Healthcare and Homelessness
All Pilot Sites - Call #2

Institute for Healthcare Improvement

COMMUNITY SOLUTIONS

Welcome

Our Agenda

1. Introductions and Welcome
2. Building a Balanced Project Portfolio of Interventions and Investments
3. Q+A / Dialogue
4. (if time allows) Tool Spotlight
5. Closing

Introductions

Catherine Mather
Project Director

Aleya Martin
Sr. Project Manager

Lauran Hardin
Faculty Coach

Catherine Craig
Faculty Coach

Anna Bialik
Improvement Advisor

Meg Arsenault
Senior Manager

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Participating Pilot Teams
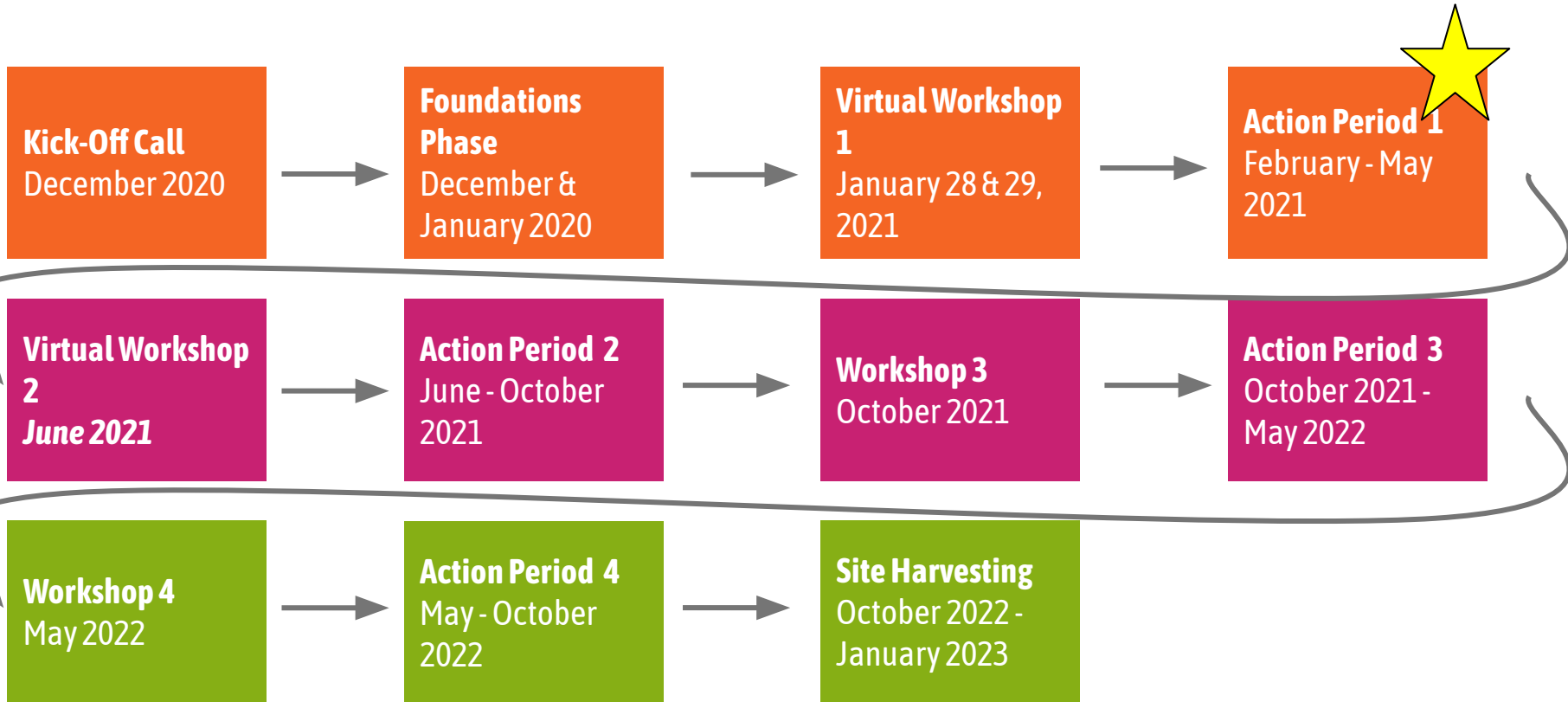
Introductions: Chat Waterfall

Please chat in:
- Name
- Community
- Organization
- What is your favorite summer treat?

