

The Chicago / Cook County Housing and Health Action Plan

October 15, 2015

[Part of HUD's H2 National Initiative]

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[Part of HUD's H2 National Initiative: The H2 Initiative provides communities with TA designed to ensure effective coordination linkages between housing and healthcare services to maximize care coverage and increase access to comprehensive health care and supportive services that can be coordinated with housing.]

Approved time period for Plan: January 1 to December 31, 2016

Approved Target Population for Plan: Anyone with the experience of homelessness, as defined by HHS/HRSA, in the City of Chicago and Cook County, whether housed or still homeless, and living with a health condition

STRATEGIC PRIORITY #1: Integrate Homeless and Healthcare Databases

Goal 1.1: By February 2016, establish and begin to implement data sharing policies and procedures between the Chicago HMIS and Suburban Cook HMIS databases.

Goal 1.2: By March 2016, develop an initial Countywide Data Integration Plan including the HMIS, MCE, Medicaid, and County Health and Hospital data systems.

Goal 1.3: By June 2016, begin the implementation of the Countywide Data Integration Plan

Goal 1.4: By September 2016, complete a report of the Countywide Data Integration Plan findings, including highest users of Medicaid who have experienced homelessness, those served by specific MCEs, the County Health and Hospital System, and by homeless service providers

Goal 1.5: By November 2016, complete an evaluation report on the effectiveness of the Countywide Data Integration Plan, identifying best practices and necessary adjustments

Goal 1.6: By December 2016, update the Countywide Data Integration Plan for ongoing effectiveness of data sharing between HMIS and healthcare data systems

STRATEGIC PRIORITY #2: Improve Health Outcomes and Coordination between Homeless Services and Medicaid Managed Care

- Goal 2.1: By October 2016, train at least 200 caseworkers on how to collaborate with MCE care coordinators to improve health care access and outcomes
- Goal 2.2: By November 2016, educate at least 500 residents of supportive housing about their managed care services and how to access health care effectively
- Goal 2.3: By December 2016, support 200 caseworkers to interact at least monthly with MCE care coordinators to improve outcomes and integrate care coordination
- Goal 2.4: By August 2016, support the Illinois Association of Medicaid Health Plans (IAMHP) to establish a process for the adequate transition of their members experiencing homelessness from one health plan to another and for safeguarding their continued enrollment in Medicaid benefits
- Goal 2.5: By August 2016, establish a 3-year strategy with FQHCs and safety net providers to increase the colocation of clinics with PSH programs and other similar integration practices
- Goal 2.6: By April 2016, develop a proposal and pursue it with the State for appropriate Medicaid funding of mental health and substance use treatment services to increase community-based capacity to deliver services, expand eligible populations, and increase eligible settings for services delivery
- Goal 2.7: By December 2016, enroll or reenroll at least 85% of the eligible population experiencing homelessness into Medicaid and other public benefits
- Goal 2.8: By December 2016 and through a working group of the Illinois Supportive Housing Providers Association (SHPA) and the Illinois Association of Medicaid Health Plans (IAMHP), hold at least 8 meetings to improve communication and service connection between members and mutual costumers

STRATEGIC PRIORITY #3: Increase Supportive Housing Capacity

- Goal 3.1: By June 2016, using data from integrated homeless and health data systems, establish the number of new permanent housing (PH) subsidies/units needed over the next three years
- Goal 3.2: By June 2016 and by using the high-user program pilot model with MCEs and hospitals, establish at least 4 opportunities to house at least 200 individuals experiencing homelessness
- Goal 3.3: By June 2016, coordinate with Cook County officials to fund at least 500 new “PH subsidies/units with support services” for individuals experiencing homelessness, using the model of a flexible rental subsidy pool as in the example of the Los Angeles County DHS Project
- Goal 3.4: By September 2016, work with State Medicaid officials to fund supportive services in PH, in order to reallocate existing HUD homeless support service resources and create at least 500 additional housing units
- Goal 3.5: By June 2016, expand strategies of “moving-on from PSH programs” to turn over and make available at least 150 existing housing units for individuals experiencing homelessness
- Goal 3.6: By June 2016, expand the “Bridge Housing Program” and the “Illinois DMH Bridge Rental Subsidy Program,” each by 100 units, to help transition those experiencing homelessness into PH