

Health System Funders for Housing Justice Medical Respite Care Workgroup Meeting

September 26, 2022 | 2-3:00 ET / 1-2:00 CT / 12-1:00 MT / 11-12:00 PT

Call-In Instructions:

<https://us02web.zoom.us/j/81245333889?pwd=eWlsT0NDVFFSTEN2Rmd1NUJTY3c0Zz09>

| Time | Agenda Item |
|-------------|--|
| 2:00 – 2:05 | Welcome <ul style="list-style-type: none"> • Grounding and introductions • Reflections on August Racial Equity training |
| 2:05 – 2:20 | Presentation with Community Solutions’ Andi Broffman <ul style="list-style-type: none"> • Overview of Community Solutions’ Healthcare + Homelessness Pilot Project • Data-sharing resource on homelessness and health |
| 2:20 - 2:35 | Discussion <ul style="list-style-type: none"> • Where do we see opportunities to synthesize or complement this Network and the CS pilot? • What are shared lessons learned? Are any of the issues particularly timely/relevant to health systems work? • Are there areas of nuance or ‘sticking points’ within the five pillars this group could elevate and/or help further inform for a health systems audience? • How do we connect the data-sharing resources to medical respite investments? |
| 2:35 - 2:50 | Member Updates <ul style="list-style-type: none"> • Request for input: Capital Investments/CommonSpirit • What is happening in your medical respite investments lately? • On what do you need input? • Where have you seen success lately? |
| 2:50 - 2:55 | Network next steps <ul style="list-style-type: none"> • Remaining meetings: <ul style="list-style-type: none"> ◦ October 24: <i>switch to MLP workgroup</i> ◦ November 14: full network ◦ December 12: Medical Respite workgroup • Plans for 2023 |
| 2:55 – 3:00 | Wrap-up and Plugs <ul style="list-style-type: none"> • 9/27 Webinar: Youth Homelessness Prevention & the Role of Education |

Attending: Jesse Gelwicks, George Leventhal, Sarah Stanislav, Nicole Wilson, Anira Khlok, Kim McElroy-Jones

Staff: Michael Durham, Alexa Eggleston

Guests: Julia Dobbins, Christa Signor, Andi Broffman

Notes:

Michael initiated the meeting with a round of introductions, welcoming Julia Dobbins and Christa Signor from the National Health Care for the Homeless Council as guests to the conversation. Michael also acknowledged that the last meeting of this Network was a sparsely attended training on racial equity; he urged participants to prioritize watching the recording in preparation for the next meeting of the full network where we will debrief it.

Andi Broffman provided a presentation on Community Solutions' Homelessness x Health pilot project. Operated in partnership with the Institute for Healthcare Improvement (IHI), the project includes five pilot sites that include representatives from the homelessness response system (HRS) and local health systems; they are in Washington County, OR, Bakersfield/Kern County, CA, Sacramento, CA, Anchorage, AK, and Chattanooga, TN. The health systems include Kaiser Permanente, CommonSpirit, Providence St Joseph, UC Davis, and Sutter Health. Andi described the theory of change for health systems' involvement in ending chronic homelessness, which include work in five pillars: commitment, governance, housing placements, financing, and inflow.

One focus area of the pilot sites so far is developing a toolkit for data-sharing between HRS and health systems and described why and how that makes a difference in people's lives. She displayed a spectrum of data-sharing practices that include five stages in which no personal health information (PHI) is shared and two categories in which PHI is shared.

Connecting the data-sharing toolkit to medical respite care, it was noted that quality data are crucial to respite's ability to transition patients from hospital discharge to stable housing. With quality and accessible data, respite can disrupt cycles of poverty and homelessness. It was acknowledged in discussion that the flexibility the data-sharing spectrum reflects is appreciated and necessary based on experiences with pilot sites who have different short-term goals. Legal variances create barriers to data-sharing, but so does the time it takes to create trusting relationships between HRS and health systems. It was also noted that varying roles within a health system (e.g., operations versus community benefit) can create challenges in enhancing data-sharing.

Julia emphasized that medical respite does not end homelessness on its own, it is not housing, but it does provide a unique opportunity to stabilize especially vulnerable people and connect them to appropriate, permanent housing. If health systems are struggling to share data with homelessness systems, respite is a great place to start. From the respite providers' side, Julia added that respite programs often lack internal expertise to navigate complex data-sharing agreements and sometimes have philosophical differences with health systems or housing systems that inhibit conversations.

Drawing the meeting to a close, Michael delineated the three remaining calls on the calendar for 2022 and announced that the October 24 workgroup meeting will be for medical-legal partnership rather than medical respite. Michael plugged the September 27 webinar on the role of education in the prevention of youth homelessness.

Nicole Wilson described an issue for which they would like some input offline: they are seeking feedback on how to incorporate the voice of lived experience and pursue trauma-informed principles in their capital investments. If you have experience or insights on this topic, please email Nicole or Michael.

With thanks to Andi, Julia, and Christa for joining us, the meeting adjourned at 3:00 Eastern Time.