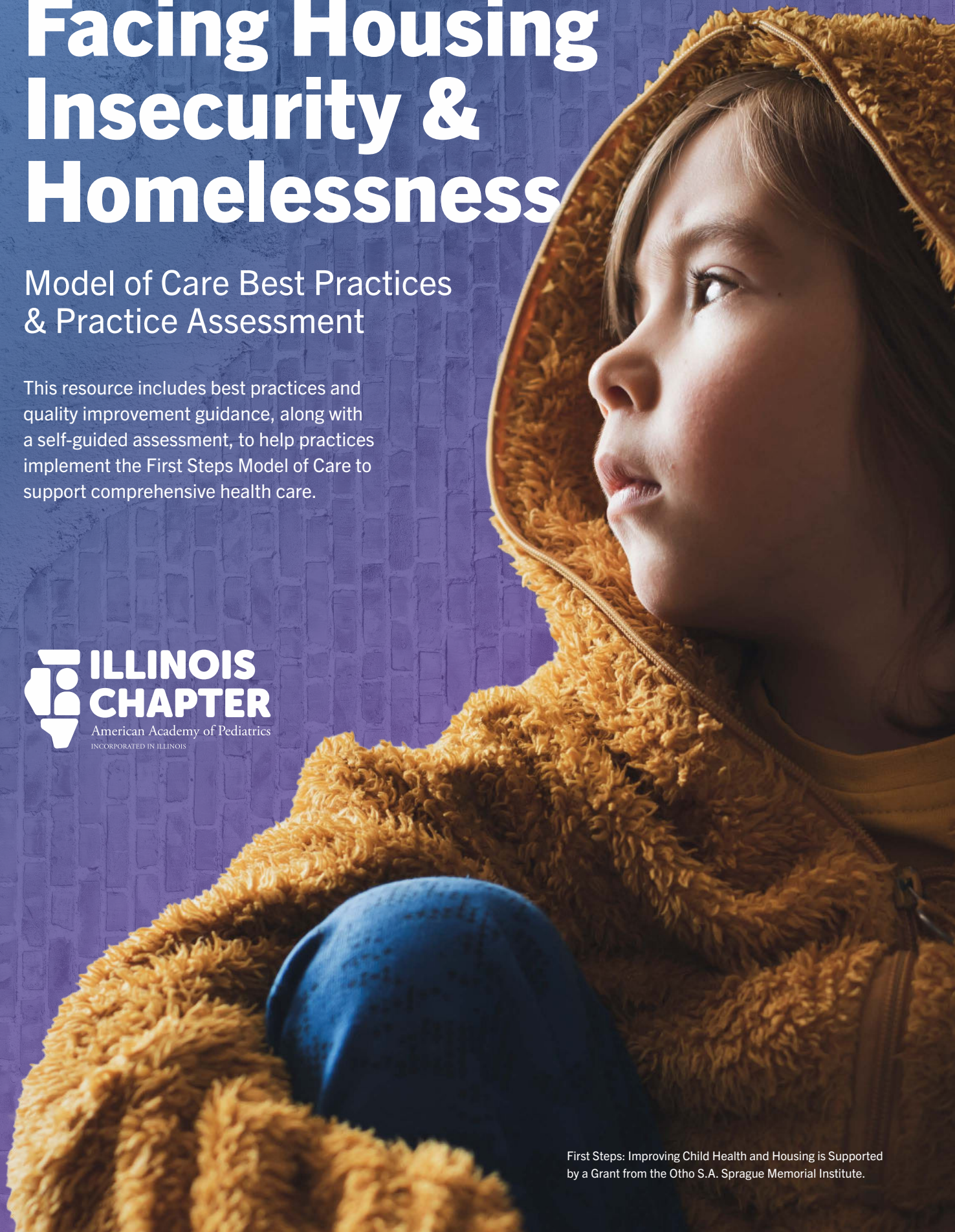
# Facing Housing Insecurity & Homelessness

## Model of Care Best Practices & Practice Assessment

This resource includes best practices and quality improvement guidance, along with a self-guided assessment, to help practices implement the First Steps Model of Care to support comprehensive health care.



