

A Success Story: The power of Integrated Healthcare and Housing

Connecticut’s Integrated Housing and Healthcare Neighborhoods (CIHHN) program saves taxpayer dollars by linking high-cost, high-need clients with primary care, behavioral healthcare and supportive/affordable housing. In the year before entering the program, Journey Home’s 35 CIHHN clients racked up a combined $2.8 million in Medicaid costs.

As a frequent visitor of Hartford and Middlesex Hospital, Gwen Boykin, 53, was a prime candidate to receive the intensive services offered by CIHHN. She suffers from physical and mental health complications, and was often hospitalized for suicidal behavior. Gwen was admitted to the Emergency Room at least once a week, sometimes twice or more, on average costing anywhere from $150-$3,000 per visit.

Gwen entered the program in May of 2014. In their first meeting it was clear to patient navigator, Alba Martinez, that it would not be an easy road.

“She was unable to answer any of my questions,” Martinez said, “her mind was not well, she was not ready for a process like this.”

In July, the apartment search commenced. A process that usually takes weeks would take the better part of four months for Gwen and her housing case manager, Stephanie Boyce of Hands on Hartford. She was housed in December, but still experienced intermittent hospital stays, including once in January for a suicide attempt.

In February, Gwen was finally connected to her primary care physician and mental health specialist at Logisticare in Hartford. Having a centralized support network meant that Alba could collaborate with doctors to develop the most effective treatment plan for her mental and physical needs. At first, the structured environment was overwhelming. Scheduling her own appointments, acquiring a bus pass or answering phone calls from her doctor seemed almost impossible to Gwen.

“On the streets the main concern is where to sleep that night,” said Alba, “planning ahead and adjusting to new responsibilities is not something Gwen was used to.”

Thankfully the CIHHN model of coordinated housing and healthcare is getting results for Gwen. She has gone from being one of Alba’s most difficult, hands-on patients, to being one of the most independent and capable. She is managing her appointments and relationships with physicians, acquiring her own transportation, reporting to Alba regularly, returning phone calls, and even learning how to text message.

“I have clients who are far more mentally stable but have not made this type of progress,” Alba smiles, “Now her main concern is living life and making mine easier.”

Most importantly Gwen has not seen the inside of a hospital for 8 weeks. She is taking pride in her new apartment, and maintaining it is has become a priority. Her transition is an example of how coordinated health care and housing can ease mental health issues that are greatly exacerbated by years spent living on the streets.