

Vital Role of Case Management for Individuals Experiencing Homelessness

Implemented during the 1980s to increase access, efficiency, coordination, and accountability of services, case management has become an integral feature of health care delivery as well as support services to meet the complex needs of individuals experiencing homelessness.⁽¹⁾ As health insurance coverage increases in this population and national health reform efforts focus on reducing health care costs while improving health outcomes, researchers, policy experts, health insurers, and service providers have begun to more deeply examine the value of case management services. This issue of *In Focus* will provide: an overview of case management; its positive outcomes; the role these services play in enhancing health and housing interventions; the importance of care coordination as an aspect of case management; as well as discuss the implications for practice, policy, and future research.

What Is Case Management?

Case management has been described in various ways in the literature based on the desired outcomes, intensity of services, and implementing provider; however, the goal is to ensure timely access to and coordination of fragmented medical and psychosocial services for an individual while considering costs, preventing duplication of services, and improving health outcomes.⁽²⁻⁴⁾ The basic components of case management include intake, assessment of needs, service planning, linkage to services, continuous monitoring, and client advocacy. In addition to increasing access to medical and psychosocial services,

case management can also include crisis intervention, discharge planning and direct services such as emotional support, client education, and skill building.⁽²⁾

Over the past few decades, five major models of case management have emerged: general or standard case management (SCM), intensive case management (ICM), clinical case management (CCM), assertive community treatment (ACT), and critical time intervention (CTI).⁽²⁻³⁾ An overview of these models can be found in Figure 1.

Case Management Positive Outcomes

Outcomes of case management tend to focus on specific subpopulations of individuals experiencing homelessness (e.g. those with co-occurring disorders, severe mental illness, chronically homeless, and frequent users), making comparisons across studies challenging. A recent literature review examining case management interventions between 1994 and 2008 revealed multiple positive effects for individuals experiencing homelessness, including: increased housing stability; increased engagement in medical and non-medical services; reduced use of high cost health system services; improved mental health status; reduced use of drug and alcohol; and improved quality of life.⁽²⁾ The extent of the outcomes varied across different studies and models of case management, depending on individual program design/factors.

Trends of positive outcomes are still being demonstrated in more recent studies. For example,

