

Community Integration Services: Rapid Cycle Assessment 2024-Q1

JUNE 10, 2024

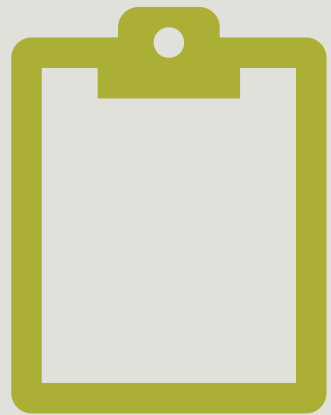
Prepared by: University of Hawai'i at Mānoa Evaluation Team
Prepared for: Med-QUEST Division



UNIVERSITY
of HAWAII®
MĀNOA

Table of Contents

<u>Overview.....</u>	<u>2</u>
<u>Data Sources Comparison.....</u>	<u>3</u>
<u>CIS Numbers 2024 Quarter 1.....</u>	<u>4</u>
<u>Member Characteristics 2024 Quarter 1</u>	<u>11</u>
<u>Summary.....</u>	<u>15</u>
<u>Recommendations.....</u>	<u>17</u>
<u>Appendix.....</u>	<u>18</u>



Overview

This report presents updates from the 2024 Quarter 1 (Q1) Rapid Cycle Assessment (RCA) for Community Integration Services (CIS), covering the reporting period January 1, 2024, through March 31, 2024. The RCA primarily focused on 2024-Q1 H code data submitted by Health Plans and self-reported CIS member characteristics (e.g., health and housing status) captured in action plans completed during the quarter.

Preliminary RCA results were shared with the Health Plans, Med-QUEST(MQD), and participating homeless service providers at the Rapid Cycle Assessment (RCA) meeting, held over Zoom on June 7, 2024 at 9am. The RCA meeting was originally scheduled for Friday, May 24, 2024, but the meeting had to be postponed to accommodate some Health Plans who needed an extension to ensure clean data and accurate reporting.

The remaining sections of this report include a comparison of data sources, CIS numbers for 2024-Q1, and self-reported member characteristics, including housing status, health, and service needs and usage. It concludes with a summary of findings and recommendations for MQD.

For more information about this report, please contact:

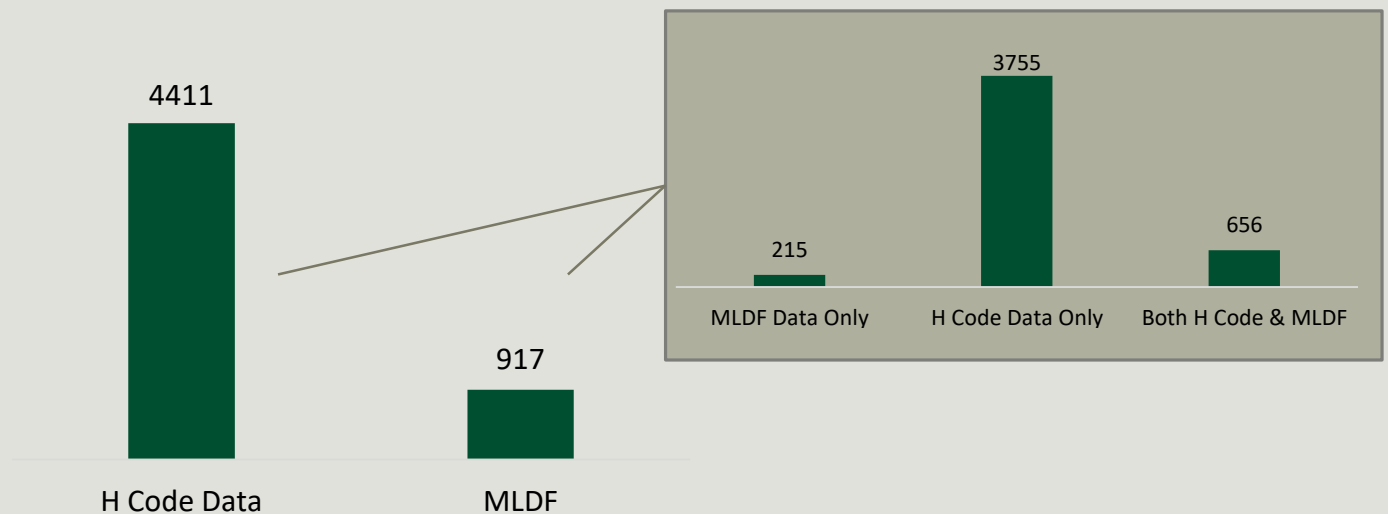
Anna Pruitt, PhD | annars@hawaii.edu or

Jack Barile, PhD | barile@hawaii.edu

Data Sources Comparison

The evaluation team compared two data sources when trying to determine total number of CIS members: H code and quarterly reports (particularly the member-level data file (MLDF)). Health Plans submit H code status updates daily to MQD. Each status update includes the member Medicaid ID, the associated Health Plan, the H code, and the start and end date for the code. For this analysis, the evaluation team pulled all H codes for members that had an open (or active) H code during the quarter. The MLDF is submitted by Health Plans quarterly to MQD and is supposed to include all members with an open H code during the quarter. Unlike H code data, the MLDF includes enrollment and health data, including referral source, consent date, eligibility criteria, services provided, etc. Ideally, the number of members should match in both data sources.

Fig. 1. Total Number of CIS Members by Data Source, 2024-Q1



H code data showed 4,411 members had an open H code at some point during the quarter. Combined data across all Health Plans' MLDFs showed 917 members had an open H code at some point during the quarter. Comparing members in both data sources revealed that 656 members were included in both data sources, while 3,755 members were in the H code dataset but not in the MLDF. A smaller number (n = 215) of members were only in the MLDF and not in the H code data (Fig. 1).

Because of discrepancies between H Code data and MLDF data, this RCA uses H Code data to determine overall CIS numbers and quarterly report data (e.g., the MLDF and the Action Plan Level Data File (APLDF)) to determine client characteristics and other data points not captured by H Code and claims data.

CIS Numbers for 2024-Q1

Data Source: H code data

A total of 4,411 members had an open H code during the quarter. An open H code is considered open if it has a start date but no end date. Thus, the 4,411 includes members who had a start date before the quarter with no end date (or with an end date during the quarter) as well as those members with a start date during the quarter with no end date (or with an end date during the quarter). Members can have more than one open H code during the quarter as they change statuses within the program. Ideally, members will move quickly through the codes to ensure that members who are eligible receive services. See Table 1 for a description of each H code and the enrollment status associated with each code.

