Improving the Homeless Response System
Proposal Template Instructions

The goal of the “Improving the Homeless Response System” initiative is to support each CHIR community with systematically addressing current barriers to ensuring that individuals and families experiencing homelessness can be housed quickly and permanently. To address these barriers, each participating CHIR is eligible to receive up to $110,000 in funding through January 31, 2020 to develop and implement a plan submitted and approved by MDHHS.

Each community will receive technical assistance from CSH, a national TA provider, during the planning phase (November 2018 – February 2019) to assist them with identifying system gaps or barriers and structuring their plan proposal. CSH will also be providing assistance to communities in developing a process map of the local homeless response system that can be used for this project and future planning efforts. The process map is a visual illustration of how people experiencing homelessness move through the CoC’s homeless response system in the CHIR and how they experience barriers to access. Information gathered from this guidance will be used in completing the following proposal, during the implementation phase and in the future.

It is expected that each community will have a documented vision or set of goals developed by key stakeholders, including constituents. The vision or goals should be focused on ending homelessness in your community. Technical assistance can be provided to assist in developing a documented vision or set of goals, to identify key stakeholders, or to review an existing vision or set of goals. If you have an existing vision or set of goals for your local homeless response system, it can be utilized to guide your gap analysis. If you do not have a vision or set of goals, this can be developed around the gaps analysis data once it is collected. These tools will be used to develop your proposal. A list of the stakeholders involved in the visioning process must be included in with your proposal narrative (see narrative requirements below).

The development and implementation of this plan should be a collaborative effort between the CHIR-BBO and the local homeless response stakeholders. Examples of this collaboration should be reflected throughout the proposal.

Proposals are due by **5 pm on March 1, 2019**. Please send them electronically to Niki Bryant at BryantN3@michigan.gov . Applications may be submitted earlier and will be reviewed as they are received.

Funding will be provided directly to the Backbone Organization (BBO) in each CHIR and subcontracting is allowed. Funding provided for approved planning and implementation can be used through January 31, 2020 for allowable SIM activities. Expenditures for consulting, staffing, plan preparation, and gap analysis activities are allowable. These funds cannot be used for rental assistance, direct service to clients or food. Any questions about eligible costs should be directed to your SIM contract manager.

Date: March 21, 2019

Community Health Innovation Region: Northern Michigan Community Health Innovation Region

Backbone Organization: Northern Michigan Public Health Alliance

Primary Contact for Proposal (Name and Title): Emily Llore, MPH Community Health Coordinator, NMCHIR Regional Coordinator

Agency/Organization: NMCHIR & Health Department of Northwest Michigan

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1. Proposal Overview

1.1. Provide a brief summary of the proposed plan to improve the homeless response system in your community, including the total amount of funding requested. Include a statement of the expected impact.

The Northwest Michigan 10-county region has a long-standing history of a robust Coalition to End Homelessness that has done impactful work for many years. The Northern Michigan Community Health Innovation Region (NMCHIR) has worked over the past few years to improve the wellbeing of the region while reducing unnecessary medical costs through effective collaboration for systems change. The NMCHIR now aims to foster a culture change that provides authentic collaboration across health and housing systems to better meet the needs of residents, create opportunities of cross training, and better leverage existing resources to fill community gaps.

The planning phase for this proposal occurred between December 2018 and March 2019 and heavily relied on bringing an extensive group of community representatives together to identify ways to collaborate and grow the influence of supports for the homeless population to improve the homeless response system. The expected impact of this effort will be a cohesive, collaborative, homeless response system across the Northwest Region. The funding for this proposal will be used to lay the groundwork for strategic collaboration and policy development to ensure this work is sustainable, after the initial funding period. The amount requested is $110,000.

The overarching strategy related to this proposal is to develop a human centered service design process that will inform discharge policies. It will build a visualization of how people move through the health and behavioral systems, information that is provided at each point of service, and responsibility for hand-offs from the health and behavioral health providers to the homelessness service system. Included in this design project is the development of shared language, enhanced communications strategies, and cross training.

Within and beyond this primary project there will be specific model discharge policies developed through pilots in two healthcare settings, including a medical setting at the Emergency Department, Munson Healthcare Cadillac Hospital located in Cadillac, Michigan and at a behavioral health setting at Addiction Treatment Services (ATS) located in Traverse City, Michigan. The intent of these pilot projects is to optimize a Coordinated Discharge system that can be adopted universally through our region. See the NMCHIR Healthcare and Housing Strategy Table below for additional strategy information.

NMCHIR Healthcare and Housing Proposal Strategy Table

Strategy	Key Components	How SDoH will be improved	How efforts align/enhance CHIR CCL work	How work is sustainable
Human Centered Service Design Process	Fostering a culture change involving system-wide coordination of healthcare and housing throughout the 10-county NMCHIR Region. Human-centered service design involving iterative phases: Research, Service Design and Communication Design Homeless/Healthcare Literacy: development of shared language by clarify terminology, enhanced communication strategies, cross-training of Housing-Based Case Manager and Community Health Workers, terminology, tools, expertise to enhance coordinating application of resources between homelessness stakeholders and the medical community System Mapping- identify healthcare and housing intersections, points of leverage, joint resources, duplication and how people flow between healthcare and housing system (ie: discharge), identify partnership opportunities that most impact the system **'Healthcare' includes:** Community Connections HUB staff, Hospitals, public health, Local Health Departments, Behavioral Healthcare entities.	Link to additional community resources, accessing other SDoH needs (ie food, transportation, etc.) Each system will have greater understanding of SDoH and how to affect change to better patient's/client's complex needs Leverage leadership and guidance of the Community Health Assessment and Improvement Work Group membership- consists of leaders representing multiple SDoH	Utilize Clinical Community Linkages- Community Connections efforts to support work -data -human capacity -shared clients -flow of information both ways, better communication Link to additional community resources	Policy level changes Relationship/trust building Leverage/ better utilize existing resources
Coordinated Discharge	Healthcare sector identifies changes, implements new policies, develops replicable model • **ED Pilot:** Munson Cadillac ED (w/system-wide ambitions) • **Detox Center Pilot:** Addiction Treatment Services, Traverse City Housing Workgroup identifies local system needs/ supports based on location/sector then feeds back to discharge policy: • Cadillac (Munson ED) • Traverse City (ATS, Detox Center)			

1.3. Identify the need(s) or gap(s) being addressed by the activities in this proposal.

The gaps or needs that will be addressed by the activities within this proposal include filling gaps within engagement between the healthcare and housing sectors throughout Region, the prevention of homelessness, and the development of a shared communications language and understanding of the bi-directional impact of lack of housing and poor healthcare.

In the current 10-county homelessness service system, the first step of intervention when someone comes to a shelter or calls the Call Center line is to provide them with the service of Diversion. Diversion is a step-by-step process that helps people in crisis work through their own solutions to their homeless crisis. That first step helps keep people out of homelessness and with the significant lack of housing in the region, makes diversion strategies a critical component to ending homelessness. Additionally, developing a shared language and training in diversion skills, would improve the health of individuals experiencing homelessness and will ensure that available housing supports are used to their full capabilities.

Creating a shared system for working with patients coming out of the health care system into homelessness allows both systems to be as effective as possible using shared human and monetary resources. There is also significant overuse of the most expensive health care options by people experiencing homelessness so with the healthcare and homelessness services systems working together the goal is to design a process that reduces unnecessary medical costs.

1.4. List the community or communities you are hoping to impact.

The proposed plan will impact residents living in the 10 counties of Prosperity Region 2: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties.

1.5. Identify the target population that will benefit from the activities proposed.

Persons experiencing Literal Homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program, those at risk of homelessness through eviction from rental units or from the homes of friends and family, and the community at large.

Our activities will also benefit healthcare, housing and social service systems by better meeting the needs of residents, utilizing existing resources, and achieving shared goals.

1.6. Summarize how your CHIR and homeless response system identified the gap(s) you are seeking to address.

Over the past 2 years, the Northwest Michigan Coalition to End Homelessness, made up of the 5 counties of the Greater Grand Traverse Continuum of Care (GGTACOC/MI-512) and 5 counties from the Michigan Balance of State Continuum of Care (MI-500), has worked to develop and implement a local Coordinated Entry System policy based on strategies developed by the United States Inter-agency Council on Homelessness and required by HUD for all homelessness serving systems.

In addition, the GGTACOC was 1 of only 10 communities in the country to be awarded a Youth Homelessness Demonstration Project by HUD that required 1 year of intense community collaboration and system analysis for those 24 years old and younger who are experiencing homelessness. Each of these initiatives required significant review of both the best practice use of existing resources and gaps analysis and identification.

The process map developed by CSH, along with the HUD required annual System Performance Measures provided additional confirmation of the work completed and illustrated the system gaps that had been previously identified. Using a variety of quantitative and qualitative data to analyze the homelessness response system allowed us to be supportive of the projects prioritized for this funding opportunity. See the Northern Michigan Data/System Maps attached document.

This type of work has enabled the Northwest Region housing community to be ready to collaborate with the NMCHIR, and really bridge the gap between the two sectors which have historically been separate.

1.7. Include a list of all agencies, organizations, and/or groups who participated in or informed the development of this proposal. What is the role of these partners in implementing and overseeing the work of this proposal and ensuring it moves forward?

