Group 1

What system improvements should be made to the transition from shelters or streets to housing, especially to support health care continuity?

look at ideas to capture disability status

improve coordination with LCOs and permanent housing staff

Expanding Housing Navigation access

Ease application/reapplicati on process for Medicaid to ensure that coverage is not a barrier

ensure that ACT/CST meet people to engage people before they are moved to housing if they need that support

Training for healthcare providers to better understand and address the needs of individuals experiencing homelessness or individuals with housing insecurity

Make sure people have a clinical summary note and all of their meds before they move to housing

Screen for gender-based and community violence

Clarity about the various stimulations by systems and funding sources.

Require all persons in shelters to be seen by the health care team at least once, using a standard screening tool as were used for the pre-AME screens

Transparency in city wide policy creation. The org culture of systems haven't really bought in to the more progressive framework that is "presented".

Funding Funding Funding

The wage or lack thereof of direct service staff!

ensure that people have an appointment with a nearby methadone clinic if they need that support

Continuity of care needs good information that follows the person to work correctly.

Financial and vicarious trauma support for providers

set up a sustainable system that a health care provider make a home visit after housing placement, just like we do when a mother goes home with a new baby

Education for communities, landlords on homelessness

need for social and spiritual supports once people are in housing

More innovative housing models. More Flexible Housing Pool

More affordable housing!!!

Chicago Department of Public Health

Group 1

What are best practices, key models, or innovations where investment should be increased in order to improve access to housing and supportive health services for people experiencing homelessness with vulnerable health? What are the needed steps to achieve that increase in investment?

- Flexible Housing Pool
- Buy in from other healthcare entities. What if Medicaid thought FHP was the best practice?
- Housing First
- Medical respite - reimbursed by Medicaid or other payers, with a connection to permanent housing for those who need it, following the respite stay
- With FHP, more medical providers participating and funding the program
- Follow-up to ensure that the source of income law really makes a difference
- Collaboration between local and national organizations to create more PSH.
- Medical providers in shelters and working with the unsheltered
- Focus more intensive services, like a hyper-respite, for persons who are high-utilizers, in a stabilization model, kind of like a hotel
- Advocacy as a collective system!

CDPH Chicago Department of Public Health

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Group 1

How could care coordination be streamlined to support the health of people in supportive housing programs?

Addressing high turnover with staff

Dedicated clinical staff

Helping clients navigate Medicaid

Leverage technology that will benefits the individuals health and choice.

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Group 2

What system improvements should be made to the transition from shelters or streets to housing, especially to support health care continuity?

look at ideas to capture disability status

improve coordination with LCOs and permanent housing staff

Andrew- more clarity about roles throughout continuum to promote care continuity

More health care engagement/support in shelter settings

More meaningful health information captured in HMIS that is accessible to health care providers

More liaison/light case management services in shelters so folks who are eligible for housing don't drop off active lists

Need for more data system integration- between health providers, housing providers

Goal that homeless-setting healthcare services providers are seeing all shelter residents at least once for medical care

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Group 2

What are best practices, key models, or innovations where investment should be increased in order to improve access to housing and supportive health services for people experiencing homelessness with vulnerable health? What are the needed steps to achieve that increase in investment?

Mary- LOTS of interest in national HAH CONF in SBST program- keep investing

Flexible Housing Pool

Reduced case load per shelter case manager makes a big difference in shelters in promoting housing access and health care connection

More supportive housing funding

look at investing in workforce creatively-

service- look at increasing access- don't need to be highly trained to provide good SOAR services- look at increasing access to things like SOAR through interns, VISTAs, volunteers, etc.- pipeline

increased investment in Flexible Housing Pool

+1 to chris re non traditional supportive service providers to amplify case manager capacity

Funding rental subsidies, building acquisition

at the intersection of housing/health care- more research for a child population to make the case for FHP-like models for children- looking at impact when housing children, youth maybe not impact in ER but look at foster care

Group 2

How could care coordination be streamlined to support the health of people in supportive housing programs?

addressing high turnover with staff

Dedicated clinical staff

Helping clients navigate Medicaid

goes into integrating data systems between homeless and housing providers and health care providers- could FQHCs have some access to HMIS?

needs to be an independent coordinator that has access to both systems - to keep providers and clients connected - and what next steps were with care and housing

every program is different- keeping knowledge up to date about contacts, etc. is difficult- is there a way this process can be centralized for health care + housing providers

Chante- how to educate MCOs about housing systems> work is really needed here to build up MCOs system knowledge

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Group 3

What system improvements should be made to the transition from shelters or streets to housing, especially to support health care continuity?

look at ideas to capture disability status

improve coordination with LCOs and permanent housing staff

In the AMEs, having LCO and threshold present to navigate through the process and advocate on their health needs - speaking on behalf of medical conditions, not be in an elevated buidlng

use. Low barrier shelter so people remain, more place for those who are currently unsheltered, understand more from people who are unsheltered, housing first is crucial and especially for people with SUD and opioid

Engaging hc providers on the ground with housing navigators and housing case managers - like Laura described

integrated models - shelter based care models, data sharing ways to streamline things like disability letters for those near the top of CES - moving away from individualized relationships/intake to systems approaches is

Group 3

What are best practices, key models, or innovations where investment should be increased in order to improve access to housing and supportive health services for people experiencing homelessness with vulnerable health? What are the needed steps to achieve that increase in investment?

Flexible Housing Pool

Housing navigation

Safe haven

AMEs and hotels - lessons learned?

Bridge housing

Stabilization housing and making sure its connected to a longer term option

more medical respite -- and also connecting with the new stabilization models too -- and getting people into long term housing

Hospitals and MCOs investing in respite (and I will add FHP and other longer-term)

Medicaid paying for respite, tenancy supports, other non-traditional housing options

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Group 3

How could care coordination be streamlined to support the health of people in supportive housing programs?

addressing high turnover with staff

Dedicated clinical staff

Helping clients navigate Medicaid

Opt-out as opposed to opt-in -- Screen all people at the outset so they can get care coordination

Get MCO care coordinators to be be part of the care team - part of cross-org case conferences. Coule be helpful because of resources insurance companies have.

State Plan for Addressing Homelessness -- and work across all jurisdictions - City, County, State

Depending on the medical complexity of the housing participants, have dedicated case conferencing with key health care providers

Integrating health with housing case managers.

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