Table 1. H Code Descriptions

H Code & Description	Enrollment Status
H1—Potentially Eligible	Not Enrolled
HA—Potentially Eligible, Outreach Authorized	Not Enrolled
H2—Contacted, Confirmed Eligible	Not Enrolled
H3—Contacted, Not Eligible	Never Enrolled
H4—Contacted, Eligible, Refused	Never Enrolled
H8—Unable to Contact	Never Enrolled
HC—Eligible Consented	Enrolled
H5—Pre-Tenancy	Enrolled, Receiving Services
H6—Tenancy	Enrolled, Receiving Services
H7—CIS Beneficiary, Lost to Follow Up	Exited
HH—CIS Beneficiary, Exited back to Homelessness	Exited
HT—CIS Beneficiary, Exited to Temporary Housing	Exited
HP—CIS Beneficiary, Exited to Permanent Housing	Exited
HM—CIS Beneficiary, Exited to Other/Misc. Location	Exited

Total Members

Of those CIS members with an open H code during the quarter, the largest number were in H1—Potentially Eligible at first H code as well as at last H code. The number of members in H1 drops slightly from 2,714 at first H code to 2,486 at last H code. On the other hand, the number of members in almost all other H codes rises slightly. For example, the number of members in H5 (pre-tenancy) and H6 (tenancy) at last H code were 741 and 461 compared to 685 and 415, respectively.

Fig. 2. CIS Members by First & Last H code, 2024-Q1 (N = 4,411)

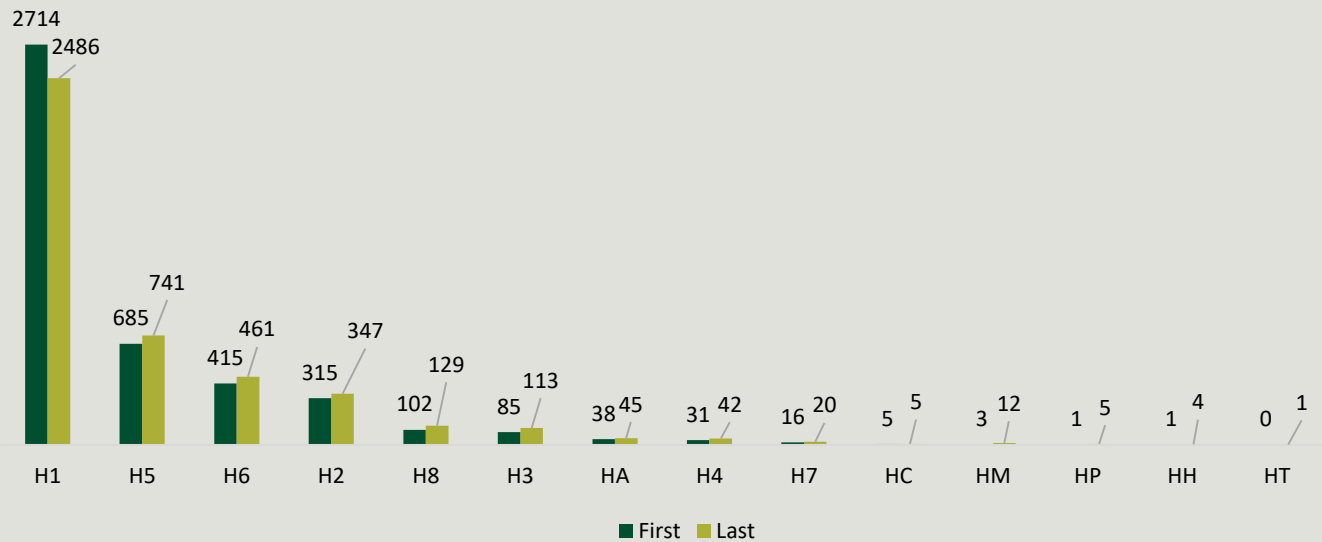
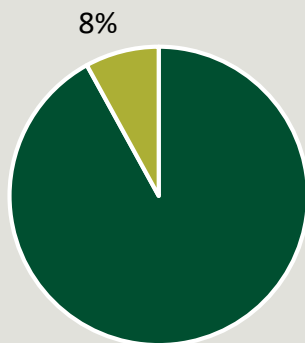


Fig. 3. Percent of Members Who Changed H Codes during the Quarter (N = 4,411)



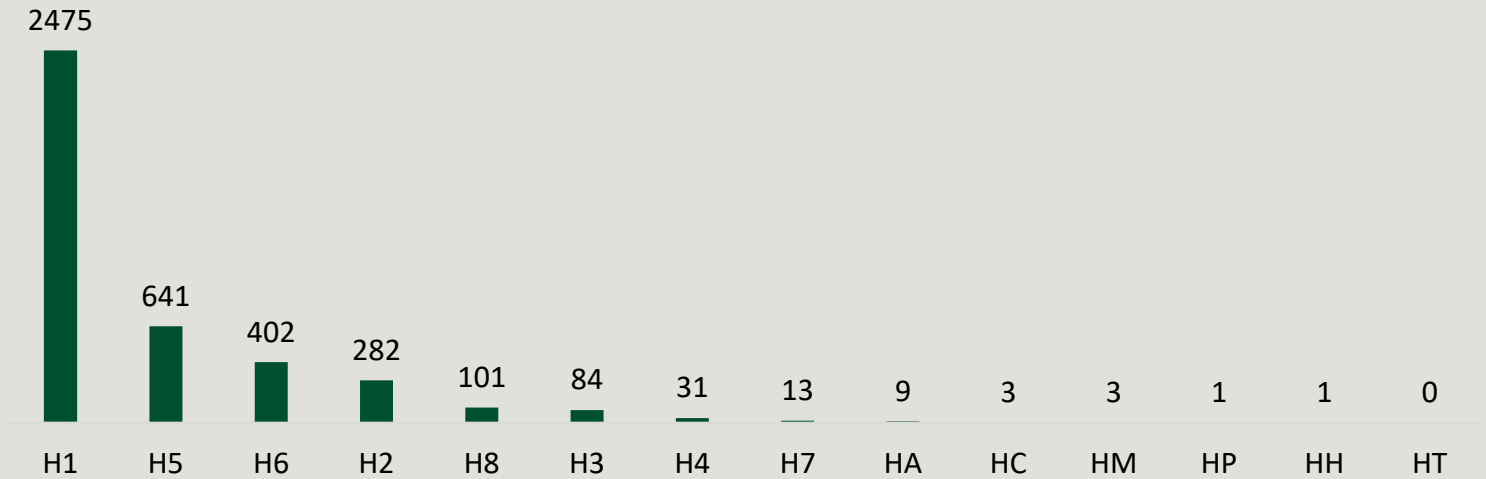
Only 8% of all members with an open H code at any point during the quarter changed H Codes during the quarter (e.g., moved from H1 to H2). The remaining 92% did not change H codes during the quarter.

Together, data suggests that some members were moving through H code statuses as intended during the quarter, albeit slowly. Most CIS members started and ended the quarter in H1—Potentially Eligible.