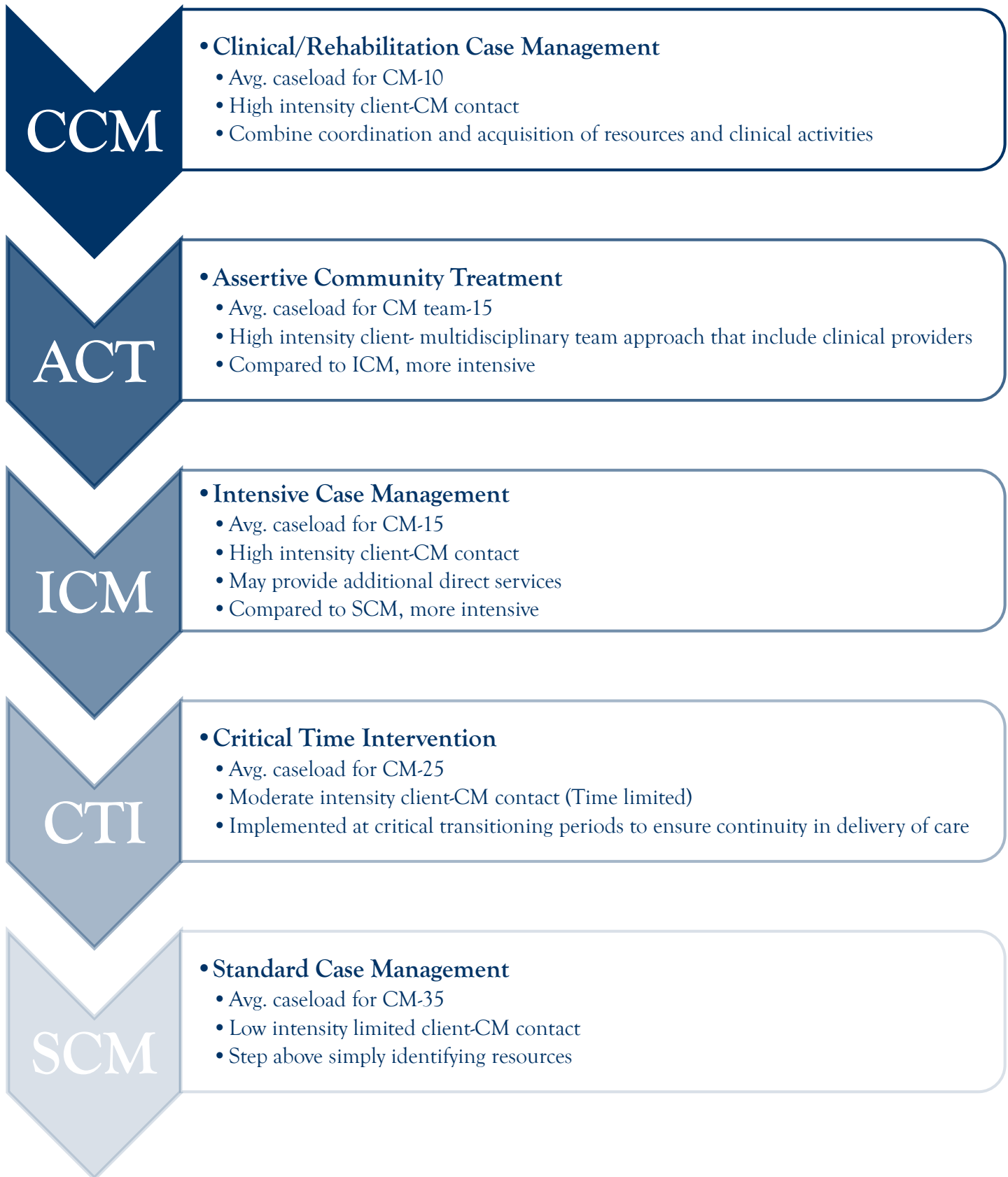


Figure 1: Overview of the different models of case management.^(2,3,17,32,35)

Gordon et al. (2012) demonstrated that individuals receiving ICM had reduced substance use and psychiatric symptoms over 12 months. ICM interventions have also shown an impact in reducing the number of days homeless, emergency department (ED) visits and length of hospitalization.⁽⁵⁻⁷⁾ ACT interventions have been effective in reducing substance use, psychiatric symptoms, and homelessness as well as change in service use patterns.⁽⁸⁻⁹⁾ A summary of positive outcomes that different models of case management have had on individuals experiencing homelessness can be found in figure 2.

Role of Case Management in Specific Interventions

While case management has been demonstrated to be a vital service in general, it has also increasingly been used to enhance specific interventions such as housing and targeted health education.⁽¹⁰⁻²⁰⁾ However, there are few studies that compare these interventions to case management only or 'usual care'.

For targeted health education, two studies have investigated the use of nurse case management (NCM) in improving hepatitis A, B, and C outcomes. Nyamathi et al. (2009) found that homeless adults who received NCM paired with targeted hepatitis education were more likely to complete hepatitis A and B virus vaccine series compared to those that received targeted education only. Tyler et al. (2014) reported that homeless adults who received NCM paired with targeted hepatitis education had a significantly greater increase in hepatitis C virus knowledge compared to those that received targeted education only. Both studies exemplify the benefits of adding a case management component to a specific health intervention for positive infectious disease outcomes.

Importance of Care Coordination within Case Management Models

Care coordination and case management are often used interchangeably by professionals because both contain the basic elements of case management listed earlier.^(4,21) However, care coordination activities ensure that medical progress is achieved by enhancing the

delivery of care and access to resources for appropriate treatment;⁽²²⁾ hence they are central to the case management process, and key to improving medical care delivery.⁽²³⁾

Care coordination activities that are critical to case management include but are not limited to ⁽²⁴⁾:

- Identify client health needs and prioritize issues
- Develop a plan that is not only cost-effective but feasible to implement
- Identify appropriate clinical provider and coordinate patient-centered care
- Identify barriers to achieving health goals
- Accompany clients to doctor appointments
- Facilitate the exchange of health information
- Promote the client's understanding of health information including the condition/disease and treatment plan
- Facilitate development of self-management health skills
- Arrange and connect clients to social service needs (e.g. housing, transportation, food/meals, or any other social determinants of health); and
- Provide ongoing monitoring and evaluation to ensure medical progress is achieved

In a recent study of 834 case managers, 63% reported dedicating 50% or more of their time to care coordination activities.⁽²³⁾

All models of case management have some elements of care coordination activities, but the intensity of these services varies. CTI, a moderate intensity client-case manager contact, has been successful in coordinating care for frequent ED users who are also experiencing homelessness, ultimately reducing acute care admissions, ED visits, and length of hospitalization at the Community Memorial Hospital in Ventura, CA.⁽⁶⁾ Two other studies, conducted in Connecticut and New Hampshire, compared SCM (low intensity) and ACT (high intensity) interventions and their effect on individuals with severe mental and substance abuse disorders. Both studies showed that ACT was more effective in reducing length of hospitalization, substance use, and days of homelessness compared to SCM groups because it had a

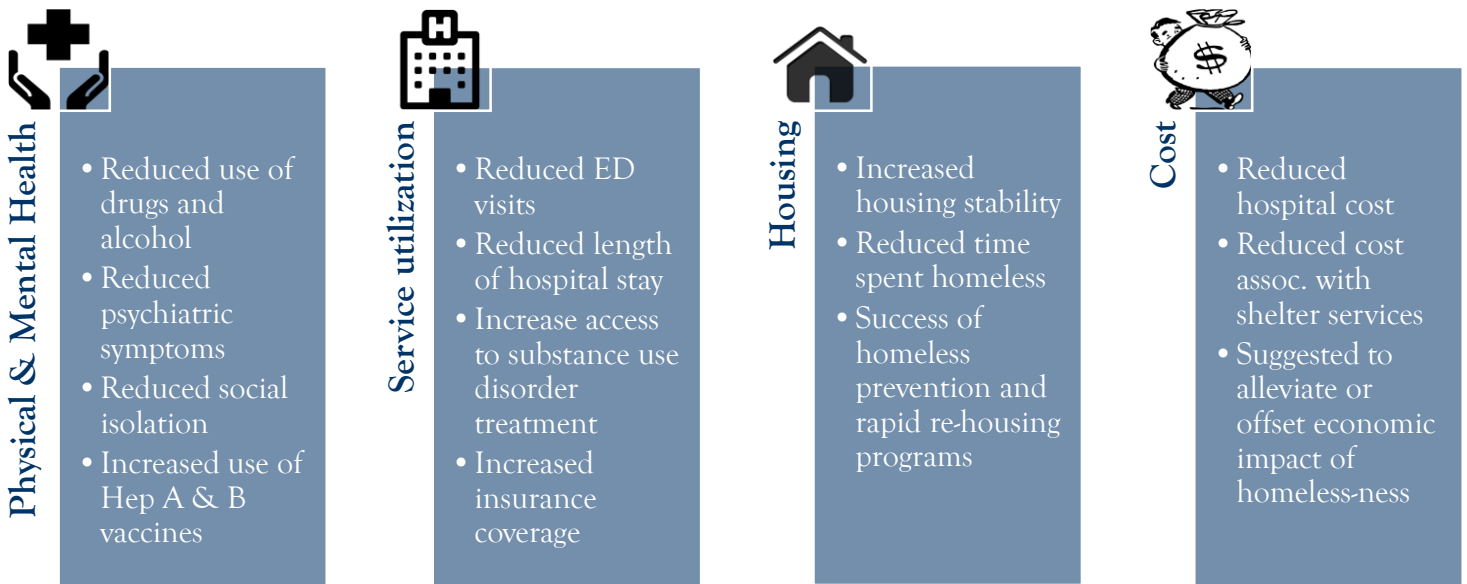


Figure 2: Reported positive outcomes of case management

**Positive outcomes vary across studies and case management models with some reporting positive, mixed, or no change in outcome measures.*

built-in multidisciplinary team approach that allowed for better care coordination.⁽⁸⁾

Implications

As this literature review suggests, case management plays an integral role in achieving positive medical and non-medical outcomes for individuals experiencing homelessness through communication, health education, client advocacy, identification of service resources, and service facilitation.⁽²⁵⁾ It may be especially beneficial for the highest need, most vulnerable, individuals including the chronically ill, frequent service users, and those with severe mental illness and substance use disorders.

