

Coordinated Access Steering Committee (CASC)

May 8th, 2017

All Chicago- 651 W. Washington, Suite 504

3:00p.m. - 5:00p.m.

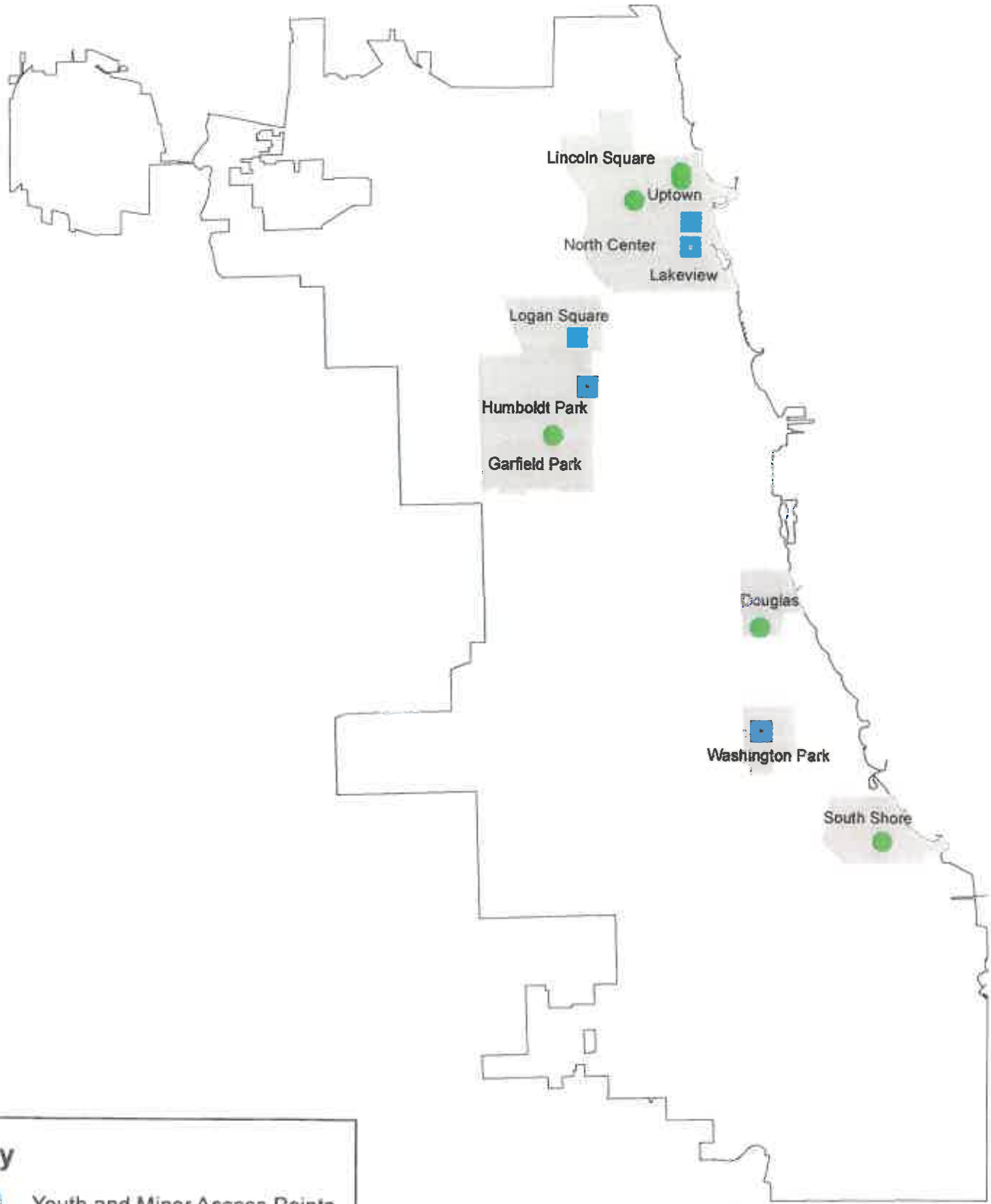
AGENDA

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|-----------|---|
| 3:00-3:05 | I. Welcome & Introductions - Chris |
| 3:05-3:10 | II. Approval of Minutes - Chris |
| 3:10-3:15 | III. CASC Roster - Katie |
| 3:15-3:20 | IV. Conflict of Interest Form & Dues - Katie |
| 3:20-3:25 | V. HUD Category 3 Homeless Definition Voting Decision Update - Gwen/Chris |
| 3:25-3:45 | VI. Housing for Health Action Plan (H2 Plan) - Brandi |
| 3:45-4:20 | VII. Coordinated Entry System Implementation Update - Stephanie <ul style="list-style-type: none">a. Quarterly Reportb. Monthly Report |
| 4:20-4:25 | VIII. MOU Workgroup Update - Josh |
| 4:25-4:35 | IX. PSH Turnover Units Update - Dave |
| 4:35-4:50 | X. NOFA Process Update - Dave |
| 4:50-4:55 | XI. Announcements |
| 4:55-5:00 | XII. Adjournment |




Next Meeting

Monday, June 12th; 3:00 pm-5:00 pm; All Chicago - 651 W Washington

Coordinated Entry System Access Points Youth and Adult

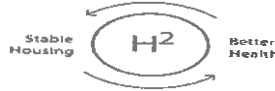


Key

-  Youth and Minor Access Points
-  Youth Access Points
-  Adult Access Points

Chicago and Cook County Housing for Health Strategic Plan: 2017-2019
 “H² Plan”

Adopted by the HFH Plan Leadership Council: November 30, 2016



“SMART” GOALS UNDER STRATEGIC PRIORITIES

Strategic Priority #1 – Increase the housing inventory serving homeless populations

IMPACT: Stable housing for thousands experiencing homelessness in the streets, parks, and shelters of our City and County

Goal 1.1 - By July 2017, end Veteran's homelessness in Chicago reaching a "functional zero" target and with at least 75% of housed residents accessing all needed health services through the VA Health System or mainstream health partners

