

SANTA CRUZ COUNTY: HOPES TEAM COORDINATED CARE

OVERVIEW

To improve outcomes for homeless persons and reduce homelessness, the Santa Cruz County created a multidisciplinary partnership that increases access to critical medical, stabilization and treatment services.

CHALLENGE

Homelessness is a challenge across California, creating multiple issues for counties and often frustrating existing services models. Chronically homeless persons with mental illness and/or substance use disorder and frequent contact with law enforcement continue to interact with various systems without the seamless transition between providers needed to address root causes. A homeless person with multiple issues may engage with one provider who may or may not have the resources to address the range of issues the client is facing. This makes progress difficult, slow and incremental, and ends of producing an ad-hoc system that is time-consuming, resource-intensive and frequently fails to produce needed outcomes for chronically homeless persons, a population which often has difficulty engaging in services including being present for services and other appointments. It is a population that may require intensive engagement to assure access to services.

While Santa Cruz County recognizes homelessness as a highly complex issue, we also recognize that more can be done to coordinate services across multiple public and private partners. It is also important to evaluate progress to assure our investment in early referral, intensive engagement and coordinated access to integrated treatment and supportive services is paying dividends.

SOLUTION

The Homeless Outreach, Proactive Engagement Services (HOPES) brings together existing resources and new, dedicated staff to serve homeless individuals, inclusive of County and contract providers. The model utilizes an integrated model including health and behavioral health providers, crisis services, outreach specialists, veteran providers and criminal justice personnel. Members are the Homeless Persons Health Project (HPPH); County Behavioral Health, Adult Mental Health and Substance Use Disorder Services; Downtown Outreach Workers (DOW); Mobile Emergency Response Team (MERT); the Veteran Advocate; and the Behavioral Health Court Liaison.

Working together and taking referrals from community residents and stakeholders, law enforcement personnel, and service providers, the HOPES Team represents a model of integrated, intensive care that helps assure client needs are being met, regardless of which partner first engages with the client or how they enter services. There is no wrong door. HOPES is funded through a mix of County funds, City of Santa Cruz funds, Mental Health and Substance Use Disorder Medi-Cal revenues, and

includes a high level of community engagement including client referrals. We are expanding the referral process to additional local first responders (fire, EMS).

Clients are given a comprehensive assessment including medical needs, psychosocial assessment, safety assessment, substance use disorder assessment (American Society of Addiction Medicine as needed), housing needs (Safe Path Coordinated Entry assessment) and other relevant areas of concern. HOPES team members conference three times per week to assess client progress and triage new referrals, and members coordinate with law enforcement, jail staff and community partners.

RESULTS

The County established several criteria for program assessment, including Housing Status and Stability, Public Service Use and Cost, Substance Use, Mental Health, and Quality of Life (inclusive of Community Impact). We have contracted with Applied Survey Research to conduct program assessment and will make program adjustments as needed.

Preliminary results are trending positive. Since December 2018, HOPES has received 312 referrals. Of those, 58% (185) consented to treatment, while 32% were unable to be located. Just 6% refused services. Of the 185, 80% had a primary substance use disorder and 20% had primary mental health conditions (nearly all could be categorized with co-occurring conditions). Intervention has proven effective -- for this population, felony bookings were 38 prior to HOPES enrollment and eight post-enrollment. Misdemeanor bookings were 183 prior- and 56 post-enrollment. Citations declined 56%.

So far, 38 clients have completed HOPES, been clinically stabilized and are engaged to ongoing services or returned to their community of origin. Additional program evaluation is still being conducted.

REPLICABILITY

HOPES is a system of coordinating existing resources to better serve our residents. Many counties face similar barriers of coordination, communication and the efficient use of limited resources. Based on the unique programs, provides and needs of each County, the HOPES program can be applied throughout California to help assure the most effective service delivery model for hard-to-serve populations. Our results and self-assessments will be shared publicly so that all California counties can draw lessons and consider similar models to help provide services and meet the challenges of our statewide homelessness crisis.

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