment services relative to their comparison group in the follow-up period (93 percent and 82 percent, respectively, Figure 15). There was no measurable difference between FHARPS participants with a competency order history and their comparison group in the post-period (86 percent and 84 percent, respectively).

Inpatient mental health treatment includes Western and Eastern State Hospital and competency restoration Behavioral Health & Treatment Center (BHTC) admissions, short-term community psychiatric hospitalizations, and inpatient stays at an evaluation and treatment facility. There was no statistically significant difference between either group of FHARPS participants and their respective comparison group in inpatient mental health treatment (see Figure 15).

FIGURE 15.

More Outpatient Mental Health Treatment Engagement

Matched analysis, 12 months post program enrollment



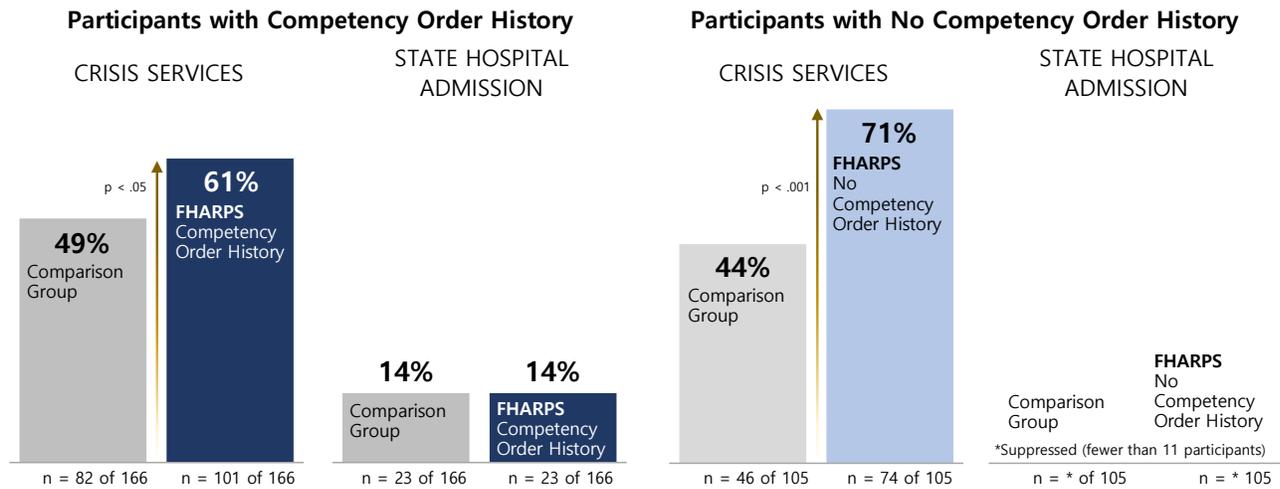
Crisis Services and State Hospital Admissions. Crisis services include hotline, therapy, and intervention services not funded by a state mental health agency. State hospital admissions include Western and Eastern State Hospital admissions and are a subset of inpatient admissions shown above. FHARPS participants with a competency order history and FHARPS participants with no competency order history are significantly more likely to use crisis services relative to their comparison group peers (61 percent versus 49 percent and 71 percent versus 44 percent, respectively, Figure 16).¹³ There was no measurable difference between FHARPS participants and their respective comparison groups for admissions to the state hospitals.

¹³ Variation in crisis service data entry across the reference period for this outcome evaluation may have contributed to the significant difference in crisis services between FHARPS and comparison groups.

FIGURE 16.

More Engagement in Crisis Services

Matched analysis, 12 months post program enrollment



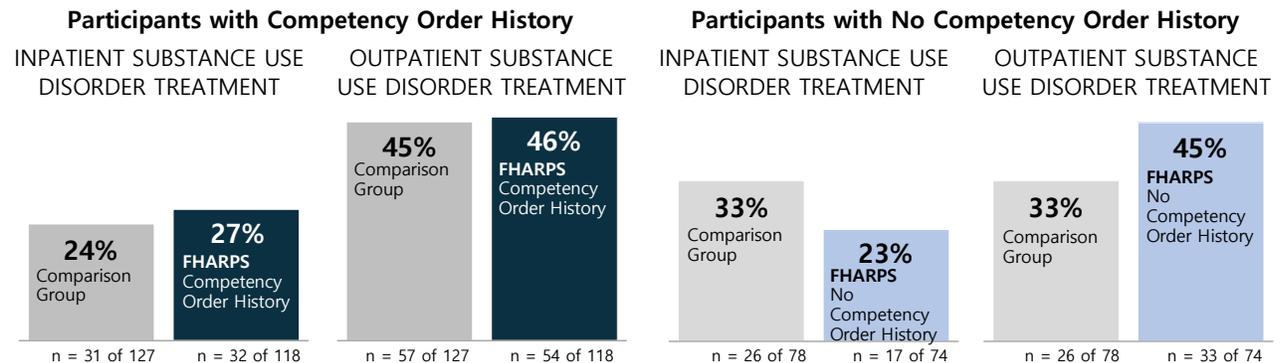
Substance Use Disorder Treatment Participation

