Health System Funders for Housing Justice

Monthly Meeting Notes

October 25, 2021 | 2-3:30 ET / 1-2:30 CT / 12-1:30 MT / 11-12:30 PT

***Attendees:***

1. Anira Khlok
2. James Kienker
3. Erin Jackson-Ward
4. Kelly Kelleher
5. Kimberly McElroy-Jones
6. Ashley Brand
7. Nicole Wilson
8. Monica Buhlig

**Welcome & Check Ins**

* Review agenda for today
* Check In:
  + Anira Khlok- continuum of care, who they’re touching in the health systems, how to match coc data with hospital data to present aggregate data but there are legal limitations
  + James Kienker- incorporate publicly accessible data, investment decision data for high priority communities (high poverty, racially diverse)
  + Erin Jackson-Ward-broad health information exchange with social determinants of health platforms, support cross-sharing with grantees and the county
  + Kimberly McElroy-Jones- building evaluation component for data, social determinants are limited to food where the work is being done. Seeking structure in order to share the data.
  + Ashley Brand- Connection between EHR and HIMS, partnering with social platforms for referrals but it can increase workload for case workers. Working with partners to identify those who are experiencing chronic homelessness. Where can we have small wins, to build consensus? Internal interpretations are something that we’re working on.
  + Nicole Wilson- HMIS: how data is being put in and what are the gaps?
  + Monica Buhlig- implemented social determinant health screen, federal 15 waiver and state requirements, different systems depending on location. Referral systems are good but not using the homeless systems. Looking to see what homeless providers (HMIS) are good. State program mandating so there are a lot of orgs offering referral services.
  + Kelly Kelleher- homeless research in an institute that supports rent and utilities for youth on the street. struggling with the data like insurance claim data, medical record data and it is not connected to the needs of the population like access to the internet; so the client can communicate with us.

**CSH: LA and National Work**

* Cheryl Winter (she/hers)
  + who bears the burden?
  + shifting burden from individuals and families to system players
  + pursuing data integration to achieve our own outcomes, but really need to find out what people need which requires engagement.
    - “How do you know what we need?”
    - “How are you doing anything without engaging with us?”
    - How are you aiding or harming us? What is the measuring stick?
  + LA County and Managed Care Organization Data Integration Working Group Goals- 2021
    - ensuring clear policies, consistent practices, and regular use of data in decision-making and care
    - Improving collection, usage and sharing of data to provide a more complete picture of a patient’s service history and better deliver needed services
    - Improve health outcomes of patients, speed administrative processes, and collect patients' health and housing histories in order to triage and provide the right level of care.
      * care refers to individual care
      * decision making refers to aggregate level data (funding)
    - Need to develop consistency in data definitions for clear and common understanding
    - Set priorities for 2021-2022 sharing and integration
  + Data Matching to Integration (system wide data at a county level)
    - one-time
    - repeated
    - system integration
    - real-time multisystem data exchange
  + Data Sharing and Integration Activities 2009-2016
    - 2007-2009 Adult Linkages Program (ALP)
    - 2012 Enterprise Linkages Project
    - 2012 Data Needs Assessment
    - 2012 Data share to integrate GR into Medicaid Expansion
    - 2013 High Utilizer Match
    - 2014 HMIS & LA CARE match conversations
    - 2015 Measure H, E12
    - 2016 HMIS & LA CARE gains HMIS read-only access
  + Priority is identified- is it ready for action?
  + Do we have the right people in the room setting priorities?
  + Trends-
    - increase in homeless services interested in becoming subcontractors in health systems because there has been guidance away from HUD to centers for Medicare and Medicaid
    - opportunities for capacity building, infrastructure and staffing for lead agencies meaning info systems
    - homeless service providers transitioning into health system there is a lot of costs to hire new staff, HR agreements, compliance, training, expectations
    - funding capacity building (training)
    - Anti-racist design
    - Data infrastructure (software cost)
    - Champion’s support
  + QA with providers adamant about legal concerns about sharing housing status
    - Would people be okay sharing their housing information if they were going to receive a service? (opportunity for funding)
  + Benefits Cliff!
  + Designing for Equity: From the Margins
    - Gatekeeper Role
    - Examine Policies
    - Targeted Universalism
    - Disaggregated Data
    - Work Inclusively
    - Monitor Data
* Ian Costello (he/him) Strategy and Impact at CSH, Los Angeles County, LA Coc for data and analytics. Last 2 years writing about products around health and housing. Culminating in a report with partner org about data integration. The importance of the partnerships with Coc.
  + how to capture data on UDS
  + worked with FUSE working with integrated systems to connect data and then people with resources
  + Working with Montana across 7 different communities, Dept of Public Health and Public Services, EMPATH a database connecting state systems automatically, making data accessible and visible.
    - How is data being used?
      * Data are used in decision making
      * Data as “rally point” (most powerful)
      * Data are part of the story
    - Fostering a Data-driven culture (opportunity of barrier)
      * Mindset (how you think)
      * Skillset (how you use)
      * toolset (manage)
      * Dataset (what data you use and how)
    - Measure Types (what you’re using and why)
      * Actual
      * Informational (Critical, how to improve data)
      * Investigative (things you may not be able to take action on, like the census)
      * Vanity (what does success mean, or does something need to be successful)
  + Cultivating Data Sources:
    - change dynamic
    - public sources (compensative lived experience)
      * provide feedback
      * capacity building
        + Tabitha- Any success stories?
        + Ian- National Healthcare for the Homelessness National Consumer Advocacy Board (Manual) https://nhchc.org/consumers/ncab/ncab-leadership/