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The Illinois Chapter of the American Academy of Pediatrics (ICAAP) is a non-profit membership organization in Illinois dedicated to the health and well-being of children. ICAAP's mission is to promote and advocate for optimal child, youth and family well-being, and access to quality health care while supporting our members.

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## CONTRIBUTORS

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# A Model for Families Facing Housing Insecurity

The First Steps Model of Care for Pediatric Patients Facing Housing Insecurity has adapted the chronic care model to provide practice approaches to care and promote standard care management and coordination for families facing housing insecurity. This resource includes best practices and quality improvement guidance, along with a self-guided assessment, to help practices implement the First Steps Model of Care to support comprehensive health care.

## Contents

# Creating a Welcoming Practice for Families Facing Housing Insecurity

Pediatric practices play a powerful role in supporting the health and stability of families navigating housing insecurity and homelessness. Research shows that children without stable housing face increased risks of poor health outcomes, disrupted developmental progress, and reduced access to consistent care. This document is designed to help your practice become a trusted, responsive, and effective medical home for these children and families.

This combined resource, drawing from ICAAP's First Steps Model of Care and the accompanying Practice Assessment, offers both a framework for care delivery and a practical checklist for implementation. It outlines six core components that define a practice equipped to meet the needs of families experiencing housing insecurity: from organizational structure and care delivery strategies to community partnerships and clinical systems.

By meeting the requirements outlined here, your practice can:

- **Deliver trauma-informed, culturally sensitive care** tailored to the realities of housing insecurity
- **Improve communication, compliance, and health outcomes** for pediatric patients most at risk
- **Build meaningful linkages to community resources** that help families stabilize
- **Qualify as a "Welcoming Practice"** recognized for addressing the social determinants of health

Each section includes clear guidance, implementation tips, and a self-assessment rubric to help your team track progress and identify areas for growth. Together, this resource is both a roadmap and a mirror, helping your practice plan for impact and reflect on its current readiness.

We encourage your team to work collaboratively through each section, using the scoring system to evaluate where you are, and where you can go next.

**Because every child deserves a medical home that sees their whole story, not just their symptoms.**

# Is Your Practice a Safe and Supportive Space for Families Facing Housing Insecurity?

Use this tool to reflect on your current systems and identify areas for growth. To qualify as a Welcoming Practice, your team must meet all six core requirements outlined in this guide. Each section includes a point system to help you track your progress—tally the points as you go and use your total score to determine your practice's current level of readiness.

Refer to Addendum on page 20 for ICD-10 codes, housing screening tools, and a sample referral tool to support your implementation.

## Part I - Organization of Care

### Is your practice structured to consistently support families experiencing housing insecurity?

This section focuses on how your practice is organized to deliver high-quality, culturally sensitive care, and how well it maintains continuity for children whose housing situations may change frequently.

**To earn credit here, make sure you've completed Sections A, B, and C below. Check the box once all sections are complete, and review your progress toward becoming a Welcoming Practice.**

Record the total number of points for this section.

**TOTAL POINTS**

☐ **/9 POINTS**

## SECTION A: Do you have clear policies in place to ensure your practice provides inclusive, consistent care for families facing housing insecurity?

Use the checklist below to assess whether your team has implemented the foundational policies that make care more accessible, flexible, and trauma-informed. Each item completed earns 1 point toward your total score for this section.

☐ **/ 1 POINT** Training during onboarding and periodically throughout the year for all staff, especially front desk staff, on housing insecurity and trauma responsive care

☐ **/ 1 POINT** Consistent screening and documentation of housing insecurity, appropriately coding interactions for housing insecurity. (See Addendum on page 20)

☐ **/ 1 POINT** Collecting and updating contact information for patients at each visit and collect alternative contacts such as family, friends, shelter sites, etc.

☐ **/ 1 POINT** Implementing flexibility in scheduling, including offering priority scheduling, accommodating tardiness, and potentially offering services to address basic needs, such as access to food & clothing; same-day visits for families with multiple children; and dedicated slots for walk-ins

☐ **/ 1 POINT** Addressing factors that prevent patients from attending appointments, such as offering telehealth visits to address simple medical needs

### Bonus Opportunity: Want to go further in building a welcoming, responsive practice?

Complete this item to earn an extra point that boosts your overall score and strengthens your care for families facing housing insecurity.