Members who Remained in Same H Code

The majority of total members who did not change H codes during the quarter ($n = 4,046$), started and ended the quarter in H1—Potentially Eligible ($n = 2,475$). A smaller number began and ended in H5 ($n = 641$), H6 ($n = 402$), and H2 ($n = 282$).

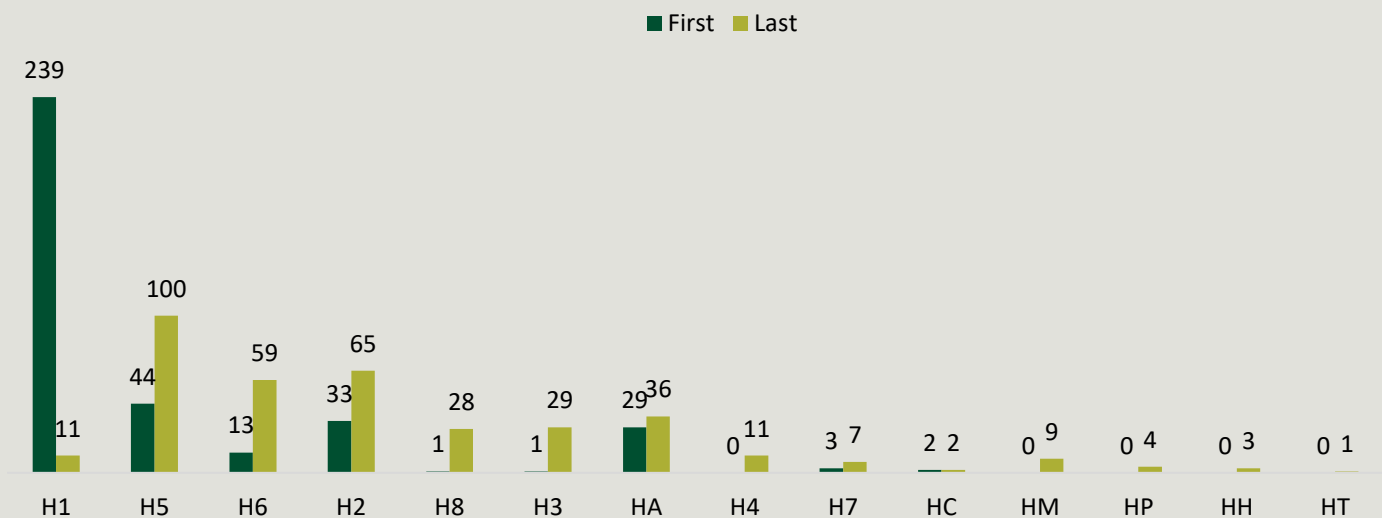
Fig. 4. CIS Members by H Code 2024-Q1 ($n = 4,046$)



Members who Changed H Codes

Those members who did change H codes ($n = 365$) typically began in H1 ($n = 239$) and moved into H5 ($n = 100$), H6 ($n = 59$), or H2 ($n = 65$). A smaller number moved into H8 ($n = 28$), H3 ($n = 29$), and HA ($n = 36$). Those members who were moving H codes were moving as intended; however, only a small number of members changed H codes during the quarter.

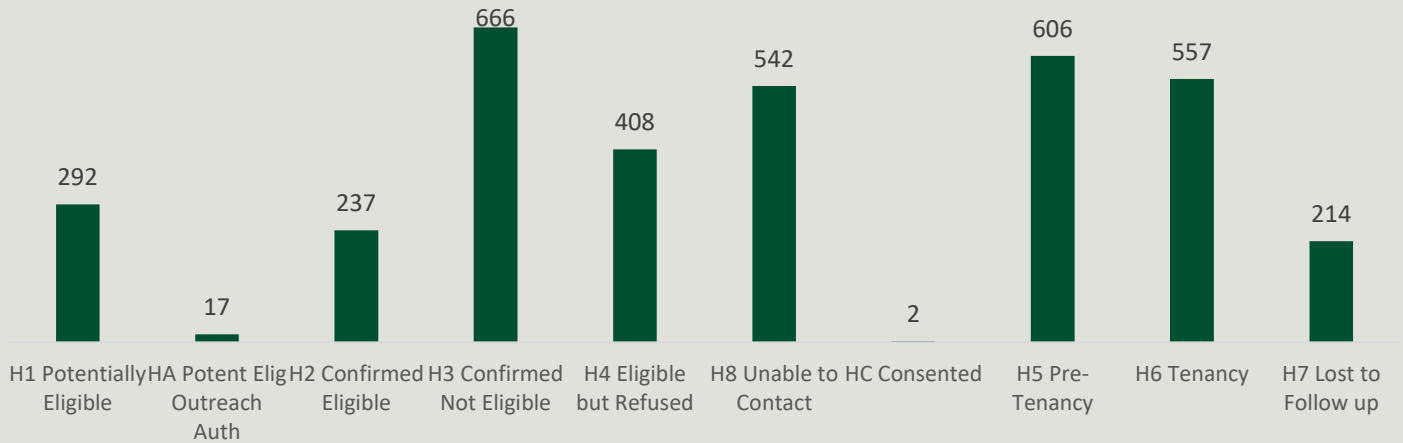
Fig. 5. CIS Members by First & Last Hcode, 2024-Q1 ($n = 365$)



