

Coordinated Care Initiative in Marin County: Providing Impactful Services for People Experiencing Homelessness

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EXECUTIVE SUMMARY

The Health and Human Services (HHS) Agency at Marin County initiated the Coordinated Care Initiative (CCI) to set priorities for impactful services for people experiencing homelessness. CCI was designed by phasing specific interventions, with the first aiming to enroll the identified homeless population in Medi-Cal and CalFresh public assistance benefits. Focusing on one site, Marin's HHS agency successfully boosted the number of enrollments in these programs by deploying a Benefits team, organizing service support fairs, and assigning caseloads allowing consistent follow-up with applicants. By adopting analogous measures, the County of Santa Cruz can significantly advance its services and outreach efforts to aid the homeless population in accessing and sustaining public benefits, thereby fostering resilience, and promoting overall well-being of this population.

Background

Marin County is located across the Golden Gate Bridge from San Francisco with 520.4 square miles of land area. According to the 2020 United States Census, the population of Marin County was 262,231 (1) which is close in size to Santa Cruz County's population of 270, 861 (2).

Marin's HHS "super-agency" mission is to "promote and protect the health, wellbeing, self-sufficiency, and safety of all people in Marin" through four divisions: Behavioral Health, Public Health, Social Services, and Homelessness and Coordinated Care. The Homelessness and Coordinated Care division works to end homelessness in Marin by transforming the system of care and helping to provide housing for the most vulnerable community members through partnerships with local jurisdictions and nonprofit agencies. One primary outcome is ensuring clients remain housed utilizing the "Housing First" approach (3). To ensure that this population receives all the services they are entitled to while they are being assisted to attain housing, this division developed a project plan known locally as the Coordinated Care Initiative (CCI) to commence with calendar year 2024.

Coordinated Care Initiative

Introduction

The CCI was designed as a way for Marin's four HHS divisions to set priorities for impactful services for people experiencing homelessness, with each HHS division tasked with identifying four priority services to offer to this population through the Initiative. This planning effort involved

phasing specific interventions and identifying target populations, SMART goals, technology needs, workflows, and outputs. Subsequently, these services underwent review by the HHS Homelessness and Coordinated Care division and were categorized into phases. Phase One consisted of an array of interventions with the first one aiming to enroll identified homeless populations in Medi-Cal and CalFresh benefits.

Pilot Outreach

The Binford Road Encampment in Marin County started with a dozen recreational vehicles (RVs) during the COVID-19 pandemic and turned into a refuge for 101 individuals and 132 vehicles as of December 1, 2023. Many living in vehicles cannot afford Marin's high rent, have lost housing or a job, or have endured unexpected medical expenses. Extensive outreach resulted in a more accurate count of people and vehicles, including RVs, cars, trucks, vans, motorcycles, utility, and boat trailers (4). HHS decided to choose this location as a pilot site for the CCI, primarily because a number of programs and outreaches have been piloted in that location through the past year.

HHS collected all the necessary health information of the homeless population, within the location such as the number of individuals utilizing Statewide Automated Welfare System (SAWS1) public assistance benefits and their enrollment status. The pilot outreach started in January 2024, in which weekly service support fairs were scheduled for five consecutive weeks. During these service fairs, the HHS deployed

a team consisting of two Benefits Representatives (BRs), one Social Worker I, and one Senior Social Worker. The following tasks were performed during each phase:

- **Pre-Service Support Fair:** Social Workers with two outreach workers from the local nonprofit Downtown Streets Team, visited the encampment to pass out flyers with outreach information and spread the word to the individuals residing in encampments.
- **During the Service Support Fair:** BRs assist the individuals residing in encampments to complete their Medi-Cal and CalFresh applications, assist them in gathering required documentation, and answer related questions. Social Workers inform and connect clients with auxiliary services such as Coordinated Entry and behavioral health.
- **Post-Service Support Fair:** BRs process applications in office in accordance with standard practices. Encampment cases will remain assigned to the outreach assigned BRs, and they will follow up with the individuals on their application process.

