

1 Illinois

Organization Type	Participating Organization Name
State Medicaid Agency	IL Dept. of Human Services (HFS)
Managed Care Organization(s)	CountyCare Health Plan
Health Care Delivery Organization(s)	Cook County Health (CCH)
Community Based Organization or Other Partners	Access Community Health Network (ACCESS)

Identifying and Diagnosing the Problem

The word “home” often conjures up an image of a physical place where our memories and mementos are stored. For the more than 10,430 people experiencing homelessness in the state of Illinois in 2020, however, home was a fraught concept. On any given night in Chicago, an estimated 5,390 people are without adequate shelter. In Cook County, where Chicago is located, it is estimated that [4.4 per 10,000 people experience homelessness](#), an issue closely tied to one’s gender, race, and ethnicity.

A lack of safe, affordable housing extends well beyond its impact on one individual or family. Not having a safe and welcoming place to lay one’s head at night can severely impact one’s ability to cook healthy meals or escape the stressors of life that negatively impact one’s mental and physical wellbeing. People experiencing homelessness have more difficulty obtaining and maintaining primary care, leaving many to rely on high-cost emergency department visits and inpatient stays that can result in added stress to care centers and staff. In 2021, the U.S. government [spent an average of \\$35,578 per year](#) for every person experiencing chronic homelessness.

The Illinois team realized that improving residents’ health needed to go hand-in-hand with improving access to long-term housing. They focus on ameliorating the impact of homelessness on Medicaid members with a goal of decreasing utilization and overall health care costs. The team’s partnering organizations have worked in related upstream health interventions that inform the design and implementation of the current initiative. For example, CCH has developed a range of other housing-focused initiatives and HFS has implemented a program to increase behavioral health support for children and families that informed the tenancy support and wrap-around services for Medicaid members and their families in the current initiative.

Designing and Implementing Change

When the COVID-19 pandemic resulted in HFS directing its annual quality pay-for-performance program toward a community reinvestment fund that encouraged MCOs to invest in resources that addressed social drivers of health, it created a unique opportunity to use Medicaid funds directly toward housing. The Illinois team capitalized on the release of the pay-for-performance withhold and built their initiative around it. CountyCare invested

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\$5 million in the Flexible Housing Pool (FHP). The FHP focuses on reducing healthcare costs and improving outcomes by providing stable housing and supportive services. It expands how homelessness is defined, facilitates the creation of new affordable housing units, and works closely with landlords.

Creating Cultures of Equity

The team recognizes that Illinois' long history of racial discrimination and segregation has had a significant impact on homelessness. That history has inspired its partnering organizations to continually work on improving their internal cultures of equity. CCH and CountyCare have established equity committees and have worked to diversify staff and leadership. They also implemented a Lived Experience Advisory Council (LEAC) and governing board to help center the voices of tenants throughout the duration of the program. The governing board includes Medicaid members and tenants who are voting members and

“I think [having the perception of members with lived experience of homelessness] really helped us [...] hone in on what the member thinks is important.

We all think we know what it means, but really talking with them and meeting with them and spending some time with them, I think, allowed us to see that. I would say probably the patients' perspective was missing from the Collaborative”—Illinois Team Member

have a role in governing some aspects of the FHP. It is a rare example of Medicaid members holding more than an advisory role in the care that they receive. LEAC members' valuable feedback has allowed the Illinois team to see which issues were most important to members experiencing homelessness, and to pivot and make changes if necessary.

Lessons Learned

In working with the Learning Collaborative and attending cross-team learning sessions and trainings hosted by AHE, the Illinois team learned more strategies to center members' voices in the design and implementation of their initiative. Having the opportunity to share best practices with the larger AHE community has helped them refine key questions and work through roadblocks.

Value Adds

A major component of the Illinois team's project is to illustrate how a healthcare organization can look beyond typical measures of success and evaluation (i.e., timelines to completion) to see the greater impact and value of an investment like their initiative. Their project will ultimately illustrate the positive impact having stable housing will have on not just on one individual's health but of the health of the community at large.

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Looking Ahead

The impact the Illinois team has had is documented in the January 2023 [Flexible Housing Pool Early Impact Evaluation Report](#), which details findings from the inception of the FHP in 2018 to 2022. As the report's authors note: "The cumulative cost offset from reductions in the utilization of the region's crisis system among adult clients was \$1.4 million. The concurrent reductions in mortality suggest that FHP was instrumental in reducing preventable crisis system utilization without sacrificing access to life-saving resources."

Key members of the Illinois LC team will meet with a subset of the AHE team in a small working group to focus on another important element of the Illinois team's initiative: making a business case to stakeholders. While there is a strong indication of a high social return on investment (ROI), the overall costs of program implementation currently exceed the cost savings. The working group will determine the modes and methods of communication for designated primary audiences; craft specific messages for specific stakeholders; and brainstorm ideas for future communications products.