Average Days in Each H Code

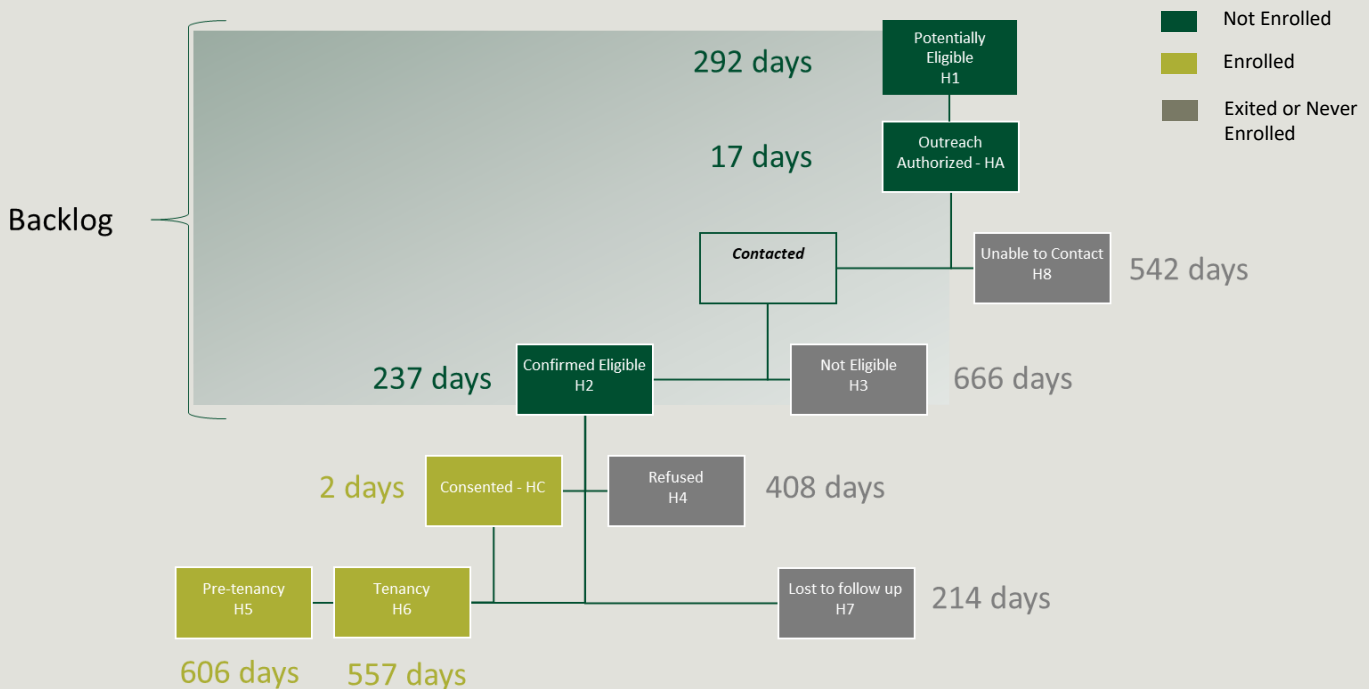
CIS members who had an open H code during the quarter, spent the most average number of days in H3—Confirmed Not Eligible (666 days), followed by H5—Pre-tenancy (606 days), H6—Tenancy (557 days), H8—Unable to Contact (542 days), and H4—Eligible but Refused (408 days). Apart from H5 and H6, these codes are exit codes for members who were never enrolled in CIS and likely should be end dated (see Fig. 8).

Fig. 8. Average Number of Days in Each H Code (N = 4,411)



Examining codes that indicate “backlog” (i.e., members who need to be contacted or were awaiting services) revealed that members also spent a large number of days in H1-potentially eligible and confirmed eligible. Notably, the average number of days members spent in HC-Consented was only two days, suggesting that while movement through the H Codes may be slow, once members are contacted and consented, they move quickly into tenancy and pre-tenancy. This section does not include new exit codes (e.g., HH, HT, HM, HP) because they were not used frequently in this quarter.

Fig. 9. Average Number of Days in Each H Code by Enrollment Status (N = 4,411)



Enrolled Members

This section examines members who were considered enrolled—members who consented (HC), members in tenancy (H6), and members in pre-tenancy (H5)—during the quarter using H code data.

Members who Consented

Of the 4,411 total with any H Code, 130 were in HC (consented) at any point during the quarter. The vast majority of those members moved into H5 or H6 during the quarter. The average number of days between consent and services was 1.3 days. Eight members had consented but were not yet receiving services. For these eight, an average of 47.9 days had elapsed since consent as of March 31, 2024.

Members in Tenancy and/or Pre-Tenancy

Twenty-eight percent of members (n = 1,231) were in H5 or H6 at some point during the quarter. Of these members, 814 were in H5 at some point; 474 were in H6 at some point; and 56 transitioned from H5 to H6 during the quarter. One person transitioned from H6 to H5.

Fig. 10. % of Members Who Were in H5 or H6 during the Quarter (N = 4,411)

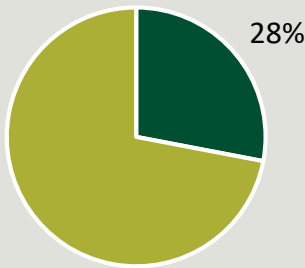
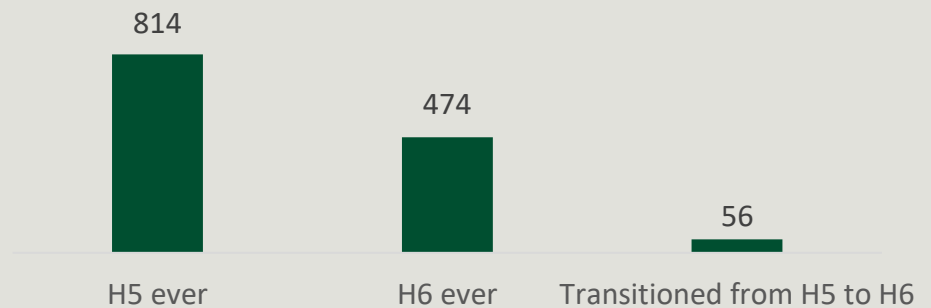


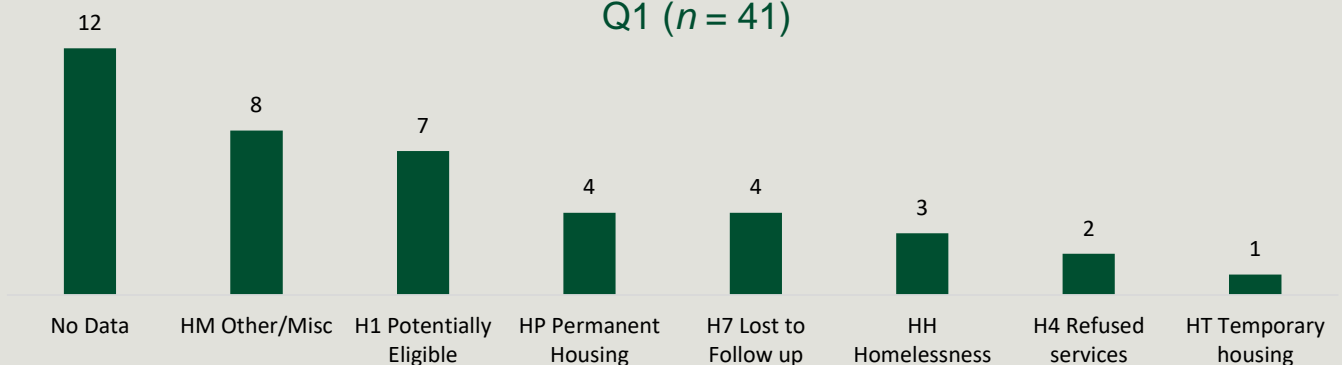
Fig. 11. Number Members Who Were in H5 or H6 in 2024-Q1 by H Code (N = 1,231)



Members in Tenancy/Pre-Tenancy who Exited

Of the 41 members who had been in H5 or H6 with an end date, 12 had no further H codes indicating exit destination. Eight were assigned HM—Exited to Other/Misc. and seven were assigned H1—Potentially Eligible. Thus, exit destination is largely unknown for most of the exited members.