Data was collected throughout the period from January through April 2024. Figure 1 in the Appendix demonstrates a significant surge in the enrollment count, in which the number of Medi-Cal enrollees increased from 33 to 56, similarly, the number of CalFresh enrollees increased from 37 to 48.

A crucial element to the team's success is fostering strong and consistent relationships with the Binford Road individuals. This was facilitated by the consistent presence of familiar faces at the site every week, which

led to the establishment of trust. Thus, the first intervention has been effective due to consistent and focused outreach efforts.

Outreach Efforts in Santa Cruz County and Recent Data

Prior to COVID-19, the County of Santa Cruz Human Services Department (HSD) completed several Medi-Cal and CalFresh outreach activities, out-stationing BRs to various locations to assist with benefit applications. HSD also contracts with community-based organizations (CBOs) to provide outreach services to various vulnerable populations such as older adults and immigrants.

Speaking more specifically about the local Santa Cruz homeless population, different types of outreaches have been conducted in the past four years. Some of these outreaches are:

- "Light touch" outreach: providing basic survival gear, sleeping bags, and tents, with general information about available resources in the county.
- Health-related outreach: provided in different locations through the County of Santa Cruz Health Services Agency's Homeless Persons Health Project (HHPH) Street Medicine Team that provide a variety of services such as general medical care, Medication Assisted Treatment, help with benefits, clinic referrals, hygiene kits, and vaccinations.
- Housing-focused outreach: In 2019, HSD deployed a BR and two Coordinated Entry (CE, or "Connector") Assessors to the largest camp in the City of Santa Cruz. Additionally in 2020, BRs assisted Santa Cruz County's Project Roomkey

guests with public benefits via phone appointments, with CE assessments offered on-site.

Unfortunately, most of the above outreach efforts were temporary and inconsistent.

Taking a closer look, Figure 2 in the Appendix shows that out of 2,099 Homeless Management Information System (HMIS) enrollees in the first quarter of 2024, only 1,207 and 1,240 are enrolled in Medi-Cal and CalFresh, respectively. The data in Figure 2 indicates targeted site outreach similar to that in Marin could be a comprehensive solution to increasing low Medi-Cal and CalFresh enrollee numbers in Santa Cruz's homeless population.

No Cost Recommendations

The below recommendations incur no direct costs as they prioritize the optimization of internal HSD team dynamics and Fiscal Federal and State resource allocation strategies of the Employment Benefits and Services Division (EBS) and the Housing For Health Division (H4H). By refining the structure and coordination within the team, HSD can leverage existing resources more efficiently through the proposed recommendations:

#1: Pilot Outreach in Community

- 1. Mapping:** This plays a pivotal role in identifying the geographical locations where the homeless population resides in Santa Cruz County. This is a critical step in effectively providing public benefits as it ensures HSD's limited resources are allocated efficiently. In addition, it allows for the identification of application barriers to accessing

public benefits such as transportation challenges; thereby enabling the implementation of strategies to overcome these obstacles and promoting social equity through data-informed outreach placement. Thus, mapmaking and maps can become creative learning tools that can be used to improve service delivery (5). In addition to maps, the Point-In-Time Count that the County conducts annually can further enable us to be strategic in our outreach.

- 2. Selecting a Pilot Site:** After the homeless population sites are identified, a site shall be selected to experiment and evaluate the outreach intervention. This is crucial for ensuring the success of any intervention as it offers the opportunity to assess the feasibility and effectiveness measured by application access and the number of homeless individuals accessing mainstream services. It also identifies general challenges and roadblocks, assesses the community's reaction, and makes needed adjustments before large-scale implementation (6). Selecting a pilot site lays the foundation for evidence-based decision-making, fosters stakeholder buy-in, and maximizes outcomes.
- 3. Organizing Service Support Fairs:** Hosting on-site service fairs is essential to bridging the gap between those in need and the services available to them. As identified by the Housing and Urban

Development (HUD), a major barrier to accessing mainstream services is of a structural nature. Homeless individuals and families face unique structural obstacles because they do not always have means of communication, transportation, regular address, and documentation. Therefore, smoothing mechanisms such as conducting outreach to the streets, co-locating eligibility workers, creating “one-stop” intake centers, and providing multilingual services can help reduce these barriers and improve access to mainstream services (7).

