

Systems Change Collaborative

to improve the health of people
experiencing homelessness in Chicago

Meeting #1
March 2, 2022
1:30 pm – 3:00 pm



Systems Change Collaborative: Purpose and Call-to-Action

The Collaborative will focus on the following to expand access to high quality, comprehensive care for people experiencing homelessness and those transitioning into housing:

- benchmarking standards of care
- disseminating best practices
- identifying common needs
- advocating collectively for policy and system changes

A planning committee met in 2021 to develop the structure, membership, and topics for the Collaborative's sessions.



Intro to Special Populations team, Chicago Department of Public Health

Special Populations at the Chicago Department of Public Health works to improve the health, life expectancy, and quality of life for vulnerable populations, particularly Chicagoans experiencing homelessness and Chicagoans living in confinement settings.

Team members include:

- Dr. Erica Taylor,
Medical Director, Congregate Settings
- Mary Kate Schroeter,
Project Manager, Special Populations
- Colleen Mahoney,
Senior Policy Analyst, Special Populations
- Lauren O'Rear,
Epidemiologist III, Special Populations

Programs include:

- Shelter-Based Services Teams, providing onsite medical care including vaccination and public health partnership in shelters
- COVID-19 testing in shelters
- Providing public health guidance specific to homeless service and corrections environments
- Promotion of systems-level change to advance health equity and address root causes of homelessness through initiatives such as this collaborative and CoC participation
- Street medicine in collaboration with DFSS

Today's Agenda

- **Welcome**
- **Level-setting**
 - Purpose, call-to-action, and timeline
- **Mission Moment**
- **Policy and Systems Change Framework**
- **Standards of Care**
 - Background
 - Discussion
- **Next Steps**

Meeting Objectives:

1. Establish understanding of the priorities of the Systems Change Collaborative and the Policy and Systems Change Framework.
2. Describe progress made so far around standards of care for people experiencing homelessness and identify common needs.
3. Discuss policy and system changes to support standards of care for people experiencing homelessness, and identify action steps.



Systems Change Collaborative Members

Chicago Department of Public Health

Mary Kate Schroeter
Colleen Mahoney
Erica Taylor, MD
Sarah Richardson
Kathy Calderon
Matt Richards

Chicago Department of Family & Support Services (DFSS)

Maura McCauley

Illinois Public Health Institute, Alliance for Health Equity team

Sydney Edmond
Jess Lynch
Mediha Sayeeduddin

Wilburn Strategic Solutions

Kuliva Wilburn, DrPH(c)

Andrea Chatman
Andrew Winter
Angel Miles, PhD
Beth Horwitz
Beth Nicholls
Bobbi Thompson
Caroline Cool
Carrie Chapman
Chante' Gamby
Chris O'Hara
Christin Nix
Ed Stellan
Emily Krisciunas
Jaclyn "Jackie" Koriath, JD
Johnna Lowe
Kathy Chan
Kim Hunt

Laura Bass
Luvia Quiñones
Luwana Johnson
Maria Bruni, PhD
Mary Tornabene, APRN, FNP-BC
Michael Banghart
Otha Gaston
Pete Toepfer
Richard Rowe
Sally Ehrlich
Sam Guardino
Shannon Jackson
Sherri Allen Reeves
Stephen "Steve" Brown
Steve Rothschild, MD
Tedd Peso
Tom Huggett, MD

Landscape Assessment

The goal of the Landscape Assessment was to identify key policy and system issues by understanding the local landscape of assets and gaps, health needs, and health-related services that are available to people experiencing homelessness in Chicago.

Information collection methods included:

- key informant interviews with service providers and stakeholders
- discussion with people with lived experience
- review of existing conditions data and information collected by the LCOs and CDPH and DFSS throughout the pandemic, and
- review of local and national best practices

The assessment was completed from August-December 2021.

