



## Issue Brief

# Lessons from the Field

## How Health Care and Homeless Service Providers Partner for Action

**M**ore than 70 California homelessness and health experts came together in Oakland last fall to share ideas and spotlight innovative programs aimed at alleviating immediate distress and devising practical structures that can be scaled up to meet growing needs. This report describes the convening and highlights a few of the projects and participants.

The gathering was part of Partnerships for Action: California Health Care & Homelessness Learning Collaborative (P4A), a two-year pilot initiative jointly created by the California Health Care Foundation (CHCF) and the Center for Health Care Strategies (CHCS) and funded by CHCF.<sup>1</sup>

The initiative's aims are threefold. First, it encourages collaboration between health care and homelessness service organizations by supporting eight P4A pilot teams in counties throughout the state that are pursuing unique, locally-tailored approaches to problem solving.<sup>2</sup> Second, the initiative equips pilot teams to take advantage of the opportunities offered by the California Advancing and Innovating Medi-Cal (CalAIM) program and the resources available through the Providing Access and Transforming Health (PATH) program.<sup>3</sup> And finally, P4A aims to spread best practices related to health care and homelessness across California and nationally.

### Building Strong Partnerships

At October's gathering, leaders from across sectors discussed their experiences collaborating through P4A

#### Catastrophic Events Deepen the Crisis

Over 181,000 people — about 30% of the nation's homeless population, and disproportionately people of color — are experiencing homelessness in California. While high housing costs are the primary cause of homelessness, catastrophic events such as the opioid epidemic and the COVID-19 pandemic as well as limited access to health care and behavioral health services are also contributing factors. Research shows that the physical and behavioral health consequences of homelessness are severe and grow worse the longer a person remains unhoused.

partnerships. In one panel, Lucy Kasdin from Alameda County Health Care for the Homeless, Jovan Yglecias from Bay Area Community Services (BACS), Catherine Hayes from Cardea Health, and Erik Anderson from Highland Hospital's Bridge Program described some of the common challenges that organizations and partners face.

Chief among them was insufficient financing. "The population on the street is getting older and sicker, and it will get worse," said Hayes. "It's hard when you want to be innovative, and we're all working under big financial constraints."

Said Yglecias, "This is a higher-needs population than it was 10 years ago, but our budget hasn't changed."

While the leaders had previously worked together, they encountered new learning opportunities through P4A's cross-sector, project-based collaboration. Upon

reflection, they recognized the important ways in which differing systems, financial support structures, working styles, and areas of expertise affect dynamics. For instance, some partners are vastly different in size, which can cause power differentials that make it hard to work together.

With these observations in mind, the panel members offered the following points of advice:

- ▶ Don't complain about another organization unless you've worked there for a day.
- ▶ Have a discussion about shared vision early so that the parameters are figured out.
- ▶ Build relationships by going out for coffee or grabbing a meal or a drink.

*"The population on the street is getting older and sicker, and it will get worse."*

– Catherine Hayes, Cardea Health

## Drawing on Lived Experience

A defining characteristic of P4A projects is the centering of lived experience in planning, advising, and performing the work. That priority was elevated in a panel discussion with Cardea Health's Jahmal Ironcoat Muhammad-Khan, Evelyn Kay Brake, Kalahati Lacuesta, and Sabine O Balden, who talked about employing harm reduction strategies informed by their own lived experiences to engage residents of transitional housing in substance use disorder (SUD) services.<sup>4</sup>

Muhammad-Khan, who was imprisoned for 30 years, described how "frustration builds stress, and stress builds anger" for people who have no power and no access to what they need. The most important thing in this work, he said, is to "keep as many people as possible above ground. Let your judgments go. These are all individual people. Let them tell you what they need." Added Lacuesta, "the people who use drugs themselves prevent the most overdoses."

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– Jahmal Ironcoat Muhammad-Khan

People with lived experience understand the importance of perseverance and acceptance. Indeed, people who are attempting to stop using drugs often relapse before they stably recover, Muhammad-Khan emphasized. "People make mistakes," he said. "We never give up."

