
Health & Homelessness - Collaboration
Across Systems

Community Solutions: Built for Zero

We work with communities nationally and internationally to create a future where homelessness is **rare, brief when it occurs, and non-recurring.**

Healthcare x Homelessness Pilot as a Foundation

- Three year national pilot funded by Providence, Kaiser Permanente and CommonSpirit Health
- Institute of Healthcare Improvement + Community Solutions engaged with 5 pilot communities: *Washington County, Oregon; Sacramento, CA; Bakersfield, CA; Chattanooga, TN and Anchorage, AK*
- Creation of commitment and a dedicated space to design and implement projects for collaboration across health and homelessness systems
- Projects included data sharing, increasing respite care, liaison roles, aligning and dedicating resources, and coordination through cross sector case conferencing
- Spread and scale occurring post pilot

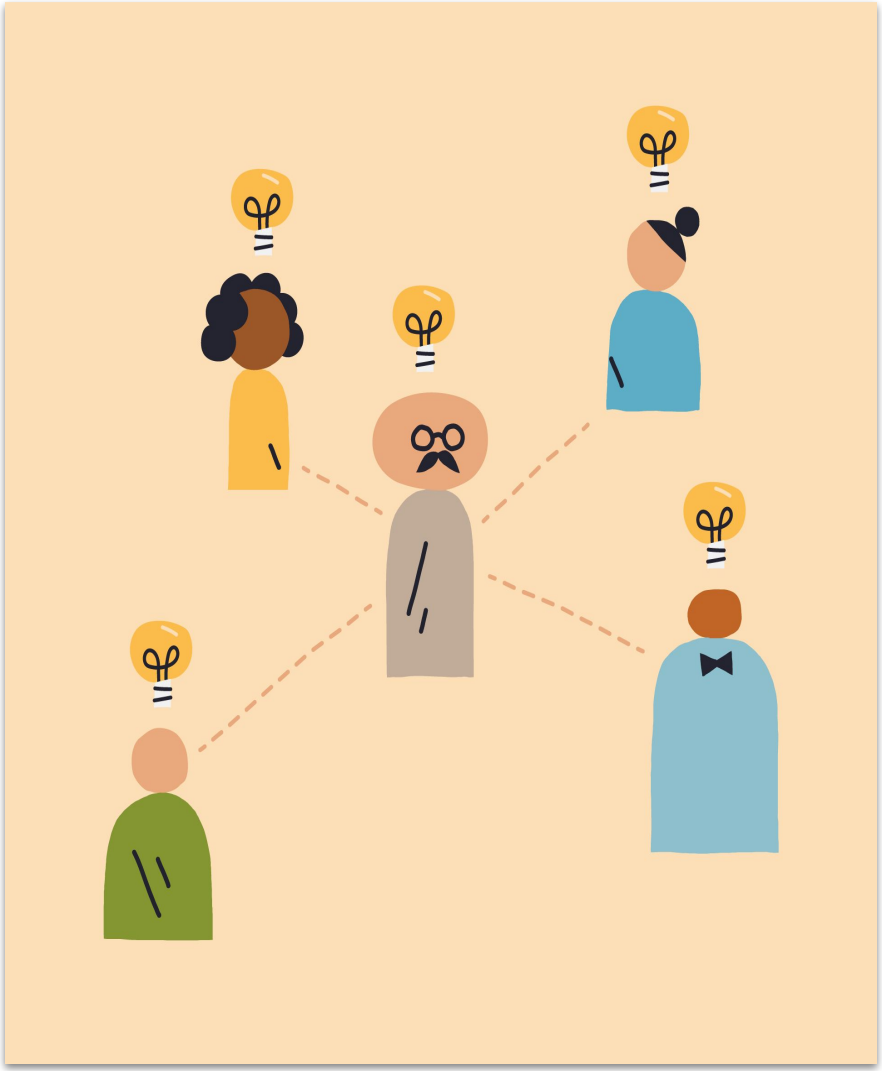
Health Care and Homelessness Integration

Creating Staff Positions to Address Gaps Between Sectors

- Health Systems in **Sacramento, CA** created and funded roles to sit between health and homelessness response systems

- The homeless response system in **Hartford, CT** created a dedicated role to partner with local hospitals and receive referrals

- These positions work to connect people to the most appropriate teams like:
  - ED clinicians
  - Inpatient Social Workers
  - Street medicine clinicians
  - Medical Respite
  - Housing Resources



Disrupting Discharge into Homelessness with Medical Respite

- **Chattanooga,TN and Bakersfield, CA** developed additional medical respite capacity in their communities
    - Coordination between hospital and CoC begins when a patient is admitted to hospital and determined eligible for services
    - Care coordination meetings with homelessness response staff and key respite care providers

Establishing Cross-Sector Case Conferencing

Case Conferencing:

- Used in the homelessness response system
- Brings together providers to problem solve and connect clients to appropriate housing supports.