The NMCHIR convened two in-person meetings to gain collaborative input to inform the development of this proposal. Many of these organizations have decided to partner in implementing our activities. The following organizations attended these sessions:

- Alcona Health Centers
- Area Agency on Aging of Northwest Michigan
- Baldwin Family Health Care
- Bay Area Transportation Authority
- Benzie Bus
- Benzie Human Services Collaborative
- Benzie Senior Resources
- BrickWays
- Cadillac Family Physicians
- The Corporation for Supportive Housing
- Disability Network Northern Michigan
- District Health Department #10
- Father Fred Foundation
- Goodwill Industries of NM
- Grand Traverse County Health Department
- Grow Benzie
- Health Department of Northwest Michigan
- Manistee County Human Services Collaborative Body
- McLaren Health Plan
- MDHHS, Housing and Homeless Services
- Michigan Dept. of Health & Human Services
    - Antrim/Charlevoix/Emmet Counties
- Michigan Public Health Institute
- Michigan State University
- Munson Behavioral Health/CAC
- Munson Community Health
- Munson Medical Center
- National Alliance on Mental Health
- Northern Lakes Community Mental Health Authority
- Northern Health Care Management
- Northwest Michigan Coalition to End Homelessness
- Northern Healthcare Management
- Northern Lakes Community Mental Health
- Northern Michigan Community Health Innovation Region
- Northern Physicians Organization

- Northwest Michigan Community Action Agency
- Northwest Michigan Supportive Housing (NMSH)
- Offender Success
- Presbyterian Villages of Michigan - Perry Farm Village & The Village of Hillside
- ShareCare of Leelanau
- Traverse Area Association of Realtors
- United Way of Manistee County
- UnitedHealthcare Community Plan
- USDA Rural Development
- Wexford Crawford PHO/Mackinaw Trail Pediatrics
- Women's Resource Center for the Grand Traverse Area
- Women's Resource Center of Northern Michigan

1.8. Describe why and how the activities in this proposal are necessary to address the need(s) and improve the local homeless response system.

The average length of time an individual spends homeless in the NMCHIR's 10-county region has increased in the last year from 119 days to 153 days; increasing a full month when the goal is to house people experiencing homelessness within 30 days. The primary reason for the extended length of time is the crisis in affordable housing stock in the region. Although both the Coalition to End Homelessness and the NMCHIR are active in local groups working to improve housing development, both groups recognize there is more work to be done collaboratively to address housing needs, healthcare needs and the underlying social determinants of health that affect this population.

The data pulled together for the stakeholder discussions for this proposal confirmed the gaps that had been identified as either top priority and/or are gaps that require significant community involvement to be successful. The CSH System Map and the most recent HUD System Performance Measures of the current homelessness service system that were reviewed at the first stakeholder meeting confirmed that although there is great work being done once people are in housing to keep them housed, there needs to be more intentional effort on the front end in terms of how residents are being discharged from the healthcare system and potentially entering into the homeless response system. See the Northern Michigan Data/System Maps attached document.

1.9. Who is the body that is providing oversight and guidance for the work?

The NMCHIR Backbone Organization (BBO) has appointed it's Community Health Assessment and Improvement Work Group (CHAIP) to provide oversight and guidance for this work with Emily Llore, MPH serving as Project Coordinator. The CHAIP Work Group currently oversees several specialized Action Teams. Four of them focus on the top-ranked barriers to health and quality of life. This work group is comprised of diverse cross-sector members that are dedicated to collaboration, understand the affects of social determinants of health and work diligently to support and weave the multiple efforts underway within the region.

1.10. How will the activities in this proposal improve the Social Determinants of Health (SDOH) for individuals and families experiencing homelessness? How will these proposed efforts align and enhance work currently being done in your CHIR to develop stronger Clinical Community Linkages?

Our strategies recognize the importance of understanding and addressing Social Determinants of Health. Our Human Centered Service Design process will work to better understand the specific issues facing individuals and families experiencing homelessness and then work collaboratively across sectors to address these issues. Our activities also include multiple intersections with the NMCHIR's Clinical Community Linkages work, including utilizing data, authentic collaboration and continual communication that will including cross trainings among other mutually beneficial activities.

2. Shared Vision

2.1 Describe your community's vision for a homeless response system.

We believe that having safe, affordable, and permanent housing is a basic human right. Our vision is to end homelessness in the Northwest Michigan region and support individuals in their ability to thrive. (Developed 2/20/19)

2.2 How was this vision developed? Who was involved in developing this vision?

The vison was developed by incorporating ideas of community members gathered at the in-person meeting in December with the existing vision, mission, and purpose statements of the Coalition to End Homelessness. Those ideas led to the creation of three vision statements by the NMCHIR and housing partners, which were presented to the community for input via Survey Monkey. Upon reviewing reactions and various comments from the survey, the NMCHIR and housing partners selected the proposed vision that had the most positive survey responses. On February 20th, three vision statements with slight variations were presented to community members, and the group formally selected a vision statement.

2.3 What date was determined to accomplish this vision?

Accomplishing the selected vision will take considerable time. Additionally, integrating meaningful strategies to end homelessness and refine the homeless response system will continue after the initial funding for this work ends. At the end of this funding stream, the NMCHIR will have a project established that is sustainable across agencies. At the in-person meeting on February 20th, a broad group of stakeholders went through a facilitated session to develop a strategic vision using the Technology of Participation facilitation method. All discussions were framed around the question; "What do we want to see in the homeless response system in the NMCHIR as a result of our actions by 2021?" See section 3.6 for additional information regarding the development of the strategic vision.

2.4 How did the vision help guide you with prioritizing the activities in this proposal?

Priorities are all targeted towards integration of the healthcare and homeless response system. Each of the selected activities were driven by the overarching vision selected for this work. All activities that this proposal will fund are focused on bridging the gaps between the healthcare and housing sectors and will ultimately improve the health and wellbeing of the homeless population while improving the response system.

Results of Gap Analysis

3.1 Provide a summary of the gap analysis conducted by your CHIR.

A wealth of data was collected from various entities who are involved with the housing system within the 10 Counties in the NMCHIR to ensure a comprehensive gap analysis. The analysis identified the gaps and utilization patterns of the housing system though a System Map that was developed and presented by CSH (see attached). CSH consultants created and then presented the homeless system map at the first in-person community meeting in December. The presentation discussed entry and exit data and trends of emergency shelters, transitional housing, rapid re-housing, and permanent supportive housing in the area using HUD data.

3.2 Include information on how the analysis was conducted, what information and/or data was used, and what stakeholders were consulted.

The NMCHIR, Continuum of Care, the Coalition to End Homelessness and other housing partners, provided HUD data, community health needs assessments, previous identified housing strategies and surveys from the community to identify the current state of housing in the region. Those data resources as well as the CSH Homeless System Map, and two community meetings informed the strategy and activities described within this proposal. The list of stakeholders that were involved in the community meetings can be found in section 1.6.

3.3 Describe any existing comprehensive community plans and/or goals that were leveraged as part of the community planning process.

In 2014, the Northwest Michigan Coalition to End Homelessness combined for the planning and design of a 10-county homelessness service system annual priorities which are developed through input and confirmation throughout all 10 counties in Prosperity Region 2. In addition, 5 of the 10 counties were selected as a Youth Homelessness Demonstration Project site by the U.S. Department of Housing and Urban Development (HUD) which required a comprehensive community plan, *Ending Youth Homelessness in Northwest Michigan*, that was led by Technical Assistance from CSH and reviewed and approved by HUD.

The 10-county Housing Solutions Network and its backbone organization, Networks Northwest, provided *A Framework for Housing in Northwest Michigan*. The Housing Framework included information that can serve as a compilation of best practices to help local decision-makers and stakeholders who would like to address the issues and gaps identified in the Framework to meet their communities' diverse housing needs.

3.4 What gap(s) were determined to have the greatest impact on your homeless response system?

It was determined that system communication between healthcare and housing was a significant gap experienced by organizations within the systems and residents. For example, patients experiencing homelessness leaving emergency rooms and hospitals are some of the most vulnerable residents within our community. Collaboration between healthcare and housing systems would be a significant step toward a fully functional, seamless system. This new system would better meet the needs of this vulnerable population, better leverage existing resources of the two systems, and potentially provide opportunities for cross-training and team building among service staff from healthcare and housing.

Over the past four years, the Coalition to End Homelessness has focused on putting processes in place that allow for the prioritization of our housing resources on those who are least likely to obtain and maintain housing on their own. The Coalition is now at the point where 95% of the people that are housed remain housed for at least 2 years. During this focus period the Coalition determined that approximately 1,000 people per year become homeless for the first time in the 10-county service area. The housing shortage in the region is currently at a crisis level, therefore innovative strategies must be considered and championed.

Through the Youth Homelessness Demonstration Project, the Coalition was able to secure funding through the US Department of Housing and Urban Development to fund a Diversion Case Manager for youth aged 24 and under. This is a newly funded position that began October 1, 2018. We are already seeing great results through the utilization of a Case Manager who can offer minimal financial assistance and development of client-created solutions to solve their own housing crisis. Starting with that model and massaging it to work throughout the healthcare system, in conjunction with our homelessness system, will make a significant impact on the number of people entering homelessness for the first time throughout the NMCHIR region.