The P4A program's centering of lived experience was further highlighted in a powerful session titled "Fireside Chat," led by Lawrence Lincoln, a consultant with P4A and Alameda County Health Care for the Homeless, and Jennifer Oakley, case manager at LifeLong Medical Care in the Bay Area, and complete with easy chairs and blazing fireplace visuals. Lincoln and Oakley recounted some of their experiences living without shelter and struggling with substance use and health problems and shared their knowledge about which outreach strategies are most likely to be successful.

Oakley recalled that during her years living on the street, she was regularly visited by teams that took her blood pressure and offered help, but she was not ready to stop using drugs until she was eventually hospitalized with a serious stroke. A year later, she was able to get housing, and shortly thereafter decided that she wanted to give back. In January 2023, Oakley launched Equal Access to Services and Housing, a nonprofit focused on providing encampment residents with housing and resource navigation tools. "I kept hold of my street name because it gives me credibility," she said.

Lincoln spoke about how his life on the street shaped his ability to understand what people experiencing homelessness are going through. He recalled the "beginning of my journey to self-care, when a doctor

showed up in the ER and listened to me. That led to my having a team that visited my tent every week and asked me what I needed. The team was so devoted that I thought it would be rude to keep using.”

*“The team was so devoted that I thought it would be rude to keep using.”*

– Lawrence Lincoln

Both Oakley and Lincoln emphasized non-judgmental listening and persistence as the most reliable outreach tools in working with people experiencing homelessness. Lincoln noted the importance of being consistent and avoiding anything that might cause a delay, such as scheduling an appointment for the following day instead of immediately. “We do things *right now*, because what the person is experiencing in the morning will be different from the things that are happening that same afternoon,” he said.

“When you’re helping someone, your own hurt is less,” Lincoln added.

## Sharpening “The Pitch”

In a break-out session titled “Go Big or Go Home,” P4A teams practiced their “pitches” to potential funders and partners, which were then evaluated by other attendees.

During the session, BACS’ Yglecias spoke about their outcomes-based lens focused on expenses and revenue and stressed the importance of highlighting the financial opportunities that CalAIM can offer BACS’ stakeholders. For him, the practical benefits of helping people who are experiencing homelessness can be very convincing. “You can, on a per-person basis, derive a financial impact [from] providing housing and homelessness services and compare that with the current system of care. Then you’re able to have a cohesive argument for your project,” he said.

### The Structures that Support P4A Work

To help the Partnerships for Action: California Health Care & Homelessness Learning Collaborative (P4A) partners develop expertise on the business aspects of their projects, the convening included sessions on:

- ▶ Demystifying managed care
- ▶ Financial sustainability planning
- ▶ Supporting the workforce
- ▶ Understanding the Community Supports housing bundle

Some materials on P4A topics are available through the [Center for Health Care Strategies website](#).

Because public officials must focus on the impact of each public dollar, Yglecias noted, a successful pitch must recognize the importance of financial accountability. “We’ve amassed a great deal of data showing that providing people with housing and homelessness services works,” he said. “Our outcomes are cheaper than the alternative.”

Yglecias believes that the “nonprofit industry is deficit oriented. We count our pennies and keep track of how many pencils and stamps and thumbtacks we use.” But, he stressed, the nonprofits doing this work have something very rare and valuable to bargain with — expertise. The people who have been working on homelessness and substance use issues understand what works, what doesn’t work, and what is needed to achieve positive results. “Once you have a history of delivering, you can leverage that back,” he said.

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– Jovan Yglecias, Bay Area Community Services (BACS)

Community engagement and coalition building are also critically important, Yglecias stressed. “Find out who are the real connectors in the community,” he

advised. “It might be your corner store guy who’s been in the neighborhood for many years and has a finger on the pulse. These relationships are just as important as [those with] county supervisors or council members.”

The BACS approach has been successful, Yglecias said. Eleven years ago, the program had a \$15 million budget and 10-12 programs, all in Alameda County. Now, BACS provides \$120 million in services a year through 55 programs across seven counties. In August, BACS started a medication assisted treatment (MAT) program at their residential facility, The Henry Robinson. They also added a contingency management program for people with substance use complicated by homelessness or co-morbidities such as mental health challenges and physical health conditions, which is part of the P4A project in which BACS is a collaborating partner.<sup>5</sup>

“We say no to something that is patchworked together or could compromise quality of care,” Yglecias continued. “You won’t see Apple or Google deciding on an action they’re only going to go halfway with. They either do it big, or they don’t do it at all. And if something is not working, they will cut it off.”