☐ **/ 1 POINT** Office displays waiting room/exam room pamphlets with current resources for families with housing insecurity

## SECTION B: Does your hiring process prioritize staff with experience supporting families experiencing housing insecurity?

Use the checklist below to assess whether your practice is actively building a workforce that understands the unique challenges faced by housing-insecure families. Consider how you post jobs, evaluate candidates, and reflect community demographics in your team.

Each completed step earns 1 point toward your total score for this section.

☐ **/ 1 POINT** List open staff positions with organizations in the homeless sector (Corporation for Supportive Housing, local continuum of care)

☐ **/ 1 POINT** Include lived experience or professional work with housing insecure populations in job descriptions

☐ **/ 1 POINT** Weigh job candidates prior housing experience in hiring decisions

☐ **/ 1 POINT** Consider hiring staff that reflects the demographics of the practice's patient population with housing insecurity —including people with lived experience of homelessness, when possible.

## SECTION C: Do you have designated staff to support families navigating barriers to care?

This section focuses on whether your practice assigns clear responsibility for helping families overcome obstacles like limited internet access, language barriers, or unfamiliarity with the healthcare system.

Check the box once you've implemented this step to earn 1 point toward your total.

☐ **/ 1 POINT** Assign designated staff to help families navigate the healthcare system and address barriers to care, such as access to phones, the internet, and resources in native language

# Part II - Community Linkages

## Are you helping families connect to the essential community resources they need?

To effectively support children facing housing insecurity, your practice should build strong referral pathways to local organizations—like school programs, food pantries, shelters, and transportation services. These partnerships strengthen care coordination and ensure that families receive the wraparound support needed for better health outcomes.

**To complete this section, earn a total of 3 points by completing any 3 of the 6 items listed below.**
Record the total number of points for this section.

**TOTAL POINTS**

_____ **/ 3 POINTS**

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## Section D: Has your practice built reliable connections with key community resources?

This section looks at how well your team facilitates warm handoffs and ongoing communication with programs that support families such as transportation services, housing providers, and schools. Think beyond medical care to the larger network of supports that help families thrive.

Check off each step your practice has implemented. Each completed action earns 1 point toward your total.

_____ **/ 1 POINT** Transportation, such as bus or shuttle services, when scheduling follow-up appointments

_____ **/ 1 POINT** Local food pantries and soup kitchens

| | | |
|---|---|---|
| ☐ | / 1 POINT | Students in temporary living situations/ McKinney Vento (Public School Program): e.g., check eligibility for this federal/state public school program in your school district for preschool, elementary, and high school programs |
| ☐ | / 1 POINT | Local housing organizations / continuum of care / coordinated entry system |
| ☐ | / 1 POINT | Patient referrals to emergency shelter |
| ☐ | / 1 POINT | Implementing a feedback loop with referral resource |
| ☐ | / 1 POINT | Facilitating connections between patients and community resources |
| ☐ | / 1 POINT | Posting signs to alleviate fear of accessing care and to promote inclusivity, e.g., signage in different languages indicating “all are welcome here” |

# Part III - Care Delivery

## Are you maximizing each visit to meet the needs of families facing housing insecurity?

When a child's living situation is uncertain, every encounter with your practice is critical. This section focuses on how your team can provide flexible, efficient, and comprehensive care, often in a single visit. It also emphasizes the importance of compassion, cultural humility, and trauma-informed support.

**To complete this section, earn at least 2 points across the following sections (E and F). Choose the strategies that best fit your workflow and your patients' needs.**
Record the total number of points for this section.

**TOTAL POINTS**

☐ **/ 2 POINTS**

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## SECTION E: Do you treat each visit as a valuable opportunity to provide whole-person care?

Children experiencing housing insecurity may not return for regular follow-ups. This section encourages you to make the most of every visit by offering same-day services, addressing prescriptions and barriers, and updating immunizations when possible.