Cross-Sector Case Conferencing:

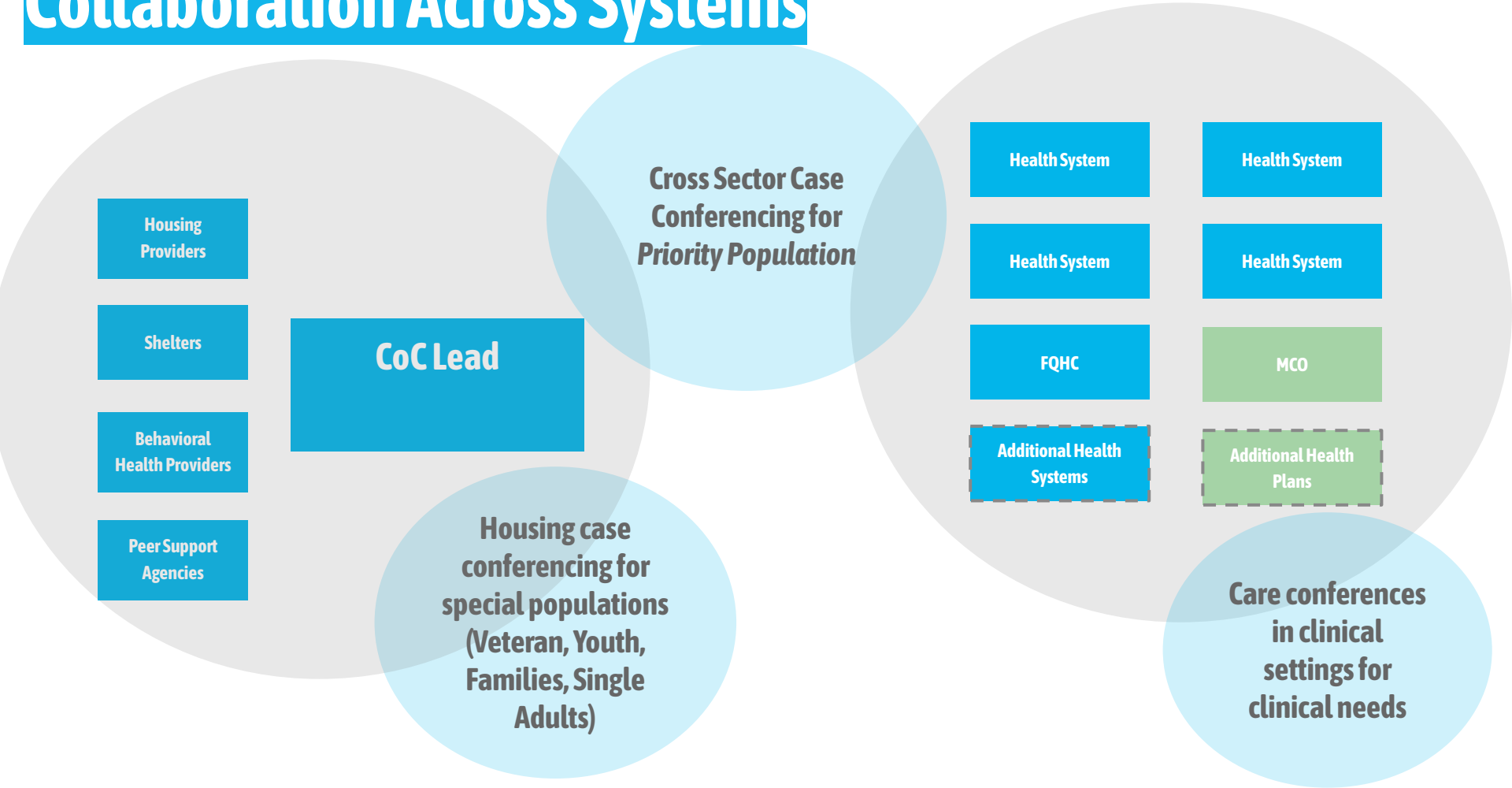
- Homelessness response system, health systems and health plans participate in collaborative problem solving
- Connect clients to services to meet health and housing needs.

