WORKING TOGETHER TO SUPPORT HOMELESS FAMILIES

A case study in unique systems and policy collaboration to promote healthcare coordination

PRESENTERS

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OBJECTIVES

- Identify five strategies used to promote cross-system collaboration

- Incorporate systems integration practice and tools to engage and collaborate with other systems that serve homeless families

- Consider guidelines for success in working together and identify three unlikely partners for advocacy and systems coordination

- Understand specific barriers, limitations, and remedies for collaboration

- Create a strategy for collaboration that meets the needs of homeless families and children

DEFINITIONS

- **Care coordination**

- **Healthcare**

- **Homelessness**

- **System culture**

- **Systems integration**

OUR COLLABORATION

Why do FACT and ICAAP work together?

What are our shared values?

What are our shared goals?

WHEN CARIE MET JUANONA

- **Both like to eat**

- **Attended many of the same meetings**

- **Shared commitment to vulnerable children and families**

- **Shared interest in trauma and resiliency**

- **Both engaged in cross-system collaboration work**

- **Not funded to work together, but we see natural overlap in our work and serve as a resource and support for each other's work**

FACT PROJECT

- Family Assertive Community Treatment Project (FACT)

- Target population: homeless young mothers age 18-25 with a mental illness and at least one child under the age of 5

- Service team provides comprehensive, voluntary, low-threshold, trauma-informed, community-based services; harm reduction lens

- Systems integration component addresses systemic barriers to services and resources for young homeless families—FACT Planning Coalition

- Goal: Increase access to and responsiveness of mainstream resources and services for young families experiencing homelessness

ICAAP EARLY CHILDHOOD DIVISION

- **Illinois Healthy Beginnings II (Care coordination between medical homes and Early Intervention)**

- **Strengthening Coordination by Fortifying the Connection Between Home Visiting and the Medical Home**

- **Building Bridges Between Medical Homes and Childcare Providers**

FRAMING THE ISSUE

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Dr. Martin Luther King Jr.

SOCIAL JUSTICE CONVICTION

Accessible, affordable, and quality healthcare is not a privilege but rather a human right

WHAT WE KNOW

- **The circumstances of homeless children and families are not always in the forefront of policy and systems considerations related to healthcare delivery.**

- **Health disparities exist for these marginalized families.**

- **Quality and accessible healthcare is a social justice matter as well as a public health concern**

GOAL OF OUR COLLABORATION

Encourage policy and systems changes and enhancements that ensure the benefits of healthcare coordination for homeless children and families.

CHALLENGES TO SUPPORTING HOMELESS FAMILIES

What makes homeless families challenging to serve?

HOMELESS FAMILIES ENCOUNTERS WITH SERVICES AND SYSTEMS

- Significant and complex service needs

- Lack knowledge about services

- Lack comfort with using certain services

- History of negative experiences

- Support services not always a priority as families struggle to meet basic needs

SYSTEM-LEVEL BARRIERS TO SERVING HOMELESS FAMILIES

- **Fragmented service system**

- **No unified definition of homelessness across systems**

- **Lack of knowledge/awareness of family homelessness**

- **No incentive to serve the most vulnerable, difficult-to-serve populations**

- **Rigid program rules and expectations**

- **Providers and services that are not responsive to the unique needs of homeless families**

SYSTEMS INTEGRATION STRATEGIES FOR PUTTING HOMELESS FAMILIES IN THE FOREFRONT

- Coalition building

- Align and connect cross-system initiatives

- Cross-training

- Targeted training and technical assistance

- Advocacy

COALITION BUILDING

Bring together leaders from systems that affect a defined population to identify and reduce barriers to services and fill gaps between or within systems

ALIGN AND CONNECT CROSS-SYSTEMS INITIATIVES

Ensures that efforts to address the needs of a defined population are linked to similar efforts in other systems

CROSS-TRAINING

Sharing of knowledge and resources among staff across systems affecting a defined population

TARGETED TRAINING AND TECHNICAL ASSISTANCE

Promote systems integration practices, provide support and assistance to entities engaging in integration efforts, and build capacity within systems to work with the defined target population

ADVOCACY

Promote policy and systems change that impacts a defined population-in this case, homeless families

PILLARS OF SYSTEMS INTEGRATION

- **Shared vision and agenda**

- **Communication**

- **Mutually reinforcing activities (holistic)**

- **Dedicated staff (or staff time)**

- **Neutrality**

TIPS FOR SUCCESS

- Be intentional: make a plan—put it in writing

- Avoid jargon and acronyms

- Respect the expertise of others

- Meet systems (and people in them) where they're at

- Work where there is energy and synergy

- Cultivate and recognize small successes

- Believe that change is possible

SYSTEMS INTEGRATION IN ACTION

Expanding access to home visiting for children experiencing homelessness in Illinois

WHAT IS HOME VISITING?

