Integrated Care Management: Caring for the Chronically Homeless

Presenters

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1115 Waiver: A Timely Resource

- National homeless system has undergone key strategic changes as a result of the HEARTH act
- Houston/Harris County critically short of resources to provide needed services to chronically homeless persons prioritized for Permanent Supportive Housing
- Ending chronic homelessness is prioritized by the US Interagency Council on Homelessness for completion by the end of 2015; prioritized also by Houston Mayor and HUD

Definitions

- **Chronic homelessness,** HUD definition: an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years

Definitions

- **Permanent supportive housing (PSH)**: decent, safe, affordable, community-based housing that provides participants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing homelessness. Permanent supportive housing is a proven, effective means of reintegrating chronically homeless and other highly vulnerable homeless families and individuals with psychiatric disabilities or chronic health challenges into the community by addressing their basic needs for housing and providing ongoing support

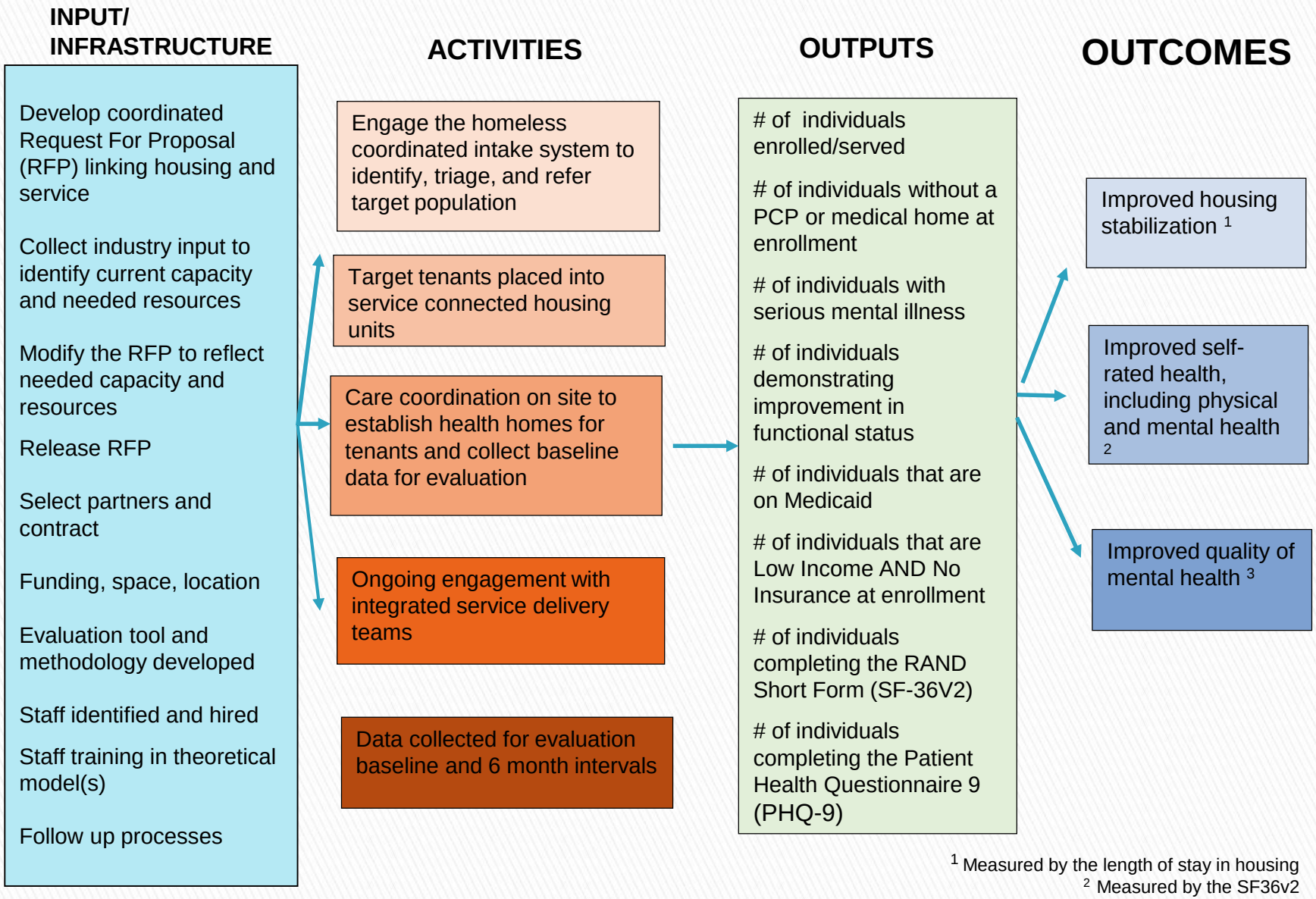
BACKGROUND: Homelessness & Health

- Homeless persons have mortality rates 3-6 X higher
- Estimated reduced life span of 13-32 years
- Deterioration of health status from:
  - Delays in seeking medical treatment
  - Exposure to the environment
  - Cognitive impairment
  - Lack of preventive care
  - Lack of access to care
  - Lack of continuity of care
- Medical costs account for 62% of service costs (LA study)
- 9 – 13 x more ED visits; 3 x more hospital days

1115 Waiver

- Implemented through the City of Houston Health Department
- Two providers with similar but different approaches
  - Healthcare for the Homeless – Houston (HHH)/SEARCH
  - Houston Area Community Services (HACS)
- Joint oversight workgroup that meets regularly to ensure both programs are meeting the milestones and metrics

Logic Model



[1] Measured by the length of stay in housing
[2] Measured by the SF36v2
[3] Measured by PHQ9

Evaluation Criteria

- Stabilized housing
- SF-36v2
- PHQ-9
- Reduced ER visits / hospitalizations
- Standard FQHC health status indicators
- Increased income

Theoretical Models: HHH/SEARCH
"Primary Care Behavioral Health Consultant"

- Considered "extreme" integration
- Pilot project with homeless population
- Behavioral Health Consultant (BHC) will see patients with Primary Care Clinician at "point of care"
- Focus on CBT, MI, brief interventions
- Moved HHH from Level 5 integration: Close Collaboration Approaching an Integrated Practice, to Level 6: Full Collaboration in A Transformed/Merged Practice (SAMHSA, *A Standard Framework for Levels of Integrated Healthcare*)

Theoretical Models: HHH/SEARCH