Stakeholder Analysis

Ascertain how to best involve and communicate with each stakeholder

Key Informant Interviews

Gather data about the landscape of healthcare for people experiencing homelessness

Input from People with Lived Expertise

Prioritize and center voices of people with lived experience to ensure system improvements are responsive to needs

Analysis of Reports and Models

Research best practices and existing assets

POLICY AND SYSTEM ISSUES

Data & Technology

Technology infrastructure needed to support care delivery and information sharing across settings of care.

Standards of Care

Strategies to disseminate and implement healthcare for the homeless standards of care, including infection control, the integration of primary and behavioral health care and coordination between outpatient and inpatient care settings.

Housing Models
Shelter Models

Optimal housing and shelter models to improve the health of people experiencing homelessness, including changes to physical shelter footprints to improve health outcomes.

Care Continuity

Interventions that promote continuity of care as people move across the homeless system and into housing.

Sustainable Funding

Sustainable funding models (Medicaid reimbursement, etc.) to facilitate the provision of care in shelters and encampments, medical respite/stabilization, and as people move into permanent housing.

Workforce Development

Workforce development, including coordination support, professional development for shelter staff, and expanding outreach and engagement.

Strategic Alignment

CoC
(Chicago Continuum
of Care)

CHHRGE
(Chicago Homelessness
& Health Response
Group for Equity)

**Illinois
Interagency Task
Force on
Homelessness**

**Supportive
Housing
Providers
Association
(SHPA)**

**Flexible
Housing Pool**

**Road Map
Initiative**

COCHI
(Collaborative on Child
Homelessness Illinois)

**Roundtables -
MRHT,
Pride Action Tank,
Housing Action IL**

**CDPH Health
Equity Zones**

**Chicago Council
on Mental Health
Equity**

**Chicago
Coalition for
the Homeless**

**Existing plans
like H2**

Timeline



Reminder:
We are recording this meeting.

Group Norms

For a Productive Meeting, Let's All ...

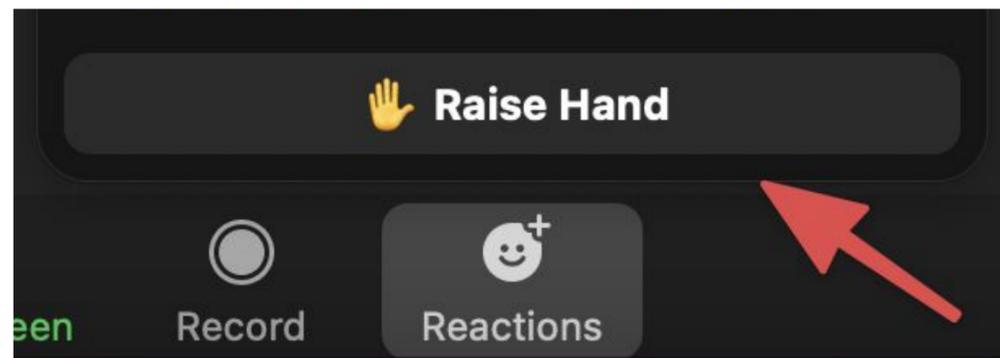


Mission Moment

Why are we here today?

Safe and secure housing is a social good and right, and crucial to good health and well-being, and can be a struggle for everyone

Raise your hand if ...



Policy and Systems Change Framework



Order of Meetings

March: Standards of Care

April: Shelter Models

May: Housing Models & Care Continuity

July: Sustainable Funding Models

October: Workforce Development

Note: Data & technology needs will be integrated into each of the policy/systems topics

CDPH Systems Change Collaborative Roles

Standards of Care

- **Documentation of standards** of care across settings
- Facilitation of the **sharing of practices**
- **Engaging people with lived expertise** in refining standards of care
- What standards **make the most difference** for PEH
- Develop standards for: **bridging care, discharge, approach to PEH**

Shelter Models

- **Share and promote best practices** for shelter models and **develop official guidance** from CDPH for implementation in various shelter model settings
- **Identify opportunities for health stakeholders** to engage in advocacy for equitable resources for shelters