Fig. 12. CIS Members in H5 or H6 with an End Date by Exit Destinations, 2024-Q1 (n = 41)



Total Members by Month

Examining the number of members by month revealed that the numbers increased slightly each month during the quarter. The following figures show the number of new and existing CIS members by month. For the sake of this analysis, a “New CIS Member” is a member who was enrolled during the month (had an H5, H6, or HC code that had a start date during the month). An “Existing CIS Member” is a member who had an H5, H6, or HC code with a start date before the month with either no end date or an end date assigned during the month. For example, January 2024 started with 1,087 existing CIS members and added 58 new CIS members during the month (with a total of 1,145 members receiving CIS during the month). Seventeen members exited in January, leaving 1,128 Existing CIS Members at the start of February 2024. See Figure 6.

Fig. 6. Total Existing & New CIS Members by Month, Jan.-Mar., 2024

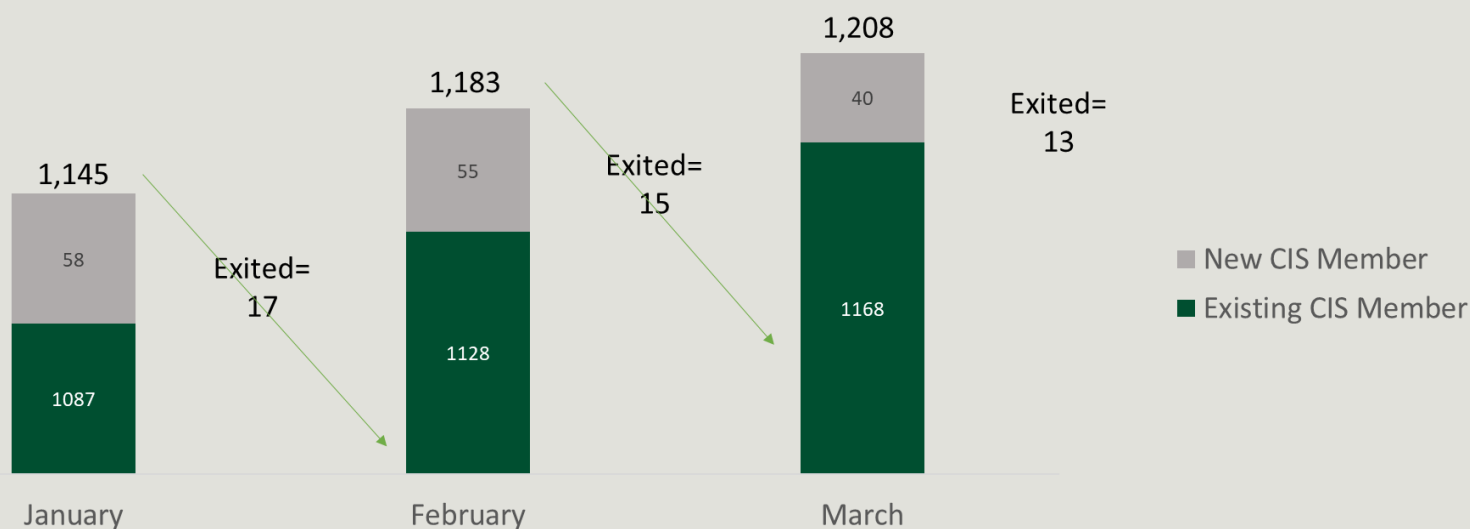
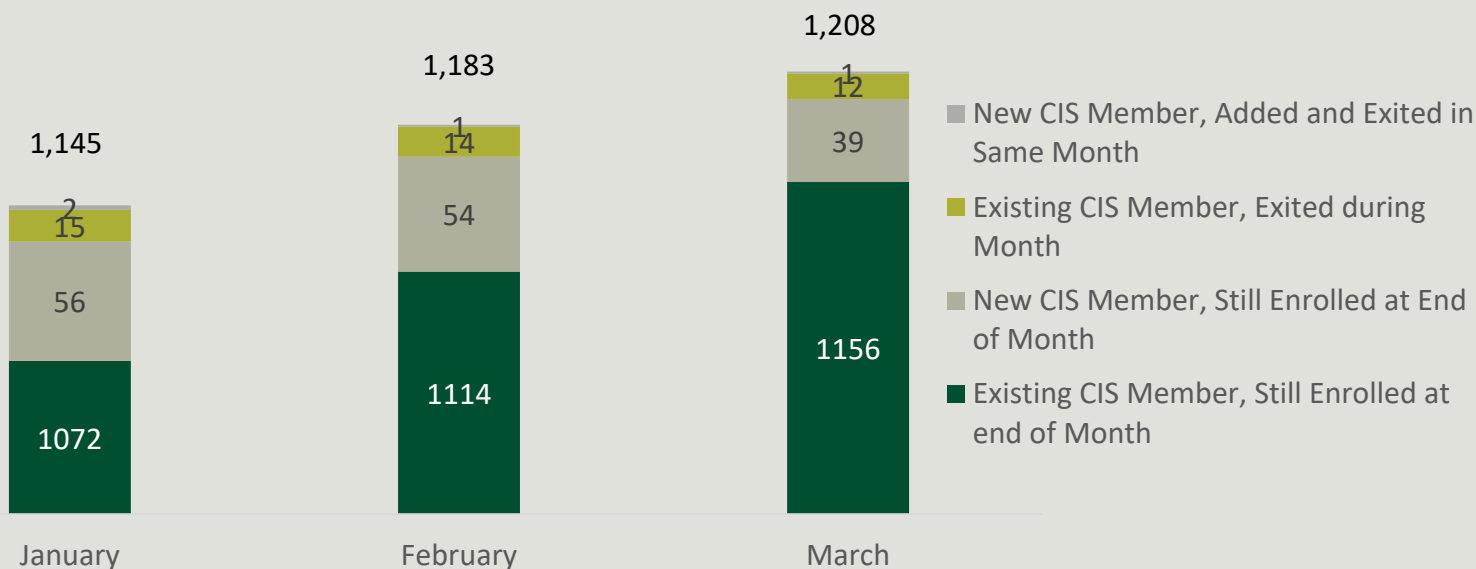


Figure 7 shows the same data as Figure 6 but in more detail, demonstrating how many New and Existing CIS Members exited during the month, respectively. This figure suggests that most members who exited during the month were Existing CIS Members and had enrolled during a previous month. Thus, data suggests continuous increase in CIS members per month.

