

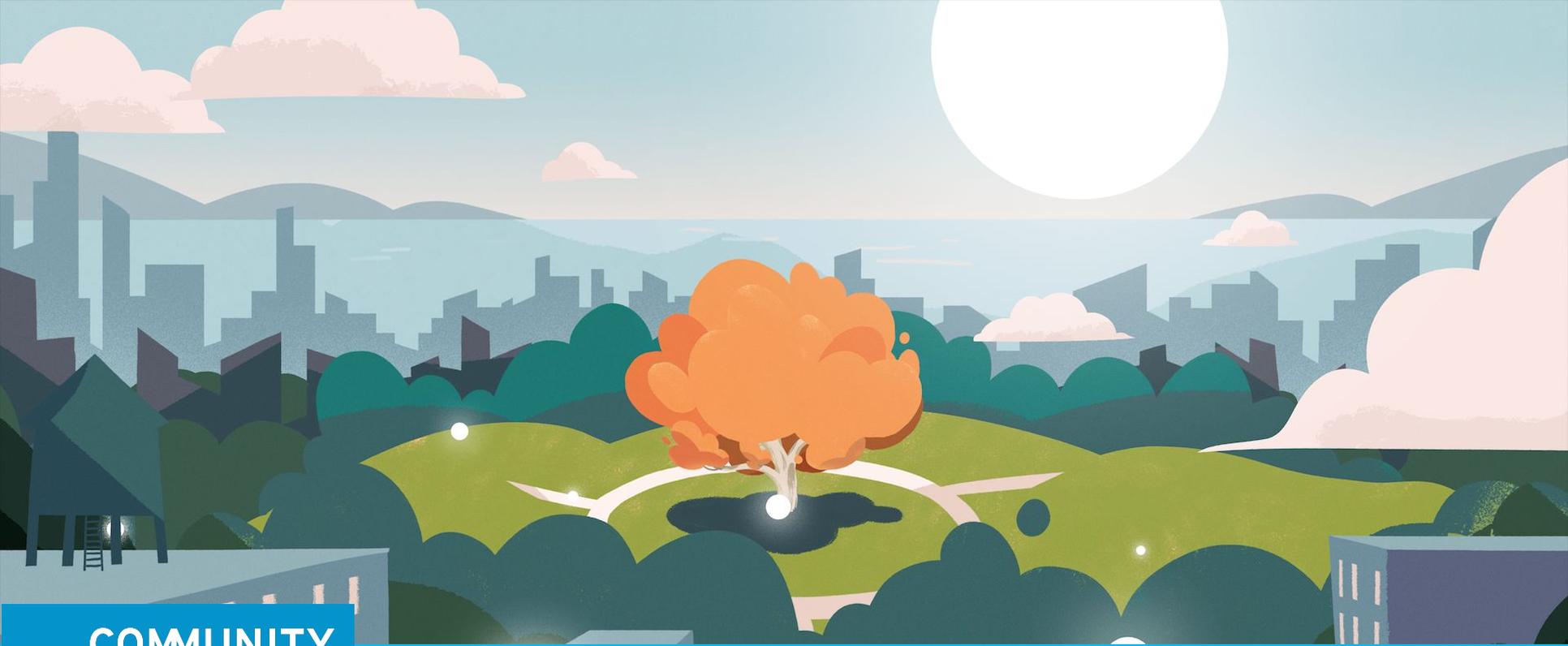
A photograph of a person sitting on a sidewalk at night, leaning against a wall. The person is wearing a blue hoodie and jeans. The background shows a busy city street with blurred lights and people, including a person pushing a stroller. The text is overlaid on the image in a magenta box.

HEALTHCARE & HOMELESSNESS PILOT INITIATIVE OVERVIEW

Introductions

Andi Broffman
Portfolio Lead,
Catalytic Projects





COMMUNITY SOLUTIONS

works for a lasting end to homelessness that leaves no one behind.

We envision a more equitable society where homelessness is never inevitable, inescapable, or a way of life.

IHI Strategy

Vision

Everyone has the best care and health possible

Mission

Improve health and health care worldwide

Values

Courage, Trust, Love, Equity

Strategic Approach

IHI applies practical improvement science and methods to improve and sustain performance in health and health systems across the world. We generate optimism, spark and harvest fresh ideas, and strengthen local capabilities.