Cross Sector Case Conferencing

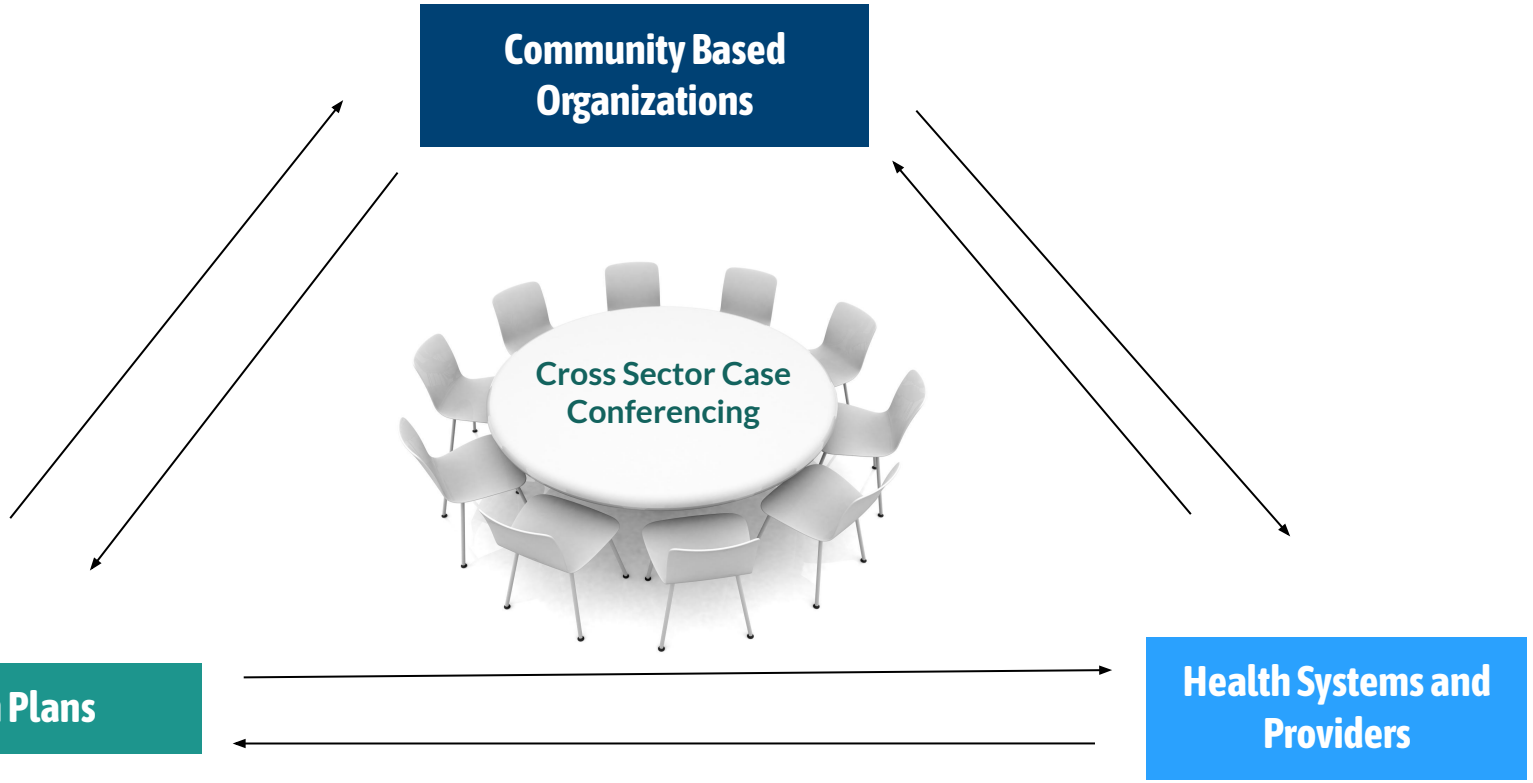
Cross Sector Case Conferencing

- Formalized process
- Our clients, our resources
- Focus is not just clinical, not just housing, but both
- Systems working collaboratively to meet the needs of individuals
- Person-centered, power sharing