We examined SUD inpatient and outpatient treatment during the 12-month follow-up period for FHARPS participants and people in the comparison groups who were identified as needing SUD treatment in the 12-month period prior to FHARPS enrollment (see p. 6 footnotes for SUD treatment need definition). There was no significant difference in inpatient or outpatient SUD treatment participation between the FHARPS participants with or without a competency order history and their respective comparison groups (Figure 17).

FIGURE 17.

No Measurable Impact on Substance Use Disorder Treatment Participation

Matched analysis, 12 months post program enrollment



Study Limitations and Considerations

The challenges in evaluating the impacts of the FHARPS program fall into six general areas, which will be described in more detail below: 1) overlapping enrollment in programs with similar services and objectives, 2) potential selection bias, 3) a limited participant pool and follow-up period, 4) FHARPS programs across the state have different policies/practices, 5) difficulty defining and measuring homelessness in administrative data, and 6) the impacts of the COVID-19 pandemic on multiple aspects of the criminal legal system and the implementation of Trueblood program elements.

Overlapping enrollment. Due to the implementation of multiple programs aimed to serve the same population, a large portion of FHARPS participants were exposed to numerous Trueblood programs. We reduced the impact of the Forensic Projects for Assistance in Transition from Homelessness (FPATH) program on our analysis by excluding FHARPS participants who received greater than 60 days of FPATH services prior to their FHARPS enrollment and by shifting the index date for FHARPS participants with less than 60 days of FPATH services to the FPATH enrollment date. However, for those included in our analysis who were enrolled in multiple Trueblood programs, we could not control for the potential impact of other Trueblood programs (e.g., Forensic Navigators, Outpatient Competency Restoration, and Crisis Housing Vouchers) or FPATH services on the study outcomes.

Selection bias. Although the matching process used in this study controlled for differences in observed characteristics between the FHARPS and comparison groups, selection bias may remain due to unmeasured factors, such as motivation to engage in the FHARPS programs. Participation in the FHARPS programs is voluntary and requires the participant to agree to and maintain contact with housing support specialists and housing supports provided. Additionally, it is possible that people in the FHARPS and comparison groups may have engaged in individual housing support programs not accounted for in this study. However, given the numerous characteristics on which the FHARPS and comparison groups were matched, there is no reason to think that one group received more additional supports than the other.

Limited sample and follow-up. Because differences in participants necessitated dividing FHARPS participants into two separate groups based on competency order history, both treatment and comparison groups were smaller. Consequently, we had less statistical power to detect potential program effects. Also, given data availability and data lag, the follow-up period was only 12 months. A future update to this FHARPS evaluation will include additional participants and a longer follow-up period (e.g., 24 months). Adding participants to future analyses may allow for an examination of outcomes by FHARPS region, rather than aggregating across regions. Extending the follow-up period will reduce the number of FHARPS participants still enrolled and receiving FHARPS supports and allow measurement of longer-term program impacts.

Program variations. Practices varied across the four FHARPS programs regarding how individuals were referred and enrolled. One indication of this is that one-third of participants (n=126) were excluded from the study because they did not meet measurable FHARPS enrollment criteria (i.e., competency order history and/or crisis service history) which could be used to identify a matched comparison group. We will work with the Health Care Authority to determine if the criteria for the group who did not meet measurable enrollment criteria can be clarified and included in future analyses. Other differences between providers that could impact outcomes include limited available housing options, staffing, funds for housing-related supports (such as furnishings, groceries, etc.), and connections with partner programs and providers of mental health and substance use treatment services.