Goal 1.2 - By August 2017, complete with at least five area hospitals and healthcare systems a feasibility study of the possible conversion of their unused properties into recuperative care (respite) housing programs and short-term or long-term housing units

Goal 1.3 - By December 2017, establish at least one flexible rental subsidy pool funded through healthcare dollars to complement existing sources of housing rental subsidies

Goal 1.4 – By December 2017, complete a feasibility study for the development in Chicago and Cook County of at least three new supportive housing project-based buildings together with a health impact assessment

Goal 1.5 - By September 2018, support the Continuums of Care in Chicago and Suburban Cook County to apply for new HUD Bonus Projects for homeless populations and regularly recapture unused HUD Homeless funds and repurpose them for new supportive housing units

Goal 1.6 – By December 2019, have at least three fully functioning and sustainable “moving on” projects in Chicago and Cook County serving at least 500 annually

Goal 1.7 – By December 2019, make use of healthcare sources and the Medicaid benefit of “pre-tenancy and tenancy services” for service dollars to increase the supportive housing inventory by 2,000 new units

Goal 1.8 – By December 2019, support homeless populations, living with health conditions and not eligible for supportive housing, to access at least 500 low-income housing units

Strategic Priority #2 – Increase the quantity and quality of services resulting in optimal health outcomes

IMPACT: Improved health outcomes among the homeless populations

Goal 2.1 - By July 2017, implement a strategy with at least two FQHCs or safety net health providers to increase the integration of at least two health clinics with supportive housing programs

Goal 2.2 - By July 2017, develop and implement a communication strategy for a Medicaid reimbursable higher rate for mental health and substance use treatment, expanded eligible populations, and increased eligible settings for service delivery

