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CHIP Title: Healing the Streets: Integrated, Person-centered, Street-based Care for People Experiencing Homelessness and Severe Mental Illness in Santa Cruz County

Project Description:

CalAIM and recent Whole Person Care pilot programs are redesigning how care is offered to people with complex needs in the MediCal system. Housing First models have demonstrated the importance of housing for client well-being, stability, and health outcomes, yet most communities lack adequate temporary and permanent housing options. Efforts thus far have failed to demonstrate compelling outcomes due to a combination of the small sample size and the complexity inherent in interventions for people who are unhoused and often have severe mental illness with co-occurring substance use disorder. The Healing the Streets Program (HTS) set out to test an integrated, person-centered, street-based care model that is not based on offering housing. As a society, we tend to “treasure what we measure;” HTS designed the program uniquely focused on articulating and addressing clients’ goals.

The HTS team of Case Managers, Peers, and a Nurse Practitioner began targeted street-based outreach with an existing physical health street medicine team in February 2022 and started enrolling clients in April. HTS staff utilize motivational interviewing and a “circle chart” depicting potential areas of need (hygiene, food assistance, housing navigation, mental health, etc.) to elicit the client’s goals and begin prioritizing them.

Key Findings and Lessons Learned:

- People experiencing homelessness and severe mental illness are reluctant to trust and require multiple outreach interactions to establish rapport for program enrollment.
- HTS integrated care model requires a robust group of entities in the Release of Information; despite this onerous document, clients are willing to sign.
- Project design of data collection focused on client’s goals shows promise as a method to maintain program engagement and goal attainment.
- Program engagement is associated with enhanced self-care behaviors and increased connection with physical and behavioral health services.
- Meaningful local progress toward data sharing across care settings which is foundational to the program’s success, is difficult to achieve and sustain as it is politically nuanced and requires collaboration and investment from stakeholders within the care delivery ecosystem.

Next Steps:

The HTS team will continue to offer support to clients where they are at, bringing as many services as possible directly to them. We will test local enhancements in IT infrastructure for efficient and compliant data sharing among care team members from multiple care settings and to engage Santa Cruz Health Information Organization and other key stakeholders to foster additional progress. We will continue to capture the client’s needs, goals, and progress toward their goals at each interaction. The HTS team will analyze data to determine if this care model effectively promotes well-being and stability for people experiencing homelessness and behavioral challenges.