3.5 How did you decide which gap(s) you will address with this proposal?

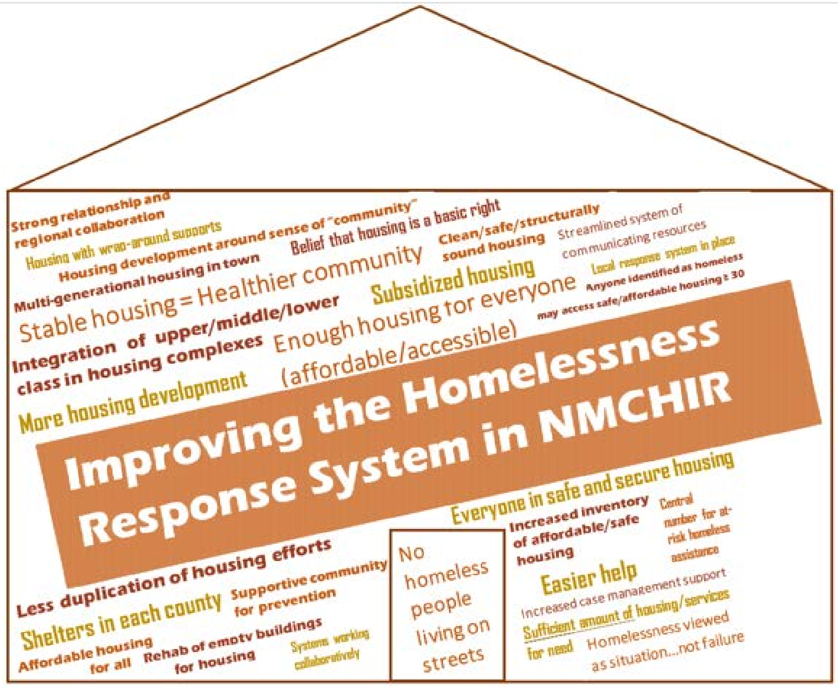
The group used both quantitative and qualitative data to inform the selection of prioritized gaps. The Systems Map developed by CSH was used to interpret the ways in which individuals move through the homeless system. Additionally, the knowledge and expertise of the CoC was heavily relied upon to identify gaps. Finally, the robust conversations that occurred during the two in-person meetings was utilized to identify the gaps that occurred in understanding and collaboration across sectors. The approach of using both quantitative and qualitative data was an intentional focus as the group developing the proposal understood the importance of community voice, collaboration and the benefit of using community conversations in tandem with housing data to identify and prioritize gaps.

3.6 How did you ensure the analysis reviewed and considered processes and relationships outside the CoC?

The community meetings that were held in December 2018 and February 2019 both had numerous agencies involved who are outside of the CoC. NMCHIR backbone staff ensured that the community meetings were advertised to as many agencies as possible through current NMCHIR work groups as well as agencies involved in the CoC. During the February 2019 meeting, a strategic vision was facilitated to build organizational trust and partnership (see image and Practical Vision table below). Through this process, additional partners were identified to bring to the table during project implementation to further coordinate efforts in the community. By utilizing these meetings, agency partners were provided an overview of the project and determined additional participants for project planning and implementation.

Summary

The items displayed are the result of a visioning session facilitated by MPHI for the Northern Michigan Community Health Innovation Region (NMCHIR). One of the goals for this session was to identify strategies that would improve the homelessness response system in the region.



Improving the Homelessness Response System

Practical Vision
February 20, 2019

What do we want to see in the homeless response system in the 10-county NMCHIR as a result of our actions by 2021?

Deliberately integrated systems	Clearly defined systems	Appropriately developed capacity	Intentionally planned policy	Deliberately engaged community	Continuously provide client-centered care	Strategically coordinated homeless prevention
Mental health, hospitals, physician network understand individual issues;	Shared understanding of the system that does exist	Local response that addresses urban versus rural needs	Recognize lack of housing as a public health issue	Clients/patients know their resources accurately	Crisis response—meet the person where they are (hospital, primary care provider)	Wrap-around program at urgent care (NP/PA, homeless prevention specialist
More patients engaged (aware) in response system	Shared understanding of how to access system	Availability of appropriate solutions for everyone	Health in All Policy	Adjusting perceptions	Have enough staffing to have live person answer the phone	Keep people from entering homelessness
Integration of service sectors	Universal knowledge and use of system entry	Clearly defined homelessness exit plan	Equal services based on needs	Community-wide support	Increased human contact in the system—entry and referral	
Seamless connections between agencies	Cross training across sectors	Emergency response in all counties	Policy change for better collaboration			
No wrong door	Shared definition of homelessness	Adequate capacity of housing structures				
Having a process to quickly address system breakdowns	accurate info for referrals					
Involve the homeless population						
Providers have accurate information for referrals						

Creators	
Tina Allen	Northwest Michigan Coalition to End Homelessness
Becca Binder	Northern Michigan Supportive Housing
Tom Bousamra	Before During and After Incarceration
Dan Buron	Goodwill Industries
Kim Chandler	District Health Department #10
Karen Emerson	Northwest Michigan Community Action Agency
Jenny Groseclose	Munson Healthcare
Ashley Halladay-Schmidt	Northwest Michigan Community Action Agency
Ryan Hannon	Goodwill Industries
Kathleen Jakinovich	Health Department of Northwest Michigan
Demarie Jones	Disability Network of Northern Michigan
Lynn Nee	Michigan Department of Health and Human Services
Sarah Oleniczak	District Health Department #10
Rachel Pomeroy	Benzie Leelanau District Health Department
Alison Metiva	Grand Traverse Region Community Foundation
Jamie Mallory	Wexford Physician Organization
Kim Silbor	Northern Lakes Community Mental Lakes Authority
Sakura Takano	Goodwill Industries
Susie Worden	Munson Community Health Center

Technology of Participation Consensus Workshop Facilitated By:

Jane Sundmacher
Executive Director—Northern Michigan Community Health Innovation Region
jane.sundmacher@nwhealth.org or 231-838-0358

3.7 How will addressing these gaps improve the SDOH of individuals and families experiencing homelessness?

By addressing these gaps, individuals and families experiencing homelessness will have their needs met in a more coordinated way. Understanding how individuals and families experiencing homelessness flow through the healthcare and housing system will allow for identification of leverage opportunities between the multiple systems that are working within social determinants of health. Also, each system will develop a better understanding of SDOH, the role SDOH play in the everyday lives of this vulnerable population, and ways each sector an contribute to positive change.

3.8 How will addressing these gaps strengthen your Clinical Community Linkages for individuals and families experiencing homelessness?

Addressing these gaps by development of shared language, enhanced communication, cross-training and team building between healthcare and housing systems will strengthen the Clinical Community Linkages for individuals and families experiencing homelessness.

3.9 Include information on how the analysis was conducted, what information and/or data was used, and what stakeholders were consulted.

The data utilized, and analysis process is described in detail in section 3.2. Please see section 3.2 above.

3.10 What gap(s) were determined to have the greatest impact on the effectiveness of your homeless response system?

Every year, the NW Coalition to End Homelessness's Steering Committee has an all-day meeting to review HUD required System Performance Measures and MSHDA required Pay for Performance Measures, along with discussion of concerns from each of the NW Coalition to End Homelessness's five local work groups covering the 10-county region. At that meeting, priorities to address for the coming year are developed and prioritized. Some of the priorities are most urgent or most doable and some stay on the list until they are accomplished. The NW Coalition to End Homelessness spent the past four years getting the 10-county Call Center up and running, implementing a client vulnerability assessment, expanding funding opportunities, developing a system of housing and providing Case Management supports to the people who are the most vulnerable prior to those who can self-resolve their housing crisis.

The gaps that have been emphasized less are Prevention and Diversion. We know that if we can house the people who have been on the street for years and then work at the other end of the spectrum by preventing homelessness to begin with, we will truly end homelessness in our region.

3.11 Explain the likely consequence(s) of leaving these gaps and issues unaddressed?

If gaps are not addressed, homelessness and poor health outcomes in the 10-county region will continue and progress. There has not been a focus on preventing homelessness in the community and the Grand Traverse area's resources, such as Street Outreach, have been addressing the need but with limited funding, those resources have not been able to approach homelessness at a systems level leveraging integration with the healthcare system in the past. Additionally, not all resources are available across the 10 counties.

In the 10-county region, each year there are approximately 1,000 people experiencing homelessness for the first time without the support of key stakeholders in the prevention of homelessness. That number decreased once the regional Call Center began providing Diversion services to those who called having nowhere to go that night, but a stronger impact is made when there are Diversion Case Management services provided. We believe a Human Centered Service Design Process and piloting Coordinated Discharges will create a replicable model of system collaboration between healthcare and housing that will ultimately lead to increased health outcomes and reduction of unnecessary medical costs.

3.12 How did you decide which gap(s) you will address with this proposal (i.e. discuss the prioritization process)?

During the December 2018 community meeting, participants were asked to list priorities that we should be focused on during the project period. After this meeting, the priorities were listed in survey monkey and sent to attendees, behavioral health staff, and additional members of the community through CoC listservs and NMCHIR's Community Health Assessment and Improvement Work Group. Recipients were asked to rank the list of priorities in order of importance and project relevance to determine the priority focus area.

