# Building a System of Care for People Experiencing Mental Illness and Homelessness

## MHSA Innovation Project

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# What got us here?

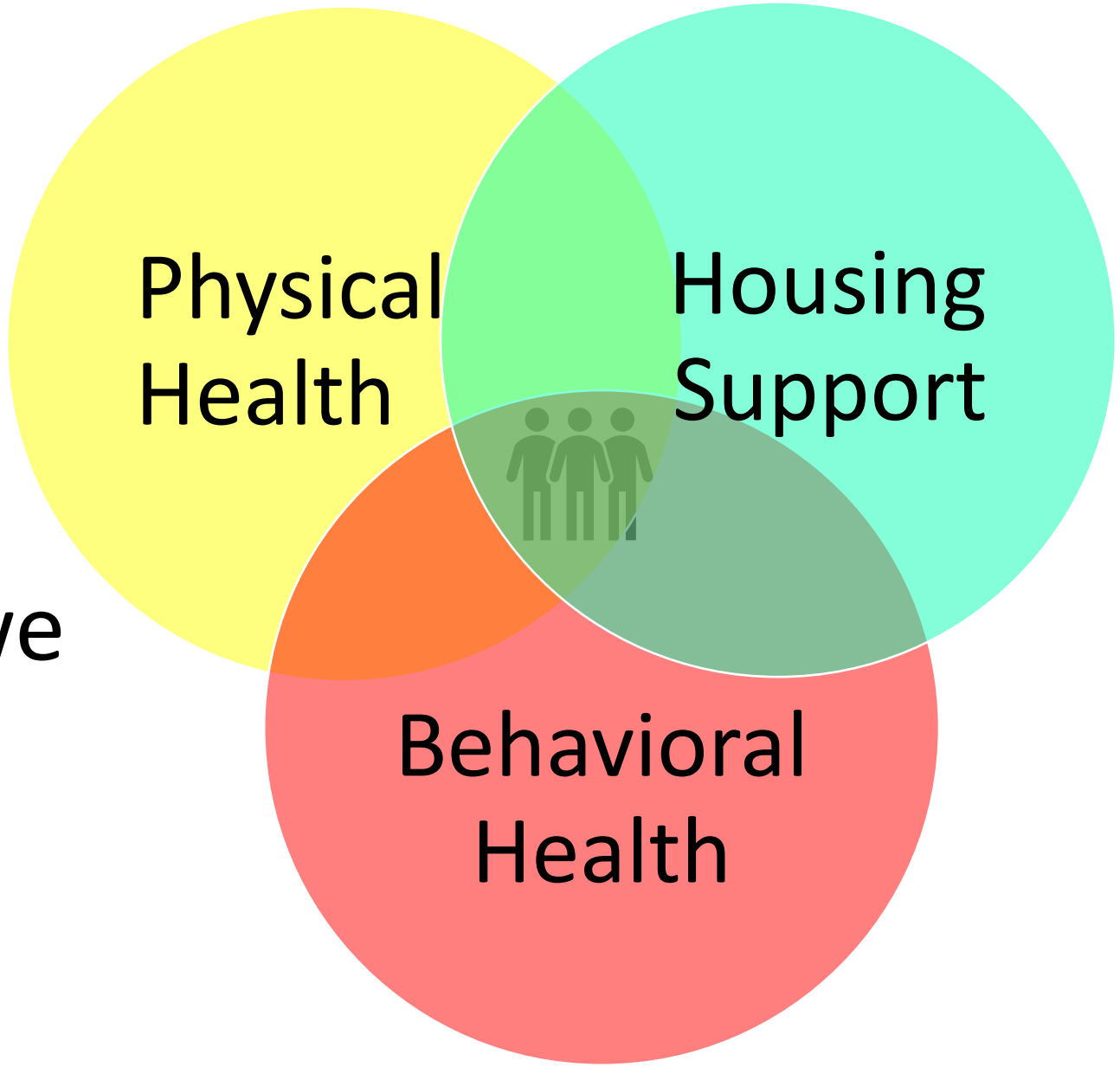
Talking with our clients experiencing homelessness

Understanding gaps our system of care

Challenges with coordinating services in different systems

Siloes and duplication of services

How do we integrate services?