Defining and measuring homelessness. As mentioned previously, homelessness is particularly challenging to measure in administrative data. Once a homelessness indicator is selected in a data system, it may stay selected until a person's eligibility is verified or renewed, which can take up to six months. Despite this, there was no evidence that the extent of this measurement challenge differed between the FHARPS participants and their respective comparison groups.

COVID impacts. Finally, the index period for this study (March 2020 to December 2021) coincided with the onset and peak of the COVID-19 pandemic. While FHARPS programs were implemented on schedule, there were clear impacts of the pandemic on program services and resources, as well as impacts in the criminal legal system. For example, initial and subsequent contacts were primarily by phone rather than in person, there were severe housing shortages and rental moratoriums, and support services needed by many FHARPS participants were impacted by staffing shortages and in-

person contact limitations. However, it seems likely that COVID-19 had similar impacts on the FHARPS participant groups and the matched comparison groups.

Discussion

The results of this study indicate that FHARPS programs impacted participants as specified below:

- For all FHARPs participants,
 - Increased utilization of Foundational Community Supports and
 - Increased the use of crisis services.
- For FHARPS participants with a competency order history,
 - Reduced the number of months indicating homelessness in the administrative data and
 - Lowered new arrest rates.
- For FHARPS participants with no competency order history,
 - Increased receipt of outpatient mental health treatment.

Better connections to FCS and crisis services. All FHARPS program participants used Foundational Community Supports (FCS) following program enrollment at a higher rate than the comparison groups. FHARPS participants utilized crisis services more in the post-period as well. FHARPS programs are intended to facilitate participants' access to housing, housing maintenance resources, and supportive services, and the programs seem to have the intended outcome in these domains.

Reduced homelessness and arrests for competency order history group. FHARPS participants with a competency order history prior to FHARPS enrollment had fewer months of homelessness indicated and a lower arrest rate in the post-period than the comparison group. The FHARPS programs, meant to target and connect individuals with prior competency orders to housing (thereby reducing homelessness) and to reduce legal system involvement for those individuals, appear to have the expected outcome in these areas.

Better connections to outpatient mental health in group with no competency order history. FHARPS participants with no competency order history prior to enrollment utilized outpatient mental health treatment services at a higher rate in the post-period relative to the comparison group. This is consistent with the FHARPS and other Trueblood Settlement programs goals of connecting individuals with behavioral health services. However, FHARPS participants with no competency order history did not experience a reduction in indicated homelessness in the post-period. Therefore, while FHARPS programs seem to be improving access to outpatient mental health treatment for these participants, they do not appear to be reducing homelessness.

No significant reduction in competency orders. The FHARPS programs did not reduce competency orders among FHARPS participants in the post-period. Overall, Trueblood programs implemented under the Settlement Agreement aim to reduce subsequent competency service orders. It is possible that the goal of reducing subsequent competency services may be difficult to associate with one program. Alternatively, an impact on competency orders associated with FHARPS participation may take longer than 12 months to observe. Future research will allow a longer follow-up period (e.g., 24 months) to determine whether some outcomes take longer to emerge.

FHARPS program considerations. The findings reported here indicate that the FHARPS programs should consider additional strategies to: 1) increase connections with transitional and permanent housing and thereby decreasing months of homelessness across FHARPS participants; 2) increase engagement in outpatient behavioral health treatment for all FHARPS participants through housing and peer supports; and 3) revisit eligibility criteria in conjunction with HCA given one of the main goals is to reduce competency orders. We encourage the programs to assess the risks and needs of participants with and without a history of competency orders to determine which services adequately meet the needs of people with different life experiences.

APPENDIX

APPENDIX TABLE 1.

