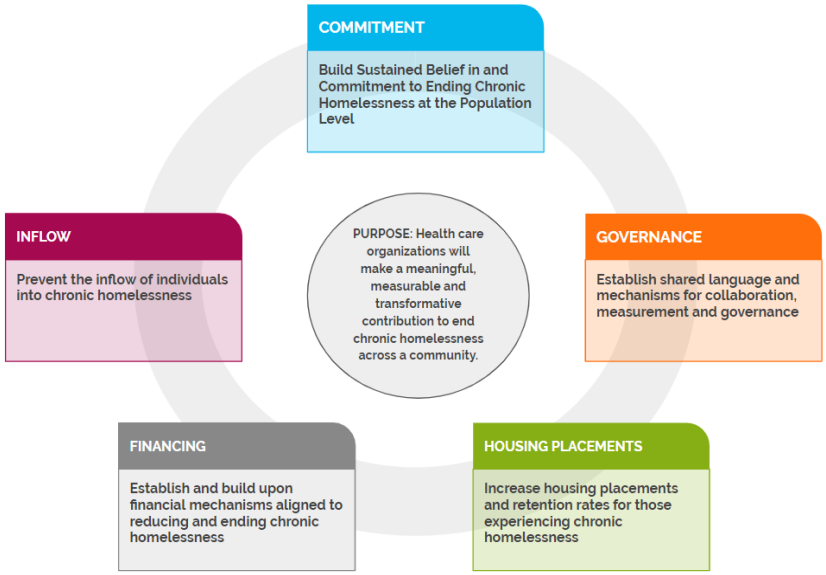
COMMUNITY SOLUTIONS

A Theory of Change for Health Care's Role in Reducing or Ending Chronic Homelessness in a Community

What is the Theory of Change?

The following conceptual model lays out a Theory of Change (ToC) for health care's role in reducing and/or ending chronic homelessness in a community. The model outlines approaches health systems can take within the health system and together with the community in five areas of building will and commitment, governance and oversight, reducing housing placements, creating or maximizing funding mechanisms, and preventing inflow into homelessness (featured in the visual below). While many of these approaches are relevant to other sectors, this Theory of Change is focused on health care specifically.

How the Theory of Change was developed: This theory was developed by a team from Community Solutions (CS) and the Institute for Healthcare Improvement (IHI) in the Spring and Summer of 2019. The CS-IHI team engaged in a 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 change. This was followed by over 20 phone interviews with experts from across the homelessness, housing, and health care sectors to best understand what has worked, what is possible, and areas for improvement. The CS-IHI team consolidated this input into a draft Theory of Change that was refined through 10 follow up expert interviews, and will be further refined through an Expert Meeting in early October 2019. Through a 2-year piloting initiative with several health systems and their respective communities, we plan to test, refine, and evolve the Theory of Change with the intention of creating sector-specific guidance for health care that can be spread to health systems and communities nationwide.



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How to Use the Theory of Change: Guidance for Health Systems

The Theory of Change is designed to help health systems make a meaningful, measurable, and transformative contribution to ending chronic homelessness in their communities. It is comprised of three components:

- **Pillars**: Five major areas of work that together will lead to a comprehensive, meaningful role for a health system in their community. Each of these five Pillars is necessary in isolation, but not sufficient in reducing or ending chronic homelessness in a community.
- **Strategies:** Each of the five Pillars contains a set of strategies for planning and executing the work, and is divided into strategies for work *within the health system*, and work done *together with the community*.
- **Actions:** For each Strategy, the Theory of Change offers a set of suggested specific actions and steps health systems can take.

The Theory of Change is meant to be used as a toolbox - a menu of strategies and actions without a specific sequence. However, we know some health systems will want to prioritize or sequence work and we encourage you to use the Theory of Change in whatever way works best for you in your context. Additionally, we believe the Theory of Change can be used to facilitate a conversation within the health system and in the community: we encourage you to identify priorities and chart your path to transformation. There are many possible paths depending on your starting point and your health system and community's priorities.

Helpful Definitions

Inflow: this term refers to people who are entering into homelessness in a community each month. Inflow can be broken down into the following categories:

- People that are newly identified to the homelessness serving system in a community but report homelessness (for a period of time) prior to them becoming known to the system
- People that are newly experiencing homelessness for the first time
- People that have experienced homelessness in the past and are now experiencing a new episode of homelessness
- People that have been housed in permanent supportive housing or other permanent housing program and have returned to homelessness from this housing
- People that are experiencing homelessness that have been known to the system but have not been seen (either through outreach or inreach) for a period of time and then are seen again (either through outreach or inreach)

Chronic Homelessness Functional Zero: The state when there are either:

- Three or fewer people experiencing homelessness in your system
- 0.1% or fewer of a community's Point in Time count experiencing homelessness in your system

Point in Time (PIT) Count: is a one-day count of sheltered and unsheltered homeless individuals and families in the country. HUD requires that all Continuums of Care conducts a Point in Time count each year during the last ten days of January

By-Name List: A by-name list is a dynamic and comprehensive list of people experiencing homelessness in your community that is updated at least monthly but as often as possible

Reduction in Homelessness: A reduction in homelessness is measured through Quality Improvement principles, namely through a shift in the number of people experiencing homelessness on your by-name list. When your community reports the number of people experiencing homelessness in your community is below the median for 6 months in a row, your community has experienced a reduction in chronic homelessness.