2019 Comprehensive Community Services (CCS): Outcomes For Individuals Entering CCS While Homeless

Report Overview

The purpose of this analysis was to determine whether enrollment in Dane County’s Comprehensive Community Services (CCS) program is associated with improved housing or employment outcomes for individuals who are homeless or housing-insecure at the time of CCS enrollment.

Methods - Member Inclusion and Identifying Homeless Status at Intake

Inclusion: Each adult who entered the Dane County CCS program at any time prior to October 2019 was included in the analysis, regardless of length of enrollment, number of unique CCS enrollments, or current enrollment status. In order to determine living arrangement and employment status at intake, Consumer Status Data Forms1 (CSDFs) dated most closely to the member’s CCS intake date were analyzed. In order to assess changes in living or employment status with CCS enrollment, comparisons were made between intake and each member’s most up-to-date CSDF that occurred during CCS enrollment. For members no longer enrolled, the CSDF immediately prior to discharge was used. For members still enrolled, the CSDF immediately prior to the analysis date (Nov. 7, 2019) was used.

Definitions: Enrollees were identified as being homeless or housing-insecure at intake if the living arrangement code on the CSDF at the time of their CCS enrollment corresponded to “street, shelter, no fixed address, homeless” or if their referral source was “homeless outreach worker.” Due to space limitations, this group, which includes individuals who were either homeless or housing-insecure, is referred to as “homeless at intake” throughout this report, and is contrasted to the group who had secured housing at the time of CCS enrollment and is referred to as “had housing at intake.” For individuals with multiple enrollments, housing status at intake was assigned if the enrollee was homeless or housing-insecure at the start of any CCS enrollment. Length of CCS enrollment was calculated as the longest enrollment at or after which the housing status at intake was defined, and was calculated up to the date of analysis for those currently enrolled and up to the date of disenrollment for those not currently enrolled.

Data Quality: CSDFs are intended to be completed at the time of CCS enrollment and every 6 months thereafter, throughout CCS enrollment. On the date of analysis, approximately 20% of individuals who ever enrolled in CCS were enrolled for less than 6 months, either because they were currently enrolled and 6 months had not elapsed between their intake and the analysis date, or because they disenrolled from CCS after an enrollment period of less than 6 months. About half of these members had a subsequent CSDF that was more recent than their intake CSDF and about half did not. All members were included in the analysis, meaning that for approximately 12% of members ever enrolled in CCS, the outcomes of interest did not change with CCS enrollment because a second data point did not exist. This caveat may result in an underestimation of the true effect of CCS enrollment on outcomes of interest. Notably, 98% of each enrollee’s most recent CSDF had occurred within 6 months of either the analysis date (if still enrolled) or the disenrollment date, meaning that the data were up-to-date.

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1 See sample CSDF, page 7-8
Results

Question 1: What percentage of CCS enrollees entered the program while homeless?

Graph 1

- As of October 2019, 13% of all adults who ever enrolled in CCS were homeless or housing-insecure at intake (Graph 1). Of these 160 adults, 79% were living on the street, in a shelter, or in another setting with no fixed address at the time of CCS enrollment, whereas 19% were in a residential setting but were referred by a homeless outreach worker.

Question 2: Among those identified as homeless at intake, is enrollment in CCS associated with better housing outcomes?

Graph 2

- There is a significant relationship between enrollment in CCS and a change in living arrangement for those that were homeless at intake. Those who entered CCS while homeless were more likely to be in a residential setting after any length of CCS enrollment, than when they entered CCS (21% vs 58%).

1: $\chi^2 = 45.4$, df=1, N = 320, p < .001
Question 3: Among those identified as homeless at intake, is longer enrollment in CCS associated with better housing outcomes?

Among individuals identified as homeless at intake, those enrolled in CCS for less than one year are significantly less likely to be in a residential setting at their most recent data point, compared to those enrolled in CCS for one or more years (39% vs 79%). Residential setting includes private residence, supported residence, or supervised licensed residential facility. Other settings primarily encompassed street or shelter, but also included institutional settings, hospitals, jails, or other living arrangements.

Question 4: Among those identified as homeless at intake, is enrollment in CCS associated with better employment outcomes?

Among individuals homeless at intake, there is no significant relationship between CCS enrollment and employment status, regardless of length of CCS enrollment (data not shown). Majority of individuals who entered CCS while homeless were not in the labor force at intake (106/160, 66%), primarily due to disability. Although employment status improved for 13 of these individuals, another 11 individuals who were employed when they started CCS were no longer in the labor force at their most recent data point, resulting in no overall change in employment status with CCS enrollment.