Fig. 7. Total Existing & New CIS Members by Exit Status by Month, Jan.-Mar., 2024



Member Characteristics 2024-Q1

Data Source: Action Plans (APLDF)

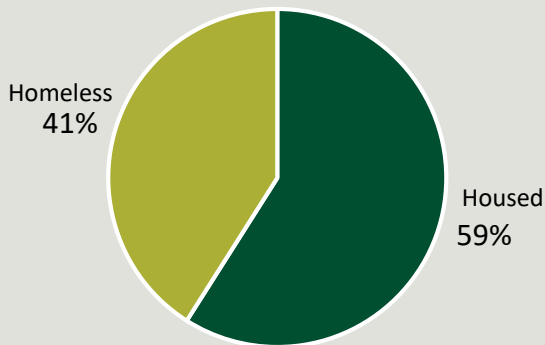
This section examines member self-reported data from the CIS action plans that were included in the 2024-Q1 HP Reports' Action Plan Level Data File (APLDF). According to the combined APLDFs, 364 Action Plans were completed during the quarter—higher than the number of assessments in 2023-Q4 ($n = 113$). This section first examines housing characteristics, followed by health and services used and needed.

Housing

The majority of members (59%) who completed an action plan during the quarter were housed at the time of the action plan, and 48% reported being in a permanent housing location. Fourteen percent reported being in temporary housing. A large percentage of members (31%) had a "0" recorded for type of housing, which is not a known code for this data field. Given that 41% of CIS members who completed an action plan reported being homeless, it's likely that those with a "0" were homeless.

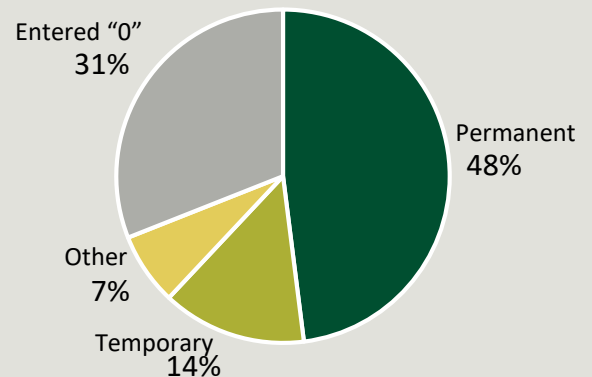
Notably, 11 members (8%) reported having recently lost housing at the time of the action plan, and 16% reported having been newly housed.

Fig. 13. 2024-Q1 CIS Members in 2024-Q1 ($n = 364^*$) by Housing Status at Time of Action Plan



*Missing data excluded for $n=8$.

Fig. 14. Housing Type at Time of Action Plan ($n = 364^{}$)**

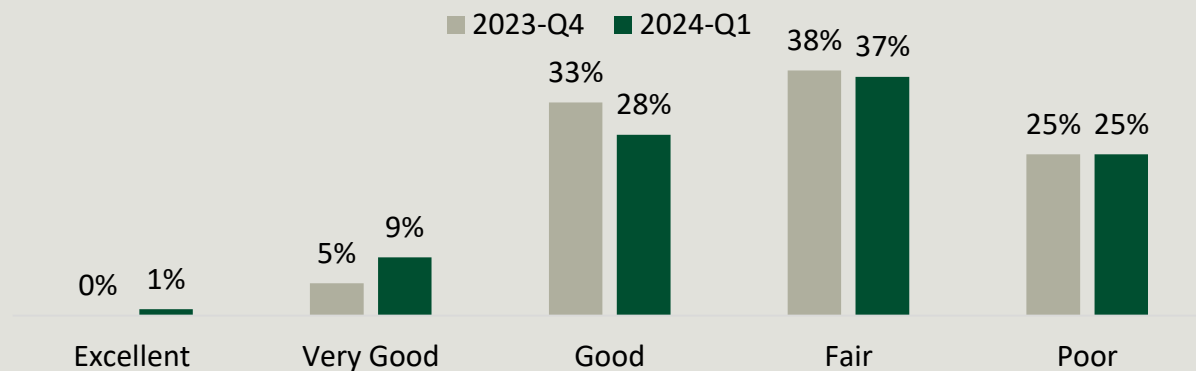


**Missing data excluded for $n=93$.

Mental and Physical Health

This section examines self-reported health for the 364 CIS members who completed an action plan during the quarter. Measures include items from the CDC Healthy Days measure (USCDC, 2022), including a question asking about members' perceptions of their general health and three items asking members to indicate how many out of the last 30 days their mental and physical health have not been good and the number of days their activity had been limited, respectively.

Fig. 15. Percent of 2024-Q1 (N = 364*) and 2023-Q4 (N = 113) Members Reporting that In General, their health is....



*Missing data excluded for n = 4 who did not answer the question.

The majority of members who completed an action plan in 2024-Q1 reported their general health to be “poor” (25%) or “fair” (37%). These percentages are similar to those in the previous quarter; although, a slightly higher percentage of members in 2024-Q1 reported their general health to be “excellent” or “very good” compared to 2023-Q4.

Fig. 16. Average Number of Days (out of 30) 2024-Q1 CIS Members (N = 364) Reported Feeling Unwell Compared to 2023-Q4 Members (N = 113)**



