

Strategies for Closing Sector Gaps

CoC Outcome	Healthcare Sector Strategy	Action Steps	Timeframe* (1, short, mid, long)	Evaluation Indicators	Level of Resources (\$, \$\$, \$\$\$)
#1: Coordinated resources and formalized networks among homeless provider agencies.	1.1 Empower and assist Homeward Pikes Peak in its mission to coordinate and optimize efforts of homeless service providers	<ul style="list-style-type: none"> Agencies join to seek sustained, alternative funding sources for Homeward Pikes Peak and other collaborative programs and projects 	1	<u>Outputs:</u> <ul style="list-style-type: none"> Funds/resources to develop, maintain, and enhance formalized, coordinated networks are in place <u>Outcomes:</u> <ul style="list-style-type: none"> Strategic, effective resource coordination among agencies without diverting direct services funds 	\$
	1.2 Comprehensive Homeless Assistance Providers (CHAP) group continues to enable top-level information exchange and helps determinate potential collaborations among group participants	<ul style="list-style-type: none"> Continued monthly meetings 	ongoing	<u>Outputs</u> <ul style="list-style-type: none"> Monthly meetings with consistent membership <u>Outcomes</u> <ul style="list-style-type: none"> Types of CoC collaborations developed 	\$

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#1: Coordinated resources and formalized networks among homeless provider agencies. (continued)	1.3 Establish a medical provider network to enhance communication between agencies on complex patients.	<ul style="list-style-type: none"> Identify key stakeholders in medical community Organize first meeting Develop mission of group and rotate meeting facilitation responsibilities 	Mid	<u>Outputs</u> <ul style="list-style-type: none"> # of agencies/partnerships in the network # of points of entry 	\$
	1.4 Partner with VA Administration & CJC to ensure discharged patients are not lost to follow-up.	<ul style="list-style-type: none"> Develop patient discharge protocol 	Short	<u>Outputs</u> <ul style="list-style-type: none"> # of homeless individuals receiving follow up care upon discharge- baseline then ongoing 	
	1.5 Integrate a preventative medicine model into healthcare for the homeless.	<ul style="list-style-type: none"> Work with medical provider network to identify current community healthcare prevention measure Assess needed prevention efforts Develop strategic plan to address gaps in prevention efforts Implement Plan 	Long	<u>Outputs</u> <ul style="list-style-type: none"> # of homeless individuals receiving prevention health care services <u>Outcomes</u> %/type of change from baseline information	\$\$

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#1: Coordinated resources and formalized networks among homeless provider agencies. (continued)	1.6 Increase the number of professionals with the skills and knowledge to work effectively with the homeless population	<ul style="list-style-type: none"> • Develop comprehensive training plan including MI, cultural comp., psych. First aid, trauma • Access education and formal training in providing healthcare for the homeless (per NHHC) 	Mid	<u>Outcome</u> # of persons trained to provide effective treatment services	\$
	1.7 Acquire good data on the unmet physical health needs of the homeless including screening and assessment.	<ul style="list-style-type: none"> • Develop comprehensive data collection and reporting capacity 	Short	<u>Output</u> <ul style="list-style-type: none"> • Baseline of all community health indicators <u>Outcome</u> <ul style="list-style-type: none"> • % homeless receiving services 	\$

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#2: Outreach to unsheltered homeless individuals and families occurs on a regular basis.	2.1 Increase outreach (mobile van) and clinic access.	<ul style="list-style-type: none"> Increase funding and staff 	Short	<u>Outputs</u> <ul style="list-style-type: none"> # of homeless contacted <u>Outcomes</u> <ul style="list-style-type: none"> % increase in contacts % increase in services provided 	\$\$
	2.2 Extend outreach to include peers and paraprofessionals	<ul style="list-style-type: none"> Identify funding to support expansion of RAP services 	Mid	<u>Outputs</u> <ul style="list-style-type: none"> # of contacts <u>Outcomes</u> <ul style="list-style-type: none"> % of contacts engaged in community services within 4 months of initial contact 	\$
	2.3 Use resources to develop best-practice services, such as outreach, which meet the unique needs of the homeless rather than through traditional programming.	<ul style="list-style-type: none"> Develop wish list of programs/services Prioritize list for funding Develop quality review process 	1	<u>Outputs</u> <ul style="list-style-type: none"> # of outreach efforts/worker # of evidence-based behavioral health programs Cost of moving one person from outreach to recovery 	\$\$

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#3: A continuum of services is available to all homeless across the continuum of care and needs are met in an optimized, cost effective manner. (continued)	3.1 Establish full dental services to the homeless	<ul style="list-style-type: none"> • Increase funding and staff for PV dental • Increase outreach and clinic access community-wide 	Short Short	<u>Outputs</u> <ul style="list-style-type: none"> • # patients served <u>Outcomes</u> <ul style="list-style-type: none"> • Decreased ED visits • Increased employment 	\$\$
	3.2 Establish respite care for inpatient discharges and chronic disease management.	<ul style="list-style-type: none"> • Securing funding and staff for at least one community respite center 	Long	<u>Outputs</u> <ul style="list-style-type: none"> • # of patients <u>Outcomes</u> <ul style="list-style-type: none"> • % transitioned to housing 	\$\$\$
	3.3 Develop and implement an integrated treatment plans for physical and behavioral health care.	<ul style="list-style-type: none"> • Organize task force to design a community service plan • Get buy-in from providers 	Mid and Ongoing	<u>Outcomes</u> <ul style="list-style-type: none"> • Service plan • % of agencies using integrated service plan 	\$
	3.4 Increase the number of homeless individuals who have access to behavioral health treatment and services.	<ul style="list-style-type: none"> • Increase funding levels and partnerships 	Mid	<u>Outputs</u> <ul style="list-style-type: none"> • # accessing behavioral health services <u>Outcomes</u> <ul style="list-style-type: none"> • Change in individuals accessing services 	\$\$\$

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Outcome	Sector Strategy		(1, short, mid, long)		Resources (\$, \$\$, \$\$\$)
#4: Clients' lives are measurably improved.	4.1 Outreach to secure benefits for those that qualify (SSI, SSDI, Medicaid, Colorado Indigent Program).	<ul style="list-style-type: none"> • Qualify homeless during medical intake process. 	1	<u>Outputs</u> <ul style="list-style-type: none"> • # of successful applications <u>Outcomes</u> <ul style="list-style-type: none"> • % increase in qualifying homeless receiving benefits 	\$
	4.2 Work with state and local officials to advocate for dedicated funding to address the behavioral needs of the homeless.	<ul style="list-style-type: none"> • Advocacy at state and local levels 	Short Mid	<u>Outcomes</u> <ul style="list-style-type: none"> • % increase in funding • Service utilization pre-& post- • ROI to community 	\$\$ \$\$\$
	4.3 Increase collaborative funding of homeless services	<ul style="list-style-type: none"> • Develop list of community priorities through continuum of care • Identify major funders • Coordinate funding efforts/requests 	Long	<u>Outcomes</u> <ul style="list-style-type: none"> • Decreased duplication of work • Decreased paperwork • % of leveraged funding 	\$

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