Summary of Health System Recommendations for the Chicago Continuum of Care

This document summarizes recommendations of the Health System and Coordinated Entry Workgroup. This group drafted best practice recommendations for the health system in order to better integrate access to Coordinated Entry in the Health System. The Workgroup has also identified recommendations for the Continuum of Care (CoC) Coordinated Access Steering Committee with the purpose of promoting health system connections to Coordinated Entry in order to ensure anyone experiencing homelessness is engaged in the coordinated entry system.

Recommendations for the Health System

- All Health systems should ensure domestic safety assessments are completed, and link to the Domestic Violence Hotline or Human Trafficking Hotline as appropriate.
- MCOs and/or hospitals may consider pursuing a BAA or other data sharing agreement with HMIS. (Need to clarify if BAA with All Chicago applies just to all Chicago staff or coordinated outreach as well in order to inform this recommendation)
- In order to improve data collection and improved understanding the scale and impact of homelessness across the health system, it is recommended the health system support regulations requiring documentation of homeless status in the hospital setting.
- Health systems should consider investment opportunities in the Coordinated Outreach System as a tool to better reach and engage hard to locate individuals, utilizing the experience and expertise of the homeless service provider community.
- Health systems should consider investment opportunities in the creation of a regional flexible housing subsidy pool, which can provide additional housing capacity and increased flexibility to meet supportive housing needs.
- Utilize ICD coding as a way to gather this data for clinical use, financial planning, and to share this information across systems. (National Health Care for the Homeless Recommendations, https://www.nhchc.org/wp-content/uploads/2016/10/ask-code-policy-brief-final.pdf)

Recommendations for Coordinated Assessment System Committee (CASC)

- There are 3 potential methods for health system partners to link to coordinated entry.
    - No access to HMIS, health system needs to screen for homelessness and connect to coordinated entry access point via site or phone.
    - Read only HMIS access. Can check to see if patient is in the system, contact information is updated and if an assessment has been completed.
    - Direct HMIS access, with specific staff roles being trained as skilled assessors.

- Costs associated with licenses, or type of licenses, should be identified and links to this information should be incorporated into documents/information shared with potential health system partners.
- Generally speaking, health system representatives report HMIS read only access is the easiest method for connecting to CES, from the perspective of potential compliance/HIPPA or IT security concerns. The HMIS appliance, once available and functional, can also provide a needed solution, but will potentially take additional time and resources. Benefits: no one has to log into a different system, increased use by staff since it would be a passive system Cons: if it is purely an alert, information won't be actionable and would require additional steps get actionable information. Health systems with the most patients experiencing homelessness are interested in also pursing direct access, but this wouldn't be a recommendation for all. Smaller systems or those that don't have resources to commit may be best served by choosing no direct access, but should link patients to Access Points for engagement.
- Training Needs and Opportunities
    - Training on how to screen and ask regarding housing status is crucial to quality of responses and connecting people
    - Training for care coordinators to increase understanding of how being homeless impacts the person's health as well as impact on whole system and the MCO
    - Training or webinar for administrators on value
    - Training for direct service roles on benefits of CES that are specific to roles: providers, RN, SW, care coordinators etc. to ensure that solutions to each role's challenges are highlighted.

<u>Health System Engagement in Coordinated Entry as a Solution</u>

Group identified specific pain points to health system that CES can solve or assist with. In final pitch documents, add # of people experiencing homelessness and # of SH units needed for scale and reason to invest in flexible subsidy pool (CSH has existing documents that would work well).

1. Avoidable spending due to homelessness and potential dollars saved through housing intervention
2. Potential for improved health outcomes and reduced utilization through housing intervention
3. MCO system can't find people for completing assessments and care planning
4. Hospital and MCO system can't find individuals for discharge follow up, stability, and ensuring connections to care
5. Primary Care can't find individuals for follow up and/or ongoing preventive care
6. Value in linking to an EXISTING system and using existing expertise in housing to solve the problems

Next Steps and Key dates:

- Add specific next steps for HMIS connection; who to contact, when, who should reach out and need to be involved from health system
- Timeline: Youth rollout is April 2017, Single Adult rollout will take place in May and June 2017, and the family rollout will occur in July and August 2017
- Utilize associations to distribution recommendations and toolkit.
- Edit based on CASC and CoC review and determination of path to CE Integration and decisions on preferred ways to connect with HMIS