Pursue Safe and High-Quality Care

Build the Capability to Improve



Improve the Health of Populations

Innovate and Spark Action

Our work is driven by

- Quality Sciences
- Health Equity
- Joy in Work



HEALTHCARE & HOMELESSNESS PILOT INITIATIVE

1

Overview of Healthcare &
Homelessness Pilot Design

Pilot Initiative Aim

Over the course of 2 year initiative, Pilot Teams will have made measurable progress towards ending chronic homelessness, with a focus on building racially equitable systems.

Objectives

- ✓ Prevent, reduce and end chronic homelessness through collaboration with health systems
- ✓ Identify interventions/ways of working that have the greatest impact;
- ✓ Make the business case for both the health system and the overall community;
- ✓ Understand the effects of housing for the health of the chronically homeless population and the impact on healthcare institutions operationally, including the morale of staff as a result of actively participating in problem solving; and
- ✓ Achieve cost reductions or greater value for funds spent.

HEALTHCARE & HOMELESSNESS PILOT INITIATIVE

2

Participating Pilot Sites

HEALTHCARE & HOMELESSNESS PILOT INITIATIVE

3

The Work of the Pilot

Purpose

Health Systems will make a meaningful,
measurable and transformative contribution
to ending chronic homelessness in a
community

The Work

- Deep dive into data
- Build portfolio of interventions to test and refine
- Develop leadership capability
- Collaborate and build a bridge between healthcare and homelessness response systems
- Build a business case

Developing our Theory of Change

Developed in partnership between Community Solutions & IHI in 2019

Initial Literature Review

Conducted 90-day research effort to understand past work, literature, and best practices in the areas of homelessness reduction, housing, health care-community linkages and partnerships, and community-wide, population level change efforts

1st Round Expert Interviews

Had over 20 phone interviews with experts from across the homelessness, housing, and health care sectors to understand what has worked, what is possible, and areas for improvement.

Development of Initial Draft

Consolidated information from expert interviews to create first draft of Theory of Change

2nd Round Expert Interviews

Refined Theory of Change through 10 follow up expert interviews in preparation for October 1 Expert Meeting

A Roadmap for Collaboration



COMMITMENT: Build sustained belief in and commitment to ending chronic homelessness at the population level

STRATEGIES

WITHIN THE HEALTH SYSTEM

- Establish this work as a strategic priority that aligns to a broader journey towards population health and well-being and an "anchor mission" for the health system in the community
- Identify and engage key internal leaders to champion the effort and sustain their belief in the goal and the path to achieving it
- Identify and articulate the levers and roles for the health system to address homelessness, like physical and mental health services and relations, in order to believe in the opportunity and obligation
- Build a case using relevant data that resonates with health system leaders and links ending chronic homelessness to health, cost, and quality outcomes

STRATEGIES

TOGETHER WITH THE COMMUNITY

- Create and sustain buy in for shared population level aim, timeline and measurement framework
- Build trust and partnership with housing/homeless system partners, relevant government actors as well as key mainstream agencies
- Develop, tap into and/or refine existing ongoing community-wide communications strategy and infrastructure
- Build a case using relevant data that resonates with health system leaders and links ending chronic homelessness to health, cost, and quality outcomes

COMMITMENT: Build Sustained Belief in and Commitment to Ending Chronic Homelessness at the Population Level

STRATEGIES

WITHIN THE HEALTH SYSTEM

- Establish this work as a strategic priority that aligns to a broader journey towards population health and well-being and an "anchor mission" for the health system in the community
- Identify and engage key internal leaders to champion the effort and sustain their belief in the goal and the path to achieving it
- Identify and articulate the levers and roles for the health system to address homelessness, from physical and mental health services to community benefit and relations in order to believe in the opportunity and obligation
- Build a case using relevant data that resonates with health system leaders and links ending chronic homelessness to health, cost, and quality outcomes

- Review the current or draft Strategic Plan and identify where this work might advance key priorities
- Build a compact/agreement with the board of directors around community accountability via homelessness efforts
- Include homelessness outcomes as a measure on the health system dashboard that is reported on and reviewed at the Board level
- Explore "what matters" and how this work impacts health system employees (e.g., staff experience, the housing status of health system employees) to shape messaging

- Identify who in the health system works with/touches/services those experiencing homelessness
- Do a power mapping exercise of leaders and other individuals within the health system to identify their potential losses and gains.
- Celebrate work and successes at all stages
- Create succession planning to ensure consistency in mission is carried over despite turnover