# The Problem

26% of unsheltered adults responding to the 2020 Point in Time Count self-identified as severely mentally ill.

An additional 16% self-identified as experiencing chronic substance use.

Our experience is that this group is the most vulnerable and difficult to engage in services.

Our housing continuum is under resourced.

CoC_PopSub_CoC_CA-508-2020_CA_2020.pdf (hudexchange.info)

# Primary Purpose

## Immediate

- Increases access to Mental Health Services to underserved groups

## Long-term

- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

# The Project

## Immediate Response

- Case management, housing navigation, peer support
- Street behavioral health medicine, including medication assisted therapies
- Harm reduction, self-directed model
- Intensive support until clients are established and engaged

## Long-term Sustainable System impact

- Leverage existing providers and services and develop coordinated pathways and system integration
- Utilize a shared data system to coordinate care
- Leverage CalAIM transition and other entitlement or braided funding opportunities where possible

# The Program

Focus on Cities of Santa Cruz and

Street Medicine

Field-based

Shelter Support

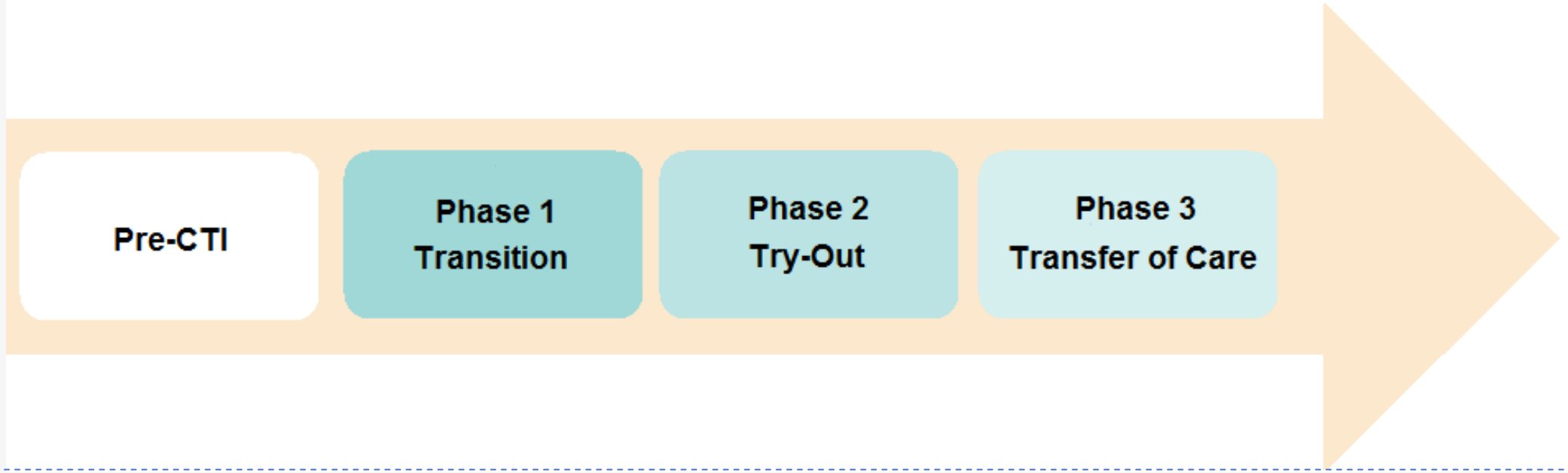
Telehealth

# The Program

- Case management, peer support, and direct psychiatric care
- Serve 100 people annually
- Develop and strengthen pathways into and through services so they are seamless and well-worn
- Promote interagency case conferencing/triage
- Use a universally accepted referral process and a Community Information Exchange (CIE) for data exchange

# The Model – Critical Time Intervention (CTI)

- Evidence-based, Community Driven
- Time-limited, phased and focused approach
- Harm Reduction framework
- Regular interagency case review
- Small caseloads




https://www.criticaltime.org/cti-model/

# Collaboration with HPHP

- Adding mental health support and services to the mobile health van
- Field-based evaluation, medication support and treatment
- Whole person physical and behavioral health care

# Collaboration with Housing for Health

- Linkage to the Continuum of Care (CoC) and Smart Path
- Development of housing on the continuum for people experiencing mental illness
- Providing mental health support to people recently sheltered or housed