Whole Person Care - Cruz to Health
Lessons Learned: Housing Support Program

Executive Summary

The Whole Person Care - Cruz to Health pilot (WPC-C2H) incorporates both direct services to specific target populations, and initiatives to develop and test systems to improve care coordination across the community. Reviewing the lessons learned from providing housing services to Medi-Cal beneficiaries with complex medical and social needs and improved care coordination can inform future work and have long term impact for a healthier community. Finding affordable and safe housing is extremely challenging in Santa Cruz County for many people: for those with very low incomes and complex psychosocial and health needs it can be nearly impossible.

Over the course of three years, 299 individuals enrolled in WPC-C2H received evidence-based interventions to improve access to housing: Case Management, Housing Navigation, Peer Supports, Access to Subsidized Housing Vouchers, Financial Housing Assistance, and Tenancy Supports. Through one-on-one coaching; developing and improving coordination of services between landlords, housing services providers and health care providers; and direct, ample financial support for housing needs, individuals have found and maintained housing. The network of Case Managers, Housing Navigators and Peer Support Coaches are engaged in new and sustainable ways to support those with complex needs to find, move into, and maintain stable housing.

The WPC-C2H pilot has demonstrated that providing specific housing and systems changes can have a very significant impact on a limited number of individuals with complex needs who are unhoused. However, without significant increases in funding to pay for Case Management staff, Housing Navigators and Peer Support Coaches, along with continuation and enhancements of financial supports, these services are at risk. While systems to coordinate care such as Coordinated Entry and the Together We Care information sharing system are valuable and have improved coordination between agencies and organizations, more investment is needed to expand and deepen the effectiveness of the systems. Even more importantly, until the Santa Cruz County community addresses its affordable housing crisis, the majority of individuals who struggle the most to find a safe and affordable place to call home will continue to be unhoused.

Introduction

The Whole Person Care - Cruz to Health pilot program (WPC-C2H) launched in Santa Cruz County in 2017. Led by the Santa Cruz County Health Services Agency, the pilot incorporates both direct services to the specific target populations and initiatives to develop and test systems to improve care coordination across the community. The whole person care model incorporates a system of collaborative leadership and systematic coordination to share data between providers of care, coordinate care in real time, and evaluate individual and population progress. The primary goal is to utilize evidence-based interventions to improve care management for the increased health and wellbeing of Medi-Cal beneficiaries with complex needs such as co-occurring chronic conditions, and history of high utilization of multiple systems. The engagement of a wide spectrum of social services providers with medical care is essential to the model, and a list of organizations participating in the WPC-C2H pilot are listed in Appendix A.

A key element of the Santa Cruz County WPC-C2H pilot is obtaining safe, stable housing for clients. This report will focus specifically on why and how housing impacts health status and outcomes, what has been accomplished in making housing more accessible for the target populations, and the system changes that are being tested to support lasting change. In the process of developing the findings of this report eight WPC-C2H staff and other key stakeholders were interviewed. Survey results from 25 WPC-C2H housed clients were also used.

Complex Needs and Housing

WPC-C2H was established with the specific goal to improve the health and wellbeing of the county's most vulnerable residents. 513 clients with complex needs have been served by the program between July 2017 and March 2020. These individuals typically experience several of the following: homeless for approximately five years, high emergency department utilization, two or more chronic medical conditions, medical non-compliance, past traumas, substance use diagnosis, history with criminal justice, person of color experiencing discrimination, and unreliable transportation.

> "Housing both promotes healing and prevents the onset of new illnesses." –National Health Care for the Homeless Council

To effectively address chronic health conditions, substance use disorder, and heal past and current traumas, clients require a safe and stable living environment. Housing is essential for personal hygiene, medication storage, and protection from the threats inherent with living on the streets and in cars.[1] Santa Cruz County's housing market is characterized by its exceedingly expensive and restrictive supply and high rates of unsheltered homelessness (78% unsheltered based on the 2019 Point In Time Count[2]). Therefore, WPC-C2H has actively prioritized the provision of safe, stable housing for vulnerable clients experiencing homelessness through the application of the interventions described below.

[1] Lozier, John. "Housing is Healthcare". *National Healthcare for the Homeless Council*, 2019.
[2] Applied Survey Research, 2019, Santa Cruz County Homeless Census & Survey, Watsonville, CA.

Evidence-Based Interventions

WPC-C2H employs a Housing First approach in which clients are supported to obtain permanent housing as quickly as possible while receiving the supportive services needed to retain their housing and improve their health. In line with national trends, over the last decade Santa Cruz County's homeless services sector has shifted from a philosophy that dictates that people must become ready for housing to one which asserts that obtaining housing is essential for people before they can address additional challenges.