- Use the [Pathways to Population Health \(P2PH\) Compass](#) to assess what work the health system is doing to work on overall population health and well-being more broadly
- Brainstorm the ways the health system has influence in the community
- Review the current or draft Strategic Plan and identify where this work might advance key priorities

- Understand the types of business cases that have already been made and build upon them in a way that speaks to your context/values/mission
- Collect data and stories- interview ED patients, clinical staff and case managers using video and other media- to show the link between chronic homelessness and the effect on the health system (e.g. how many people experiencing homelessness you touch through patient care over the course of a week)
- Use change management and organizing approaches to tap into the psychology of behavior change
- Create list of datasets that would be good for in the system and with the community (including CHNA)

TOGETHER WITH THE COMMUNITY

- Create and sustain buy in for shared population level aim, timeline and measurement framework
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- Create data-sharing agreements
- Match chronic BNL with health system clients to show percentage overlap
- Share CoC case conferencing/case management infrastructure to illustrate supports available in community that provide more than physical healthcare
- Celebrate work and successes at all stages
- Be able to articulate the timeline and measurement framework

- Work directly with community boards that include individuals with lived experience to build understanding
- Do an asset mapping exercise to understand what work is already going on around homelessness
- Meet regularly with local Continuum of Care (CoC) leaders to understand work to date and opportunities for collective impact
- Work closely with local partners and racial equity experts to speak out historical and current inequities created by structure racism and own up to their role in perpetuating those inequities & commit to prevent them moving forward

- Meet with local Continuum of Care (CoC) leaders to understand ways stakeholders have framed the issue in the past, including news coverage

- Create a list of datasets that would be good for in the system and with the community (including CHNA)
- Look at homelessness/housing insecurity among health system employees

HEALTHCARE & HOMELESSNESS PILOT INITIATIVE

3

Quality Data & Ending
Homelessness

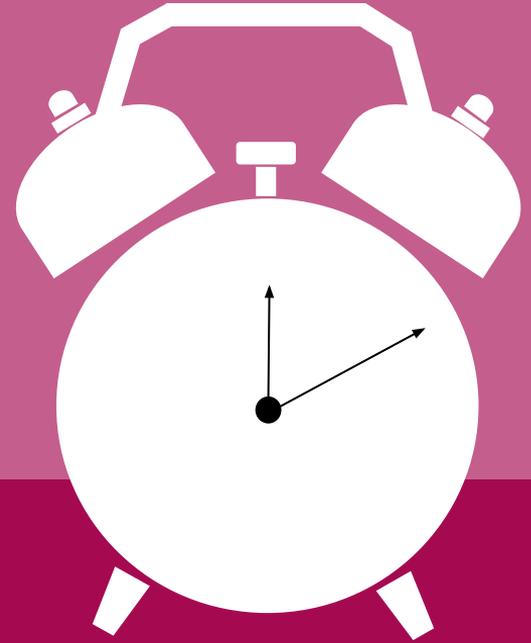
The Work

- *Deep dive into data*
- Build portfolio of interventions to test and refine
- Develop leadership capability
- Collaborate and build a bridge between healthcare and homelessness response systems
- Build a business case

Comprehensive By-Name Lists

Real-Time Data Designed for Improvement:

Data collected and tracked in a consistent, timely fashion (*as often as possible!*) to help you understand and improve *today's* landscape.

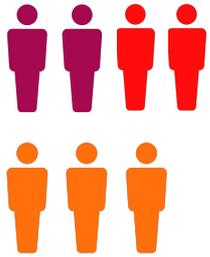


Why We Need Quality Data

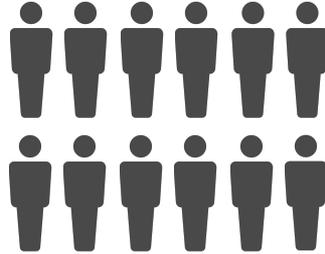
- See trends in the numbers of individuals becoming homeless
- Understand how people move in and out of the homelessness response system on an ongoing basis
- Have accurate information to set goals to reduce homelessness
- Have accurate information to understand if you are making progress in ending homelessness
- More clearly see the current needs of people experiencing homelessness in your community in real-time to target resources
- ***Partner and share data with upstream institutional players to reduce inflow and expedite housing placements***

What Data Can a By-Name List Produce?