Though the benefits of case management are evident, organizations may face multiple challenges in implementation. For example, implementing ACT in programs funded through the U.S. Department of Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment for Homeless program was challenging due to difficulties:

- Recruiting and retaining clinical staff;

- Funding vital clinical staff such as vocational specialist and behavioral health providers;
- Recruiting and retaining individuals experiencing homelessness; Incorporating family, friend, and significant other involvement;
- Developing staff knowledge base of integrated treatment services and working in a team-oriented setting; and
- Billing for outreach and delivery of services in the community vs time spent on-site.⁽²⁶⁾

These challenges may be seen across other case management models as they all provide the same basic functions and are not mutually exclusive.⁽²⁾

Nevertheless, over the past 30 years, Health Care for the Homeless (HCH) projects and other federally funded programs targeting homeless populations have recognized the importance of case management in being a one-stop-shop to connect to multiple resources.⁽²⁷⁾ In fact, the US Department of Health and Human Service’s Health Resources and Services Administration (HRSA) requires all federally funded health centers to provide case management services including counseling, referrals, follow-up services, and assistance in helping

patients establish eligibility for and gain access to federal, state, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services.⁽²⁸⁾ In 2014, HCH projects reported over 500,000 visits for case managers accounting for 13% of all clinical visits.⁽²⁹⁾

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Policy Implications

National health reform goals include a focus on the “Triple Aim,” which seeks to increase quality of care and positive health outcomes while decreasing health care costs. As health care providers are increasingly held accountable to achieve these goals at the patient level, the need for and value of case management services has increased.⁽²³⁾ However, case management can be a costly service, as high needs clients may require services for an extended period of time from multiple sources. Few studies have examined the cost outcomes of case management in relation to its impact on the homeless population and society; however, existing literature reveals that it has been effective in reducing total hospital costs.⁽³⁰⁻³²⁾

Case management can help reduce costs because it alleviates the economic impact of homelessness through changes in service utilization patterns.⁽³⁰⁾ For example, case management interventions have been shown to reduce homelessness (by connecting clients to rent subsidies, permanent supportive housing, rapid re-housing, and housing first programs), increase insurance coverage, and decrease substance use and psychiatric symptoms. These outcomes may offset costs associated with emergency shelters, hospital readmissions, reduced use of over-utilized health services, and increased use of under-utilized health services.^(17,30-31)

Recommendations

To better understand the effectiveness of case management interventions on homeless populations

and to ensure positive outcomes, the following actions are recommended:

- Increase understanding of the needs of the homeless population and the “inefficient use of resources associated with homelessness” through research;⁽³³⁾
- Conduct research that is experimental in nature: comparing medical care interventions with and without case management ; conduct research that includes previously understudied homeless populations;
- Conduct cost analysis research in regards to the benefits of case management and the economic impact on society;
- Implement appropriate case management models based on the needs of the individual to reduce and eliminate barriers to medical and non-medical services;
- Consult with the State Medicaid agency regarding whether a statewide strategy—such as adopting coverage for case management services—is feasible; such coverage would likely stabilize continuity for community providers and maximize grant funds.⁽³⁴⁾

These recommendations can ensure a more effective use of resources and enable policymakers to recognize the benefits of case management for individuals experiencing homelessness while at the same time lowering health care costs.

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Disclaimer

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09746, a National Training and Technical Assistance Cooperative Agreement for \$1,625,741, with 0% match from nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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Suggested citation: National Health Care for the Homeless Council. (April 2016). **Vital Role of Case Management for Individuals Experiencing homelessness**: A Quarterly Research Review of the National HCH Council, 4:1. [Author: Claudia Davidson, Research Associate] Nashville, TN: Available at: www.nhchc.org.

Acknowledgements: Contributing edits made by Barbara DiPietro, Senior Director of Policy, National HCH Council

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