Our Aim

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

Our Journey Together in the Pilot

Kick-Off Call
December 2020

→

Foundations Phase
December & January 2020

→

Virtual Workshop 1
January 28 & 29, 2021

→

Action Period 1
February - May 2021

Virtual Workshop 2
June 2021

→

Action Period 2
June - October 2021

→

Workshop 3
October 2021

→

Action Period 3
October 2021 - May 2022

Workshop 4
May 2022

→

Action Period 4
May - October 2022

→

Site Harvesting
October 2022 - January 2023

Important Dates

- **June 23 & 24, 1:30 pm - 4:45 pm ET / 10:30am-1:45pm PT**
  Healthcare X Homelessness Pilot Workshop 2

- **July 28, 2:00pm - 3:00pm ET / 11:00am - 12:00pm PT**
  All Pilot Site Call

- **Pilot Site Team Coaching calls continue**
  - Will move to monthly calls post-workshop

Building a Balanced Project Portfolio of Interventions and Investments

Why have a Portfolio of work?

Diversity & Integration

The new and improved system requires new ideas from a variety of places.

Manage Complexity

For complex adaptive change such as this, we are working on multiple processes in different parts of the system.

Interdependence & Alignment

No single initiative, change idea, or set of unaligned projects will likely be enough to produce population-level results.

Parsimony

With so many opportunities for improvement, the urge to set too many goals and under-resource them will be strong.

Embracing a Portfolio Approach

- Portfolios depend on understanding your population and how it is segmented.

- Your portfolio will be informed by a broad view of what you and other partners can do (consider the whole system).

- Your portfolio represents your best theory of what will lead to results. It can and should be rebalanced as you learn more about your population.

- There's a lot in your portfolio already.

Attributes of an Effective Portfolio of Projects and Investments

- Risk matches the goals
- Diversified
  - Long term, short term, big bets, quick wins, <u>both</u> improvement projects as well as investments (in capacity, data, etc.)

- Periodically rebalanced with new insights

Creating a Balanced Portfolio

- A balanced portfolio will have a blend of:
  - Quick wins   &   big bets
  - Existing programs   &   new work
  - Projects within HC system   &   cross-sector work
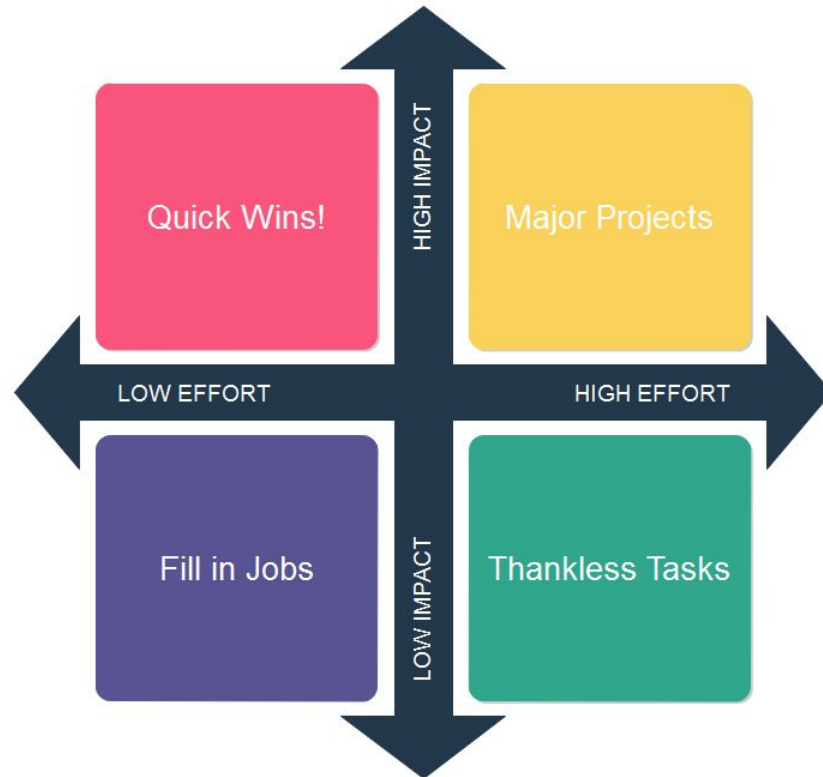 - Activity across at least 3 of the 5 pillars of the Theory of Change

