The Health Care & Homelessness Pilot Initiative:

Exploring A Catalytic Role for Health Systems

A Two-Year Initiative Convened by Community Solutions and the Institute for Healthcare Improvement

Foundations Phase Starter Packet: November 2020

Introduction

Summary and Timeline of Foundations Phase Activities

The following pages outline initial activities that will prepare you for results within the Community Solutions and the Institute for Healthcare Improvement (IHI) Healthcare and Homelessness Pilot.

Activity	Deliverable	Activity Lead	Worksheet
1. **Preparing Your Governance Structures and Statement of Purpose**	Purpose worksheet	Executive Sponsor (health system)	*Appendix B*
2. **Identifying Health System Leaders to Participate in the Pilot Team**	Leadership and Team Contact Worksheet	Day-to-day lead (health system)	*Appendix C*
3. **Map Internal Assets your Health System Brings to The Pilot**	Review the Pathway to Population Health Compass and complete the online survey	Day-to-day lead (health system)	*N/A*
4. **Meet with your Communication, Public Relations, and/or Government Relations Team**	Agenda for and notes from meeting	Day-to-day lead (health system)	*Appendix D*
5. **Preparing Your Governance Structures and Statement of Purpose**	Purpose statement	Executive Sponsor (homelessness system side)	*Appendix B*

6. **Identify Built for Zero Leaders to Participate in Pilot Team**	Leadership and Team Contact Worksheet	Day-to-day lead (homelessness system)	*Appendix C*
7. **Prepare to Share Data on Current State**	Data to share with Pilot team	Data and Measurement lead (homelessness system)	*N/A*
8. **General Overview and Background Information**	Team has reviewed background materials	Day-to-day leads (health system and homlessness system)	*N/A*
9. **Understanding Your Current Improvement Capability**	Team members who need additional capability building or review around using improvement methods should explore the resources above.	Day-to-day leads (health system and homlessness system)	*N/A*
10. **Host a Pilot Team Community Meeting**	Schedule and host a team meeting	Day-to-day leads (health system and homlessness system)	*Appendix E*
11. **Prepare for the Pilot Workshop**	Make a plan for who should attend the Pilot workshop	Day-to-day leads (health system and homlessness system)	*N/A*

Virtual Kickoff Meeting

The Community Solutions and IHI team will be hosting a virtual kick-off meeting on December 2, 2020 from 2:00 - 4:00 pm ET. During this call, you'll have the opportunity to meet other communities participating in the Pilot as well as Pilot staff and faculty. We'll also review this Foundations phase packet, discuss expectations throughout the Pilot, and answer questions from participants.

Please save this date and time in your calendars:

Virtual Kick-Off: Healthcare x Homelessness Pilot Initiative

Wednesday, December 2, 2020 from 2:00 pm - 4:00 pm ET

- Meeting link:
  https://ihi.webex.com/ihi/j.php?MTID=m606bf13c44af0af15bbffca43029b3b9
- Password: pilot
- Phone only: 1-866-469-3239 Call-in toll-free number (US/Canada); Access code: 126 114 2369

Piloting a Catalytic Role for Health Systems

What are the most meaningful, measurable, and transformative contributions healthcare can make toward ending chronic homelessness in a community?

Community Solutions and the Institute for Healthcare Improvement (IHI) are working together to design and implement a two-year pilot seeking to answer this question and lay the groundwork to spread and scale solutions nationally.

To do this successfully, we have convened a small group of pilot teams prepared to forge the path forward by bringing together the local health system(s) and the cross-sector stakeholders actively working to end chronic homelessness in that community. This initial

stage of pilot testing is drawing from communities currently involved in the [Built for Zero](#) initiative that have achieved quality, real-time, person-specific data on people experiencing chronic homelessness and are working toward eliminating chronic homelessness. As part of working together, the health system(s) in each chosen Built for Zero community will focus on improving its role as an anchor institution to affect population-level outcomes for this target population (including reductions in homelesness, lower health care costs, and improved population health).

Our Overall Aim & Strategy

Our goal is that, by the end of this two-year pilot initiative, participating communities will have made measurable progress toward ending chronic homelessness, with a focus on building racially equitable systems. We believe that starting with chronic homelessness is just the first step and will intentionally hold space for conversations and co-design round the right population focus, especially since COVID-19 has brought forward the question of who is most vulnerable in both the homelessness and health care sectors.

