

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

MHSA Innovation Project Healing the Streets

Karen Kern, SCC Behavioral Health
Joey Crottogini, SCC Homeless Persons' Health Project
Robert Ratner, SCC Housing for Health



What got us here?



```
graph TD; A[What got us here?] --> B[Stakeholder engagement]; B --> C[Understanding gaps in our system of care]; C --> D[Challenges with coordinating services in different systems and departments]; D --> E[Siloes and duplication of services]
```

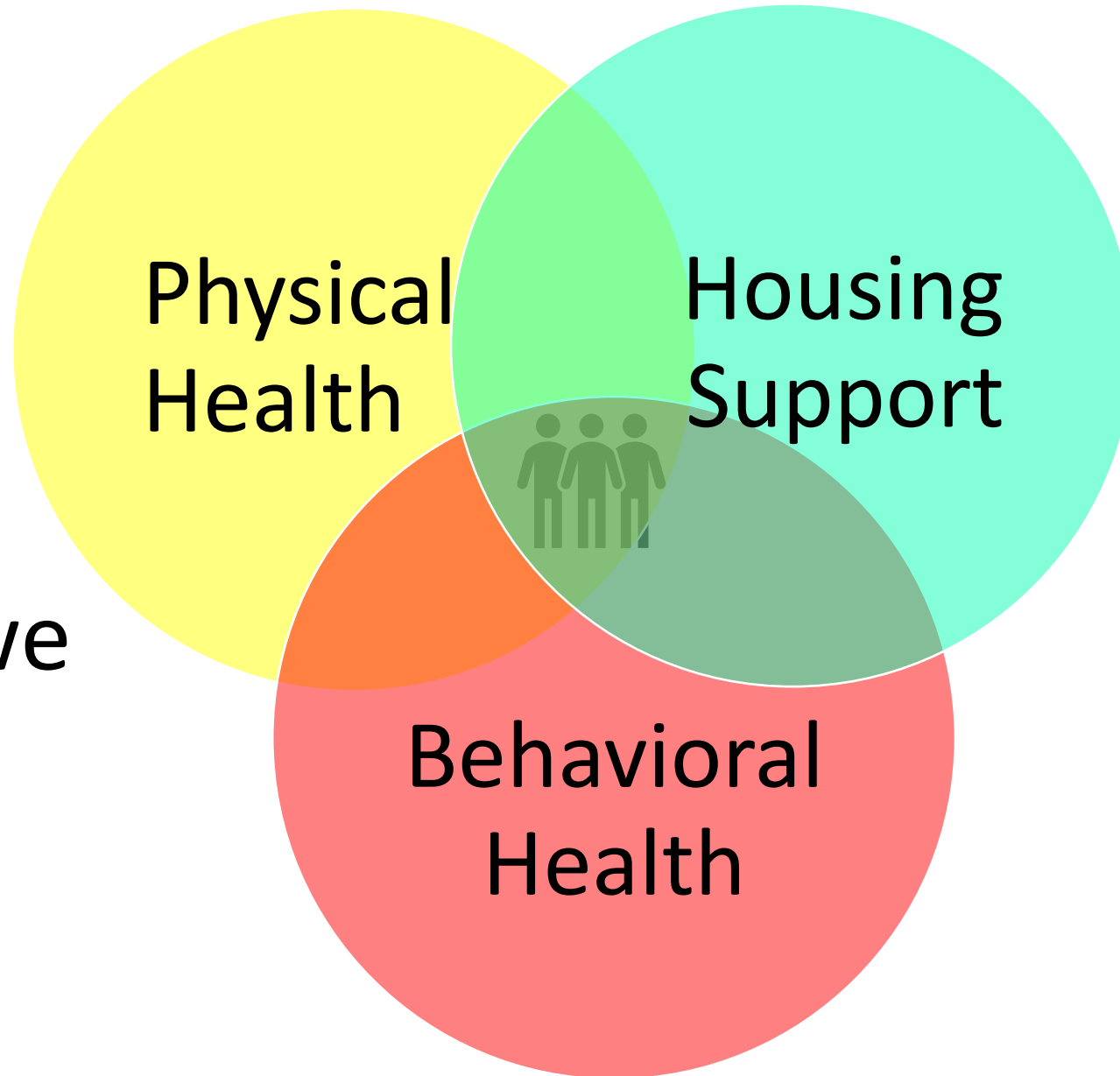
Stakeholder engagement

Understanding gaps in our system of care

Challenges with coordinating services in different systems and departments

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.