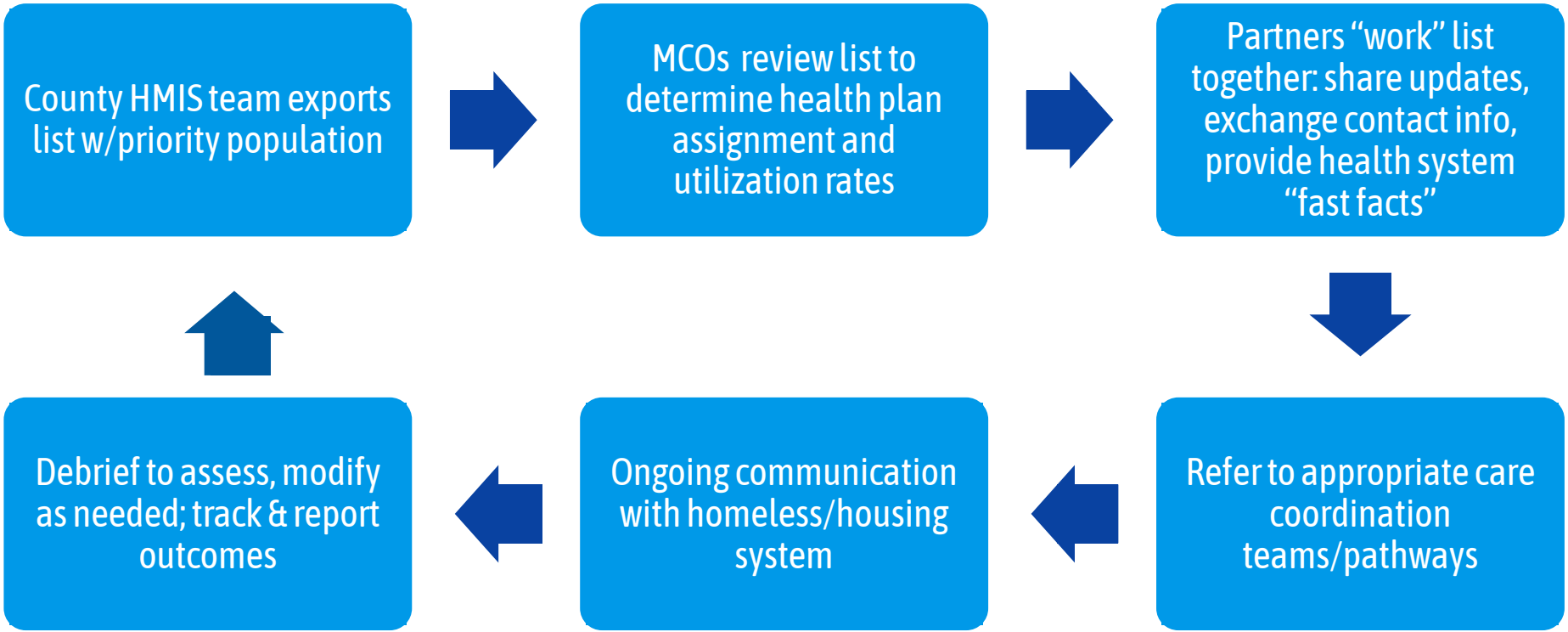
Collaboration Across Systems



Cross Sector Case Conferencing Table



Example Data Flow



Cross-Sector Case Conferencing

- Cross sector case conferencing helps establish pathways for connecting clients to resources
- Solving at the individual level allows for improvement and change of systems
- There are common client profiles/archetypes that multi-sector teams discuss in case conferencing
- These common profiles reveal typologies of need and teams become more familiar with resource landscape, referral processes and critical partners to work with

Example: Older Adults Experiencing Homelessness

- Behavioral Health: substance use and/or mental health
- Preference to shelter in the ED
- Complex care diagnosis (COPD, oxygen dependent)
- Cognitive: dementia or traumatic brain injury
- End of life care
- ADA / mobility
- Older adults with activities of daily living limitations

Supported by funding from the California Health Care Foundation

CHCF

Resources: System of Care for Homeless Older Adult Populations

Comprehensive Services Needed in the System of Care

Services	Area Agency on Aging/Guardian	Day Centers	LTSS/CM / Medication Management	Service Enriched PSH/PACE	ASL/ Board and Care	LTC	Hospice Homes	LTC w BH/SUD Focus	LTC w Memory Care Units
Existing Community Resources									
Key Gaps									