response to shifting power dynamic, community participation

* + - * + RDDI method- community transformation, system inclusive (lived experience, people outside the system)
    - outcomes oriented (what do we hope to learn?)
  + Data considerations (lived experience must be including, takes many perscpecitves)
    - data are not objective
    - systemic racism and implicit bias
    - How are data collected, synthesized, visualized and accessible?

**Discussion with Network Members**

* setting realistic expectations with leadership for timeline from analysis, when do you expect to see results?

*Cheryl Winter*

* + healthcare outcomes, cost avoidance and housing
  + working through cost avoidance from high utilizers, 12-18 months then 18-24 months, healthcare utilization go up, pharmacy, primary care, specialty, significant diagnosis
  + challenges housing navigation service but not aligned with housing resources, then you might not see any reduction in cost
  + if housing is not paired with cost avoidance, it will take longer
  + improvement of symptoms for those exiting chronic homelessness
    - change how the funder partners and expectations
* *Shavonda Weber-Christmas*- over time the inclusivity of people with lived experience has increased, however it puts a lot of onus on those specific folks. We originally hoped to reduce the amount of times they have to tell their story.

*Cheryl Winter*

* + shift the burden from individuals and families to system partners
  + compensate and hiring people with lived experience
  + should be involved in creating something new where the system partners are gathering

**Next Steps**

* Mapping Exercise:
  + Members will be asked to complete a [mapping exercise](https://docs.google.com/spreadsheets/d/1BV9ipD4vhNVkPw3l2zRmjlqAcNb2QRhXrJuW_1kHgpI/edit?usp=sharing) in advance of next month’s call to prepare for next year’s work groups
  + Mapping Exercise:
  + <https://docs.google.com/spreadsheets/d/1BV9ipD4vhNVkPw3l2zRmjlqAcNb2QRhXrJuW_1kHgpI/edit?usp=sharing>
* Upcoming Meetings (2:00-3:30PM)
  + November 15th
  + December 13th
* Upcoming Learning Opportunities
  + [Connecting the Dots: Key Health and Housing Policy Opportunities to Support People Experiencing Homelessness](https://us02web.zoom.us/meeting/register/tZElde-oqT4rGNHOJfX5j1-UVG4TU8nT4Ser)
* Chat links
  + Ian Costello, CSH (he/him):
    - <https://www.csh.org/wp-content/uploads/2021/07/CSH-_HRSA-Quick-Guide_WEB.pdf>
    - <https://www.csh.org/wp-content/uploads/2020/12/CSHData-Integration-Report_Final11.12.20.pdf>
    - <https://hiteqcenter.org/Resources/Health-IT-Enabled-QI/Improving-Performance/analytics-capability-assessment>
  + Ashley Brand (she/her) - CommonSpirit Health:
    - <https://nhchc.org/consumers/ncab/ncab-leadership/>
  + Ian Costello, CSH (he/him):
    - <https://www.csh.org/supportive-housing-101/data/>