

DIGITAL HEALTH INTERVENTION FOR PEOPLE EXPERIENCING HOMELESSNESS

FINAL EVALUATION REPORT OF SAMARITAN

Prepared by the Center for Community Health and Evaluation and MedPOINT Management Services
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Outcomes Findings

BACKGROUND

Samaritan is a digital health intervention that assists people at risk or experiencing homelessness to reach their health and housing goals by providing social and financial support. People that participate in Samaritan's programs are known as Members. California Health Care Foundation (CHCF), in collaboration with Health Care LA, IPA (HCLA IPA) and California Hospital Medical Center (CHMC), supported the implementation of the Samaritan pilot in five community health centers in the Los Angeles area. The Center for Community Health and Evaluation (CCHE) and MedPOINT Management (MPM) evaluated this pilot program using a mixed-methods approach. The team found 10 key findings, including health care cost savings, reduced emergency department use, and high Member satisfaction.

SUMMARY

Samaritan Members experienced meaningful financial and social support, as well as improved health outcomes related to self-efficacy and connections to preventive and specialty care. The participating hospital saw decreases in ED utilization rates and health care costs for Samaritan Members. When matched to a comparison population, Samaritan Members' health care cost less than half than that of the comparison group. As Samaritan expands its program into future phases, pilot participants offered many implementation suggestions. For complete details, access the full report here [\[link\]](#).



Financial support from Samaritan was cited as the most significant benefit for Members. The average financial incentive was about **\$12**.



Messages of encouragement from the community were meaningful and motivating for Members. This social support opportunity differentiated Samaritan from other similar programs.



Through Samaritan, Members increased their self-efficacy to meet their social needs.



After participation, Samaritan Members had more appropriate health care utilization and were more likely to close care gaps. Visits to the ED went down by **21.4%**, Members were **17%** more likely to use the hospital system they were capitated to, and their compliance scores improved by **91%** from 2022 to 2023.



Health care partner data showed that Samaritan significantly decreased the costs of care for Members by about **54%**.



Members were satisfied with their experience participating in the Samaritan program.

Implementation Findings

- To launch the program optimally, health centers need leadership, buy-in, ample start-up time, and alignment with teams already serving this population.
- Strict eligibility and enrollment requirements tied to health plans and hospital capitation limited the number of patients who could participate.
- Samaritan integrated well into health centers that had existing care manager teams. Integration in the acute care hospital setting was more challenging due to workflow constraints and patient population characteristics.
- Care managers' satisfaction with Samaritan and helping more patients connect to care helped to balance any additional Samaritan workload.