Clarity of Purpose

- **Identifying a portfolio of high-leverage projects will help to:**
  - Clarify roles among QI team members
  - Identify needed partners in and outside of healthcare
  - Suggest approaches to effective governance:
    - *Who needs to make decisions?*
    - *What entities will clear the path for implementation?*
    - *What groups will carry out interventions?*
  - Identify realistic starting points for data sharing
    - *What data do we need to coordinate care around the first ten people in chronic homelessness?*
    - *What aggregate data could be illuminating to us and our partners?*

Project Selection

Theory of Change (ToC)

Commitment

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

Inflow

Prevent the inflow of individuals into chronic homelessness

Governance

Establish shared language and mechanisms for collaboration, measurement and governance

Purpose:
Health care organizations will make a meaningful, measurable and transformative contribution to end chronic homelessness across a community.

Financing

Establish and build upon financial mechanisms aligned to reducing and ending chronic homelessness

Housing placements

Increase housing placements and retention rates for those experiencing chronic homelessness

A Sample Pilot Site Portfolio

Overall Pilot Team Aim:
Reduce chronic homelessness by 75% from May baseline by Dec 31, 2022, with a focus on building racially equitable systems

Outcome Measure: # of active chronic homeless

Commitment
- Outline savings to healthcare system and tie that to internal messaging
- Implement new CoC case conferencing/care coordination infrastructure in partnership with healthcare to meet the needs of individual with appropriate resources

Together with the Community

Within the health system

Governance
- Understand what measurement systems currently exist and where the health system might support or tap into those systems (e.g., health system using HMIS data, support for data collection)

Housing Placements
- Inventory health system real estate holdings to convert to PSH
- Co-create process map to identify and address pain points/bottlenecks with people with lived experience to improve processes to get people housed faster

Process Measures:
Length of time homeless
Patient experience within hospital
referrals from hospital to homeless response system

Financing
- Pursue collaborative funding opportunities for affordable housing etc.

Inflow
- Create an integrated pathway to connect at-risk individuals with diversion/prevention resources (all singles)

Process Measure: # at risk individuals

Putting pen to paper

- What is already in your portfolio (health system, local government, CoC, social sector)?
- Where are there gaps?
- Where can we redesign, better align, coordinate, and build capacity?

- What are your **5 highest leverage ideas** for how to end chronic homelessness in your community?

Q+A / Discussion

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Tool Spotlight

The Work

- This work requires us to take a disciplined approach to collaboration to improve outcomes of people experiencing chronic homelessness.

- System improvements will allow us to focus on other subpopulations of people experiencing homelessness in the future.

- For now, our focus is targeted on those experiencing chronic homelessness and individuals who are at risk of becoming chronically homeless.

What does it mean to be "Chronically Homeless"?

Chronic homelessness is defined as someone who:

- Has a **disabling condition** (such as, serious mental illness, diagnosable substance use disorder, PTSD, cognitive impairment, physical or developmental disability, chronic physical illness), and

- Is currently homeless and has experienced homelessness for **at least a year** or has had four occasions of homelessness within a three year period (that total one year), and

- Lives in a place not meant for human habitation, a safe haven, emergency shelter or in an institutional care facility (less than 90 days).

How would a healthcare system know if someone is chronically homeless?

- Healthcare systems can learn who is identified as chronically homeless in your market by reviewing the **by-name List** of chronically homeless individuals that is managed by the local Built for Zero (BfZ) team.

- The local BfZ contact person is: _____ (Name/email/phone)

Spectrum of Homelessness

Housing Instability takes many forms, including:

- Facing Eviction
- Couch-surfing or living doubled-up
- Staying is shelter, or in a place not meant for human habitation for less than a year
- Experiencing Chronic Homelessness - once a person experiences chronic homelessness, it is unlikely that they will self resolve their episode of homelessness without system support.

Local Resources

People Experiencing	Local Resource Contact
Chronic Homelessness	
Couch-surfing/Doubled-up	
Facing Eviction	
Experiencing homelessness for less than one year	
Families with children	

Closing

Next Steps

- Community Pilot Teams will have draft of their portfolio of projects by workshop 2 (June 23 & 24)
- There will be an opportunity at the workshop to share the portfolio of projects selected across pilot sites
- Coaching calls over the next few weeks will continue to support reach pilot team to
  - 1) Finalizing their aim for the pilot
  - 2) Draft projects including process measures

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Questions

Faculty Coaches

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Thank You