

# Integrated Care Program: Connecting People to Housing to Reduce Hospital Utilization



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## Abstract

Funded through SAMHSA's Treatment for Individuals Experiencing Homelessness (TIEH) program, New Reach's Integrated Care Program (ICP), out of New Haven, CT, is a collaborative effort aimed at reducing hospital utilization rates for women who are experiencing homelessness and have a co-occurring substance use and mental health disorder.

The program supports an integrated system that addresses the lack of appropriate follow-up care upon hospital discharge for the complex issues faced by women experiencing homelessness that often destabilize housing and create cyclical returns to homelessness and the hospital.

The problem extends to long-term psychological, physical, and social issues in addition to significant costs to society when needed services are inappropriately attained. Since the beginning of the project, ICP staff have worked closely with evaluators to ensure the program is working effectively and changes to the program are made using research- and data-based decision making.

## Objectives/Goals

ICP has two primary goals:

**Goal 1:** Increase New Reach's capacity to coordinate accessible, effective, and integrated treatment services, peer support, other recovery services, insurance, mainstream benefits, and linkages to sustainable permanent housing for the target population.

**Goal 2:** Increase access to effective behavioral health treatment and other recovery care, housing resources, and enrollments in health insurance (Medicaid) and mainstream benefits (including Supplemental Security Income/Social Security Disability Insurance, or SSI/SSDI) through proven outreach, engagement, and appropriate supportive services that meet clients' individual needs.

## Methodology

The Bassuk Center/C4 Innovations (Bassuk Center) partnered with New Reach to manage, analyze, and report performance measures and evaluation data. The Bassuk Center employs a "utilization-focused" evaluation strategy (Patton, 2012) characterized by meaningful engagement with program staff. Evaluators are conducting a mixed-methods evaluation drawing from multiple sources including client surveys, key informant interviews, client interviews, meeting notes, Homeless Management Information System data, and Yale New Haven Hospital (YNHH) utilization rates.

## Results

The New Reach ICP began seeing clients in early January 2019. Between January 1, 2019 and September 30, 2020 a total of 43 clients have enrolled in the program. Sixty-seven percent of ICP clients reported their race as White, 28 percent Black, two percent Asian, and two percent did not report their race as any listed category. Fourteen percent of ICP clients identify as Hispanic or Latinx. Eighty-six percent of ICP clients reported their sexual identity as heterosexual, seven percent as gay or lesbian, and seven percent bisexual. At the time of their baseline interview, the age of ICP clients ranged from 23 to 66 years old, with an average age of 46 years old. Of the 23 ICP clients who have completed both a baseline and 6-month reassessment, the number of clients who reported their past 30-day housing status as homeless reduced from 50 percent at baseline to 17 percent. Twenty-three percent of clients were living in their own or someone else's house, apartment or trailer at baseline, increasing to 48 percent at 6-month reassessment.

Table 1 displays changes in outcome measures from the baseline interview to first six-month reassessment interview.

Table 2 displays the change in hospital utilization, specifically emergency department (ED) visits, for ICP clients enrolled during Year One (October 1, 2018 through September 30, 2019).

**Table 1. Outcome Measures from Baseline Interview to First 6-Month Reassessment**

National Outcome Measure (NOMs)	# of Clients	Positive at Baseline	Positive at 2nd Interview	% of Clients Whose Outcome Improved	% Change
Had a stable place to live	19	10.5%	31.6%	31.6%	200.0%
Experienced homelessness (past 30 days)	20	65.0%	30.0%	5.0%	-53.8%
Functioning in everyday life	21	19.0%	38.1%	71.4%	100.0%
Using illegal substances (past 30 days)	20	75.0%	45.0%	5.0%	-49.0%
No serious psychological distress	21	23.8%	52.4%	33.3%	120.0%
Utilized an emergency room for behavioral health issues (past 30 days)	19	52.6%	5.3%	0.0%	-90.0%
Socially connected	20	45.0%	55.0%	45.0%	22.2%

## Case Study

Through her involvement with ICP, V. was finally approved for SSI after 3 previously denied applications over 7 years. She suffered from severe mental illness, homelessness, sexual abuse, and numerous traumas throughout her life. Despite a history of documented severe disabling impairments evident since adolescence, she was denied SSI on 3 separate occasions, even with assistance from outside parties completing her claim. She continued to work with mental health, homelessness, and vocational agencies to maintain financial and mental health stabilization and even attempted to work for a short period of time. She found herself cycling back through her mental health impairments, emotional anguish, and homelessness.

ICP's SOAR Benefits Specialist was able to connect the dots in her long-term documented history of severe mental illness, advocating her claim from initiation to reconsideration and established the validity of the SSI claim. V.'s 4th SSI application, completed by New Reach's ICP SOAR Benefits Specialist, was approved in 8 months despite COVID and she now has the much-needed long-term income to support proper housing placement and her ongoing recovery.

– SOAR Works

**Table 2. Change in ED Visits from 6 months prior to enrollment to 6 months after enrollment for clients enrolled during Year One (n= 28)**

	# of Clients	% of All Clients	% Achieved Permanent Housing During 6 Month Post-Enrollment
Decrease	13	46.4%	69.2%
No Difference	6	21.4%	66.6%
Increase	9	32.1%	55.6%

## Preliminary Findings

During the first year of the project, New Reach successfully established a full ICP team and trained the team in key evidence-based practices to allow them to effectively serve the target population. The team began seeing clients in January 2019, exceeding their Year One enrollment target (target = 20 clients; actual = 28 clients). The New Reach team established protocols and processes for successful collaboration with YNHH and ensured that staff are both aware of the programs eligibility criteria and equipped to make appropriate referrals. During Year One, the New Reach team also began developing partnerships with local service providers, and this collaboration continued throughout Year Two.

The ICP team worked efficiently to address any identified challenges (e.g., reducing the amount of paperwork required for referrals to the program). Clients and staff alike reported high satisfaction in the program and agreed the program is well-implemented.

Year Two brought unprecedented challenges in providing services due to the COVID-19 pandemic, however, the New Reach program was able to adapt and continue to work with and support enrolled clients. Referrals to ICP slowed due to COVID-19 and the hospital needing to utilize staff and resources in different ways. Despite these challenges, ICP continued to receive referrals and connect with newly referred clients.

Through COVID funding, the Connecticut Department of Housing provided five mainstream housing vouchers (RAP) to ICP. The ICP clinical team supported the housing search process and provided Critical Time Intervention case management for the clients who obtained housing through these vouchers.

## Resources

Patton, M. Q. (2012). *Essentials of utilization-focused evaluation*. SAGE.