## “Insuring” Success

Medi-Cal managed care plans are key collaborators in P4A projects given the role they play in covering critical health and social services for Medi-Cal members. In an Orange County P4A initiative, for instance, health insurance plan CalOptima works with the not-for-profit Illumination Foundation and the Orange County Health Care Agency to help clients transition from the hospital to respite care and, eventually, permanent housing. A variety of supportive services are made available to ease the transition. So far, the project has served and housed 40 people, and partners expect that number to grow.

“It’s very natural for these three stakeholders to come together under CalAIM,” said Danielle Cameron, CalOptima director of program development, noting

that the partners have worked together productively in the past. CalOptima, a county-organized health system, provides publicly funded coverage for more than 911,000 low-income children, adults, seniors, and people with disabilities in Orange County. Illumination Foundation, on the other hand, provides case management, medical coordination, behavioral health and substance use counseling, and housing navigation. Orange County Health Care Agency coordinates multiple health care services with 180 different funding sources.

Cameron stressed the collaborative nature of the P4A partnership. The initiative has, through growing cross-sector collaboration, improved CalOptima’s access to the housing vouchers provided by the county.

To find eligible individuals for the P4A project, CalOptima must determine who is both an Illumination Foundation client and a high utilizer of health care services. That’s where the partnership is especially valuable—it enables CalOptima to get the information necessary to identify potential participants.

But the most important takeaway from the P4A learning collaborative and project, Cameron believes, is its focus on the social determinants of health. This information is not new, she stressed. “The research on this has been understood for a long time but has not usually benefited the people who need it most,” she said. One barrier has been the lack of reimbursement for appropriate and needed services. By amplifying the value of the new optional CalAIM Community Supports, including housing supportive services and recuperative care, the P4A project seeks to address those past obstacles.

*“The research on the social determinants of health has been understood for a long time.”*

-Danielle Cameron, CalOptima

A major benefit for insurers, Cameron said, is that when people are housed, they are much more likely

to use appropriate health care services, which reduces unneeded emergency department (ED) visits and inpatient care. In fact, she noted, among people experiencing homelessness enrolled in the CalOptima health plan, ED visits dropped by 22% and inpatient admissions declined by 26% one year after completion of services at Illumination.<sup>6</sup> What's more, total per-member-per-month costs declined almost 23%. Such results are critical for insurers and their clients.

Cameron is enthusiastic about the P4A initiative's ability to facilitate change for clients experiencing homelessness who also have complex health care needs. "I feel like it's an overdue transformation of health care to focus more on the social determinants of health," she said. "Now we can show how to address needs outside of the traditional health care sector. That's the exciting part," Cameron concluded. "It's complicated to bring these groups together, but so necessary. And California can be the demonstration ground for this."

## Meeting Community Pushback

Some P4A participants discussed encountering community opposition to homelessness service initiatives, often in the form of unease from surrounding neighbors, businesses, and civic organizations. Such fears can grow into significant problems for homelessness services projects regardless of the location.

Resiliency Village, located on 40 acres in rural Tuolumne County with a large house, barn, and fruit and nut trees, met considerable community pushback to their program, which currently provides a range of supportive services for 10 people.<sup>7</sup> Director Mark Dyken described the Village as "a passion project." With 16 years of experience working with families on the margin as a homelessness and foster youth education liaison, Dyken came to believe that trauma is at the root of homelessness and poverty.

"We have really good data about foster youth," said Dyken, who is a foster parent. "If you're not living with

your parents, you've experienced a lot of trauma," he said, adding that many foster youth eventually experience homelessness. In fact, all eight of Resiliency Village's current adult residents were at one point in foster care. "I think that if we house people in a trauma-informed way, we can start to heal some of that hurt," Dyken said.

Resiliency Village's P4A partner is the Mathiesen Memorial Health Clinic, which was established by the Chicken Ranch Rancheria of Me-Wuk Indians of California; is a member of the California Rural Indian Health Board; and offers a wide variety of health care, behavioral health, and supportive services. Among other efforts, the organizations are collaborating on a street medicine and mobile outreach program to provide health care and connections to social services to Tuolumne residents, including those living at Resiliency Village.