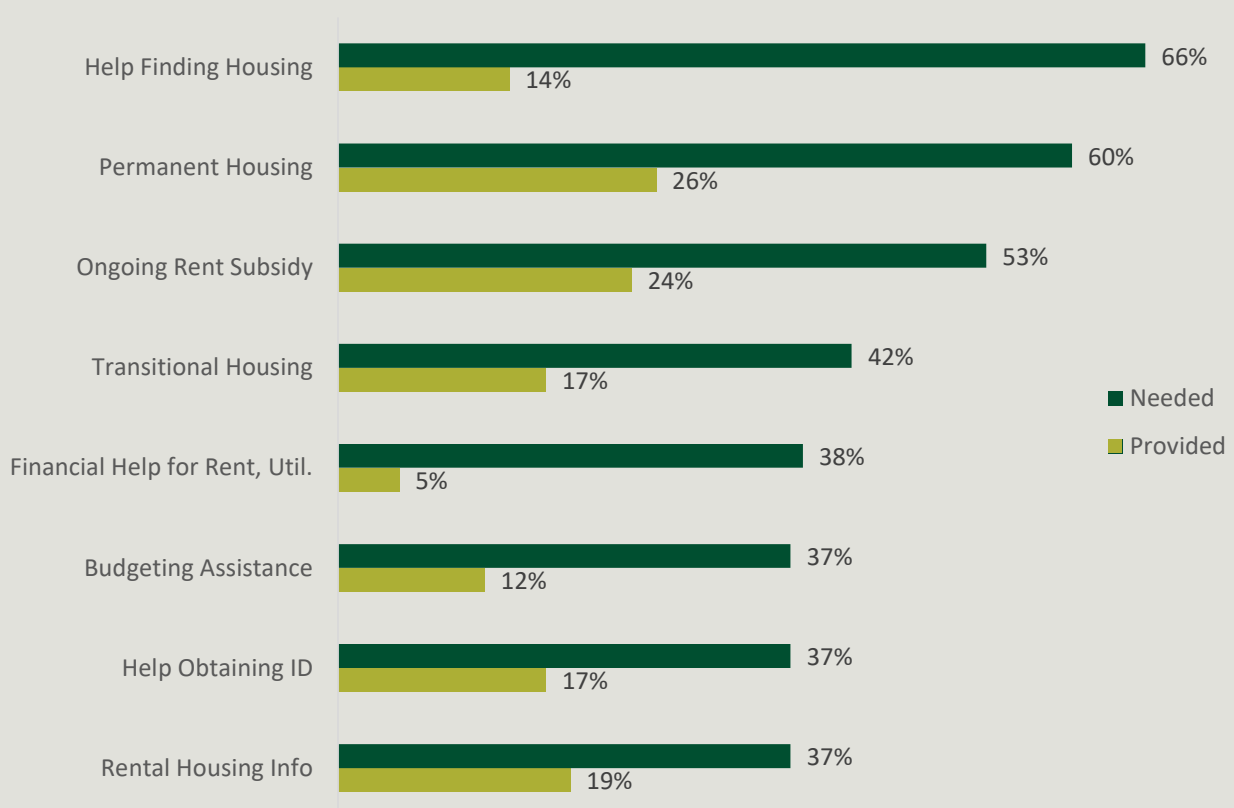
**Missing data excluded for n=3

While the average number of physically unhealthy days and limited activities days decreased slightly from 2023-Q4 to 2024-Q1, the average number of mentally unhealthy days in 2024-Q1 was similar to the average number reported in 2023-Q4. NOTE: because these are not necessarily the same members who were assessed in both quarters, we cannot make inferences about improved health, demonstrating the need for providers and Health Plans to collect and consistently report data.

Services

The services reported needed by the largest proportion of the 364 members who completed an action plan during the quarter were financial and housing-related services, with the majority reporting needing help finding housing (66%), permanent housing (60%), and ongoing rental subsidy (53%). Other services that members frequently reported needing included transitional housing (42%), Financial help for rent and utilities (38%), budgeting assistance (37%), help obtaining ID (37%), and rental housing information (37%).

Fig. 17. Percent of 2024-Q1 CIS Members Reporting Needing Each Service Type & Percent Reporting being Provided Those Services (n = 364)

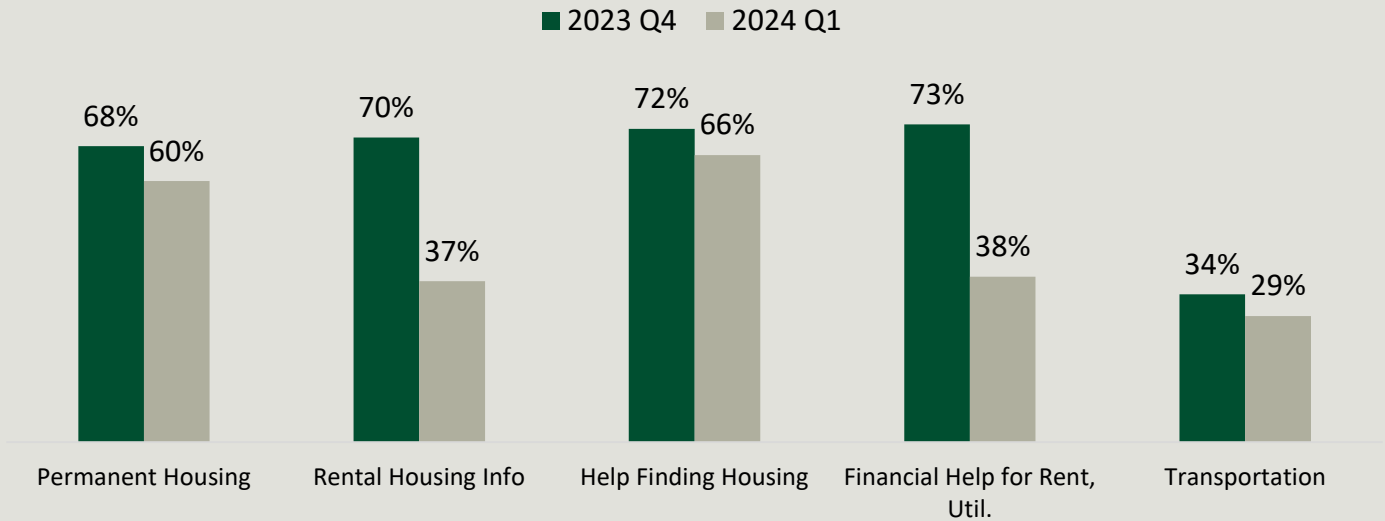


While 66% of members reported needing help finding housing, only 14% reported being provided that help at the time of the action plan completion. This trend is seen for most services that members frequently reported needing. The discrepancy between services needed and used suggests the need for additional service supports. One potential reason for this discrepancy is the lack of affordable housing and high demand for programs that provide financial support for housing and utilities. For example, CIS cannot provide financial help for rent and utilities at this time; thus, providing this service would require linkages to other supports for which the member may or may not be eligible to receive and which may or may not have enough space or resources to accommodate CIS members.

Services Decreased in Need

The evaluation team examined those services that showed a decrease in the percentage of members reporting needing that services from the previous quarter. In general, 2024-Q1 saw a decrease in the percentage of CIS members reporting needing permanent housing, rental housing information, help finding housing, financial help for rent/utilities, and transportation. However, these decreases were slight, and more than half of participants reported needing permanent housing and help finding housing during the quarter.

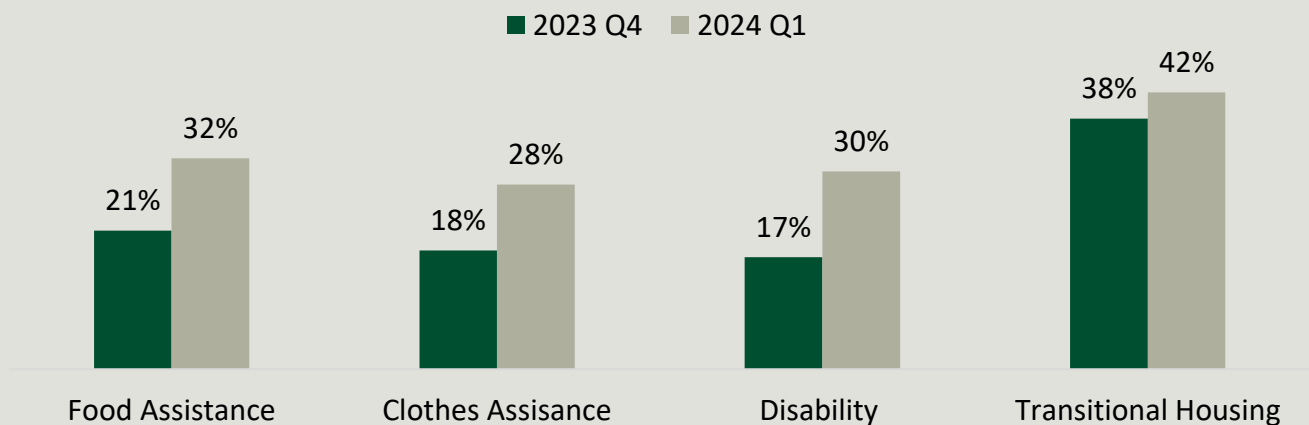
Fig. 18. Services Decreased in Need—Percent of CIS Members Reporting Needing Each Service by Quarter