3.13 How did you ensure the analysis included and considered processes and relationships outside the CoC? For example, the CHIR "hub" and organizations receiving referrals from the hub, all the mainstream resources partners with the CoC, etc.

Although the 10 counties of NMCHIR are geographically large, the organizations the mainstream resource partners tend to cover several counties. The Coalition to End Homelessness also partners with the 10-County Housing Solutions Network, Offender Success Program, and participates in each of the county level Human Services Collaboratives. The NW Coalition to End Homelessness's Steering Committee which is made up of representatives from each of the 10 counties, includes members representing Domestic Violence, Veterans, Youth, DHHS, Community Mental Health, Permanent Supportive Housing, Coordinated Entry and Rapid Re-housing, Street Outreach, Offender Success, and 211 is the group that reviews performance measures and guides each year's NW Coalition to End Homelessness priorities.

4. Project Timeline

4.1 Provide a timeline of activities and salient benchmarks your CHIR seeks to accomplish through the proposed activities through 1/31/2020. Please be detailed.

Proposed Activity	Evaluative Benchmark	Due Date	Lead Agency	Supporting/ Participating Agencies
Human Centered Service Design Process				

- Kickoff with project sponsors
   o Establish metrics – reduced hospital admissions for uncompensated care
- Interview other key stakeholders whose input is critical to the success of the project (landlords, law enforcement, advocacy orgs)
- Create an initial inventory of all service providers (hospitals, clinics, practitioner offices, public health offices), residential substance use treatment centers
- Gather primary data documenting numbers of individuals who move through the system; ideally
   o Number of individuals
   o Health conditions and outcomes
   o Cost of providing service/uncompensated care
   o Incidence of readmissions
- Begin interviews and "shop-alongs" with 6-8 homeless and at risk individuals who have recently been discharged from hospitals
	# of engaged stakeholders
	
	Completion of inventory
	
	# of individuals who move through the housing/homeless system
	
	# of hospital readmissions, tracked over time
		May 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR
				
				Partnering agencies from the community meetings (see list in section 1.6)
				
				Residents and people experiencing homelessness
				
				Landlords
				
				Law Enforcement
				
				Substance abuse treatment centers (ATS)

- Create a survey tool for service providers
    o With which other organizations and entities do they communicate, coordinate and refer re: health care provision?
    o Also explore:
        ▪ Populations that can be served: qualification restrictions; mandates; funding resources
        ▪ Discharge and referral protocols
        ▪ Language used to approach and qualify individuals
        ▪ Current means of communicating and coordinating
        ▪ Critical roles within each type of organization
	# of completed shop-alongs
	
	Completion of service provider survey			

- Complete interviews and "shop-alongs" with 6-8 homeless and at risk individuals who have recently been discharged from hospitals - Interview/Survey 40-60% of all service providers by the end of the month o Use this process to create Service Design maps showing how organizations communicate, coordinate and refer - Make any modifications to the approach as needed - Schedule a series of facilitated conversations among key leaders in two communities: health care providers and service providers serving homeless and at-risk individuals - Create an online forum/space for conversations in between facilitated conversations	# of completed shop-alongs # of key leaders engaged in facilitation conversations Completion of online conversations forum	June 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR Residents and people experiencing homelessness Partnering agencies from the community meetings (see list in section 1.6) Service and healthcare providers
- Document current successes, breakdowns and potential process improvements	Completion of Cross Training Summit #1	July 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR Partnering agencies from

o In addition, make a determination of how things improve as housing is provided - Interview/Survey 95%+ of all service providers by the end of data collection - Cross Training Summit #1 – review all data and findings to date; design improvements to discharge system and other system changes				the community meetings (see list in section 1.6) Service and healthcare providers
- Cross Training Summit #2 - Finalize and implement coordinated discharge policies/system for testing - Tie to diversion/coordinated entry system for at-risk or homeless adults - Hypothesize inputs to close gaps and improve service delivery	Completion of Cross-Training Summit #2 Implementation of coordinated discharge policy pilot	August 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR Partnering agencies from the community meetings (see list in section 1.6)
- Test and learn from coordinated system inputs		September 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR Community partners
- Cross Training Summit #3 o Evaluate impacts o Modify coordinated system for final reporting	Completion of Cross-Training Summit #3	October 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR Partnering agencies from the community meetings (see list in section 1.6)
- Finalize documentation of process, tools and findings o Final Research Questions and Approaches o Coordinated Discharge Strategy o Diversion/Coordinated Entry Strategy o Communications Strategy & tools o Approach to Keep an Inventory of Services Current o Potential funding sources to support the work going forward - Share with project sponsors for review and comment	Finalized project documentation	November 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR Partnering agencies from the community meetings (see list in section 1.6)

- Compile, complete revisions per client feedback - Deliver all final reports	Submit final reports	December 2019	Mark VanderKlipp, MZAC Venture LLC	NMCHIR
- Continued maintenance of system/reporting metrics - Handoff events, mentoring with - Possible public events/community feedback and storytelling Funding complete Jan 31, 2020	Present to public and community leaders	1/31/20	Mark VanderKlipp, MZAC Venture LLC	NMCHIR Partnering agencies from the community meetings (see list in section 1.6) Residents/ public
Coordinated Discharge- Behavioral Health Pilot:				
Targeted discussions to develop a working relationship between ATS and the homelessness serving sectors so that they may share experiences, identify common clients, review research, and develop discharge policy outcomes	Report of existing gaps in discharge processes when homelessness is an issue	7/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR Addiction Treatment Services (ATS) Community Partners Residents
Identify and coordinate potential current resources	Report of targeted resources currently being used by each sector	7/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR ATS NWCEH Community partners
Review and analyze meeting notes looking for commonalities of clients/patients, interests, concerns	Report on evidence-based expected discharge outcomes	7/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR ATS
Development of discharge policies	Written and approved Discharge Policies for ATS and NWCEH	9/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR ATS NWCEH
Development of discharge procedures	Written and approved Discharge Procedures for NWCEH	9/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR ATS NWCEH

Toolkit of resources and process tools used for policy development that allow this project to be replicated throughout the NMCHIR region	Toolkit developed	9/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR ATS NWCEH
Coordinated Discharge- Emergency Department Pilot:				
Targeted discussions to develop a working relationship between Munson Healthcare Cadillac Hospital and the homelessness serving sectors so that they may share experiences, identify common clients, review research, and develop discharge policy outcomes	Report of existing gaps in discharge processes when homelessness is an issue	7/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR Munson Healthcare Cadillac Hospital Community Partners Residents Local housing partners NWCEH
Identify and coordinate potential and current resources	Report of targeted resources currently being used by each sector	7/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR NWCEH Community partners Munson Healthcare Cadillac Hospital
Review and analyze meeting notes looking for commonalities of clients/patients, interests, concerns	Report on evidence-based expected discharge outcomes	7/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR Munson Healthcare Cadillac Hospital Local housing partners
Development of discharge policies	Written and approved Discharge Policies for Munson and NWCEH	9/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR Munson Healthcare Cadillac Hospital NWCEH
Development of discharge procedures	Written and approved Discharge Procedures for NWCEH	9/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR Local housing partners NWCEH Munson Healthcare Cadillac Hospital
Toolkit of resources and process tools used for policy development that allow this project to be replicated throughout the NMCHIR region	Toolkit developed	9/30/2019	Tina Allen, Strategic Solutions NW	NMCHIR Munson Healthcare Cadillac Hospital

				Local housing partners (NWCEH)

5. <u>Budget</u>

5.1 Please provide a detailed budget of expenditures for activities associated with this proposal. Each CHIR is eligible for a maximum of $110,000 (up to $30,00 can be used for planning activities) to be expended by 1/31/2020.

The NMCHIR detailed budget for the Homeless Initiative is attached for $110,000.

5.2 Please describe any cash or non-cash resources (in addition to the MDHHS funds) that are being leveraged for these systems change efforts.

Throughout the initiative are in-kind contributions of agencies as they participate in the above detailed activities. An exact amount is not known but could be tracked is necessary through the project.

5.3 In order to evaluate the sustainability of the proposed activities, please provide the project total costs and/or information on other CHIR leveraged funds.

This proposal focuses on defining and building capacity to improve the homeless response system in northern Michigan and piloting processes which are replicable in the health care and housing systems. Structures exist to continue and expand its work.

<u>**6. Anticipated Outcomes and Measurement**</u>

6.1 **While the impact of some systems improvement activities may not be seen until after the conclusion of this initiative, please describe what outcomes your CHIR is hoping to see.**

The goal of the NMCHIR for this project in the first year is two-fold: 1) to gain a clearer understanding of available programs, resources, and organizations in the Region that exist to improve the health and well-being of residents experiencing homelessness and, 2) to begin to develop a common language and tenants of cross-sector collaboration to strengthen the reach and impact of available programs, resources, and organizations. To this end, the NMCHIR aims to better understand the current system and test out solutions and initiatives to strengthen it, with the long-term goal of improving the ways in which residents access and navigate through the housing and homelessness system. The evaluation that will be put in place to measure progress will be built around this theory, and will provide benchmarks to measure progress.