So far, the two-year-old Village has provided over 7,000 shelter nights. Dyken hopes to build an octopod — eight tiny houses, each with a bathroom and a tiny kitchen, linked to a common area with a large kitchen.

At first, stays at Resiliency Village were open-ended, but when Dyken realized that people might never want to leave and restart their lives, a rule was instigated in which people have 90 days to consider how they will eventually transition out of the facility. "If they want to work on advancing their education or getting help for mental health or substance use issues, we get them connected with what they need. At the end of the 90 days, they need to make a decision on what pathway they're going to follow, and a target move-out date — possibly another year out — is set," said Dyken. "So, they'll have a date to work toward."

Although the county was very supportive when the project first started, that began to change when it was threatened with lawsuits, said Dyken.

"We had tremendous public pushback, even though we can't even see any of our neighbors from the

property. Their anger was such that they were attacking us personally,” said Dyken. “I do my best to communicate that we guarantee we will respond to anything that happens. But then I just put my head down and do the work.”

*“After a year we pretty much made friends with all our close neighbors. We shovel people’s driveways. We do everything we can to be good neighbors.”*

– Mark Dyken, Resiliency Village

Dyken described how a local contractor deliberately left trucks full of waste at the Village’s gate rather than taking it to the dump. The pile of refuse was so massive that the Village needed help cleaning it up and unknowingly hired the same contractor to do the work. “What happened that day was memorable,” recalled Dyken. “Some of our clients volunteered to help with the clean-up. Then we made lunch and invited the hired workers to join us. After lunch, the contractor asked us to gather everyone together and he apologized. Now he comes to all our events, and we’ve become friends.”

Dyken said that by the time a year had passed, relationships had strengthened. “We shovel people’s driveways. We do everything we can to be good neighbors. People see that we’re not a threat to their community. We’re trying to do everything right. That’s how we picked up more funding and more supporters. Now the county drops our name. We’re the youngest, most rural, tiniest program,” acknowledged Dyken. But Resiliency Village’s experience has helped other larger program participants see how critical community presence and relationship building is to ensuring long term success.

## On Site at the Bridge Clinic

P4A attendees went on site visits to nearby project locations operated by the partners in the Alameda County P4A group: Alameda County Health Care for

the Homeless Trust Clinic and Street Health Mobile Van, The Henry Robinson Center operated by BACS, and Alameda Health System/Highland Hospital’s Bridge Clinic.<sup>8</sup>

Located at Oakland’s Highland Hospital, the Bridge Clinic offers substance use navigation, help with medication assisted treatment, and access to medical care — in addition to free lunches, hygiene necessities, ride assistance, and a listening ear — to 1,500 patients per month.<sup>9</sup> Famously, a vending machine of free Narcan kits sits in the clinic’s lobby.

Clients may seek help at the clinic, at the hospital’s emergency department, or on the phone. “There’s no wrong door,” said Erik Anderson, physician and associate medical director of the program.

What’s more, the clinic works to lower barriers to care. “We don’t like intake forms,” he said. “We don’t like drug testing. When people call and say, ‘I’d like to talk to someone,’ we want that to happen as soon as possible.”

The program currently staffs one full-time and one part-time physician, and usually has at least two clinicians on duty during the day. Other personnel include nurses and substance use navigators. Uninsured clients, who make up about 5-7% of patients, aren’t billed for appointments, but are instead set up with financial counseling and help enrolling in Medi-Cal. “Our wheelhouse is people who go in and out of treatment. They might come in for a couple of weeks, then go back to using, then come back for treatment,” Anderson said. “When people decide to start on buprenorphine, most get a two-week prescription. They can come back every day and spend hours in the clinic if they want to.”

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–Erik Anderson, Bridge Clinic, Highland Hospital

Harm reduction specialist Anisha Chauhan works one-on-one with Bridge program clients on substance use, medication issues, housing, and detox. “The first barrier is getting people comfortable telling us the truth,” she said. “So, our first question might be: ‘What’s your drug of choice?’ I can teach someone how to safely use their pipe or train them on using Narcan. We just want to lower the barriers to getting medication.”