Baseline Measures for FHARPS Program Groups and Comparison Groups¹⁴

	Participants with Competency Order History				with No Competency Order History			
	Baseline Characteristics				Baseline Characteristics			
	FHARPS <i>n</i> = 166		Comparison <i>n</i> = 166		FHARPS <i>n</i> = 105		Comparison <i>n</i> = 105	
	Number	Percent ¹⁵	Number	Percent	Number	Percent	Number	Percent
DEMOGRAPHICS, program enrollment month								
Average age at program enrollment month	166	36.7	166	37.7	105	38.3	105	39.6
18-24	19	11%	21	13%	16	15%	17	16%
25-34	58	35%	49	30%	32	30%	26	25%
35-44	49	30%	56	34%	23	22%	18	17%
45-54	28	17%	28	17%	22	21%	33	31%
55+	12	7%	12	7%	12	11%	11	11%
Gender								
Male	119	72%	113	68%	69	66%	58	55%
Female	47	28%	53	32%	36	34%	47	45%
Race/Ethnicity								
American Indian or Alaska Native	—	—	—	—	11	10%	17	16%
Asian or Pacific Islander	—	—	19	11%	—	—	—	—
Black or African American	43	26%	42	25%	22	21%	18	17%
Hispanic or Latino	15	9%	—	—	—	—	—	—
Non-Hispanic White	91	55%	93	56%	64	61%	61	58%
FHARPS PROGRAM INFORMATION, 12 months post program enrollment								
Active	53	32%	n/a	n/a	33	31%	n/a	n/a
Discharged	113	68%	n/a	n/a	72	69%	n/a	n/a
Length of Stay (in days for those discharged)	113	116.2	n/a	n/a	72	116.0	n/a	n/a
Any Housing	139	84%	n/a	n/a	95	91%	n/a	n/a
Emergency/Shelter Housing	106	64%	n/a	n/a	73	70%	n/a	n/a
Transitional Housing	—	—	n/a	n/a	—	—	n/a	n/a
Permanent Housing	—	—	n/a	n/a	—	—	n/a	n/a
HOMELESSNESS, prior 12 months								
Homeless (Average Months Indicated)	166	5.9	166	5.6	105	6.5	105	6.3
Homeless/Unstably Housed (Avg Months Indicated)	166	6.7	166	6.0	105	7.1	105	7.0
Chronic Homelessness	76	46%	69	42%	48	46%	49	47%
Foundational Community Supports Access (FCS)	18	11%	15	9%	26	25%	27	26%
COMPETENCY SERVICE COURT ORDERS, prior 2 years								
Any competency order	166	100%	166	100%	—	—	—	—
Competency evaluation orders	165	99%	163	98%	—	—	—	—
Competency restoration orders	51	31%	59	36%	—	—	—	—
Average competency orders per person	166	2.9	166	2.6	—	—	—	—
Average competency evaluation orders per person	166	2.4	166	2.1	—	—	—	—
Average competency restoration orders per person	166	0.5	166	0.6	—	—	—	—

¹⁴ FHARPS and comparison groups were matched on all variables with Absolute Standardized Mean Difference (ASMD) values of 0.14 or less for the competency order history participant group match and 0.17 or less for the no competency order history group match, indicating good balance, as ASMD values smaller than 0.20 are considered to indicate good balance (Cohen, 1992).

¹⁵ There are some averages included in the percent columns, which is indicated in the measure label when it occurs.

	Participants with Competency Order History				with No Competency Order History			
	Baseline Characteristics				Baseline Characteristics			
	FHARPS <i>n</i> = 166		Comparison <i>n</i> = 166		FHARPS <i>n</i> = 105		Comparison <i>n</i> = 105	
	Number	Percent ¹⁵	Number	Percent	Number	Percent	Number	Percent
ECONOMIC ASSISTANCE, prior 12 months								
Basic Food	152	92%	155	93%	98	93%	96	91%
Average months of receiving Basic Food	166	8.5	166	8.2	105	9.1	105	8.6
EMPLOYMENT, prior 12 months								
Any employment (part-time or full-time)	23	14%	24	14%	39	37%	34	32%
Average wages among those with employment	166	\$754	166	\$510	105	\$2,833	105	\$2,250
Average hours among those with employment	166	38.9	166	24.9	105	161.7	105	142.0
HEALTH CARE, prior 12 months								
Any month of Medicaid coverage	166	100%	166	100%	105	100%	105	100%
Average months Medicaid	166	9.3	166	9.5	105	10.4	105	10.5
Third party liability	22	13%	15	9%	14	13%	—	—
CRIMINAL LEGAL SYSTEM HISTORY, prior 12 months								
Arrests								
Any prior arrest	134	81%	138	83%	52	50%	50	48%
Average number of arrests	166	3.4	166	4.8	105	2.4	105	1.7
Annualized arrest rate	166	2.2	166	2.2	105	1.2	105	1.2
Charges								
Any prior charges	120	72%	128	77%	48	46%	50	48%
Misdemeanor	110	66%	115	69%	42	40%	47	45%
Felony	80	48%	82	49%	14	13%	13	12%
Non-violent felony	39	23%	36	22%	—	—	—	—
Violent felony	56	34%	63	38%	—	—	—	—
Incarceration								
Any Department of Corrections (DOC) incarceration	—	—	—	—	—	—	—	—
Average number of DOC incarceration days	166	5.0	166	4.6	105	8.5	105	13.1
Any jail incarceration	147	89%	144	87%	52	50%	49	47%
Average number of jail incarceration days	166	80.9	166	86.5	105	27.1	105	18.8
Average number of total incarceration days	166	85.9	166	91.0	105	35.6	105	32.0
CRIMINAL LEGAL SYSTEM HISTORY, Lifetime								
Any prior conviction	150	90%	150	90%	77	73%	81	77%
Average number of prior convictions	166	12.6	166	12.8	105	7.9	105	8.8
Any prior misdemeanor conviction	146	88%	149	90%	74	70%	77	73%
Any prior felony conviction	110	66%	109	66%	57	54%	52	50%
Any prior violent conviction	74	45%	77	46%	36	34%	30	29%
Age at first conviction	166	18.9	166	19.6	105	16.5	105	18.4
BEHAVIORAL HEALTH CHARACTERISTICS, prior 12 months								
Any mental health services								
Any prior outpatient mental health services	150	90%	145	87%	102	97%	103	98%
Outpatient mental health treatment days per Medicaid member month	145	87%	141	85%	101	96%	103	98%
Any prior outpatient crisis services	166	2.2	166	2.6	105	3.1	105	3.9
Any prior inpatient mental health services	93	56%	97	58%	95	90%	91	87%
Any prior community psychiatric hospitalization or evaluation and treatment	84	51%	83	50%	49	47%	46	44%
Any forensic or civil state hospital services	49	30%	44	27%	40	38%	35	33%
Any forensic or civil state hospital services	32	19%	32	19%	—	—	—	—