- Voluntary, home-based early childhood program serving pregnant women/women with young children

- Provide child-development and parenting information

- Connect families to medical, dental, mental health, and other supports

- Several evidence-based models and promising practices

PROVEN OUTCOMES

- Prevent child abuse and neglect

- Promote healthy development in children

- Promote secure attachment and positive parent-child interaction

- Improved prenatal and overall health and prevent subsequent pregnancy

- Increased school readiness

POTENTIAL FOR SERVING HOMELESS FAMILIES

- Addresses negative impacts of homelessness

- Mobile services

- Services are long-term

- Connect families to other supports and resources

- New resources available to expand home visiting

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV)

- Federal grant program authorized by the Affordable Care Act and jointly administered by HRSA and ACF

- Provides states the opportunity to build and expand evidence-based home visiting models

- Improves coordination of services for at-risk communities

- Identifies and provides comprehensive services to improve outcomes for families who reside in at-risk communities.

- 75% of grant funding must be spent on evidence-based models

ILLINOIS MIECHV EVIDENCE-BASED HOME VISITING MODELS

Early Head Start (EHS)-Home Visiting – serving low-income pregnant women and families with children from birth to age 3.

Healthy Families America (HFA) – serving at-risk families with children from birth to age 5.

Nurse-Family Partnerships (NFP) – serving first-time low-income mothers from pregnancy until the baby turns two years old.

Parents as Teachers (PAT) – serving families with children from birth to age 5.

IMPLEMENTING MIECHV IN ILLINOIS

- Collaboration between the Governor's Office of Early Childhood Development, the Home Visiting Task Force, and IL Department of Human Services

- Implemented in 6 communities around the state

- Using four evidence-based models: Parents as Teachers, Early Head Start, Healthy Families America, and Nurse Family Partnership

- Homeless families were identified as a priority population

- Emphasis on coordinating with medical homes

"…BUT HOW DO YOU DO *HOME* VISITING WITH A *HOMELESS* FAMILY?"

Achieving home visiting for homeless families

CHALLENGES FACED BY HOME VISITORS IN SERVING HOMELESS FAMILIES

- Transience

- Communication

- Complexity of parent/family needs

- Serving doubled-up families

- Low levels of parent engagement

- Balancing case management activities with child development/parent-child activities

COLLABORATING WITH MEDICAL HOMES

- Connection with a home visitor gives the physician a view into the family's home life and can be critical to his or her ability to provide care.

- The home visitor can share important information with the family to reinforce health care.

- Facilitation of conversations between medical homes and home visitors on the significance and impact of care coordination

- Collaborative development and piloting of communication and data sharing tools and processes

LIMITATIONS OF HOME VISITING

- Home visiting models can be rigid/pose barriers to homeless families

- Catchment areas can limit the ability of home visitors to follow families once they leave shelter

- Home visitors don't typically collaborate with homeless services and medical homes

- Little to no research has been done on the use of evidence-based home visiting models with homeless families

RECOMMENDATIONS FOR PRIORITIZING HOMELESS FAMILIES

- **Pilot specialized home visitor dedicated to working with homeless families, gather data, and learn more about what works**

- **Allow for greater flexibility for homeless families within home visiting models**

- **Provide more training and support on working with homeless families**

- **Cross-train home visitors and homeless services**

APPLYING SYSTEMS INTEGRATION IN YOUR WORK

Discussion and Strategy

QUESTIONS FOR DISCUSSION

- What system to do you work in?

- Describe the service you provide to homeless families and the systems within which you work

- What are some structural barriers you see in your system?

- What other systems might you collaborate with?

- Think about an organization or system you have a strong collaboration with? What makes the collaboration work?

BARRIERS TO IMPLEMENTING STRATEGIES

- What organization or system is challenging to collaborate with? What are the barriers? How might some of the systems integration strategies help?

- What are some barriers you see in implementing these strategies?

- How might strategies be reinforced at the policy level within your organization?

- How might these strategies be reinforced at the city, state, or federal policy level?