Additionally, health systems and their partner communities will have a clear understanding of what is (and is not) working to:
- Prevent, reduce and end chronic homelessness through collaboration with healthcare;
- Adopt shared accountability for racial inequities in both the local homelessness systems and the upstream systems that plunge people into them;
- Identify interventions/ways of working that have the greatest impact;
- Make the business case for both the health system and the overall community;
- Understand the effects of housing for the health of the chronically homeless population and the impact on healthcare institutions operationally, including the morale of staff as a result of actively participating in problem solving; and
- Achieve cost reductions or greater value for funds spent.

This work will also be guided by the following learning and evaluation questions to drive our ability to see improvement efforts around the social determinants of health. These questions are specific to health care's role in ending homelessness, and we may choose to add additional learning questions that come up as part of the pilot effort.

1. *What is the convening potential and influence that health care can have?*
2. *What learnings are specific to ending chronic homelessness, and what can be applied to other populations experiencing homelessness?*
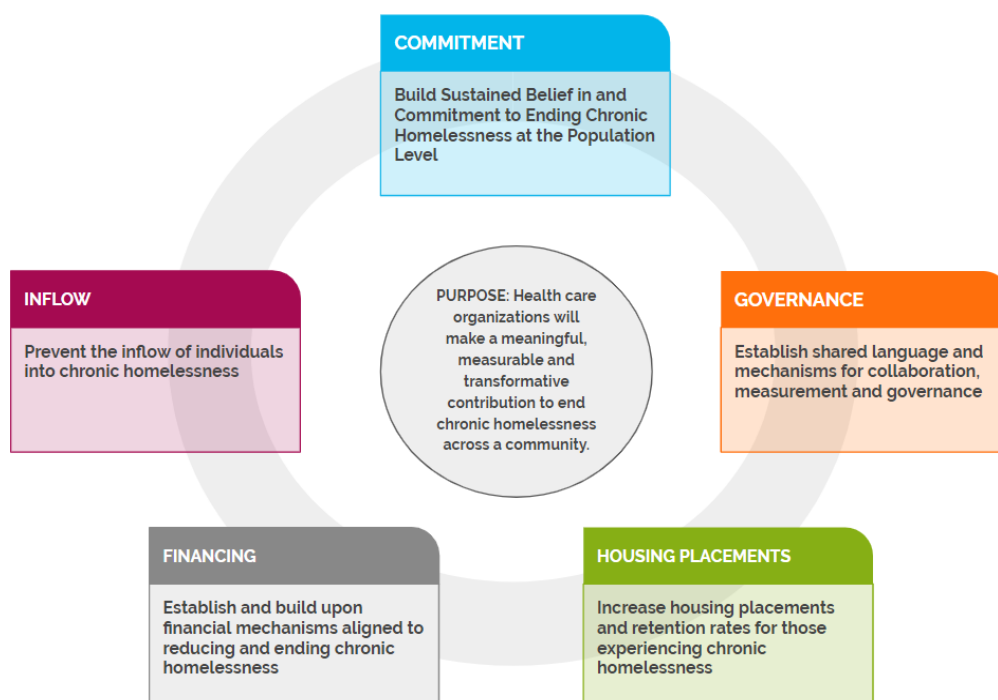
3. *What learnings can be applied to any population health or equity goal across a community?*
4. *What learnings can be applied to the homelessness system's work with other mainstream systems and sectors (e.g., education, business, etc.)?*
5. *What is the role of the payor in the work to end chronic homelessness?*

Five Pillars to Support Structural Change and Ongoing Improvement

The work of the initiative will be guided by a Theory of Change (ToC) for health care's role in reducing and/or ending chronic homelessness in five "pillar" areas that together will lead to a comprehensive, meaningful role for a health system in their community. Each of these five Pillars in isolation is necessary but not sufficient in reducing or ending chronic homelessness in a community. While many of these approaches are relevant to other sectors, this ToC is focused on health care specifically.