	Participants with Competency Order History				with No Competency Order History			
	Baseline Characteristics				Baseline Characteristics			
	FHARPS <i>n</i> = 166		Comparison <i>n</i> = 166		FHARPS <i>n</i> = 105		Comparison <i>n</i> = 105	
	Number	Percent ¹⁵	Number	Percent	Number	Percent	Number	Percent
Any mental health diagnosis	142	86%	139	84%	97	92%	94	90%
Psychotic diagnosis	110	66%	111	67%	58	55%	62	59%
Mania/bipolar	59	36%	54	33%	39	37%	33	31%
Depression	80	48%	76	46%	78	74%	69	66%
Anxiety	71	43%	81	49%	72	69%	74	70%
ADHD/conduct/impulse	49	30%	47	28%	32	30%	37	35%
Adjustment disorder	12	7%	11	7%	14	13%	12	11%
Any prescription medications	105	63%	100	60%	77	73%	78	74%
Antipsychotic	85	51%	86	52%	55	52%	49	47%
Anti-mania	—	—	—	—	—	—	—	—
Antidepressant	50	30%	56	34%	54	51%	56	53%
Antianxiety	61	37%	61	37%	49	47%	61	58%
ADHD	—	—	12	7%	—	—	11	10%
Any SUD treatment need (treatment, diagnosis, arrest)	123	74%	126	76%	70	67%	75	71%
<i>Among those with treatment need...</i>								
Any substance use treatment services	73	59%	79	63%	46	66%	49	65%
Any substance use inpatient treatment services	33	27%	40	32%	28	40%	27	36%
Any substance use outpatient treatment services	56	46%	59	47%	36	51%	37	49%
Any substance use detox services	16	13%	15	12%	13	19%	13	17%
MEDICAL HISTORY, Prior 12 months								
Outpatient emergency department visits per 1000 Medicaid member months	166	400	166	364	105	771	105	603
Hospitalizations per 1,000 Medicaid member months	166	71	166	65	105	144	105	122
Chronic disease indicator	79	48%	74	45%	63	60%	60	57%

"—" = Suppressed due to small numbers to protect privacy (fewer than 11 participants).