Services Increased in Need

The percentage of CIS members who reported needing help meeting basic needs (e.g., food and clothes) and obtaining disability assistance increased in 2024-Q1 from the previous quarter. The percentage reporting needing transitional housing increased slightly from 2023-Q4.

Fig. 19. Services Increased in Need—Percent of CIS Members Reporting Needing Each Service by Quarter



Summary

Between January 1, 2024 and March 31, 2024 (2024-Q1), 4,411 members had an open H code, with 1,231 members receiving tenancy or pre-tenancy services during the quarter. Triangulating data from Health Plan quarterly reports and H code data pulled from Cognos, the UH Evaluation Team concludes:

Few Members Changed H Code Statuses during the Quarter

The vast majority of members who had an open H code during 2024-Q1 did not change H codes during the quarter, and most of those members were in H1—Potentially Eligible. Members in H1 had spent an average of 292 days in that H code status as of the last day of the quarter. These findings suggest an extensive backlog of members who are potentially eligible for CIS and who have been waiting almost ten months on average for eligibility confirmation. A significant number of members had been enrolled on average a year or more in H codes that indicated the member had exited having never enrolled (e.g., H8-Unable to Contact or H3-Not Eligible).

Members who Did Change H Codes, Moved Quickly to Services

Only 365 members changed H code status at least once during the quarter. Despite this comparatively low number, data suggests that once a member is contacted and eligibility confirmed, they move relatively quickly through HC-Consented into H5-Pre-tenancy or H6-Tenancy, with only a small percentage of members lost to follow up.

Steady Increase in Number of Members in Tenancy and Pre-tenancy

This quarter saw an increase in the number of members receiving tenancy and pre-tenancy services from the previous quarter as well as a steady monthly increase during the quarter. Thus, despite the backlog, more and more members are receiving tenancy and pre-tenancy services, with 1231 members in H5 or H6 at some point during the quarter, with a small percentage transitioning from H5 to H6.

Exit Destinations are Largely Unknown

Of the 41 members in H5 or H6 who exited or disenrolled during the quarter, few had a known exit destination, given that the largest number of members who exited had no exit H code ($n = 9$), and eight had HM-Exit, Other/Misc., which is non-specific. Interestingly, seven members' next H code was H1-Potentially Eligible. Thus, more detail is needed to determine housing outcomes for 2024-Q1.

Increase in Number of Members Who Completed Action Plans

The number of action plans completed and reported during the quarter more than doubled from last quarter, from 113 in 2023-Q4 to 364 in 2024-Q1. This increase helps provide a more complete picture of member progress as reported by the members themselves. While we are still unable to compare at the member-level change over time because not enough members have had more than one assessment/action plan, this quarter's increase in data suggests that soon we will be able to conduct this analysis.

Higher Percentage of Members were Housed in 2024-Q1

A higher percentage of members were housed at their last action plan completed during the quarter than in previous quarters, with 59% reporting that they were housed. This increase may indicate that CIS members are becoming housed or that CIS is enrolling more members who are at-risk and not yet homeless. Future analysis will examine this question.

2024-Q1 CIS Members Show Higher Need for Basic Needs

Action plan data suggests that members receiving tenancy and pre-tenancy in 2024-Q1 may need more assistance with meeting their basic needs (e.g., food and clothing) than CIS members in previous quarters. They may also need more assistance signing up for disability benefits and services. The increase in basic needs services is in line with findings from other housing and food assistance programs in the state (Hawaii; Foodbank et al., 2024; Helfner et al., 2024).

Recommendations

Based on findings, the evaluation team makes the following recommendations for MQD:

Consider Revising the “HM-Exited, Misc./Other” Code

Given that the most frequently used exit H code during the quarter was Misc./Other, MQD and UH should work with Health Plans to understand what types of housing outcomes are being captured by this code in order to better understand where CIS members end up after exiting the program.

Provide Guidance on How long to Leave Member in Exited Codes

MQD should consider providing guidance to Health Plans on how long to leave a member in codes that indicate the person has exited the program (e.g., H7, HH, HP, HT, HM) or have exited/never enrolled (e.g., H3, H4, H8). In other words, should the end date for these codes be the same as the start date?.

Encourage Providers to Connect Members to Basic Needs Resources

Providers consider assessing for food & water insecurity and work to connect members to foodbanks, clothing closets, and other donation centers Health Plans work with providers to ensure member disability needs are met.

Consider Ways to Coordinate Care for Members with Disabilities

Given the high numbers of CIS members with disability needs, MQD might consider brainstorming with Health Plans and other relevant agencies about how to ensure coordinated care for individuals with both disability needs and housing insecurity.

Continue to Encourage Quarterly Action Plans and Quality Data

Detecting individual progress over time in the program will rely on continued collection of health data captured by the quarterly action plans. Encourage Health Plans to continue to increase the numbers of action plans completed and reported, potentially providing incentives through quality improvement initiatives.

Appendix

A. References

A. References

Hawai'i Foodbank, Pirkle Epidemiology and Evaluation Consulting LLC, & SMS Hawai'i. (2024). The State of Food Insecurity in Hawaii 2023. Retrieved from: https://d9x3r8n6.rocketcdn.me/wp-content/uploads/2024/06/HawaiiFoodbank_TheStateOfFoodInsecurityInHawaii_2023.pdf

Helfner, S., Okada, L., Minami, M., Pruitt, A. P., Barile, J. P. (2024). City & County of Honolulu's Housing First Year-9 Evaluation. Prepared for the City & County of Honolulu and the Institute for Human Services, Honolulu, HI. Retrieved from: https://www.canva.com/design/DAGBiERNfvM/LyKjh0pfM5ABpj1vLv2ztQ/view?utm_content=DAGBiERNfvM&utm_campaign=designshare&utm_medium=link&utm_source=editor

U.S. Centers for Disease Control. (2022). Behavioral Risk Factor Surveillance System (BRFSS) 2022.