6.2 How will your CHIR/CoC evaluate your progress?

The NMCHIR has contracted with the Michigan Public Health Institute (MPHI) Center for Healthy Communities (CHC) to lead the evaluation of this project. MPHI CHC determined that their work with this project's evaluation will be part of their existing contract with the state CHIR team, therefore will not be billing NMCHIR. The CHC within MPHI works collaboratively with partners to transform public health systems and improve the health of communities through assessment, evaluation, and continuous quality improvement. One of the specialties of CHC is applying a community-based, capacity-building approach to all of the work the center does and examining the entire system of study and engaging stakeholders. CHC staff education, training, and experience lies in working directly with diverse communities and partner agencies across many different sectors within local-, state-, federal-, and tribal-levels. MPHI-CHC has identified four core content areas where they are recognized for their specialized knowledge, skills, and partnerships, including accreditation and quality improvement, tribal health and wellness, healthy relationships (i.e., adolescent sexual and reproductive health), and healthy development (i.e., maternal, infant, and early childhood). MPHI-CHC's multi-disciplinary project teams work across content areas enhancing the capacity and creativity of products, deliverables, and publications. The NMCHIR and MPHI will engage stakeholders to develop evaluation questions with corresponding process and outcomes measures. Selected measures will be tracked throughout the grant period.

6.3 What short, intermediary and long-term indicators will your CHIR leverage to evaluate the impact of the proposed activities? How will your CHIR develop local support for your efforts (i.e. Formal fiscal relationships with hospitals and/or MCOs)?

The NMCHIR understands the complexity of changing the ways in which the housing, public health, and clinical sectors relate to one another and collaborate to improve health. The foundation of this evaluation will be to lay the groundwork needed to launch a systems change evaluation in future funding cycles. The main evaluation tool that will be designed and implemented for this project will be a comprehensive partnership survey that will be administered prior to the interventions described in the above proposal, and at the end of the initial grant funding period (January 2020). The analysis of the results of this survey will serve as a preliminary indicator of the scope of partnerships as it pertains to housing and health in the Northern Michigan CHIR region, the strength of those partnerships, and will highlight opportunities to strengthen existing collaboration and directions in which to intentionally expand partnerships to advance the health and well-being of residents. MPHI will develop and implement simple data tracking tools and documentation processes in conjunction with the pre/post partnership survey to measure changes in system improvements.

7. Sustainability

7.1 Describe the long-term impact the CHIR anticipates the proposed activities will have on the homeless response system.

The long-term impact of these activities on the homeless response system includes a culture change between the housing and healthcare systems and development of a new way in which business is done within and across these systems. These changes will improve the way in which residents access and navigate through the housing and homelessness system.

The expectation is that fewer people will enter the homelessness response system through these strategies which will free up other staff and financial resources for those most in need in the region. Further resulting in a project that is self-sustainable and replicable across other community services, beyond the healthcare system, that come in contact with people experiencing or at risk of experiencing homelessness.

7.2 Identify and describe the activities that will extend beyond the term of this grant and discuss the CHIR's suitability structure (i.e. what financial and/or non-financial resources has the CHIR secured/or will secure to sustain the system change efforts outlined in this proposal)

Many of the activities and results of the activities completed in this project will extend well beyond the term of this grant. As mentioned in this proposal, many organizations will be actively participating to better utilize existing resources and improve the way in which residents access the navigate through the housing and homelessness system. This work is expected to lead to numerous cross-sector policy level changes. Additionally, much of the work being performed in this cycle relates to understanding the system, building authentic relationships and trust building within diverse sectors that have historically been working in silos. These new relationships will be leveraged in the future to continually improve the homeless response system and the wellbeing of our region.

7.3 Each community will be required to submit a report at the conclusion of the initiative that details how the funding was used (both planning and implementation), any initial outcomes achieved or barriers left unaddressed, the outcome of the local evaluation conducted of proposed activities and the community's plan for sustaining these efforts.

Northern Michigan

Data/Systems Map

12-05-2018

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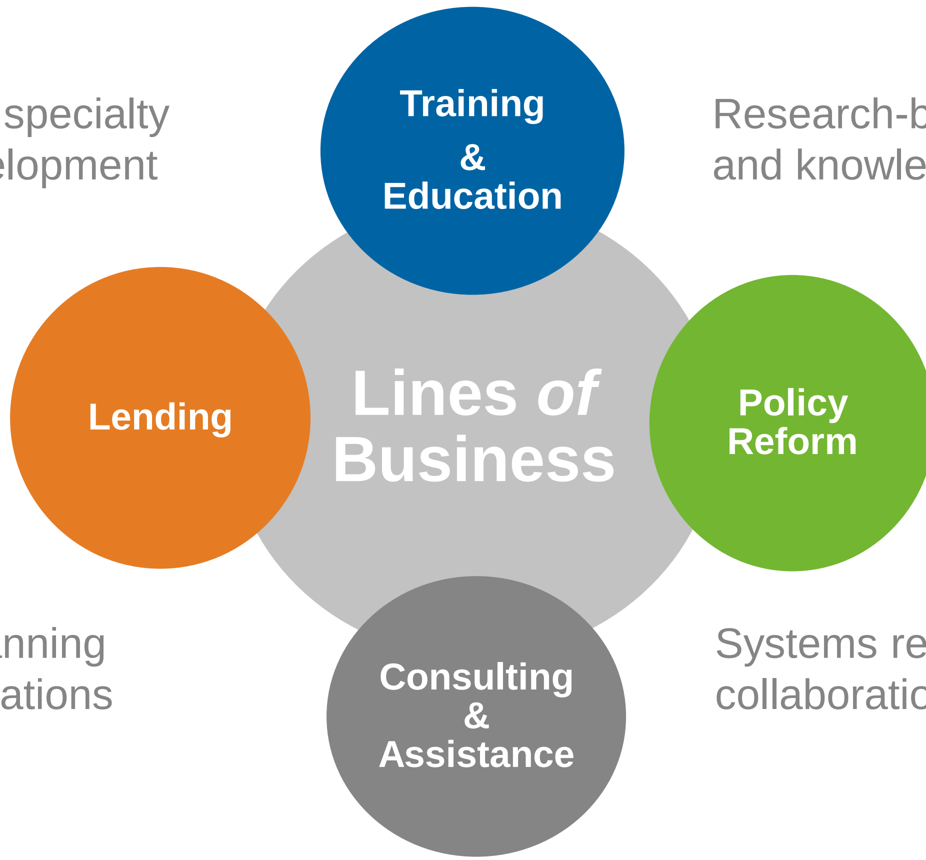
Powerful capital funds, specialty loan products and development expertise

Research-backed tools, trainings and knowledge sharing



Custom community planning and cutting-edge innovations

Systems reform, policy collaboration and advocacy

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What is a Systems/ Data Map?

A Visual Guide to Show How People do or do not “flow” through the homeless system that:

- Includes data from ES, TH, PSH, and RRH programs all on one page
- Illustrates entry and exit data to help determine causes and show outcomes
- Provides a base for discussion on data quality, programming, and policies to help end people’s homelessness.

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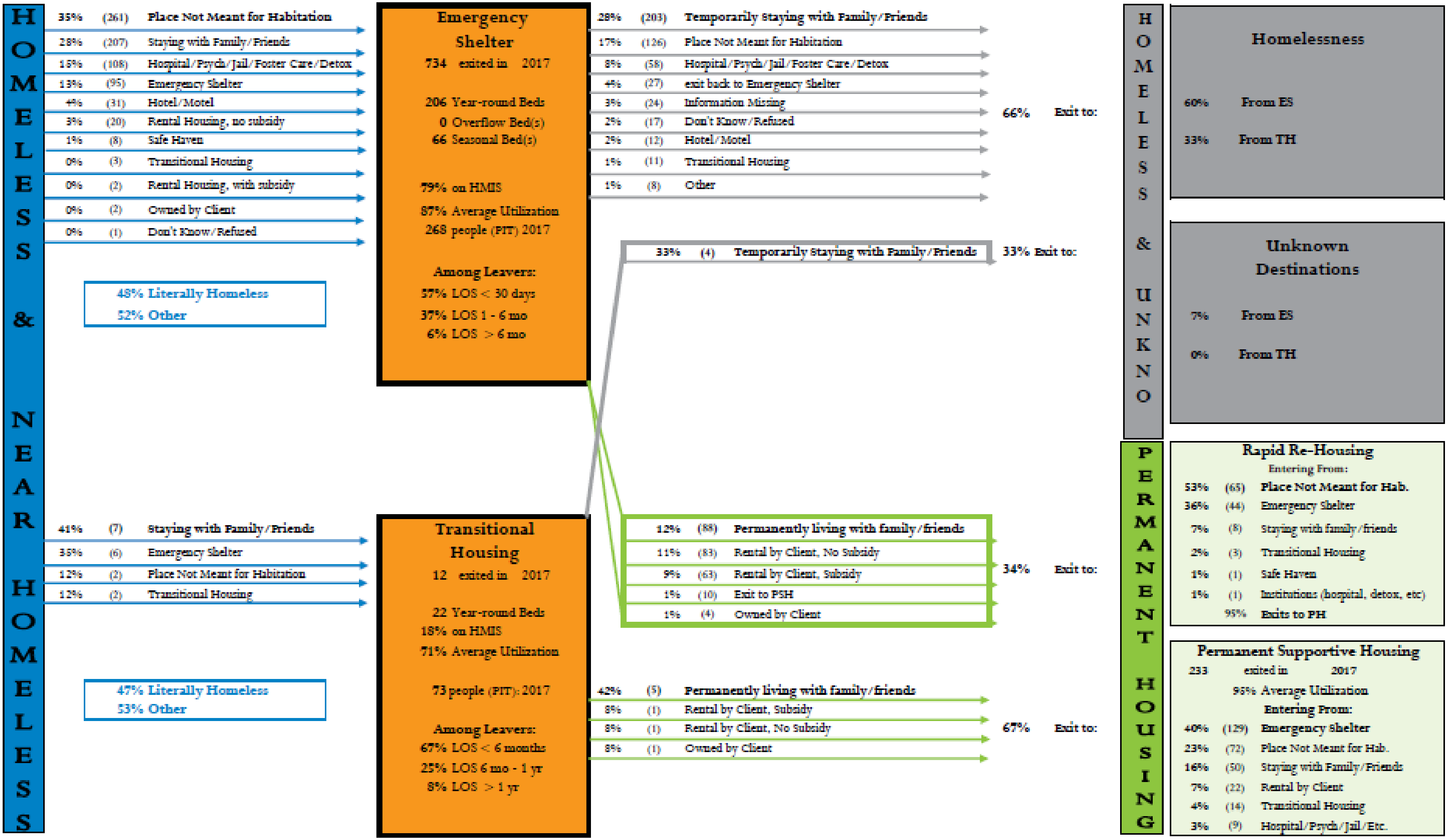
Homeless System Map