STUDY DESIGN AND OVERVIEW

Using program data provided by the FHARPS programs from the three Phase 1 Trueblood Settlement Implementation regions, the Research and Data Analysis (RDA) division of the Department of Social and Health Services (DSHS) identified a total of 525 individuals who had a program enrollment date from March 2020 through December 2021. Most participants were enrolled in Medicaid for at least one month in the 12 months prior to and the 12 months after entering the FHARPS program (n=434; 83 percent). Of the Medicaid-enrolled participants, 163 (38 percent) were excluded either because they did not meet measurable eligibility criteria (n=126), had overlapping program services, had missing data (n=19), or did not have a match in the comparison pool (n=18). The remaining 271 (62 percent) Medicaid-enrolled participants were separated into two study populations: 1) participants with competency orders in the two years prior to FHARPS enrollment (n=166) and 2) participants with no competency orders in the two years prior to FHARPS enrollment but with crisis services in those two years (n=105).

We used a quasi-experimental design to examine outcomes for Medicaid-enrolled Health Care Authority (HCA)-contracted FHARPS program participants, relative to a statistically matched comparison group. Outcomes were examined over a 12-month follow-up period that began on the program enrollment date (index month). For FHARPS participants who received less than 60 days of FPATH services prior to their FHARPS enrollment, we shifted their index date to the FPATH enrollment date. We calculated an equivalent index month for the comparison group using the month that the person was indicated as homeless and had a mental health treatment need. FHARPS study participants were identified from data provided by the four FHARPS Programs from the three Phase 1 regions. A comparison pool was drawn from administrative data. Parameters are summarized for each group below:

FHARPS PROGRAM GROUPS

1. FHARPS Participants with Competency Order History

- a. Started FHARPS program between March 2020 and December 2021 in Phase 1 regions.
- b. Enrolled in Medicaid in 12 months pre- and post-FHARPS enrollment (index date).
- c. Did not meet exclusion criteria detailed above.
- d. At least one order for competency services within the two years prior to FHARPS program enrollment (index date).

2. FHARPS Participants with No Competency Order History

- a. Started FHARPS program between March 2020 and December 2021 in Phase 1 regions.
- b. Enrolled in Medicaid in the 12 months pre- and post-FHARPS enrollment (index date).
- c. Did not meet exclusion criteria detailed above.
- d. No order for competency services within the two years prior to FHARPS enrollment (index date).
- e. Crisis services utilized at least once in the two years prior to FHARPS enrollment (index date).

COMPARISON POOL

1. Comparison Pool for Competency Order History

- a. All adults in the community similar to the FHARPS group, located outside of Phase 1 regions and not enrolled in FHARPS or other Trueblood programs, with a homeless and mental health need indicator in the same month during the same FHARPS enrollment timeframe (index date).
- b. Enrolled in Medicaid in 12 months pre- and post-index date.
- c. At least one order for competency services within the two years prior to index date.

2. Comparison Pool for No Competency Order History Participants

- a. All adults as specified in Comparison Pool 1a above
- b. Enrolled in Medicaid in the 12 months pre- and post-index date.
- c. No order for competency services within the two years prior to index date.
- d. Crisis services utilized at least once in the two years prior to the index date.

Propensity score matching. We employed a statistical technique called propensity score matching to match individuals in our treatment groups to similar individuals from the comparison pool. We use logistic regression to estimate the probability of FHARPS group participation (i.e., the propensity to be exposed to the treatment, or *propensity score*) with baseline characteristics in the period prior to the index month as predictors. The propensity scores obtained from the model were used to select the matched comparison group for the FHARPS competency order history group (n=166) using 1:1 nearest neighbor matching, where one comparison case was selected for each treatment case. For the FHARPS subgroup with no competency order history we used the same 1:1 nearest neighbor matching (n=105). We then assessed how similar (or “balanced”) the treatment and matched comparison groups were across all observed baseline characteristics which included, but were not limited to the following: demographics, homelessness, competency orders, criminal legal system involvement history, economic characteristics, behavioral health and SUD treatment, and physical health indicators.

We assessed balance in baseline characteristics using the Absolute Standardized Mean Difference (ASMD). All ASMD values were 0.14 or less for FHARPS competency order history group and 0.17 or less for the FHARPS no competency order history group, indicating good balance.¹⁶ See Appendix Table 1 for baseline characteristics of the FHARPS program participants and the people in the matched comparison group.

Analytical approach. We used t-tests, chi-square tests, and regression models to identify statistically significant differences between the FHARPS and comparison groups and assess whether FHARPS participation improved participant outcomes. All outcomes were measured over a 12-month period. For the FHARPS groups, the follow-up period started when the participant was enrolled in the FHARPS program.