- Transtheoretical Model of Intentional Behavior Change, often known as the Stages of Change
- Motivational Interviewing (MI)
- Client-centered interventions

Team Participants – HHH/SEARCH

- RN Case Manager (HHH, providing nursing services and serves as staffing coordinator)
- Case Manager Lead (part time, SEARCH)
- Director of Social Services (part time, HHH)
- 2 Clinical Case Managers
- 2 Community Health Workers
- Behavioral Health Consultant (part time, HHH)
- Primary Care Team (as needed, HHH)

Theoretical Model – HACS

Cognitive Behavioral Social Skills Training (CBSST)

- Developed by UC San Diego and the VA
- Systematically helps consumers with serious mental illness achieve their personal recovery goals
- SST involves learning communication and problem-solving skills
- CBT involves learning to catch, check and change unhelpful thoughts that interfere with successful goal-directed skill performance

*** **All staff also trained in and using MI**

Team Participants – HACS

- LCSW Program Manager (part-time)
- 2 Clinical Case Managers
- RN
- Disability Specialist
- Recreation Specialist
- Community Health Worker
- 3 Case Managers (new positions in recruitment stage)
- Primary Care & Behavioral Health (as needed)

Baseline SF 36 Scores

- a multi-purpose, short-form health survey consisting of 36 questions
- yields an 8-scale profile of functional health and well-being scores
- the eight scales can be combined to assess a Physical Component Summary and a Mental Component Summary
- baseline composite scores for enrolled individuals indicates that on each of the eight scales, the aggregate scores are significantly lower than the norm-based comparisons

Baseline SF 36 Scores/cont.

- Composite baseline score:45.2078
- baseline scores indicate that that project participants scored 57% below the norm on the Physical Component Summary and 75% below the norm on the Mental Component Summary
- of the individual scales, the three most disparate scores fell in the areas of Social Functioning (80% below the norm), Role Emotional (68% below the norm) and Mental Health (70% below the norm

Patient Health Questionnaire – 9 (PHQ9)

- survey tool to assist clinicians with diagnosing depression and monitoring treatment response
- composite baseline score: 8.8815
- baseline scores indicated that 38% of the participants scored between moderate and severe depression. This is interesting to note, because when compared to the baseline scores of the SF36, these aggregate scores appear to be lower than those on the SF36, which reported 64% in Positive Depression Screening.

Early Lessons Learned

- HUD & HRSA regulations not always alike
- RN critical in “interpreting” between medical and case management staff
- Initial increase in not only SMI acuity, but also physical health crises
- Deepened knowledge & skills of all staff
- Housing providers somewhat hesitant
- Significant funding challenges – traditional Medicaid would not cover costs