Each action completed earns 1 point toward your total.

☐ **/ 1 POINT** Utilize same-day lab services whenever possible

☐ **/ 1 POINT** Update immunizations at every opportunity

☐ / **1 POINT** Review patient prescriptions; check if the patient has access to a refrigerator. Provide Rx discount cards and consider stocking common medications for use in the clinic, following state regulations on free drug samples

☐ / **1 POINT** Identify and address barriers that may prevent patients from attending appointments

## SECTION F: Is your staff equipped to approach every visit with empathy and non-judgmental care?

Patients facing housing instability often carry past experiences of stigma or mistrust. This section encourages your practice to reflect on its environment and communication style—and to ensure all staff are trained to respond with sensitivity and support.

Earn 1 point for completing the suggested action below.

☐ / **1 POINT** Conduct a thorough debriefing for all staff

## Bonus Opportunity: Looking to go even further in building a welcoming, responsive care environment?

The actions below aren't required, but they can strengthen patient trust, improve outcomes, and boost your overall score. Each completed item earns 1 extra point toward your total.

☐ / 1 POINT — Use patient surveys to assess whether families feel welcomed and supported by your services.

☐ / 1 POINT — Communicate with cultural sensitivity and focus on building trust with both the child and their caregivers.

☐ / 1 POINT — Work with families to assess their current housing situation and co-create a treatment plan that accounts for barriers like transportation, electricity, kitchen or bathroom access, or phone service.

☐ / 1 POINT — Identify and explore the root causes of a family's housing instability, and connect them to resources that can help.

# Part IV - Family/Child Management Support

## Are you maximizing each visit to meet the needs of families facing housing insecurity?

Families experiencing housing insecurity often face complex barriers that go beyond the exam room. This section focuses on how well your practice supports children and caregivers by identifying family goals and connecting them with resources, from benefit programs to legal aid to basic necessities.

**To complete this section, earn at least 5 points by checking off the items in Section G.**
Record the total number of points for this section.

**TOTAL POINTS**

_____ **/5 POINTS**

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## SECTION G: Are you helping families access the support systems they need to stay safe, healthy, and stable?

This section highlights the importance of resource connection as a core part of pediatric care. Use this checklist to assess whether your practice is actively linking families with services that address urgent needs and promote resilience.

Each completed action earns 1 point toward your total.

_____ **/ 1 POINT** Child enrollment in Medicaid and/or provide information regarding other benefit programs

_____ **/ 1 POINT** Housing and food insecurity resources including: emergency response system for homelessness, funds for preventing homelessness, rental assistance programs, and waiting list for housing authority. Refer to the or the physician housing referral tool in Addendum on page 20

| | | |
|---|---|---|
| ☐ | / 1 POINT | Early Intervention Programs (eligibility for all children experiencing homelessness) |
| ☐ | / 1 POINT | Free or low-cost legal services |
| ☐ | / 1 POINT | Free resources such as cell phones, furniture, and diapers |
| ☐ | / 1 POINT | Programs that address trauma and support resilience |
| ☐ | / 1 POINT | Daycare and school linkages, such as Early Head Start, Head Start, and Students in Temporary Living Situations (STLS) programs for children with housing insecurity |
| ☐ | / 1 POINT | Financial and economic assistance programs, including expedited SSI disability |
| ☐ | / 1 POINT | Prescription mailing programs or discount prescription cards |
| ☐ | / 1 POINT | Employment assistance programs and public benefits |
| ☐ | / 1 POINT | Parenting programs such as Triple P, The Incredible Years |
| ☐ | / 1 POINT | Early Intervention Programs to address developmental delays |
| ☐ | / 1 POINT | Review and share information about resources with families |

# Part V - Best Practices and Clinical Guidelines

## Is your practice staying current on the clinical needs of families experiencing housing insecurity?

Providing effective care for children without stable housing means staying informed on the latest clinical guidelines, health risks, and trauma-informed approaches. This section focuses on continuing education and proactive care practices that help your team recognize and respond to health conditions associated with unstable housing.