Each of the five Pillar areas in the ToC contains a set of strategies for planning and executing the work with suggested specific actions and steps health systems can take, divided into work *within* the health system, and work done *together with* the community.
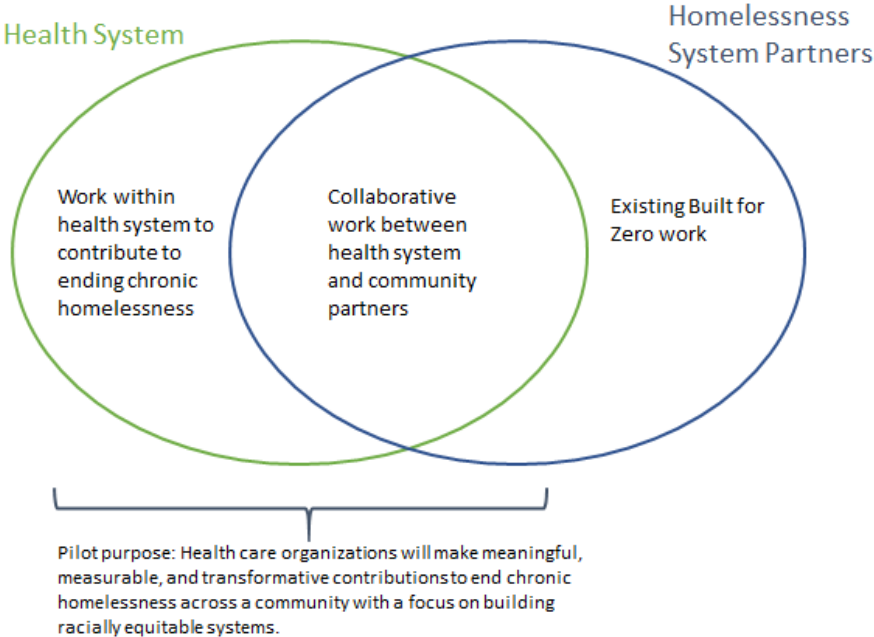
Each community pilot team will identify specific priorities and chart their path to transformation. There are many possible paths depending on your starting point and your health system and community priorities. Thus, the ToC is meant to be used as a toolbox - a menu of strategies and actions without a specific sequence. However, we know some health systems will want to prioritize or sequence work and we encourage you to use the ToC however it works best for you in your context. Additionally, we believe the ToC is a valuable tool to facilitate a conversation within the health system and in the community.

COMMITMENT
Build Sustained Belief in and Commitment to Ending Chronic Homelessness at the Population Level

INFLOW
Prevent the inflow of individuals into chronic homelessness

PURPOSE: Health care organizations will make a meaningful, measurable and transformative contribution to end chronic homelessness across a community.

GOVERNANCE
Establish shared language and mechanisms for collaboration, measurement and governance

FINANCING
Establish and build upon financial mechanisms aligned to reducing and ending chronic homelessness

HOUSING PLACEMENTS
Increase housing placements and retention rates for those experiencing chronic homelessness

Foundations Phase Activities

On behalf of the entire Community Solution and IHI team, we welcome you to the Health Care and Homelessness Pilot. As a participating health system, you are joining a small and committed cohort of energized and capable health systems situated in communities that are committed to eliminating homelessness. And as a participating community, you are joining a small committed cohort of participating Built for Zero communities that are seeking to end homelessness by continuing to explore deep collaboration with local health systems. We are extremely excited to learn together through this two year initiative.

The following pages outline a set of guidance and corresponding actions steps in preparation for our work together in the initiative, segmented by activities for the participating health system; activities for the participating homelessness system community partners; and activities the health system and homelessness system community partners should complete together.

Health System

Homelessness System Partners

Work within health system to contribute to ending chronic homelessness

Collaborative work between health system and community partners

Existing Built for Zero work

Pilot purpose: Health care organizations will make meaningful, measurable, and transformative contributions to end chronic homelessness across a community with a focus on building racially equitable systems.

Activities For the Health System

1. Preparing Your Governance Structures and Statement of Purpose

Achieving the goals of the Health Care and Homelessness Pilot will require changes to organizational culture and infrastructure within the health system. Because of the strategic and system-level focus of this work, participating health systems must have the explicit support of their senior leadership and these leaders must stay actively connected to their team's work. This individual will also lead the team in championing the work within the health system and articulating how the work of the Healthcare and Homelessness Pilot links to the health systems' strategic priorities.

Executive Sponsor

Drawing on existing executive leadership and governance structures within your organization or coalition, the Executive Sponsor who is supporting the team participating in the Health Care and Homelessness Pilot has the following roles and responsibilities:

- Authority to allocate the time and resources needed to achieve the site's aim;
- Authority to oversee areas affected by the changes to be implemented;
- Capacity to create the vision of the new system focused on impacting outcomes, experience, and costs for the site's population of focus; and
- Commitment to champion the spread of successful changes throughout the organization or community (if a coalition).

It is important to note that senior leaders are not usually members of the project team(s) making improvements. Nevertheless, throughout the Pilot, Community Solutions and IHI will be communicating with identified Executive Sponsors through email and conference calls, and these leaders should plan to attend at least one Piloting Workshop.

Purpose Statement

Your health system's purpose statement is a description of why it is important and strategic for your organization to focus time and dedicate resources on identifying meaningful, measurable, and transformative contributions that your health system can make toward ending chronic homelessness in your community. It will be used by your team to engage

various stakeholders in support of your work. Without shared purpose, projects within your health system or community may serve narrow purposes and perhaps build trust, but do not move the entire organization or community toward outcomes.