Housing Models

- **Develop guidance and promote best practices** to coordinate housing placement services with health case management services
- **Identify the best models** for full housing subsidies and quality supportive services (including mental health and substance use) for people experiencing homelessness

CDPH Systems Change Collaborative Roles

Care Continuity

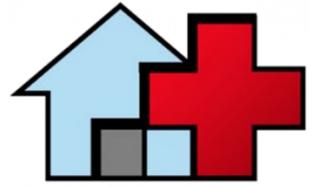
- **Identify quality improvement frameworks and best-practice/evidence-based models** for integration with key partners
- **Define unifying metrics** to measure and document coordination across system
- **Measure retention** in housing and what happens when people leave housing
- **Create meaningful connections** between tenants and adequate levels of clinical services

Sustainable Funding

- Continue to understand **how current funding works** (LCOs & broader strategy)
- Conduct **research on specific funding models**, share findings, and **propose ways to address barriers**
- Share and **propose strategies**
- Continuous **collaboration** with state's task force

Workforce Development

- Identify and share **existing workforce policy/advocacy agendas and toolkits** focused on those experiencing homelessness and the workforce that supports them



CHHRGE

CHICAGO HOMELESSNESS & HEALTH
RESPONSE GROUP FOR EQUITY

**HEARTLAND
ALLIANCE**
HEALTH



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.

Background: Standards of Care



Shelter-Based Care Teams

“Shelter-based health care provides our homeless neighbors with more direct and improved access to the health care system.”

- Strengthens the relationship between the person experiencing homelessness and the health system
- Helps to reduce individual barriers to health by acknowledging lack of mobility, hierarchy of needs, and potential inability to follow through
- Addresses medication safety
- Improves communication between health teams, clients, and shelter staff
- Increases health literacy
- Supports understanding that even in a housing-first environment, health is an equal priority

In Chicago, CDPH is funding shelter-based care teams led by Lawndale Christian Health Center and Heartland Alliance Health. Shelter-based care teams may also be referred to as “LCOs” (Lead Care Organizations).

Presenters

Mary Tornabene,
MS, APRN, FNP-BC
Heartland Alliance Health

Thomas Huggett,
MD, MPH
Lawndale Christian
Health Center

Standards of Care

Standards for Shelter-Based Health Care in Chicago were formalized in 2020 as part of the COVID-19 response work among people experiencing homelessness (PEH), building on more than 30 years of clinical work.

Heartland Alliance Health and Lawndale Christian Health Center have been working with shelter partners to implement standards of care throughout 2021, through the City-funded shelter-based care team model.

Final Draft – Sept 12, 2020

Standards for Shelter-Based Health Care

Chicago Homelessness and Health
Response Group for Equity



Chicago, Illinois

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Standards for Shelter-Based Health Care: Outreach, Engagement and Providing Services

1

<https://nhchc.org/wp-content/uploads/2021/1/Chicago-Shelter-Standards-Sept2020.pdf>

Guiding Principles for the Standards

- Outreach and engagement
- Building trust
- Reducing barriers to care
- Affirming strengths
- Reducing harm
- Sensitive to previous traumas
- Motivated by the guest's goals
- Respecting human rights
- Integrating care: primary, BH, SUD, social, infection control, & spiritual, with flexibility
- Provider able to see the whole family

Standards for Shelter-Based Health Care

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Chicago, Illinois

Standards of Care - Components

Standards for Shelter-Based Health Care

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Chicago, Illinois

Guiding
Principles

Outreach and
Engagement

Scope of Services
and Prep/Supplies
for Providing
Services

Addressing
Mental Health &
Substance Use
Disorders

Leadership from
People with Lived
Experience

Providing
Trauma-Informed
Care

Checklists for
Shelter-Based
Care Teams and
Shelter Staff

Providing Care
During a
Pandemic

Supporting Access
to Disability
Benefits, Public
Benefits, & Housing

The Standards of Care are currently being applied in shelters, in street outreach, drop-in centers, meal programs, social service agencies, community mental health clinics, pop-up vaccine events, and in other settings providing care to PEH in the city of Chicago served by shelter-based care teams (Heartland, Lawndale, and others).