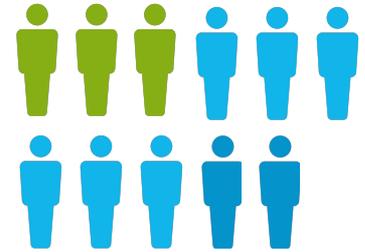
INFLOW



ACTIVELY
HOMELESS



OUTFLOW



INFLOW:
Newly
identified



INFLOW:
Returned from
housing



INFLOW:
Returned from
inactive



OUTFLOW:
Housing
placements

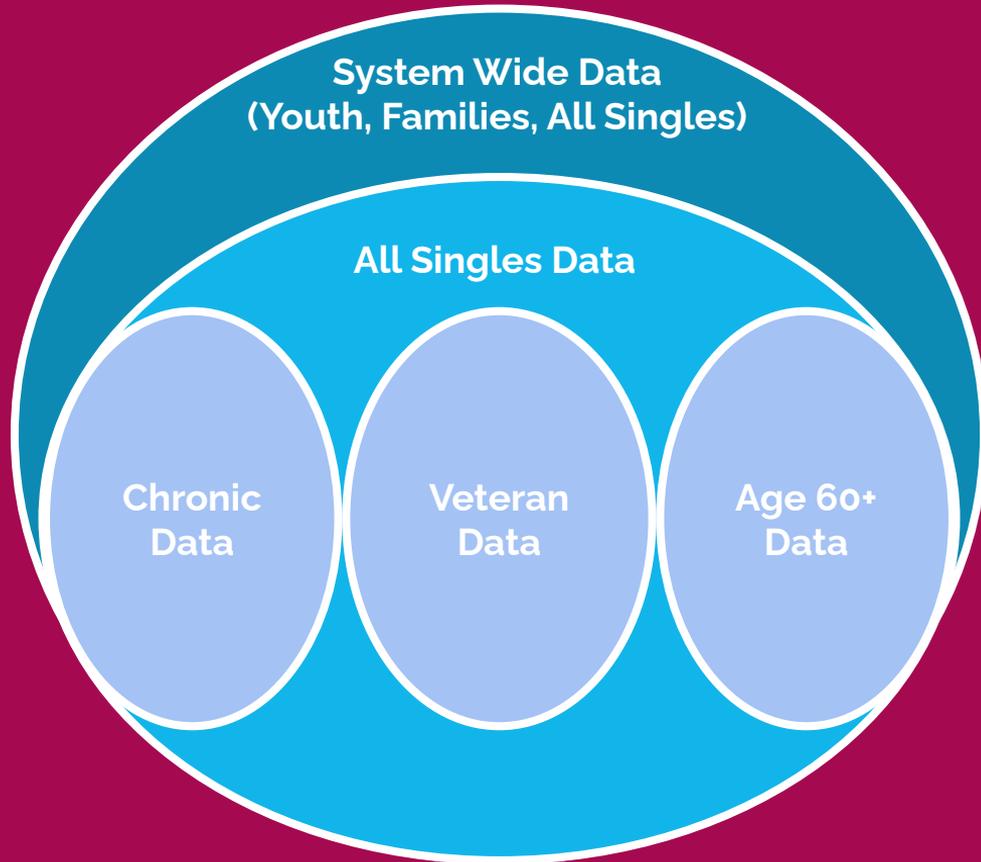


OUTFLOW:
Moved to
inactive



OUTFLOW:
No longer
meets
population
criteria

Who's On Your By-Name List?



Pilot Initiative Aim

Over the course of 2 year initiative, Pilot Teams will have made measurable progress towards ending chronic homelessness, with a focus on building racially equitable systems.

Committing to Racial Equity

INDICATORS

SYSTEM DECISION-MAKING POWER

Black, Indigenous, and People of Color (BIPOC) at all levels of the homeless response system have decision-making power to influence the design of the system.

LIVED EXPERIENCE

BIPOC receiving services from the homeless response system have experiences that preserve their dignity and have their needs met in a timely manner.

QUALITY DATA

All people experiencing homelessness have access to the system and are known by name in real-time. Communities accurately collect data around race and ethnicity.

SYSTEM OUTCOMES

Communities close all racial/ethnic disproportionality in housing placements, returns to homelessness, and the average length of time from identification to housing by improving outcomes for BIPOC who experience homelessness.

Q & A