DATA SOURCES AND MEASURES

Data sources included the RDA State Hospital Analytic Research Query (SHARQ) database, DSHS Integrated Client Databases (ICDB; Mancuso and Huber, 2021), and data provided by the FHARPS programs. The SHARQ database includes forensic court order data from the BHA-IT Forensic Data System as well as historical forensic data. The ICDB is a longitudinal, integrated set of client databases from DSHS and the Washington State Health Care Authority (HCA) and other agencies, containing around 20 years of detailed services, costs and outcomes.

Demographics

- Gender, age and race/ethnicity were extracted from the ICDB.

Housing

- Homeless and Homeless/Unstably housed measures were derived from housing status recorded in the Automated Client Eligibility System (ACES) and services recorded in the Housing Management and Information System (HMIS).
- The chronic homelessness measure was derived from the HMIS, ACES, and data from ProviderOne.
- The Foundational Community Support access measure was based on information in ProviderOne from a Managed Care Organization (MCO) program codes for receipt of services.

Competency Order Indicators

- Any competency service order reflects whether there was at least one court order for competency services in the Forensic Data System (FDS) or historical data systems in the time periods specified.
- Average number of competency service orders is based on the number of competency services orders for the individuals in the FHARPS and comparison groups in the FDS and historical data systems.

Criminal Legal System Involvement

- Arrests were identified from records in the Washington State Patrol (WSP) database. Arrests reported in the WSP database include any arrest that required fingerprinting and are primarily felonies and gross misdemeanors but include some misdemeanors.
- Criminal charges and convictions were identified from Administrative Office of the Courts records, extracted from the Washington State Institute for Public Policy (WSIPP) Criminal History Database.
- Incarceration days include time spent in both local jails and state prison (Department of Corrections; DOC). Local jail days were extracted using data from the Jail Booking and Reporting System (JBRS). DOC incarceration days were identified from prison inmate admission and release records provided by DOC.

Behavioral Health

- Outpatient mental health treatment includes counseling, medication monitoring and other treatment services provided in the community. Inpatient psychiatric hospitalizations include admissions to Western or Eastern State Hospital, community hospitals or an evaluation and treatment facility. Outpatient substance use disorder treatment includes individual or group treatment, medication-assisted treatment and other alcohol or drug treatment services provided in the community. Inpatient substance use disorder treatment includes alcohol and drug treatment services provided in a residential setting.
- Crisis services include hotline, therapy, and intervention services not funded by a state mental health agency.
- Mental health and substance use disorder treatment indicators were generated from multiple information systems: ProviderOne (medical), the Treatment and Assessment Report Generation Tool (substance use disorder treatment records) and the Behavioral Health Data System (combined mental health and substance use disorder treatment records). These indicators are based on health and behavioral health diagnoses, prescription and treatment records. Drug and alcohol-related arrest data maintained by the WSP were also used to identify possible substance use issues.

¹⁶ Ideally, the ASMD value is small. ASMD values smaller than 0.20 are considered to indicate good balance (Cohen, 1992).

Medical Indicators

- Medicaid enrollment reflects that a Medicaid Recipient Aid Category was recorded in ProviderOne.
- Hospitalizations and emergency department use were based on information from medical claims and encounter data recorded in ProviderOne, which is maintained by Washington's HCA. Utilization measures were calculated as the number of visits or admissions per member month to standardize for differences in the amount of time enrolled in Medicaid.
- The chronic illness risk score is based on diagnoses and prescriptions calculated from health service diagnoses and pharmacy claim information, with scoring weights based on a predictive model associating health conditions with future medical costs (Gilmer et al., 2001; Kronick et al., 2000). Individuals with a risk score greater than that of the average disabled Medicaid recipient (calibrated to the Washington State Medicaid population) were flagged as having chronic illnesses. Scores were classified as low (<0.25), medium (0.25 – 1), or high (>1).

Economic Assistance

- Basic Food receipt was identified with data from the DSHS Automated Client Eligibility System (ACES) indicating at least one month of Basic Food coverage during the baseline period.

Employment and Earnings

- Any history of employment, wages and hours were identified using data from the Washington State Employment Security Department (ESD). Individuals were considered employed if they had at least one quarter of non-zero earnings during the baseline period. Average earnings during the baseline period were calculated by summing quarterly earnings within the previous 12 months for those with reported wages.

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ACKNOWLEDGEMENTS

We want to acknowledge the work of our colleagues throughout the research and data analysis division and our partner programs for all the work they do in serving Washington's vulnerable populations.