**TOTAL POINTS**

**Earn 5 points total by completing all items in Section H below.**
Record the total number of points for this section.

_____ **/5 POINTS**

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## SECTION H: Has your care team completed essential training to better serve families facing housing challenges?

Use this checklist to confirm whether your team has engaged in relevant continuing education, including ICAAP's housing insecurity primer and trauma-informed care tools. These trainings ensure your practice is equipped to deliver the most appropriate, up-to-date support for vulnerable patients.

Each completed training earns 1 point toward your total.

_____ **/ 1 POINT** Complete ICAAP's *Primary Care Primer on Housing Insecurity in Children* or other continuing medical education focused on providing care to children with housing insecurity, which incorporates screening for specific issues associated with housing insecurity, such as developmental delays and common infections, in physiologic, mental health, and social realms

_____ **/ 1 POINT** Complete continuing medical education for trauma responsive care or equivalent access the AAP Trauma Toolbox for Primary Care Physicians

/ 1 POINT Use recommended housing screening questions that yield more accurate information about the patient's underlying housing situation (See sample screening tools in Addendum on page 20)

/ 1 POINT Screen for specific issues associated with housing insecurity in physiologic, mental health, and social realms, including screening for developmental delays

/ 1 POINT Become familiar with management of conditions, infections, such as TB, and chronic diseases for this patient population

/ 1 POINT Alert specialists to patients who are housing insecure so that their schedulers are encouraged to be flexible

/ 1 POINT Refer children and families to social, legal, financial, and housing supports, including crisis resources, homeless prevention funds, rapid rehousing, and permanent supportive housing

/ 1 POINT Prioritize patient and family immediate needs and concerns

## Bonus Opportunity: Looking to go even further in building a welcoming, responsive care environment?

These optional steps can help your team stay connected with families who may move frequently or face challenges accessing care. Earn 1 point for each completed item and use these strategies to make your care more accessible and consistent.

/ 1 POINT Take proactive steps to maintain communication with families. At each visit, ask for:

- A mailing address where the family can always retrieve information
- Phone number and email for non-HIPAA communication
- A trusted contact person who will always know how to reach the family
- A secondary contact (e.g., case manager, school, mental health provider)
- Backup options like friends, shelter staff, or clergy

## Bonus Opportunity: Looking to go even further in building a welcoming, responsive care environment?

☐ / 1 POINT

Make space for the full picture: Understand the real-world barriers families may face when it comes to staying in touch or following through on care—like fear, frequent moves, food insecurity, or limited experience with healthcare systems.

# Part VI - Clinicial Information Systems

**Is your practice set up to track, respond to, and learn from the needs of families experiencing housing insecurity?**

Strong clinical systems help your team deliver better care by identifying trends, tracking outreach, and ensuring no child falls through the cracks. This section focuses on how your practice captures, stores, and uses patient data to support effective care coordination and population management.

**To complete this section, earn at least 3 points by checking off items in Section I below.**
Record the total number of points for this section.

**TOTAL POINTS**

☐ /3 POINTS

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### SECTION I: : Check the boxes to confirm completion and earn points.

☐ / 1 POINT

Implement a consistent practice-wide diagnostic code for documentation of housing insecurity and utilize code to track patients. Consider using ICD-10 codes:
Z59.0 homelessness-literal homelessness or
Z59.1 Inadequate housing-traveling between friends and family
(See Addendum on page 14) for further information on ICD-10 codes)

| | |
|---|---|
| ☐ / 1 POINT | Create a query for the practice's housing insecure patient population to enhance management and outreach |
| ☐ / 1 POINT | Develop a workflow for a warm handoff of patients identified as housing insecure to staff who has access to resources to address their basic needs (food, shelter-text 311, and phone) |
| ☐ / 1 POINT | Provide data on documentation of screening and referrals to monitor practice and individual physician performance |
| ☐ / 1 POINT | Obtain patient's past medical records; check for gaps in vaccine records |
| ☐ / 1 POINT | Create a template to support the clinical encounter for children with housing insecurity |

## Quality Improvement:

# What's Your Score?

Every child deserves a welcoming, responsive medical home, especially those navigating housing insecurity. This assessment helps you measure how well your practice is meeting that challenge across six key areas of care.