There are a couple of tactics you might take to develop your purpose statement:

- Pull out language from your organization's strategic plan and write a statement that links the Healthcare and Homelessness Pilot to a specific strategic priority.
- If there isn't language in your strategic plan, craft a statement about why this work is important and strategic.
    - When crafting your purpose statement, strive to articulate the "burning platform" and include both logical and human reasons for doing this work - aim to engage the head and the heart.

ACTION STEP
The Executive Sponsor should complete the "purpose worksheet" found in Appendix B. Please be sure to include the "why" in your statement of purpose.

2. Identifying Health System Leaders to Participate in the Pilot Team

In addition to the Executive Sponsor (described above in 1.0), each participating health system will also be expected to identify/designate a dedicated set of leaders to engage in the multi-disciplinary work of the Pilot in partnership with homelessness system community leaders. Each team of leaders from the health system should include a designated Project Manager or Day-to-Day leader, a Data Lead, as well as a project team to support the work for the pilot. As described further in the following pages, at a minimum, the team assembled from the health system should have representation from the clinical setting as well as community benefit/engagement. The project roles are described on the following pages:

Day-to-Day Leader (Project Manager) (Estimated Time Commitment: 0.2-0.5 FTE)

The Day-to-Day Leader is a designated individual who is the critical driving component of your pilot team's project, ensuring that changes are tested and implemented and overseeing data collection. It is important that this individual understands not only the details of the

health system, but also the various effects of making changes within the system. This person needs to be able to work effectively with the Executive Sponsor, the other team members, and community partners. Additionally, the Day-to-Day Leader from the health system will work closely with the Day-to-Day Leader from the existing homelessness system community partners.

Characteristics of a successful Day-to-Day Leader include:
- Working knowledge of health system transformation;
- Ability to organize and coordinate a functioning team that works at an accelerated pace;
- Skill in project management and ensuring work is completed;
- A demonstrated commitment to health equity;
- Time allocated by Executive Sponsor and other senior leaders to work on this project; and
- Motivation and excitement about creating change, transforming systems, and partnering with community-based organizations.

Data and Measurement Lead (Estimated Time Commitment: 0.1 FTE)

Measurement is an important infrastructure component that helps teams understand whether the changes they are making are impacting the desired outcome of eliminating chronic homelessness. We strongly recommend that the Executive Sponsor designate a data expert to the team to support this role. This individual will ensure that your site has measures in place and that the data is plotted over time for each of the measures. This person will also support the team in analyzing data.

Characteristics of a successful measurement lead include:
- Understanding of how to extract data from your health system's information system;
- Experience stratifying data by race, ethnicity;
- Some knowledge of publically available data sources; and
- Ability to summarize and graph data in run charts.

Other Project Team Members

In addition to the core roles described above, your team should have representation from other key areas, such as community benefit/engagement and clinical leadership. There may be one or more individuals on the team who fit each dimension, and one individual may fill more than one role, but each component should be represented to successfully drive

change in your health system and your community. When looking for additional team members, consider those who are opinion leaders in your organization (i.e. individuals sought out for advice and who are not afraid to try changes).

Additional areas of expertise you may wish to represent on your team:
- **Community Benefit/Engagement.** This should be someone (or multiple people) who thinks creatively about leveraging community benefit resources to improve population health and reduce health care inequities, with a focus on improving health for community residents who have long borne the brunt of health inequities and social injustice.
- **Clinical Leadership:** A subject matter expert who knows about care transformation broadly as well as has intimate experience with the processes of care within your system (e.g., ER physician; nurse; case management supervisor)
- **Quality Improvement:** Succeeding in this work requires strong quality improvement (QI) capabilities. Additional technical support should be provided by an expert in improvement methods who can help the team(s) determine what to measure; assist in the design of simple, effective measurement tools; and provide guidance on the design of tests and scaling up of successful interventions. This expertise might be one individual providing support to all project teams, or an identified expert on each project team. For some teams, the individual who serves in the Data Lead role may also serve in a QI support role as well.
- **Equity and Social Determinants of Health:** Health Systems participating in this initiative should have a documented commitment to addressing inequities within their system as well as experience addressing social determinants of health at both the strategic and operational levels. Pilot teams should identify someone with expertise in this area and in population health to be part of the team.

ACTION STEP
Complete the Leadership and Team Contact Worksheet in Appendix C of the pre-work packet.