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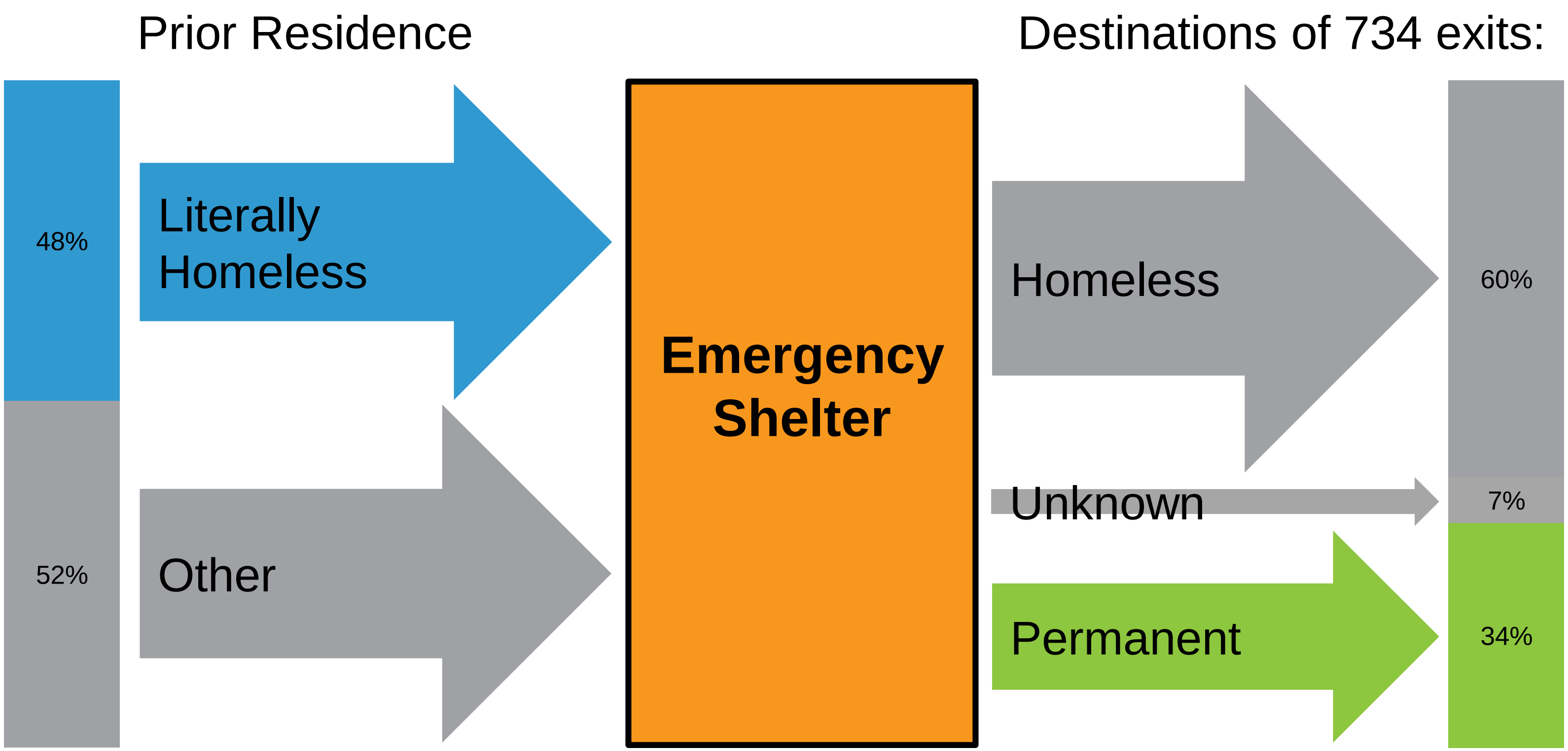
System Map: Emergency Shelter



Top Prior Residences:

35% Place Not Meant for Habitation (Literally Homeless)

28% Staying with Family/Friends (Other)

15% Institutions (Jail, Hospital, Detox)

Top Destinations:

28% Temporary Stay with Family/Friends

20% Rental Housing (Permanent)

17% Place Not Meant for Habitation

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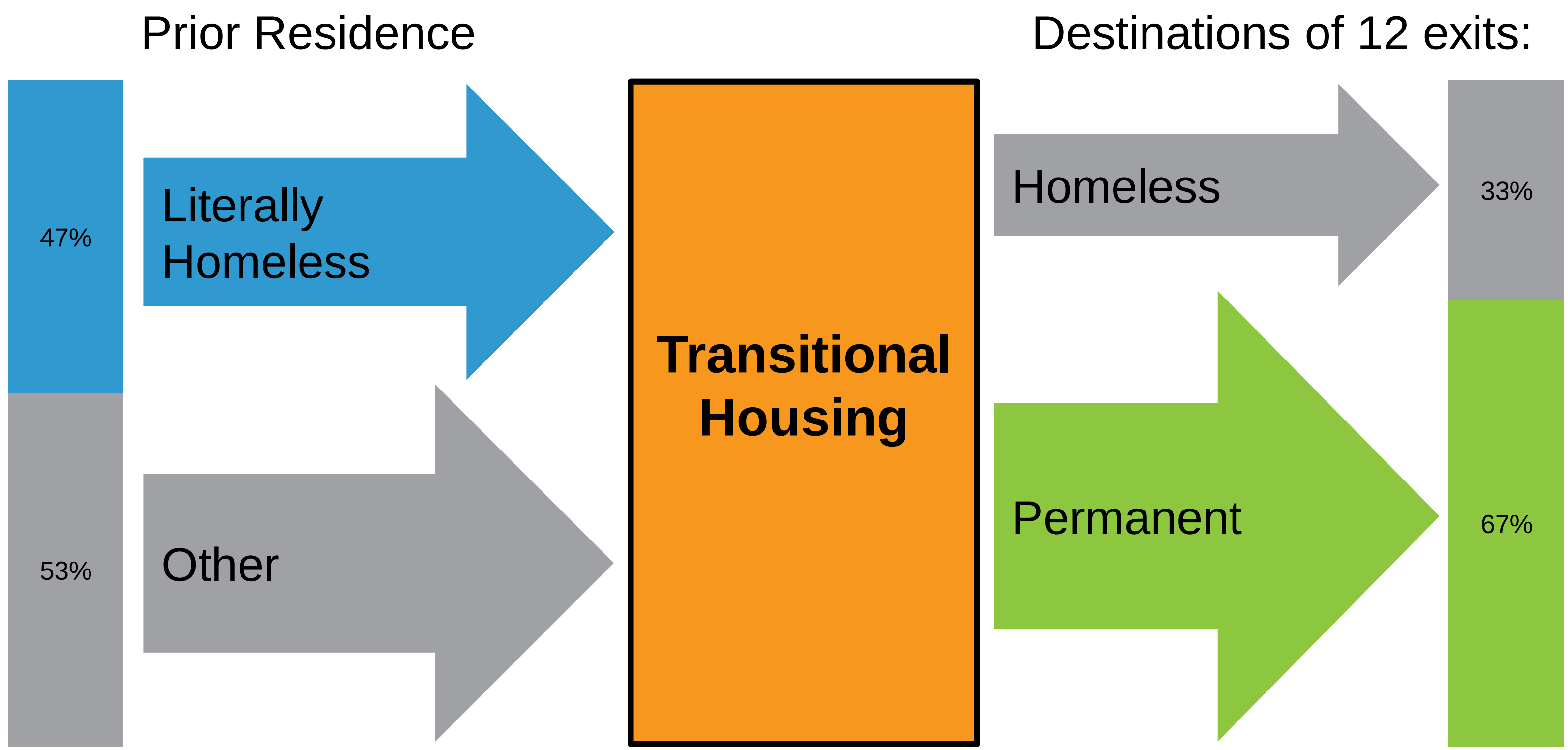
System Map: Youth Transitional Housing