Other organizations, programs and factors that are needed in delivery:

☐ HMIS* ☐ CES* ☐ ID Documents ☐ Legal Support ☐ Access to Benefits ☐ SOAR*

Asset Map Guide Available here: [Asset Map Guide HC2 Strategies 103125.pdf]

HC² STRATEGIES
HEALTHY CONNECTED COMMUNITIES

Case Conferencing Overview: Tri County Oregon

Washington County

- Began case conferencing in Spring 2023
- Using Washington County specific data sharing agreement between county homeless services and health systems
-
- Every other week case conferencing –health systems, county homeless services and numerous homeless service providers participating

Clackamas County

- Began conferencing in March 2024
- Using a release of information model
- Every other week case conferencing –health systems, county homeless services, behavioral health, peer support and multiple homeless services providers participating

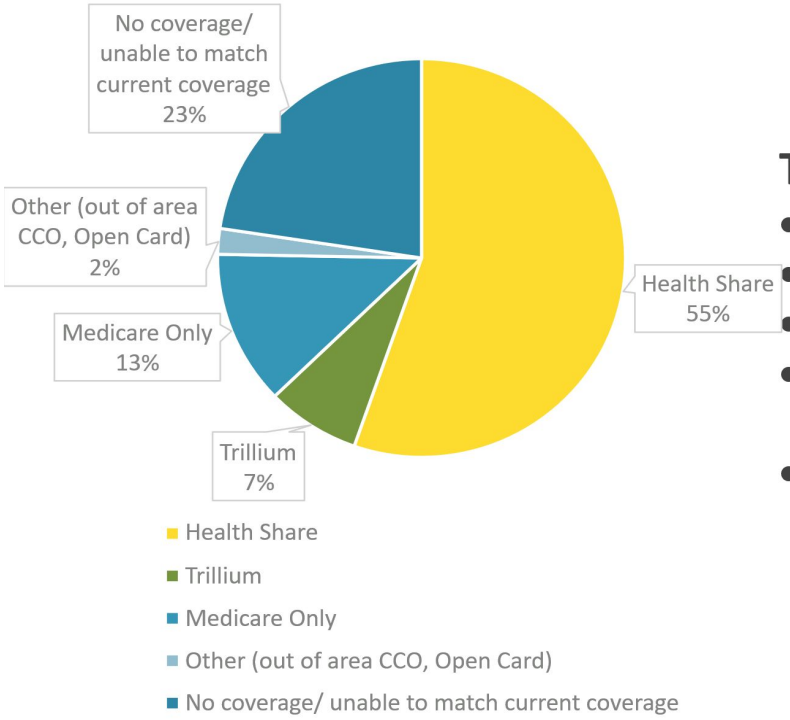
Multnomah County

- Began conferencing November of 2024
- Pilot phase
- **Data sharing agreement and ROI* hybrid model**
- Every other week case conferencing –health systems, county homeless services, behavioral health, onboarding new homeless services providers and expanding referral criteria

health share

*ROI-Release of information

Review of Case Conferencing Participants



Total Number of Participants: 336

- Health Share: 186
- Trillium:25
- Medicare only: 42
- Other (Open Card, out of area CCO coverage): 7
- No coverage/ unable to match current coverage: 76