Integration and Harnessing Available Resources

Billing Medi-
Cal

Leveraging
SAMHSA grant

Strengthening
our System of
Care

Client-
Centered
Framework

Better
Together

Maximizing
funding
streams



Primary Purpose

Immediate

- Increases access to behavioral 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 Watsonville

Street Medicine

Field-based

Shelter Support

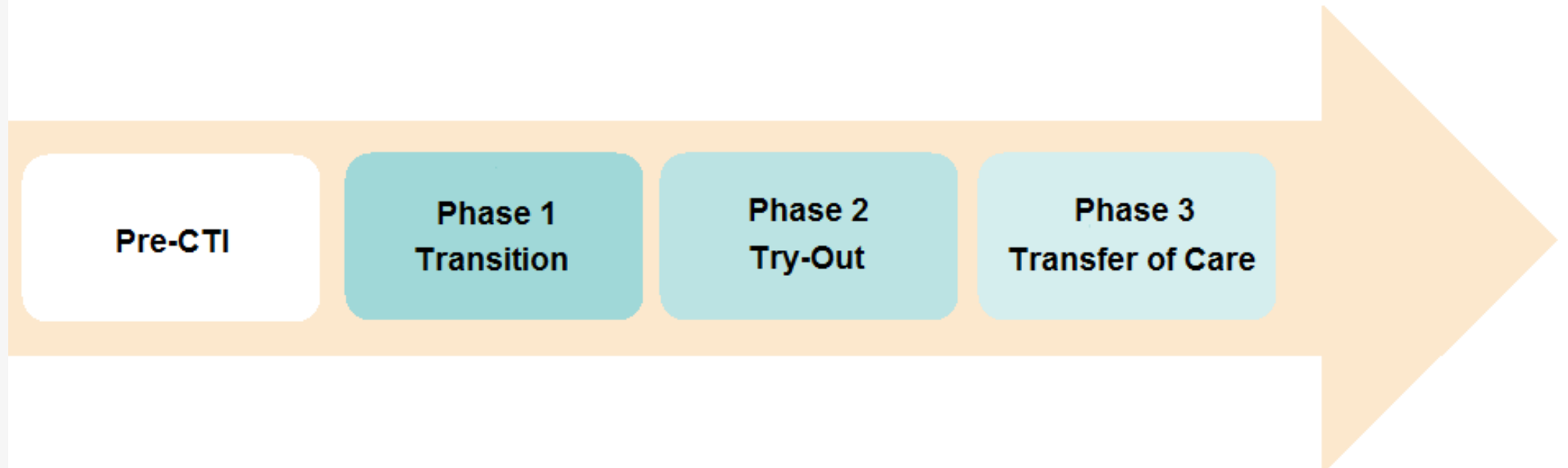
Telehealth

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





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

New Innovative Project Budget By FISCAL YEAR (FY) *HEALING THE STREETS*

EXPENDITURES	Beg: April 2022						Ends: June 30, 2027
BUDGET TOTALS	FY2021-22**	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	Total
Non-recurring costs	7,606	-	-	-	-	-	7,606
Personnel	248,155	967,519	1,006,900	1,047,086	1,077,217	903,819	5,250,696
Contract Operation Costs	527,482	540,915	554,751	569,002	583,681	598,801	3,374,632
Total Gross Budget	783,243	1,508,434	1,561,651	1,616,088	1,660,898	1,502,620	8,632,934
Administrative Cost Net of INN Funds	15,165	47,323	192,701	156,194	160,704	142,008	714,095
Grand Total	798,408	1,555,757	1,754,352	1,772,282	1,821,602	1,644,628	9,347,029
Expenditures By Funding Source and FISCAL YEAR (FY)							
Estimated total mental health expenditures for the entire duration of this INN Project by FY & the following funding sources:	FY2021-22**	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	Total
Innovative MHSAs Funds	116,263	362,809	1,557,075	1,277,586	1,312,164	1,168,829	5,794,726
Federal Financial Participation	5,164	90,967	93,898	96,916	99,811	96,650	483,406
Other*: Billable Services	-	-	-	397,780	409,627	379,149	1,186,556
Other*: SAMHSA HTS	676,981	1,101,981	103,379	-	-	-	1,882,341
Total Proposed Administration	798,408	1,555,757	1,754,352	1,772,282	1,821,602	1,644,628	9,347,029

Public Comment Period

October 21, 2021-November 20, 2021

[click here to submit a public comment](#)