3. Map Internal Assets your Health System Brings to The Pilot

Asset mapping is a tool that can help identify the opportunities to overcome the mismatch between needs and available services and resources. This technique can be used both

within an organization and across many sectors of the community.

For this activity, we ask that health systems identify the formal and informal resources that already exist in your system that can be harnessed to better meet the unique needs of individuals experiencing homelessness in your community and support your work to reduce chronic homelessness.

The Pathways to Population Health Compass is intended to help health systems catalogue existing improvement efforts and also identify new opportunities to make practical, meaningful, and sustainable advances in population health. Please review the Pathway to Population Health Compass tool and then work as a team to complete this online assessment. The Compass takes approximately 20 minutes to complete and can help your organization situate your efforts to reduce chronic homlessness in your community into a broader population health strategy for your health system.

The Pathways to Population Health Getting Started Guide is another resource that might help you think through your organization's assets.

> **ACTION STEP**
> Review the Pathway to Population Health Compass, then work as a team to complete the online assessment.
>
> *Optional*: Review the Pathways to Population Health Getting Started Guide

4. Meet with your Communication, Public Relations, and/or Government Relations Team

An important component of this Pilot work is to share our learning, challenges, and data transparently and publically. This includes sharing with fellow Pilot teams as well as sharing stories of learning and progress with other health systems, communities, policymakers, and the public. This might look like publications, speaking engagements, blogs, and social media. The Health Anchor Network's Anchor Mission Communications Toolkit may be a useful resource.

In order to facilitate these important communications activities, your health system's Pilot

team should meet with your health system's communication, public relations, and/or government relations teams. This initial meeting will allow you to:

- Share your purpose statement and illustrate how it connects to your health system's strategic plan;
- Answer any questions your communications/public relations team has about the Pilot;
- Surface any concerns or barriers that might make it difficult to share learning publically; and
- Make a plan to address those barriers.

ACTION STEP
Schedule and host a meeting with your communication and/or PR team. A sample agenda can be found in Appendix D

Activities For the Existing Homelessness System Partners

5. Preparing Your Governance Structures and Statement of Purpose

Achieving the goals of the Health Care and Homelessness Pilot will require additional governance on top of the existing Built For Zero and/or CoC infrastructure. Because of the strategic and system-level focus of this work, participating communities must have the explicit support of their Continuum of Care (CoC) senior leadership and these leaders must stay actively connected to their team's work. This individual will also lead the team in documenting how the work of the Healthcare and Homelessness Pilot links to the health systems' strategic priorities.

Executive Sponsor

Drawing on existing executive leadership and governance structures within your Continuum of Care or other collaborative body driving the work of ending homelessness in your community, the Executive Sponsor is supporting the team participating in the Health Care

and Homelessness Pilot. The Executive Sponsor may be from your CoC leadership. In some cases, the Executive Sponsor could be from your city or county-level leadership. It is important to consider the following when designating your Executive Sponsor:

- Authority to allocate the time and resources needed to achieve the Pilot team's aim;
- Create the vision of the new system focused on impacting outcomes, experience, and costs for the site's population of focus; and
- Working with the health systems partner to champion the spread of successful changes throughout the community (if a coalition).

It is important to note that senior leaders are not usually members of the project team(s) making improvements. Nevertheless, throughout the Pilot the Community Solutions and IHI will be communicating with identified Executive Sponsors through email and conference calls, and these leaders should plan to attend at least one Piloting Workshop.

Purpose Statement

Your purpose statement is a description of why it is important and strategic for your CoC (and also your Built for Zero Improvement team) to focus time and dedicate resources to working with health systems to identify meaningful, measurable, and transformative contributions they can make toward ending chronic homelessness in your community. It will be used by your team to engage various stakeholders in support of your work. There are a several tactics you might take to develop your purpose statement:

- Pull out language from your CoC's overall strategy or your community's Consolidated Plan and write a statement that links the Healthcare and Homelessness Pilot to a specific strategic priority.
- If there isn't language in your CoC's overall strategy or any other community wide plan, craft a statement about why working with a local health system is important and strategic.
  - When crafting your purpose statement, strive to articulate the "burning platform" and include both logical and human reasons for doing this work--reach for the head and the heart.

ACTION STEP
The Executive Sponsor should complete the "purpose worksheet" found in appendix B

6. Identify your Pilot team

Built for Zero Team Lead: The Built for Zero Team Lead will be the **Day-to-Day Leader (Project Manager for Pilot)** *(Estimated Time Commitment: 0.2-0.25 FTE)*

The Day-to-Day Leader is a designated individual who is critical to orchestrating overall participation and to drive progress in partnership with the health system. This person needs to be able to work effectively with CoC leadership, the other team members, and the health system.