The proposed Service Support Fair is recommended to be piloted for one month, with weekly half-day service support fair and out-stationing a team consisting of two BRs deployed from HSD’s EBSD, and one Connector deployed from H4H Division.

- Two EBSD BRs: will assist individuals in completing the Medi-Cal and CalFresh applications, and determine eligibility through interactive interviewing according to standard practices. To avoid language barriers in accordance with HUD structural barrier concerns, it is recommended that the BRs be bilingual.
- One H4H Connector: will assist individuals with self-identified needs and connect them to available auxiliary resources such as housing opportunities.

After that one month, it is recommended that these Service Fairs expand their services through coordination with local CBOs and non-profit organizations. Their participation could provide additional services such as general medical care and exams, recovery and rehabilitation treatment and services, and mobile shower services.

Thus, a successful community outreach requires one Full-Time Equivalent (FTE) BR position. This one FTE can be made up through multiple BRs depending on EBSD’s staffing operations to ensure and maintain flexibility, coverage, and efficiency. Additionally, a 0.1 FTE is recommended for the H4H connector to provide assistance when needed.

#2: Trauma-Informed Case Management

A significant portion of homeless individuals carry trauma histories, encompassing experiences of mental illness, substance or other abuse, neglect, or various forms of family and community violence. In addition, many individuals have endured the traumatic repercussions of homelessness itself, such as violence, re-victimization, stigma, hunger, deteriorating health, and other adverse consequences. In response to the persistent impact of traumatic stress, service providers in homeless settings are increasingly adopting trauma-informed care (TIC) (8).

To achieve TIC case management in this outreach effort, it is recommended that EBSD’s assigned outreach BRs shift from the current task-based model providers to a case-based model. The implementation of

the California Statewide Automated Welfare System (CalSAWS) has facilitated the creation of a banked caseload in which programs are assigned to a worker ID and can be isolated to not impact all BRs. Accordingly, provide more comprehensive assistance to the outreach applicants, allowing them to provide individualized guidance throughout the entire process.

This approach will help:

- **Build trust and rapport:** individuals will feel more confident and comfortable disclosing sensitive information and engaging in the process which will help overcome mistrust in government and lead to better outcomes.
- **Foster safety and stability:** the ability to assess and address an individual's immediate needs on-site by identifying resources, such as counseling or peer groups, will help enhance their safety and stability.
- **Encourage empowerment and recovery:** by fostering a collaborative partnership, individuals are motivated to take lead in defining their goals which will boost their confidence.

This approach complements the existing "We Care" customer interaction model that was designed by our Human Services Department to deliver excellent customer experience of public assistance programs by

ensuring clients feel welcomed and comfortable, heard and supported, accepted and respected, and informed and empowered.

In conclusion, phase one of Marin's CCI has proven its efficacy. Thus, by adopting similar strategies, the County of Santa Cruz can notably enhance its services and outreach, directing them toward the homeless population to facilitate access to and continuity of public benefits, thereby nurturing resilience and overall well-being.

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Appendix

Figure 1.

Number of Enrollees Pre and Post-Service Support Fairs at the Binford Road Encampment

Figure 1: Number of Enrollees Pre and Post-Service Support Fairs at the Binford Road Encampment				
Month	January 2024		April 2024	
Binford Road Data	Count	%	Count	%
Individuals	94	100%	92	100%
Medi-Cal enrollees	33	35%	56	61%
CalFresh enrollees	37	39%	48	52%

Figure 2.

HMIS Enrollees in Medi-Cal and CalFresh

Figure 2: HMIS Enrollees in Medi-Cal and CalFresh (Jan 2024- March 2024)		
HMIS Data	Clients	%
Enrollees	2,099	100%
Medi-Cal	1,207	58%
CalFresh	1,240	59%