Goal 2.3 - By November 2017, provide at least 10 cross-training sessions for service providers in both homeless service and healthcare entities

Goal 2.4 - By December 2017, inform and support the State’s credentialing standards, medical necessity criteria, utilization management policies and rules for claims submission for the Medicaid Tenancy Supports Benefit for supportive housing providers

Goal 2.5 – By December 2018, reduce the loss of Medicaid eligibility by 50% through a streamlined redetermination process and at least 10 trainings for homeless service and healthcare workers

Goal 2.6 - By December 2019, issue a report with criteria for optimizing placement into the fourteen types of supportive housing programs through the Chicago “Supportive Housing: Optimizing Placement (S.H.O.P.) Research Study”

Goal 2.7 – By December 2019, train at least 75% of all housing case managers to support their homeless populations in accessing healthcare and optimizing their health outcomes

Strategic Priority #3 – Strengthen and expand partnerships between the housing and Healthcare Systems

IMPACT: Increased access to and participation in housing and healthcare by homeless populations

Goal 3.1 - By July 2017, establish an HIV/AIDS housing cascade that identifies health outcomes of HIV housing program residents and describes program models with correlated HIV-health outcomes

Goal 3.2 - By July 2017, assign care coordinators from at least three Medicaid Managed Care Organizations (MCO) to specifically serve all their own insured members living in at least five project-based supportive housing buildings or shelters

Goal 3.3 - By July 2017, develop the University of Illinois Health (UI Health) and Chicago Homeless Management Information System (HMIS) community action plan to generate shared and integrated data on those served in common

Goal 3.4 - By July 2017, provide accurate information through HMIS to at least five healthcare entities on the aggregated numbers of the homeless and formerly homeless in their data bases

Goal 3.5 – By December 2017, merge de-identified HMIS and HCH data with “CAPriCORN” * clinical data to characterize patterns of health services use and diagnoses of homeless populations

Goal 3.6 - By December 2017, have identifiable data via a new consent form for 70% of HMIS participants that includes their Medicaid Recipient Identity Number (RIN) and MCO membership

Goal 3.7 – By June 2018, have five housing and healthcare partnerships actively and regularly sharing HMIS identifiable data that includes Medicaid RIN information

Goal 3.8 - By June 2018, develop and implement a service-high-user targeting tool with Medicaid MCOs for identifying and serving insured members needing PSH

Goal 3.9 - By December 2018, implement a section of “Coordinated Entry in Chicago and Suburban Cook County” that includes hospital, MCO, and other health care utilization data to identify high users with multiple chronic health conditions

Operationalizing Benchmarks:

- **By May 31, 2017, CHH introduces SMART Goal benchmarks at the Chicago CoC Coordinated Entry Committee**
- **By May 31, 2017, CHH agrees with the Suburban Alliance how SMART Goal benchmarks will be implemented in its Coordinated Entry activity**
- **By June 30, 2017, CHH finalizes with the Chicago CoC Coordinated Entry Committee how SMART Goal benchmarks will be implemented**
- **By December 31, 2017, CHH leadership, in conjunction with the Suburban Alliance and All Chicago, will facilitate data and data sharing procedures for identifying high users of health care services**
- **By December 2018, a team of CSH and CHH staff support homeless outreach, skilled navigation and assessment, homeless shelters, and bridge housing programs to locate and engage at least 50% of MCO homeless members and re-connect them with health care services while waiting for housing**

- By December 2018, a team of CSH, All Chicago, and CHH staff give access to at least five health system providers to Coordinated Entry Systems in Chicago and Cook County that include coordinated outreach and bridge housing serving at least 2,000 individuals and families annually

Goal 3.10 – By December 2019, building upon the “CAPriCORN* / HMIS Data Merger Project,” establish a system capacity to alert healthcare entities and case workers in real time of highly vulnerable and/or high users of healthcare services

*See Appendix section for a description of the proposed project

Chicago Coordinated Entry System Prioritization