Characteristics of a successful Day-to-Day Leader include:
- Deep knowledge of your community's Built for Zero efforts.
- Ability to organize and coordinate a functioning team that works at an accelerated pace;
- Skill in project management and ensuring work is completed;
- A demonstrated commitment to equity;
- Time allocated by CoC Leadership to work on this project; and
- Motivation and excitement about creating change, transforming systems, and partnering with a health system.

Data and Measurement Lead *(Estimated Time Commitment: 0.2-0.25 FTE)*

Measurement is an important infrastructure component that helps teams understand whether the changes they are making are impacting the desired outcome of eliminating chronic homelessness. We strongly recommend that your CoC leader appoint a skilled data expert as part of the Pilot team. Strategically, we expect a strong link in approach with the existing ToC for ending chronic homlessness across the community.

Characteristics of a successful measurement lead include:
- Understanding of your community's By-Name list and reporting monthly By-Name list data to Built for Zero, including collecting and visualizing data specific to racial equity;
- Understanding of how to use data to drive improvements
- Knowledge of publically available data sources; and
- Ability to summarize and graph data in run charts.

Community Members with Lived Experience:

Your community team will need to include the voices, guidance and expertise of people with lived experience of homelessness. A community member with lived experience is someone who has lived (or is currently living) with the issues the community is focusing on and who may have insight to offer about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience). We anticipate that engagements with people with lived experience will be ongoing throughout the pilot initiative.

As a start, please refer to the following [resource guide for engaging those with lived experience](#) in your efforts.

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ACTION STEP
Complete the Homelessness System Leadership and Team Contact Worksheet in Appendix C of the pre-work packet.

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7. Prepare to Share Data on Current State

In order to understand the current state in your community around chronic homelessness, your Data and Measurement Lead should ensure that your community's By-Name list data is updated. This includes:

- Your community's chronic actively homeless number month over month;
- Your community's chronic outflow numbers month over month;
- Your community's chronic inflow numbers month over month

If your community has an All Singles By-Name list, we encourage you to report data for All Singles as well. This includes:

- Your community's actively homeless number for All Single adults month over month;
- Your community's outflow numbers for All Single adults month over month;
- Your community's inflow numbers for All Single adults month over month

If your community has not yet reported any chronic and/or All Singles By-Name list data, we encourage you to begin reporting the data you do have. You can report data to Built for Zero with:

- [The Built for Zero Monthly Data Reporting Form](#)
- [The Built for Zero Reporting Reference Guide](#)

ACTION STEP
Pull and review data and prepare to share with entire Pilot team

Activities For the Health System and Existing Homelessness System Partners to Complete Together

8. General Overview and Background Information

It is important that all team members have a basic understanding of the key concepts supporting the Healthcare and Homelessness Pilot. The following documents provide this background:

- The Democracy Collaborative's [Can Hospitals Heal America's Communities?](#)
- Community Solutions' [Built for Zero overview](#)
- [Introduction to Coordinated Entry](#)
- [Pathways to Population Health: An Invitation to Health Care Change Agents](#)

ACTION STEP
All team members should read the materials listed above.

9. Understanding Your Current Improvement Capability

Succeeding in this work requires strong quality improvement (QI) capabilities. Be sure that your Pilot team has the necessary knowledge and skills to use improvement. Many participating organizations will already have a high level of QI knowledge and capability as evidenced by measurable results from previous QI initiatives. However, if you need some additional support or refreshers, please review the following no-cost, low time resources.

- The [How to Improve](#) section describes the Model for Improvement and PDSA cycles.

- The Improvement Capability Focus Area pages highlight content on quality improvement methods (in particular, see the Getting Started section).
- QI 102: The Model for Improvement is a 90-minute IHI Open School free online course that takes learners through the basic principles of quality improvement.
- A series of "whiteboard" videos feature key improvement methods.

ACTION STEP

Team members who need additional capability building or review around using improvement methods should explore the resources above.