Use the scoring system below to calculate your total points and determine your current level of readiness. Each section includes point values based on completed activities. Your total score reflects how closely your practice aligns with the First Steps Model of Care.

# How to Qualify as a Welcoming Practice

To officially qualify as a welcoming practice for families experiencing housing insecurity, your practice must:

1. Complete all 6 core sections of the assessment
2. Achieve a minimum score of 28 points

Then use your final score to identify your level:

**LEVEL 1**
**10-19 POINTS**

You're approaching the baseline for a welcoming practice. A great place to start.

**LEVEL 2**
**20-27 POINTS**

You're approaching the baseline for a welcoming practice. A great place to start.

**LEVEL 3**
**28 POINTS**

You're approaching the baseline for a welcoming practice. A great place to start.

**LEVEL 4**
**>28 POINTS**

You're going above and beyond. Your practice exceeds expectations.

| | Minimum Number of Required Points | YOUR POINTS |
|---|---|---|
| **Part I -** Organization of Care | 9 POINTS | |
| **Part II -** Community Linkages | 3 POINTS | |
| **Part III -** Care Delivery | 3 POINTS | |
| **Part IV -** Family/Child Management Support | 5 POINTS | |
| **Part V -** Best Practices and Clinical Guidelines | 5 POINTS | |
| **Part VI -** Clinical Information Systems | 3 POINTS | |
| **TOTAL POINTS** | **28 POINTS** | **POINTS** |

# What's Next?

## YOUR SCORE IS JUST THE BEGINNING. USE THIS ASSESSMENT AS A GUIDE FOR:

- **Ongoing quality improvement planning**
- **Staff training and onboarding**
- **Identifying areas for resource investment**
- **Celebrating the progress you've already made**

Every point represents a tangible effort to improve the lives of children and families facing housing instability. Let's keep moving forward, one action, one policy, and one connection at a time.

# Addendum

## ICD-10 CODE DEFINITIONS

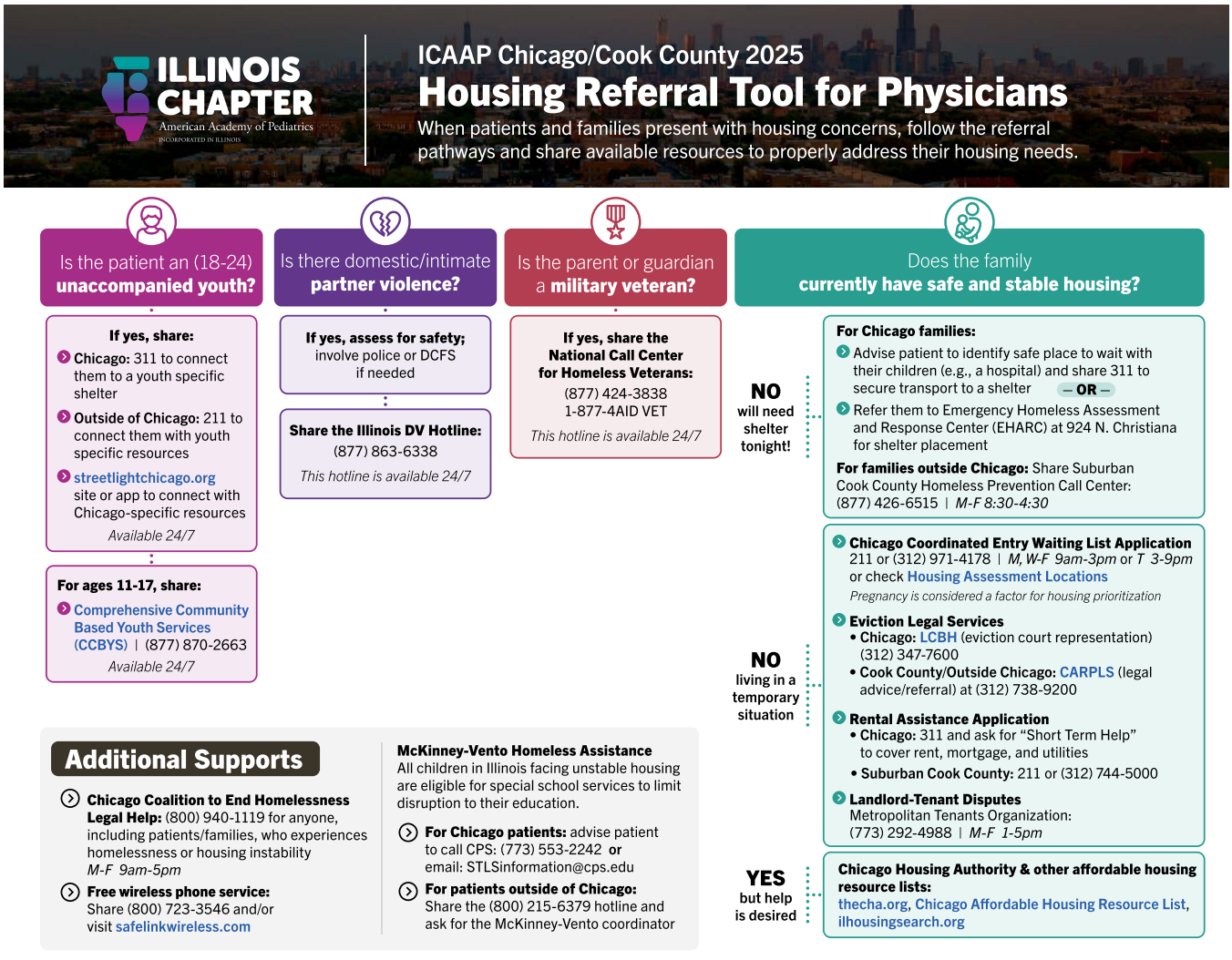
- **Z59.0** – Homeless or person lacking permanent or reliable shelter, variously due to poverty, lack of affordable housing, mental illness, substance abuse, juvenile alienation, or other factors
- **Z59.1** – Inadequate housing, restriction of space, and traveling between friends and family due to inadequate housing