Status Update

Progress and Lessons Learned from implementing the standards

Standards for Shelter-Based Health Care

Chicago Homelessness and Health
Response Group for Equity



Chicago, Illinois

- Ongoing loving relationships in primary care and with shelter staff laid the foundation for infection control, testing, vaccine engagement sessions, and vaccination campaigns.
- Onsite, face-to-face encounters seem more effective than telehealth, especially with behavioral health, psychiatry, and care management.
- In outbreaks, teams must pivot quickly from primary care to infection control.
- Access to clinical records from pre-shelter providers remains a challenge.
- Additional staff and innovative public health-based screening approaches will be needed to see every PEH at least once, as well as integration with shelter intake procedures and HMIS.
- In-person hand-offs to behavioral health providers for engagement/ACT/CST services in the context of preparation for Accelerated Moving Events can assist PEH to obtain the needed supports for housing.

What's Next - Standards of Care

Standards for Shelter-Based Health Care

Chicago Homelessness and Health
Response Group for Equity



Chicago, Illinois

KEY INFORMANT INTERVIEW FEEDBACK

- Engage people with lived expertise and shelter staff in refining and implementing standards
- Incorporate more on mental health, substance use and harm reduction; transportation & accessibility; students/volunteers; specific populations; education around healthcare; mass vaccination events and screening logistics; and more
- Refine checklists
- Build out more guidance and systems for coordinated intake and transitions of care
- Quality Improvement (QI) and evaluation
- Identify ways to expand to other sites of care

TOPICS RELATED TO COLLABORATIVE'S ROLE

- Engage people with lived expertise and shelter staff in refining and implementing standards
- Facilitate sharing of best practices
- Standards for bridging care as people are moving between settings and/or transitioning to housing
- Incorporate more on mental health, substance use, and harm reduction

Collaborative Discussion Topics

- **Sharing best practices and implementing standards in shelter settings**
- **Engaging people with lived expertise in refining standards of care**
- **Standards that make the most difference for people experiencing homelessness**
- **Develop standards for bridging care as people are moving between settings and/or transitioning to housing**
- **Data and technology**

Discussion

Sharing best practices and implementing standards in shelter settings:

- What are next steps for sharing the best practices that are included in the Standards of Care for Shelter-Based Care?

Discussion

Engaging people with lived expertise in refining standards of care:

- How can people with lived expertise be supported to engage in refining standards of care?
- Could each shelter identify one or two persons to sit on a Consumer Advisory Board?

Discussion

What standards make the most difference for people experiencing homelessness:

- Which standards are most crucial from a public health approach?
- Which standards impact equitable care delivery?

Discussion

Develop standards for bridging care as people are moving between settings and/or transitioning to housing:

- What settings need these standards?
- How could standards of care help to facilitate care coordination during the transition to housing?

Discussion

Develop standards for bridging care as people are moving between settings and/or transitioning to housing

- What settings need these standards?
 - Who would be responsible for following standards of care at this point of the process (ex: hospital staff for discharges)?
 - How can we work together to get every person receiving care to be seen one time by a Health Care for the Homeless (HCH) Expert?
- How could standards of care help to facilitate care coordination during the transition to housing?

Discussion

Data & Technology:

- In the context of standards of care, what are the critical data and technology improvements needed to advance the solutions we've discussed?
- What data/technology experts or researchers are best positioned to assist with these improvements?

Post-Meeting Survey



Please provide your feedback on the following:

 Meeting objectives

 Engagement

 Format/ structure

 Key action items





Next Steps

Meeting #2: April 6, 2022 at 1:30 pm

- Focus on Shelter Models

Before next meeting:

- Complete post-meeting survey

(very quick! 5 mins or less)

- Follow-up via email and webpage

Appendix

Planning Committee
meeting slides:

Planning Meeting #1

Planning Meeting #2

Planning Meeting #3