10. Host a Pilot Team Community Meeting

Prior to the first Piloting Workshop, you should host a community meeting that includes representatives from the current CoC Built for Zero team and representatives from the newly identified Health System Pilot team. During this meeting, you should cover the following important items:

- Icebreaker and getting to know each other
- Purpose statement from health system
- Current state data from Built for Zero team
- Asset mapping
- Establishing team norms

A sample agenda can be found in Appendix E

ACTION STEP

Schedule and host a Pilot Team Community Meeting
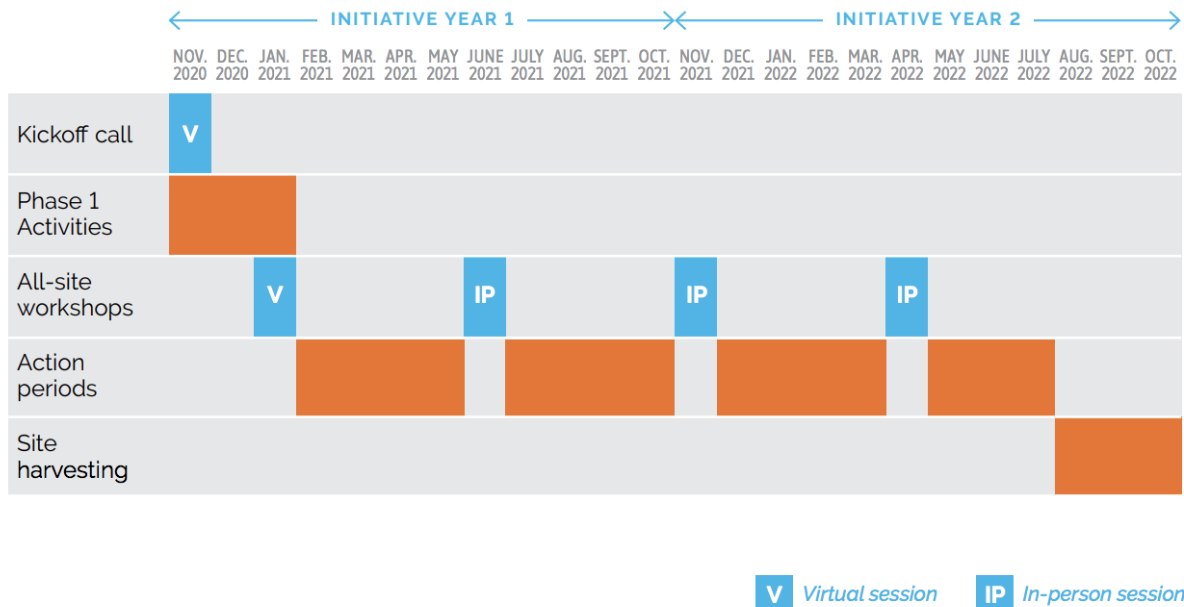
11. Prepare for the Pilot Workshop

Who Should Participate?

Each Piloting Workshop will focus on building relationships across the learning network and advancing the learning and application of improvement methods for each community. The first Learning Workshop will be a virtual event held over the course of two days in late January.. Each of the three subsequent Workshops will be held in conjunction with Built for Zero National Learning Sessions (virtual or in-person to-be-determined at a later date)

Organizations whose improvement team members consistently participate in the Piloting Workshops are more likely to achieve significant improvement. A core group of team members should participate in all workshops and participate actively in the project throughout its duration. However, there can also be benefits to inviting additional staff members to participate in the virtual all-site calls and coaching calls with expert faculty.

Appendix A: Timeline at a glance and more about leading partners

Programmatic Activity Timeline

	NOV. 2020	DEC. 2020	JAN. 2021	FEB. 2021	MAR. 2021	APR. 2021	MAY 2021	JUNE 2021	JULY 2021	AUG. 2021	SEPT. 2021	OCT. 2021	NOV. 2021	DEC. 2021	JAN. 2022	FEB. 2022	MAR. 2022	APR. 2022	MAY 2022	JUNE 2022	JULY 2022	AUG. 2022	SEPT. 2022	OCT. 2022
INITIATIVE YEAR 1													**INITIATIVE YEAR 2**											
Kickoff call	V																							
Phase 1 Activities	▉	▉	▉																					
All-site workshops				V				IP				IP				IP								
Action periods					▉	▉	▉		▉	▉	▉		▉	▉	▉		▉	▉	▉					
Site harvesting																						▉	▉	▉

V Virtual session   IP In-person session

More About The Leading Partners

Community Solutions

Community Solutions works to create a lasting end to homelessness that leaves no one behind. Since 2010, our work has helped communities find homes for more than 200,000 homeless Americans and, in 14 instances, end homelessness outright for key populations. Our Built for Zero team has worked with a vanguard group of over 80 US communities to reach and sustain an end to veteran and chronic homelessness. We have now helped 73 of these communities achieve comprehensive, real-time, person-level data on homelessness. Eleven of these have used that data to drive a measurable end to veteran homelessness and three have done so for chronic homelessness.