Data as of 10/8/2025

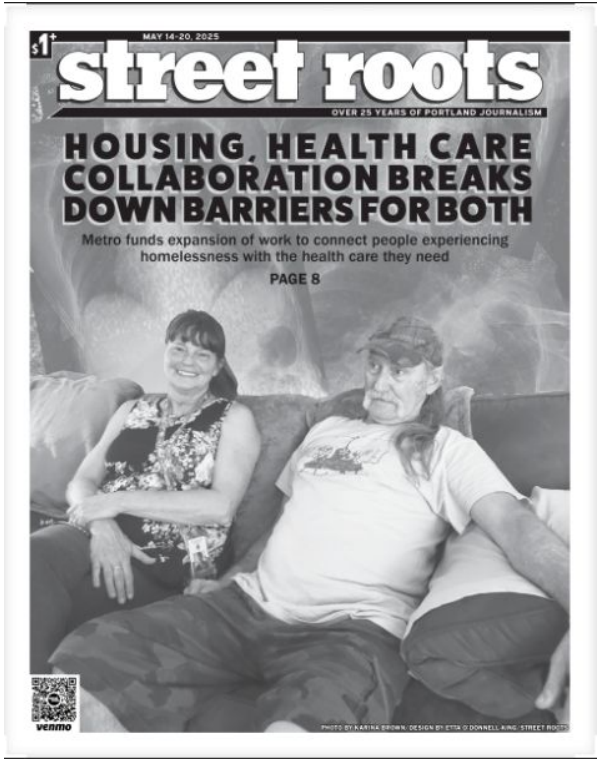
Early Outcomes

Initial regional data is demonstrating that participants who engage in case conferencing:

- Have less emergency room utilization following their case conferencing session
- Engage with their primary care physician more than they did prior to their case conference

Homeless services providers are experiencing greater support for their members

Healthcare providers are engaging previously hard to reach members in care coordination



health share

What's Next

- In partnership with communities, developing shared set of metrics to measure efficacy of cross sector case conferencing for both health and housing outcomes
- Health Share conducting data analysis on service utilization within population of people experiencing homelessness in a high risk, behavioral health cohort to develop new resources, services and programs.
- Identifying additional archetypes and building pathways to appropriate resources
- Developing recommendations for meeting resource gaps
- Considering special circumstances for individuals that represent ethical complexity
- And scaling!!

Communities Getting Started

Cross Sector Case Conferencing: Getting Started

- Identify and engage key stakeholders (CoC, health plans, health systems)
- Define a focal population
- Sign data sharing agreements and create release of information
- Establish data flow and referral pathways
- Determine data to track for individual client outcomes and evaluating the efficacy of cross sector case conferencing
- Be ready to learn as you test and pivot/improve as you go

Speaking of Pivots...

- Here are a few the community teams have tackled since launching:
  - Expanding population criteria
    - Removing age limitations
    - Including unsheltered individuals
  - Simplifying referral pathways and ROIs
  - Reducing amount of data that needs to be collected prior to case conferencing meetings
  - Improving the type of information collected and where it is stored

Thank you

FWD/SLASH

Health/Housing Panel Discussion

Joshua Prasad, DrPH(c), MPH
Chief Operating Officer
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We are interdisciplinary community strategists dedicated to meaningful transformation:

Principles

1. Justice and equity through action
2. Shifting power and wealth to communities
3. Impact in whatever form solves the root cause
4. Find the right investors for the right problem
5. Success is sunsetting, i.e. the community takes over

Team

Sameer Sood, DO

Chief Executive Officer

Joshua Prasad

Chief Operating Officer

Jeremy Liu

Chief Housing Officer

Ramon Llamas, MPH

Community Lead – KY & NC

Rachel Krausman

Community Strategist

Kyle Rawlins

Finance & Housing Lead

Recognition

FWDSLASH

HEALTHCARE PAYMENTS

Creating dynamic, multifaceted, **integrated** network of providers with supportive, affordable and dedicated housing

Measuring and demonstrating **total cross-system value as a scalable method** to solve homelessness to healthcare and public systems

Leveraging the total value of this revenue for operational and infrastructure investment

Optimizing **identification & referral** pathways between housing, healthcare, and other social determinants solutions and technology

HOUSING SUBSIDIES

Integrated Health, Housing and SDoH hubs are how communities can **solve** homelessness.

FWDSLASH

First health/social care model deployed in WV

Expansion into Kentucky for Housing + Social Care Development

2022

First housing development project in Sacramento

2025

Hands on Community Experience, with results

FWDSLASH

Results

~$2M

Driven from healthcare towards integrated homelessness pilots and development

7+

Novel contracts to drive upstream approaches to service delivery

West Virginia

For 17 high-cost, high need clients in this pilot, we've provided:

- 15 clients connected to social care services and medical services, 35-40% average reduction in Health Risk scores (VI-SPDAT), and housing for over 2500 days
- 50% reduction in total cost of care, largely due to 83% reduction in Emergency Services
- **Leveraged results into 40 new units for development of respite housing**
- **Finalizing a $1.2M 18-month contract from MCO**

N. Kentucky

For 12 high-cost, high need clients in this pilot, we've provided:

