Improving Housing Referrals and Treatment Participation in an Outpatient Substance Use Disorder Treatment Program

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Introduction

- An estimated one in five persons experiencing homelessness also has a substance use disorder (SUD)
- Homelessness has detrimental effects on mental and physical health, and in combination with a SUD also negatively affects successful SUD treatment
- Access to housing within SUD treatment programs remains limited and is an ongoing barrier to successful treatment.
- The purpose of this project was to improve the coordination of housing services and treatment participation for clients of an outpatient substance use disorder (SUD) treatment center who are experiencing homelessness through the development of a database of housing resources and updated housing referral process

Project Aims

Aim 1: Improve understanding of the characteristics and needs of the population of clients at the center who are experiencing homelessness

Aim 2: Clarify the process through which clients experiencing homelessness are referred to housing services

Aim 3: Increase the number of clients of the center who are referred to appropriate housing services

Aim 4: Determine the impact of housing referrals on treatment participation

Methods

- Integrative review resulted in eight articles with descriptions of process or key elements of housing coordination/referral in the context of SUDs; four themes emerged to guide project development and implementation (Table 1)
- Two-part intervention: Development of a housing resource document and revision of the center's housing policy – based on themes from literature and stakeholder input
- Nov. 2018 and Feb. 2019: Baseline demographic and treatment data gathered via retrospective chart review on clients admitted to the center
- May and November 2019: Interventions implemented
- Nov. 2019 and Feb. 2020: Post-intervention data again gathered via retrospective chart review on clients admitted to the center
- Variables by aim and associated analytical tests illustrated in Table 2

Table 1: Literature Themes

Theme	Description
Theme 1	Housing as a primary element of SUD treatment
Theme 2	Need for improved collaboration among service providers
Theme 3	Importance of person-centered care
Theme 4	Improving discharge planning and referral systems



Table 2: Project Aims and Analysis

Aim	Variables	Comparison Groups	Analysis
1: Improve understanding of the characteristics and needs of the population of clients at the center who are experiencing homelessness	Age, Race, Education Level, Number of Substances Used, Type of MAT, Number of Co- Occurring Medical and Psychiatric Conditions, Housing Status on Admission	Baseline and Post- Intervention	Independent Samples T-test and Chi-Square tests
2: Clarify the process through which clients experiencing homelessness are referred to housing services	N/A (Process-related aim only)		N/A
3: Increase the number of clients of the center who are referred to appropriate housing services	Proportion of clients referred to housing	Baseline and Post- Intervention	Chi-Square
4: Determine the impact of housing referrals on treatment participation	Positive Urine Screens, ED and Hospital Admissions, Average Group Attendance, Early Departure from Treatment	housing and clients	Independent Samples T-test and Chi-Square tests

Results

- Review of 120 client charts 70 from baseline sample and 50 from post-intervention sample
- No statistically significant differences among demographic characteristics between samples (see Table 3 for sample characteristics)
- No changes in proportion of clients referred to housing between baseline and post-intervention groups
- Absence of statistically significant differences for treatment variables between clients with housing referrals and those without
- See Tables 4-6 for outcome variables and analysis

Variables

Table 3: Sample Characteristics (Aim 1)

variables	Baseline	Intervention	P values	
Age, mean (SD)	44.6 (11.63)	46.48 (12.002)	0.391	
Sex, n (%)	61 (87.1)	39 (78.0)		
Cis male Cis female	9 (12.9)	11 (22.0)	0.185	
Race, n (%)	36 (51.4)	19 (38.0)		
Caucasian	32 (45.7)	28 (56.0)		
African American	1 (1.4)	1 (2.0)	0.512	
Asian/Pacific Islander		1 (2.0)	0.512	
Latino Mixed/Other	1 (1.4)	1 (2.0)	-	
Education Level, n (%)	25 (35.7)	20 (40.0)		
High School Graduate or GED	15 (21.4)	12 (24.0)		
Some High School	14 (20.0)	10 (20.0)		
Some College or Trade School	10 (14.3)	4 (8.0)	0.855	
Unknown	5 (7.1)	4 (8.0)	-	
No High School	1 (1.4)	()	-	
Some Graduate School Number of Substances Used, mean (SD)	, ,	2 22 (4 445)	0.000	
	3.37 (1.32)	3.32 (1.115)	0.823	
Type of Medication Assisted Treatment (MAT), n (%)	27 (38.6)	15 (30.0)		
None	21 (30.0)	17 (34.0)		
Methadone	21 (30.0)	16 (32.0)	0.365	
Suboxone	1 (1.4)		0.303	
Methadone and Suboxone (transition) Other		2 (4.0)		
Number of Medical Comorbidities, mean (SD)	2.27 (1.785)	2.52 (2.306)	0.507	
Number of Psychiatric Comorbidities, mean (SD)	1.09 (0.756)	1.2 (1.050)	0.489	
Housing Status on Admission, n (%)	55 (78.6)	41 (82.0)		
Program housing	6 (8.6)		0.404	
Other temporary/recovery housing	6 (8.6)	6 (12.0)	0.184	
Own/family housing Unknown	3 (4.3)	3 (6.0)		

Table 4: Clients Referred to Housing (Aim 3)

Groups, n (%)	Baseline	Post-Intervention	% Difference
Not Referred for Housing	49 (70)	35 (70)	_ 0
Referred for Housing	21 (30)	15 (30)	U
Pearson Chi-Square, Value (p)			0.000 (1.000)

Table 5: Treatment Outcomes (Aim 4)

Groups, n (%)	Not Referred for Housing	Referred for Housing	% Difference	P Value
lo Positive Screen	57 (67.9)	26 (72.2)		
At Least One Positive Screen	27 (32.1)	10 (27.8)	4.3	0.635
lo ED Admission	71 (84.5)	27 (75)		
At Least One ED Admission	13 (15.5)	9 (25)	9.5	0.217
lo Hospital Admission	78 (92.9)	34 (94.4)	1.5	0.740
At Least One Hospital Admission	6 (7.1)	2 (5.6)	1.3	0.749
lo Early Departure	48 (57.1)	23 (63.9)	6.8	0.491
Early Departure	36 (42.9)	13 (36.1)	0.0	0.431

Table 6: Average Group Attendance (Aim 4)

Groups, mean (SD)	Not Referred for Housing	Referred for Housing	Difference
Average Group Attendance	73.05 (20.39)	76.61 (18.391)	3.56
Independent t-test, significance			0.392

Conclusion

- Consistency across samples provides important information about characteristics and needs of clients being served
- Absence of statistically significant outcomes

P values

Post-

Baseline

- Clinical outcomes include housing policy revision and resource document
- Lessons learned for future projects and studies include importance of consistency in documentation, potential for increased length of study and examination of dfferent variables for greater effect

Dissemination

- Results from project presented to center leadership in April 2020
- Project information entered into School of Nursing repository for potential future student projects to continue to build on findings
- Project to be presented via poster at Sigma Theta Tau International (STTI) European
 Conference in May 2020 and developed into manuscripts for publication

References

Available upon request

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