InterCommunity Health Network CCO

IHN-CCO TRANSFORMATION PILOT SUMMARY

HOMELESS RESOURCE TEAM

January 2019 to June 2020

Overview:

With funding from InterCommunity Health Network Coordinated Care Organization (IHN-CCO), the Homeless Resource Team was developed by Samaritan Health Services (SHS) and other partners. The Homeless Resource Team includes a case manager, health navigator, and Homeless and Vulnerable Patient Committee. The goals of the pilot were to:

- Facilitate placement into permanent supportive housing for patients with homelessness and chronic medical conditions;
- Increase primary care utilization among homeless adults with chronic medical conditions;
- Decrease emergency department (ED) utilization among homeless adults with chronic medical conditions; and
- Improve healthcare providers' knowledge and sensitivity about caring for patients with homelessness.

Successes:

* 98 IHN-CCO members served
* 16 IHN-CCO members (16%) were placed in permanent housing
* 81 IHN-CCO members (83%) had 1+ barriers to housing resolved
* Collaboration between Benton County health navigators and Samaritan LCSWs (licensed clinical social workers)
* Being able to address some immediate needs that are difficult to fill with standard resources, such as shoes for safe walking or phone access
* Increased awareness for providers and staff

Key Activities:

* Outreach and coordination
* Monthly Homeless & Vulnerable Patients Committee meetings
* Presentations to SHS physicians & staff

InterCommunity Health Network CCO

IHN-CCO TRANSFORMATION PILOT SUMMARY

HOMELESS RESOURCE TEAM

January 2019 to June 2020

Learning Experiences:

There are many unresolved barriers to helping homeless clients including:

- Delays in establishing care with a primary care clinician
- Limited transportation to urgent care clinics (compared to going to the ED)
- Limited access to mental health treatment and substance abuse interventions
- Housing availability, particularly low-barrier housing.

The Homeless Resource Team worked to address these barriers by leveraging networks & resources to find solutions wherever possible. The flexibility provided by this pilot project to cover expenses that would have been difficult to cover through other means was important in addressing some barriers.

Next Steps:

The Homeless Resource Team will continue. The LCSW position has been sustainably funded via cost-share between IHN-CCO and Samaritan's Care Hub. Pilot partners continue to meet monthly.

There have been conversations about expanding to Linn and Lincoln counties, but barriers including funding for outreach positions exist. It is unlikely the exact model will be replicable in other counties but the core idea of improving collaboration between Samaritan (or other clinical partners), county health departments, and community-based service agencies is definitely scalable.

Key Terms:

- Health navigator: a person who provides information, assistance, tools, and support to help a patient to make the best health care decisions
- Licensed Clinical Social Worker (LCSW): professionals that provide emotional support, mental health evaluations, therapy, and case management services to those in need of such services