A large number of clients are further along in recovery and are on medication all the time. For them, the program has an automated medication dispensing system that keeps track of all prescriptions regardless of where they are administered.

“We have injectable buprenorphine for that reason,” Anderson said. This new product, which is part of a clinical study, lasts about three weeks. “It’s super useful,” he added.

Finding detox beds, on the other hand, is a continuing challenge. There are only a few designated beds in heavily populated Alameda County, and some are only available to people with private insurance. That means that a number of patients need to be admitted to the hospital for alcohol or benzodiazepine withdrawal.

While some clients transition to a primary care provider elsewhere, others prefer to stay with the Bridge Clinic. And telemedicine visits, which became popular during the COVID-19 pandemic, said Anderson, now make up two-thirds of patient encounters. Because many people are unable to get a calling plan and must frequently switch phones, the clinic is careful to keep track of clients’ most recent phone numbers.

“Clients who are stable on buprenorphine will get a call from a navigator to check on how they’re doing,” said Anderson. “Some people just want to chat with someone. So, our SUNs [substance use navigators] are like extensions of our clinicians. That’s how we see so many people.” He published a study in 2023 showing that patients who spoke with a SUN were three times as likely to come into the clinic and engage in care.<sup>10</sup>

“Every call is answered. When people reach out, we reach right back,” echoed Chauhan.

## Aiming for Sustainable, Scalable Change

P4A stakeholders acknowledged that the problems related to homelessness in California are more complex and extensive than any one project can fully address yet are optimistic about the potential of CalAIM and the collaborative possibilities of P4A. “We’re still at the beginning of this big transformational program,” said CHCF’s Michelle Schneidermann, “and we’re on the cusp of being able to show results at the state level.”

But, she added, robust data will be critical. “We need new measures to show impact, not just HEDIS measures. And we need a commitment to sustainable, scalable change,” Schneidermann said.

Change in this area takes long-term endurance and creativity, notes Meryl Schulman, CHCS senior program officer who oversees the P4A effort. “We are eager to share the progress and partnership innovations from our P4A teams with stakeholders across California and nationwide.”

At the close of the gathering, a number of P4A stakeholders noted the high level of energy around strategizing next steps for their projects. “This is where I get my inspiration,” observed CalOptima’s Cameron. “I come to every meeting.”

Another project leader commented on the dedication displayed by the P4A projects’ participants during the convening. “Once you’ve done this work,” he said, “it’s all you ever want to do.”

## About the Author

Susan Anthony is a health care editor and writer.

## About the Foundation

The **California Health Care Foundation** (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

## Endnotes

1. [“Partnerships for Action: California Health Care & Homelessness Learning Collaborative,”](#) Center for Health Care Strategies (CHCS), July 2022.
2. “Partnerships for Action,” CHCS.
3. [“CalAIM Providing Access and Transforming Health Initiative,”](#) California Department of Health Care Services (DHCS), accessed December 2023. [“Medi-Cal Transformation: Our Journey to a Healthier California for All,”](#) DHCS, accessed December 2023.
4. [“Harm Reduction,”](#) Substance Abuse and Mental Health Services Administration (SAMHSA), last updated April 24, 2023.
5. [“Transforming Lives with Contingency Management and Medically Assisted Treatment,”](#) Bay Area Community Services (BACS), September 29, 2023.
6. [CalAIM Enhanced Care Management & Community Supports Intersection: Technical Assistance Webinar](#) (PDF), DHCS, June 21, 2022.
7. [“Picture Making a Difference,”](#) Resiliency Village, accessed December 2023.
8. [“Mobile Health,”](#) Alameda County Health Care for the Homeless, accessed December 2023; [“Housing Fast,”](#) BACS, accessed December 2023; [“Highland ED Bridge,”](#) accessed December 2023.
9. [“Information about Medication-Assisted Treatment \(MAT\),”](#) US Food & Drug Administration, last updated May 23, 2023.
10. Erik S. Anderson et al., [“Effectiveness of Substance Use Navigation for Emergency Department Patients With Substance Use Disorders: An Implementation Study,”](#) *Annals of Emergency Medicine* 81, no. 3 (March, 2023): 297-308.