# ICAAP Chicago/Cook County Housing Referral Tool for Physicians

When patients and families are presented with housing concerns, it is essential for physicians to be aware of the available resources and referral pathways that can assist these challenges. The Chicago/Cook County Housing Referral Tool for Physicians is a crucial resource for providers to quickly assist individuals and families. Simply follow its pathways to direct them to appropriate services and available resources to improve their housing needs.

**Scan to download referral tool**

https://oqr.me/NZP71



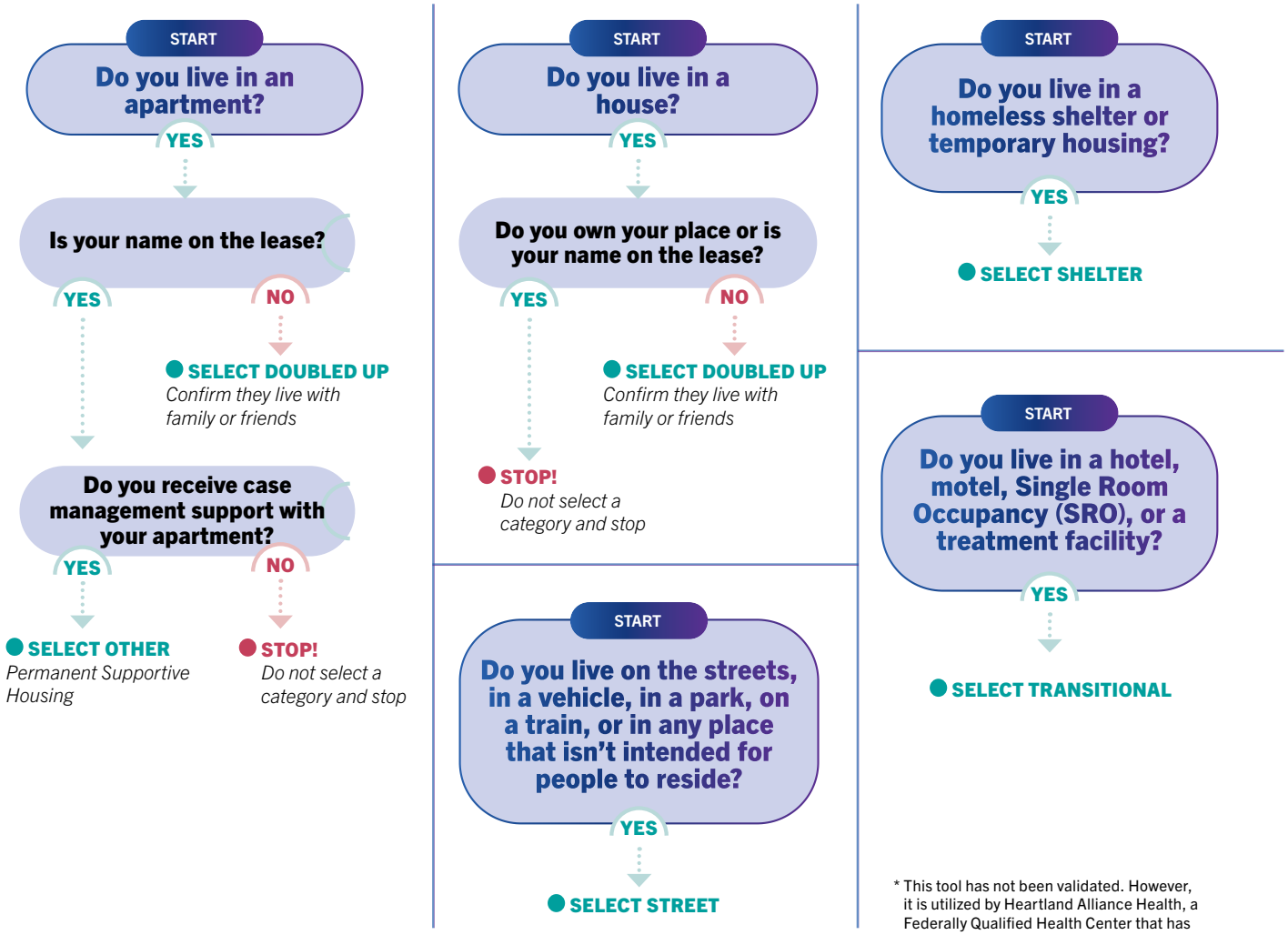
# Heartland Alliance Health & Housing Screening Tool*

Let's talk about your living situation so we can ensure we are providing you the services that meet your needs.

**Housing Status:** "Which of these best describes your living situation?"

| | |
|---|---|
| **DOUBLED UP** | **STREET** |
| **OWN OR LEASE** | **TRANSITIONAL** |
| **SHELTER** | **OTHER** |

## Living Situation Question Flow Guide




* This tool has not been validated. However, it is utilized by Heartland Alliance Health, a Federally Qualified Health Center that has a special designation for providing care to patients with housing insecurity.

## Sandel et al. Housing Screening Questions

Sandel M, Sheward R, Ettinger de Cuba S, et al. Unstable Housing and Caregiver and Child Health in Renter Families. Pediatrics. 2018;141(2):e20172199

**During the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?**

**In the past 12 months, how many places has the child lived?**

**What type of housing does the child live in?**

- **Current Homelessness:** positive screen if currently living in a shelter, motel, temporary or transitional living situation, scattered site housing, or no steady place to sleep at night.

**Since the child was born, has she or he ever been homeless or lived in a shelter?**

- **History of Homelessness:** positive screen if patient indicates having lived in a shelter, motel, temporary or transitional living situation, scattered site housing, or no steady place to sleep at night.

## PRAPARE- National Association of Community Health Centers

**What is your housing situation today?**

- I have housing
- I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
- I choose not to answer this question

**Are you worried about losing your housing?**

- Yes
- No
- I choose not to answer this question

**What address do you live at?**

- Street
- City, State, Zip code

## Centers for Medicare & Medicaid Services Housing Screening Question

**What is your housing situation today?**

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- I have housing today, but I am worried about losing housing in the future
- I have housing