- over $5000 in food box and grocery assistance, $7000 of support for utilities, over 200 rides in transportation support (+bikes and bus rides), 8 clients employed or on SSDI, and housed for around 3000 collective days.
- 2 payer contracts resulting in an approximate 1.5x ROI
- **New 3-year Payer Contract worth $1.1M**
- **Catalyzing revenue into a $5M housing investment from hospital system**

Sacramento

- Raised ~$350K for service development under CalAIM
- **Building 500 units of dedicated affordable housing**

Seattle

- Raised $100K for innovative re-entry housing model
- **Tech-enabling network for integrated service delivery**

Raleigh

- Serving as city-wide contractor for health/housing strategy
- **Developing integrated plan with municipal services and managed care**

FWDSLASH

Appalachian Health Hub Networks

FwdSlash thrives through a collective impact model that empowers local partners to collaborate to improve health and social outcomes, while prioritizing optimization of existing resources.

West Virginia

+ additional partners

Kentucky

+ additional partners

National

+ additional partners

List is not comprehensively exhaustive and subject to change. Partners participate at-will, utilizing formal contracting and/or HIPAA compliant data sharing arrangements where appropriate.

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Developing better Analysis of Outcomes

	Quarter	Annual
Total Clients Served	8	11
Total Clients Exited	2	5
Total New Clients	1	6

Total SDoH Programming Delivered (YTD):

$96,546.78

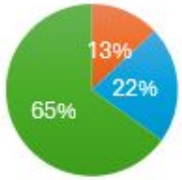
Total Monthly Spend, Prev Quarter

July Cost

Transportation Food Utilities

Housing Subsidy: $9,850

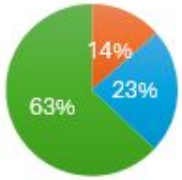
Aug Cost



Transportation Food Utilities

$8,475

Sep Cost



Transportation Food Utilities

$9,945

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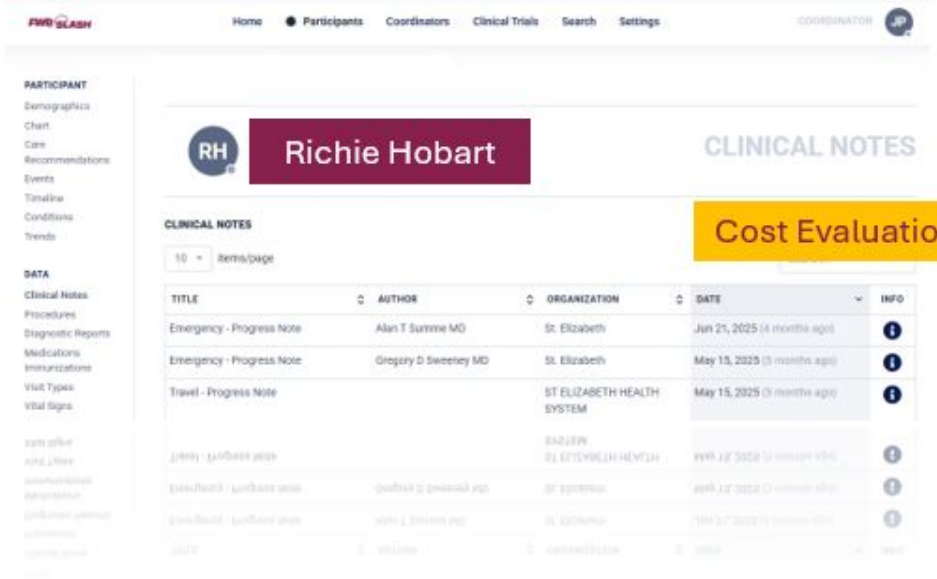
FwdSlash Pulse: technology for making the case to healthcare, funders & policy-makers



Cost Evaluation

Encounter Date	Hospital	Diagnosis / Reason	Total Billed Charge (Estimated)
06/1/2025	Edgewood ED	Lower body swelling	$7,817.04
05/05/2025	Florence ED	Nausea, Headache, Weakness	$2,907.00
09/10/2024	Ft. Thomas ED	Stuffy Head/Nose, Leg Swelling	$2,700.00
11/10/2024	COV Laboratory	Lab Work	$700.00
TOTAL			**$14,124.04**