Top Prior Residences:
41% Staying with Family/Friends (Other)
35% Emergency Shelter (Literally Homeless)
12% Transitional Housing (Other)

Top Destinations:
42% Permanent Stay with Family/Friends
33% Temporary Stay with Family/Friends
16% Rental Housing (Permanent)

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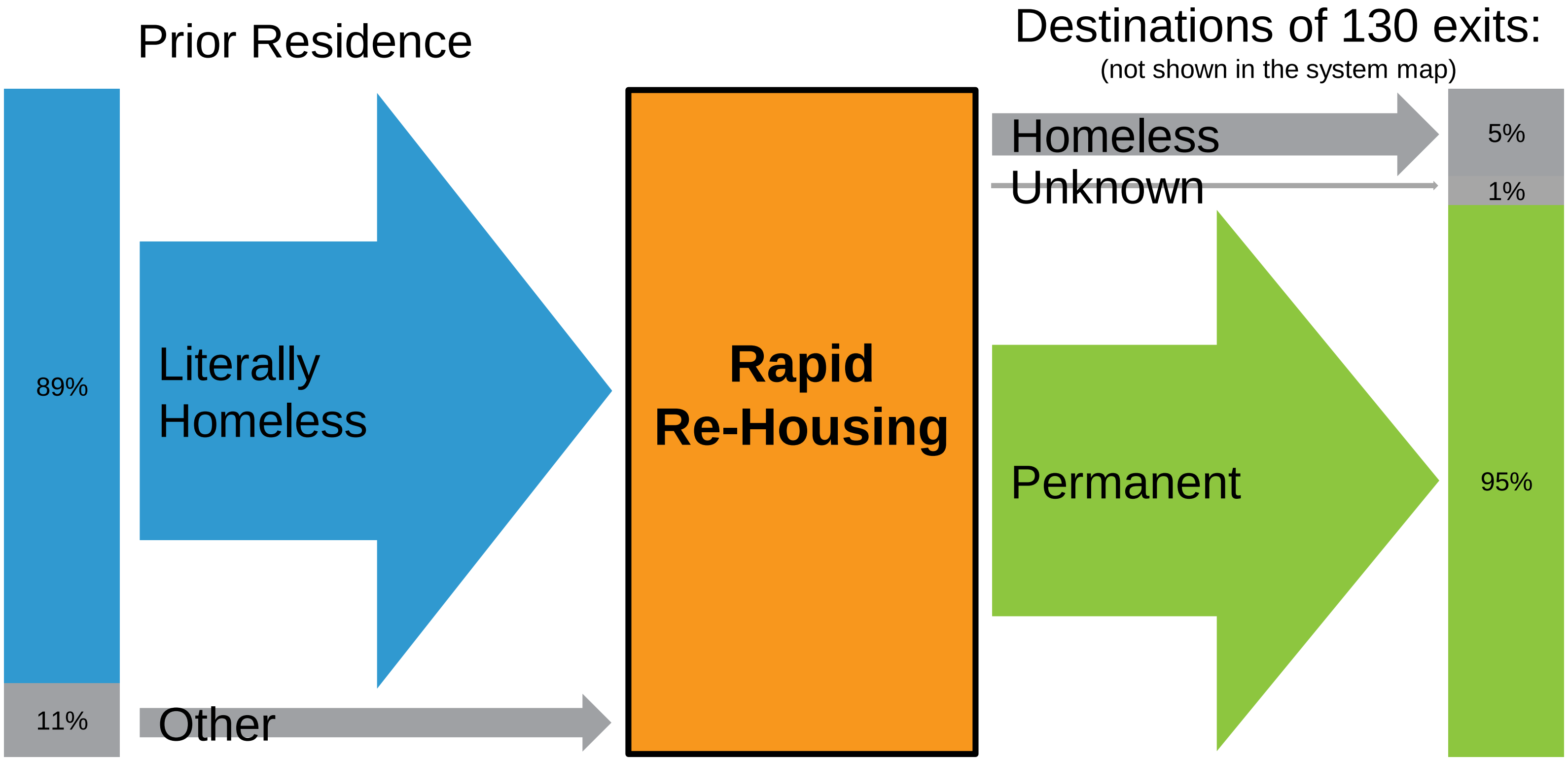
System Map: Rapid Re-Housing



Top Prior Residences:

53% Place Not Meant for Habitation (Literally Homeless)

36% Emergency Shelter

7% Staying with Family/Friends (Other)

Top Destinations:

89% Rental Housing (Permanent)

5% Permanent Stay with Family/Friends

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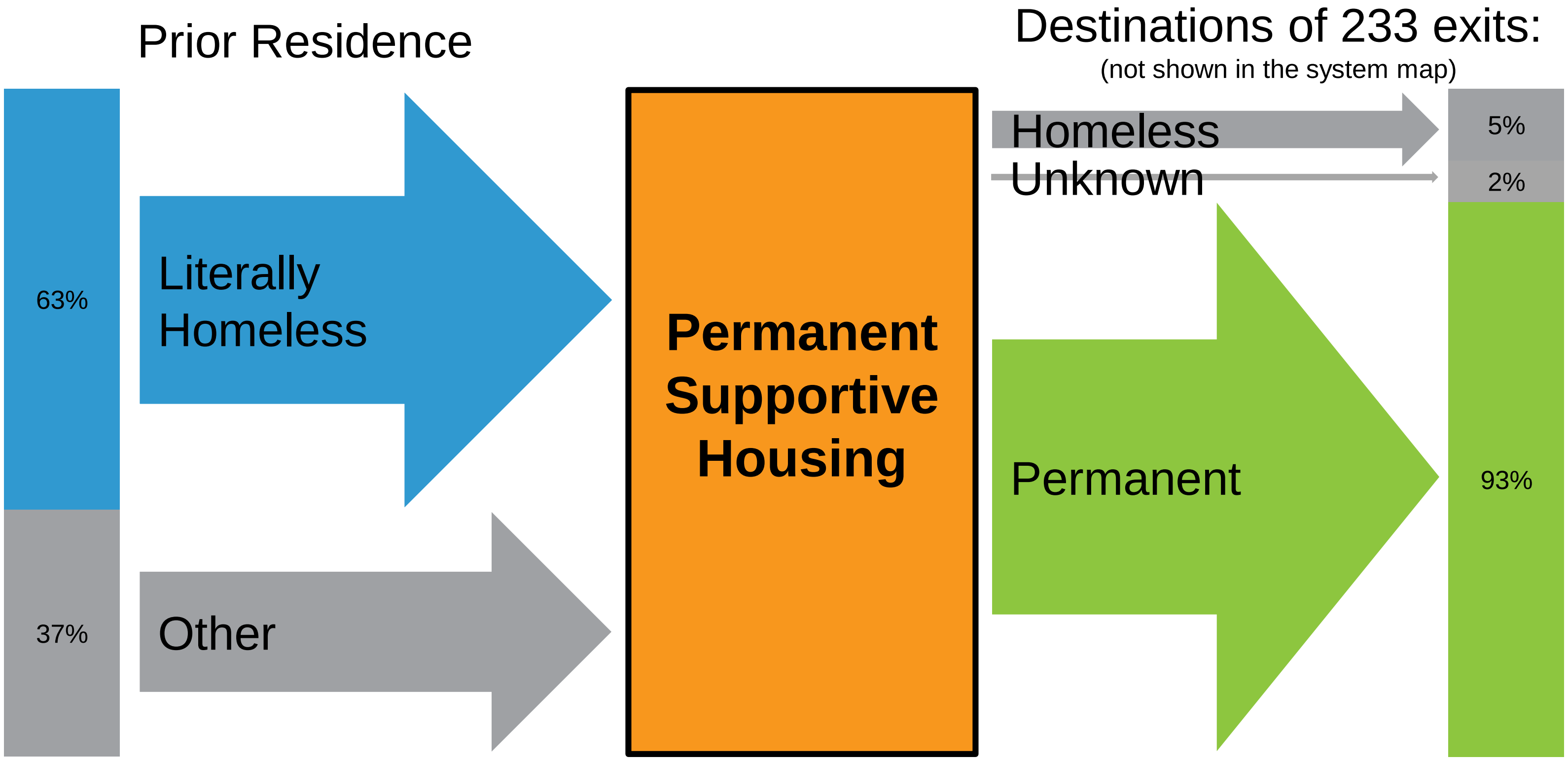
System Map: Permanent Supportive Housing



Top Prior Residences:

40% Emergency Shelter
23% Place Not Meant for Habitation (Literally Homeless)
16% Staying with Family/Friends (Other)

Top Destinations:

77% Rental Housing (Permanent)
13% Permanent Stay with Family/Friends
3% Temporary Stay with Family/Friends (Homeless)