1: $\chi^2 = 17.6$, df=1, N = 320, p < .001  
2: $\chi^2 = 15.7$, df=10, N = 320, p = 0.109  
3: < 1 year vs 1+ year enrollment, based on arbitrary scoring for a change in employment category, t=0.67, df=158, p=0.501
Overall, 10% of individuals who were homeless at intake entered CCS unemployed. Among these 16 individuals, none were in the labor force at their most recent data point.

**Question 5:** Do individuals who were homeless at intake have different lengths of enrollment than individuals who had housing at CCS intake?

- The average length of CCS enrollment for those with housing at intake is 1 year and 2 months, which is significantly longer than the average enrollment of 11.6 months for individuals who enter CCS while homeless\(^1\). Length of CCS enrollment is significantly related to housing status at intake; those with housing at intake are significantly more likely to have enrollments of three years or longer, compared to those who were homeless at intake\(^2\).

- Not only are individuals who entered CCS while homeless more likely to have shorter CCS enrollments, they are significantly more likely to have multiple enrollments than those who enter CCS with housing\(^3\).

\(^1\) \(t=3.90, \text{df}=1206, p<0.001\)
\(^2\) overall: \(\chi^2=15.0, \text{df}=4, N=1208, p=0.005\); post hoc: \(\chi^2=10.6, \text{df}=1, N=1208, \text{Bonferroni Corrected } p=0.006\)
\(^3\) overall: \(\chi^2=22.6, \text{df}=2, N=1208, p<0.001\); post hoc: \(\chi^2=22.6, p<0.001, \chi^2=18.7, p<0.001, \chi^2=6.55, p=0.031\)
Question 6: Do individuals who enter CCS while homeless have different discharge reasons than those who had housing at intake?

Disenrollment reasons were assessed from 350 discharges\(^1\) that ever occurred from Dane County CCS. If a CCS member disenrolled multiple times, each discharge was assigned a housing status at intake and assessed separately since discharge reasons varied with each disenrollment.

**Graph 6a**

Percentage of CCS Discharge Reasons, by Housing Status at Intake, Among 350 CCS Disenrollments

- CCS discharge reasons did not differ among those who had housing versus those who were homeless at intake\(^2\).

**Graph 6b**

Mental Health Discharge Reason, by Housing Status at Intake, Among 350 CCS Disenrollments

- Mental health discharge reasons did not differ among those who had housing versus those who were homeless at intake\(^3\).

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1: 350 discharges were assessed from 348 individuals; 2 individuals discharged twice, each had housing at one intake and were homeless or housing-insecure at another.
2: \(\chi^2 = 3.8, \text{df}=7, N = 350, p=0.808\)
3: \(\chi^2 = 16.9, \text{df}=10, N = 350, p=0.076\)
Question 7: Are individuals who enter CCS while homeless authorized different CCS services than those who have housing at intake?

There is no significant relationship between homeless status and the array categories authorized, based on services authorized on each member’s most recent CCS recovery plan.

Question 8: Do individuals who enter CCS while homeless use different CCS services than those who have housing at intake?

Individuals identified as homeless at intake are significantly less likely to use individual skill development and medication management services, compared to those who had housing at intake. There are no differences in utilization among other array categories.

1: 13 pairwise comparisons, all p > 0.05 after the Bonferroni Correction
2: $\chi^2 = 8.68, df=1, N=1208, \text{Bonferroni Corrected } p =0.042$
3: $\chi^2 = 11.22, df=1, N=1208, \text{Bonferroni Corrected } p =0.011$

DE = Diagnostic Evaluation  ERST = Employment Related Skill Training  FP = Individual and/or Family Psychoeducation
ISD = Individual Skill Development  MM = Medication Management  PHM = Physical Health Monitoring
PS = Peer Support  PSYCH = Psychotherapy  SA = Screening and Assessment
SAT = Substance Abuse Treatment  SF = Service Facilitation  SP = Service Planning
WM = Wellness Management
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<td>Self</td>
<td>13</td>
<td>IV Drug Outreach Worker</td>
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<tr>
<td>2</td>
<td>Family, friend, or guardian</td>
<td>14</td>
<td>Other</td>
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<td>3</td>
<td>AODA program/provider (includes AA, Al-Anon)</td>
<td>15</td>
<td>Drug court</td>
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<td>Inpatient hospital or residential facility</td>
<td>16</td>
<td>OWI court - monitors the multiple OWI offender</td>
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<td>School, college</td>
<td>17</td>
<td>Screening Brief Intervention Referral Treatment (SBIRT)</td>
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<td>6</td>
<td>IDP - Court</td>
<td>18</td>
<td>Mental health program/provider</td>
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**This form must be filled out for all Mental Health clients initially, and every six months by the System Wide Case Manager for BRC Target Population “H” and “L” clients.**