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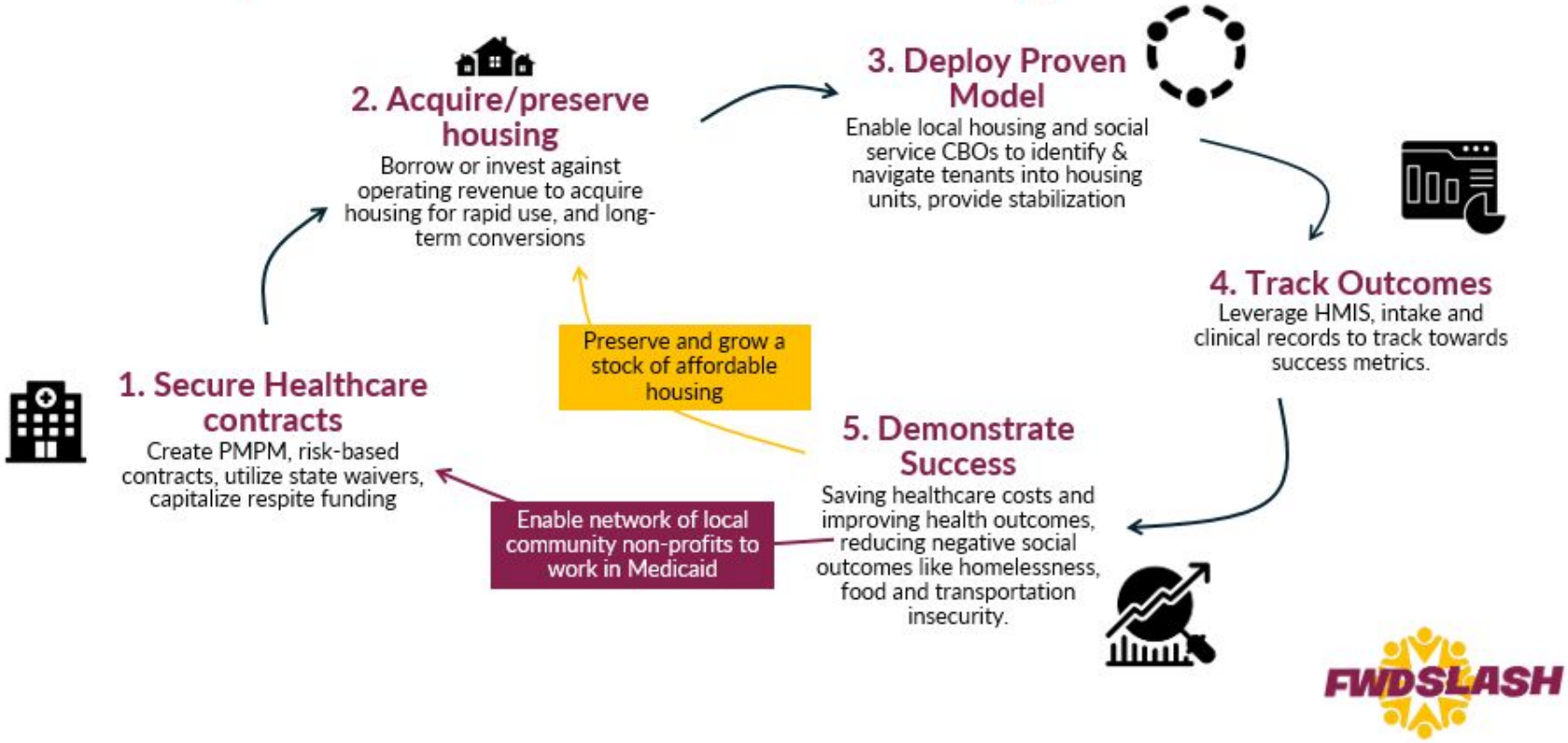
Iterative growth: using our model to catalyze affordable housing investments



N. Kentucky

Building dedicated health/housing 30-40 units in Northern Kentucky (Kenton, Boone, Campbell Counties) from a $5M hospital/health system capital stack.

Belington, WV

Working with the West Virginia Coalition to End Homelessness, we are establishing a 30-unit development of modular duplexes with a mix of 1BD, 2BD and 3BD options for rapid rehousing and permanent supportive housing to be leveraged for the upcoming Medicaid integration contract.

Sacramento, CA

Diversified investment model using state and healthcare funds noting that housing services can't be covered unless there are available units
Full campus with 350 new, affordable housing units will be completed in 2029.

FWDSLASH

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Thank you! Questions?

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