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REQUIRED ELEMENT	RESPONSE
Consultant Name	Christine (Tina) Allen, Strategic Solutions Northwest
Method of Selection	Strategic Solutions Northwest was recommended by key NMCHIR housing team members, Northwest Michigan Permanent Supportive Housing and approved by the NMCHIR Executive Team. Strategic Solutions Northwest was selected due to their experience in coordination of substance use disorder collaboration. Strategic Solutions provided facilitation and guidelines for development of a regional coalition dealing with the issues of substance use disorder covering Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties and was able to provide an organizational structure and 3-year plan that has strengthened services and collaboration. Strategic Solutions Northwest has had experience in project administration, grant writing and reporting, and the development and planning of public and inclusionary processes for local governments and non-profits.
Organization Affiliation	Strategic Solutions Northwest is a sub-entity of Genesis Supply Company. Genesis Supply Company is a Sub Chapter S Corporation located in Traverse City, Michigan
Nature of Services to be Rendered	**Coordinated Discharge- Behavioral Health Pilot: Tina Allen to complete workplan** **<u>Step 1: Develop Policy Basis</u>** The overarching project will help to inform some of the language and expectation differences that will help with this portion of the SUD discharge planning in many respects, but we need to recognize that within each organization there will still be some differences in the way they talk about client needs. Developing an inventory of resources currently being used by both Addiction Treatment Solutions (ATS) and the homelessness serving sector in their attempts to work through gaps in discharges into homelessness is key to understanding where we begin this project. Research provided by CSH (the technical assistance contractor through DHHS) on Best Practices will guide the development of expected project and policy outcomes. **Activities include:** • Targeted discussions to develop a working relationship between ATS and the homelessness serving sectors so that they may share experiences, identify common clients, review research, and develop discharge policy outcomes • Identify and coordinate potential current resources • Review and analyze meeting notes looking for commonalities of clients/patients, interests, concerns **Deliverables:** • Report of existing gaps in discharge processes when homelessness is an issue • Report of targeted resources currently being used by each sector • Report on evidence-based expected discharge outcomes **<u>Step 2: Develop Policy and Procedures</u>** ATS is a non-profit organization while Northwest Michigan Coalition to End Homelessness (NWCEH) is a collaboration of agencies. Where ATS will require an internal discharge policy, NWCEH may have multiple agencies providing different parts of a discharge plan and will need to have both a discharge policy and specific procedures. These differences

	must be kept in mind during this policy development phase. Using research, identified resources, and desired outcomes from Step 1, policies and procedures will be developed, written, and accepted with the intention of full implementation by all partners. **Activities include:** • Development of discharge policies • Development of discharge procedures **Deliverables:** • Written and approved Discharge Policies for ATS and NWCEH • Written and approved Discharge Procedures for NWCEH • Toolkit of resources and process tools used for policy development that allow this project to be replicated throughout the NMCHIR region
Relevance of Service to the Project	Within and beyond the primary Healthcare and Housing project there will be specific model discharge policies developed through pilots in medical and behavioral health. This proposal addresses coordination for the development of shared discharge policies between Addiction Treatment Services (ATS) located in Traverse City, and its partner agencies, and the Northwest Michigan Coalition to End Homelessness (NWCEH).

REQUIRED ELEMENT	**RESPONSE**
Consultant Name	Mark VanderKlipp, Sole Owner of MZAC Venture, DBA Connect_CX.
Method of Selection	Mark VanderKlipp was recommended by the CoC/Northern Michigan Coalition to End Homelessness and approved by the NMCHIR Executive Team. Mark VanderKlipp was selected due to his significant experience working with healthcare systems and his ability to connect the NMCHIR with other housing related projects in the NMCHIR region. Mark and Sherwood Smith, staff on the project, have expertise in survey development, strategic research, design and communication plans for related organizations such as the NW MI Coalition to End Homelessness, Housing North, Northwest Michigan Supportive Housing, the Homeless Youth Initiative, entities throughout the Munson Healthcare system and healthcare institutions throughout North America.
Organization Affiliation	MZAC Venture, DBA Connect_CX is limited liability company located in Traverse City, Michigan

<table>
<tr><td>Nature of Services to be Rendered</td><td>The Northern Michigan Community Health Innovation Region (NMCHIR) along with the CoC/NW MI Coalition to End Homelessness staff and Chairs recommends that MZAC Venture, DBA Connect_CX develop a Human Centered Service Design Process to better coordinate healthcare and housing systems. Their activities will include:

Fostering a culture change involving system-wide coordination of healthcare and housing throughout the 10-county NMCHIR region

Identify specific components (ie: coordinated discharge)
Hypothesize, build and test as catalysts
Continuously engage stakeholders bringing energy, celebrating quick wins
Achieve and measure observable results

Homeless & Healthcare Literacy:

Develop shared language by clarifying terminology
Improving communication
Enhance coordinating application of resources between homelessness stakeholders and the medical community

Encourage a learning community and provide a toolkit to replicate efforts

Encourage development of new habits of critiqued are developed
Transform initial efforts into system tools, behaviors, words and actions organized around shared communications and resources to accomplish the stated goal

We see this as a human-centered research, service and communication design process, involving the following iterative phases: Research, Service Design and Communication Design. Throughout this process, we’ll communicate “small bets” that are improving the system even as we’re learning and adapting. Ultimately, we know that the solution to many of the current problems is to have more available housing, but in the interim we also need to show progress and keep the energy up among our stakeholders and working teams.</td></tr>
<tr><td>Relevance of Service to the Project</td><td>Using this iterative process, we will have developed an infrastructure (research, service design maps and communication tools) that can be used to sustain the effort beyond January 2020. We will also have developed and tracked shared metrics that can be continually updated as the system of supports, and representative stakeholders, change over time.</td></tr>
</table>

<table>
<tr><th>REQUIRED ELEMENT</th><th>RESPONSE</th></tr>
<tr><td>Consultant Name</td><td>Christine (Tina) Allen, Strategic Solutions Northwest</td></tr>
<tr><td>Method of Selection</td><td>Strategic Solutions Northwest was recommended by key NMCHIR housing team members, Cadillac’s local service providers and approved by the NMCHIR Executive Team. Strategic Solutions Northwest was selected due to their experience in coordination of cross systems collaboration within the homeless serving system. Strategic Solutions provided facilitation and guidelines for development of a regional coalition dealing with the issues of homelessness covering Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee and Wexford counties and was able to provide an organizational structure to the Northwest Michigan Coalition to End Homelessness.</td></tr>
<tr><td>Organization Affiliation</td><td>Strategic Solutions Northwest is a sub-entity of Genesis Supply Company. Genesis Supply Company is a Sub Chapter S Corporation located in Traverse City, Michigan</td></tr>
<tr><td>Nature of Services to be Rendered</td><td>Coordinated Discharge- Medical: Emergency Department Pilot: Workplan to be completed by Tina Allen and Ashley Halladay-Schmandt
<u>Step 1: Develop Policy Basis</u>
The overarching project strategy, Human Centered Service Design will help to inform some of the language and expectation differences that will advise this portion of the NMCHIR’s project, the Coordinated Discharge- Medical setting: Emergency Department Pilot located at Munson Healthcare Cadillac Hospital. This venture will serve as a pilot for other Munson Healthcare affiliated hospitals, with the aim of developing a process that recognizes that each hospital may have some unique attributes but that effective policies developed and tested in this pilot may be implemented systemwide.
Developing an inventory of resources currently being used by both Munson Healthcare Cadillac Hospital and the homelessness serving sector in the attempt to work through gaps in discharges into homelessness is key to understanding where to begin this project. Munson Healthcare Cadillac Hospital has formed a team of decision-makers that will be integral partners in this work. The team consists of a Quality Manager, Care Manager, ED Case Manager, and a Social Worker. This team, through Munson Healthcare Cadillac Hospital has committed to actively participating ‘in-kind.’ Northwest Michigan Community Action Agency and local housing staff have agreed to actively participate ‘in-kind’. Research provided by CSH as well as other technical assistance will be utilized.
Activities include:
Targeted discussions to develop a working relationship between Munson Healthcare Cadillac Hospital and the homelessness serving sectors so that they may share experiences, identify common clients, review research, and develop discharge policy outcomes
Identify and coordinate potential and current resources
Review and analyze meeting notes looking for commonalities of clients/patients, interests, concerns
Deliverables:
Report of existing gaps in discharge processes when homelessness is an issue
Report of targeted resources currently being used by each sector</td></tr>
</table>

	• Report on evidence-based expected discharge outcomes **<u>Step 2: Develop Policy and Procedures</u>** Munson Healthcare Cadillac Hospital is a non-profit organization while NWCEH is a collaboration of agencies. Where Munson will require an internal discharge policy, NWCEH may have multiple agencies providing different parts of a discharge plan and will need to have both a discharge policy and specific procedures. These differences must be kept in mind during this policy development phase. Using research, identified resources, the work being developed under the NMCHIR's Human Centered Service Design, the other Coordinated Discharge pilot and deliverables from Step 1, policies and procedures will be developed, written, and accepted with the intention of full implementation by all partners. **Activities include:** • Development of discharge policies • Development of discharge procedures **Deliverables:** • Written and approved Discharge Policies for Munson and NWCEH • Written and approved Discharge Procedures for NWCEH • Toolkit of resources and process tools used for policy development that allow this project to be replicated throughout the NMCHIR region
Relevance of Service to the Project	Within and beyond the primary NMCHIR's Healthcare and Housing project there will be specific model discharge policies developed through pilots in medical and behavioral health. This proposal addresses coordination for the development of shared discharge policies between the Emergency Department, Munson Healthcare Cadillac Hospital and its partner agencies, and the Northwest Michigan Coalition to End Homelessness (NWCEH) and local housing partners.