Institute for Healthcare Improvement

IHI is a leading innovator in health and health care improvement worldwide. An independent not-for-profit organization, IHI partners with visionaries, leaders, and front-line practitioners around the globe to spark bold, inventive ways to improve the health of individuals and populations. Recognized as an innovator, convener, trustworthy partner, and driver of results, IHI is the first place to turn for expertise, help, and encouragement for anyone, anywhere who wants to change health and health care profoundly for the better. Based in Boston, MA with a staff of more than 200 people around the world, IHI mobilizes teams, organizations, and nations to envision and achieve a better health and health care future.

Appendix B: Purpose Worksheet

Draft a *purpose statement*. This statement is a description of why it is important and strategic for your organization to focus time and resources on identifying meaningful, measurable, and transformative contributions that your organization or coalition can make toward ending chronic homelessness in your community. It will be used by your team to engage various stakeholders in support of your work. Strive to articulate the "burning platform" and include both logical and human reasons--reach for the head and the heart.

Appendix C: Leadership and Team Contact Sheet

Significant progress in this challenging area requires a strong leadership group and effective communication strategies. Drawing on existing leadership structures within your organizations and coalition, designate or identify people who can allocate attention and resources to the health care and homelessness pilot.

Healthcare Executive Sponsor

Contact Name	
Title	
Organization	
Email	
Phone	

Homeslessness Systems Executive Sponsor

Contact Name	
Title	
Organization	
Email	
Phone	

Healthcare Day-to-Day Leader (Project Manager)

Contact Name	
Title	
Organization	
Email	
Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Homelessness System Day-to-Day Leader (Project Manager)

Contact Name	
Title	
Organization	
Email	
Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health

	❏ Lived experience ❏ Other:

Healthcare Data and Measurement Lead

Contact Name	
Title	
Organization	
Email	
Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Homelessness System Data and Measurement Lead

Contact Name	
Title	
Organization	
Email	
Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement

	❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Other Project Team Members

Contact Name	
Title	
Organization	
Email	
Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Contact Name	
Title	
Organization	
Email	
Phone	

Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Contact Name	
Title	
Organization	
Email	
Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Contact Name	
Title	
Organization	
Email	
Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement

	❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Contact Name	
Title	
Organization	
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Phone	
Areas of expertise (highlight)	❏ Community Benefit/Engagement ❏ Clinical leadership ❏ Data and Measurement ❏ Quality Improvement ❏ Equity and Social Determinants of Health ❏ Lived experience ❏ Other:

Appendix D: Sample Communications/Public Relations/Government Relations Team Agenda

An important component of this Pilot work is to share our learning, challenges, and data transparently and publically. This includes sharing with fellow Pilot teams as well as sharing stories of learning and progress with other health systems, communities, policymakers, and the public. Engaging internal communications, public relations, and government relations teams early in the Pilot will set the foundation for meaningful collaboration going forward.

Prework:
- [Review Pilot prospectus](#)
- [Review Built for Zero two pager](#)

Topic	Objective	Time
Introductions	• Ensure everyone in the group knows each other	*5 minutes*
Aim of Pilot	• Pilot team shares aim of Pilot and shows how it links to health system strategy	*10 minutes*
Surface barriers to sharing Pilot work	• Identify internal structures or policies that may make it difficult to share data, learnings, and results publically. • Talk through strategies to help mitigate these barriers	*15 minutes*

Set initial communications strategies and tactics	• What communication strategies and tactics can be deployed early in the pilot. This may includes things like:
	    ○ Press releases
	    ○ Internal communications
	    ○ Developing standard communication materials (e.g. slide sets, boilerplate)
	    ○ Updating website
	    ○ Writing a local op-ed
		15 minutes

Next steps	• Discuss cadence of working meetings going forward • Identify high-level goals for next meeting	*10 minutes*

Appendix E: Sample Community Meeting Agenda

Prior to the first Piloting Workshop, you should host a community meeting that includes representatives from the current CoC Built for Zero team and representatives from the newly identified Health System team, which together serve as the Pilot team. A sample agenda you can adapt to meet your team's needs can be found below.

Topic	Objective	Time
Introductions & icebreakers	• Introduce everyone by name and role within the pilot • Use an icebreaker to start to get to know each other	*25 minutes*
Overview of Health System	• Health system team members share their purpose statement and explain how it links to their overall strategic plan.	*15 minutes*
Overview of Homelessness System	• Homelessness system team members share their purpose statement and current state data from Built for Zero team	*15 minutes*
Brainstorm community assets	• Pilot team thinks collaboratively about assets available within the community that could support the Pilot efforts	*30 minutes*
Next steps	• Review next steps and action items	*5 minutes*