To obtain housing for its clients, WPC-C2H implements the following evidence-based interventions:

Case Management

Access to Subsidized Housing Vouchers

Housing Navigation

Financial Housing Assistance

Peer Supports

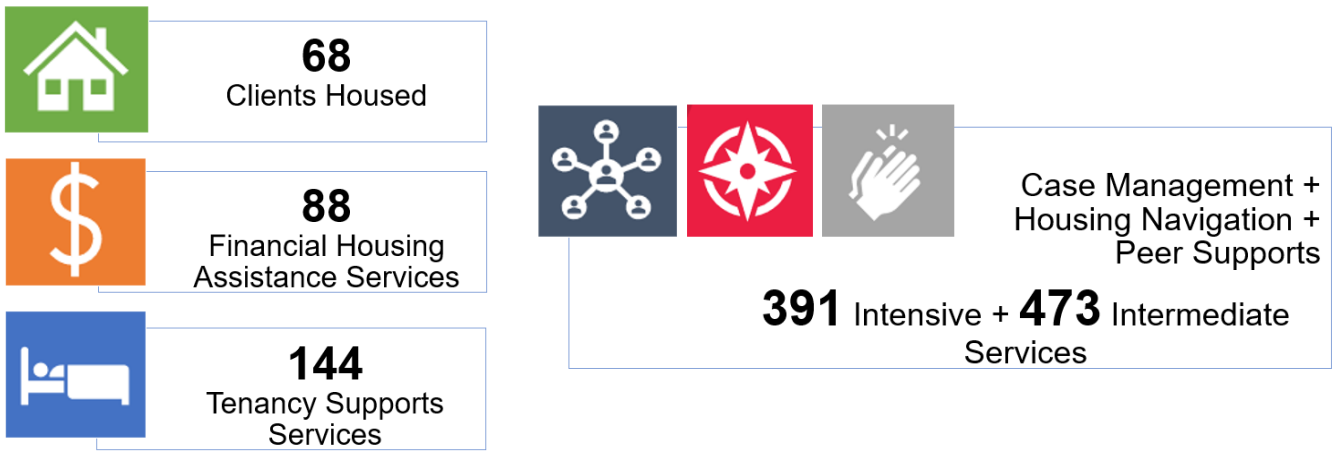
Tenancy Supports

These interventions are described in further detail in the sections and Summary Chart below.

The unique dimensions of the WPC-C2H program which have proven considerably effective in relation to existing homeless services programs in the county include:

- Rapid turn-around of financial housing assistance
- Adequate funds for tenancy support
- Flexible, ongoing peer support

Over the course of the last three years, a majority of WPC clients received at least one of the housing related services:



What is Working- *Housing Support Program*

> "Collaboration via case managers, housing navigators, and landlords, along with the funds to provide these interactions, have been really key to the program's success."
> - WPC-C2H Housing Navigator

Whole Person Care-Cruz to Health has successfully housed 68 highly vulnerable county residents due to two core components: relationships; and housing and financial resources.

Core Component: Relationships

WPC-C2H is built upon the foundation of support for the "whole person" on their path to wellbeing, acknowledging that all people have physical, mental, emotional, and social aspects to their health and wellness. This model requires the coordination of multiple agencies and staff relationships while maintaining a client-centered focus. The WPC-C2H team includes committed individuals providing the following housing support interventions: Case Management; Housing Navigation; and Peer Support; as well as Supervision.

> "I got a text from a client that says, 'Thank you for everything you do. I feel so human when I'm around you.'"
> - WPC-C2H Case Manager

Case Management provides direct support to clients; and coordination of care between a multitude of service providers, including medical, behavioral health, substance use treatment, and housing services providers. The three WPC-C2H Case Managers serve as the primary contacts for the clients, supporting them to identify and make progress towards health and social goals. In addition to supporting clients to track complex medical, behavioral health and social services, they serve as a critical link to housing. In partnership with each client, Case Managers assess medical and social needs and determine the appropriate level of housing support needed such as referrals to Housing Navigation and Peer Supports and the submission of applications for Subsidized Housing Vouchers as described below. In addition, they provide ongoing communication with landlords to help alleviate any tenant issues.

> "We sat there while she signed the lease and she cried and we took pictures and she was so thankful. We are giving her the chance to save face, have her own space, focus on other things for herself, feel safe, and do things for herself again."
> -WPC-C2H Case Manager

Housing Navigation is a vital component of a successful Housing First program, particularly in restrictive housing markets. Activities include conducting the search for appropriate housing; serving as the initial liaison between the client and landlord; demystifying the Housing Authority process; and supporting the client in lease negotiations. Before receiving Housing Navigation support, WPC-C2H clients reported the following common challenges: lack of familiarity with the housing process; lack of access to internet connection and computers; lack of transportation; and physical disabilities. In addition, in the county's tight housing market, successful Housing Navigators must confront stigma and build acceptance with landlords through information-sharing and skilled relationship-building. The two WPC-C2H Housing Navigators maintain ongoing relationships with a portfolio of local landlords who reach out to them with openings. They serve as matchmakers, connecting a landlord's specific needs and

> "I wouldn't have been able to talk to the landlord without the Housing Navigator. I probably would have lost the place."
> - WPC-C2H Client

concerns with a client's needs and local availability of a social support system. Over three years, approximately 148 clients experienced 4,734 distinct interactions with the Housing Navigators.

The integration of Peer Support into service programs has been demonstrated to show positive improvement in the following areas of quality of life for people experiencing homelessness: improved physical and mental health; reduced use of alcohol and drugs; and increased social support.[3] Peers are individuals with lived experience that do not hold an authoritative role in the program. This creates the space and opportunity for clients to relate to these staff differently, often forming trusting relationships that promote engagement in taking care of their general wellbeing. The Peer Support model is a shift from a traditional structure where clients are solely recipients of a service to one where peers are contributing members of their community. The four WPC-C2H Peer Support Coaches provide critical non-billable support for the clients, such as transportation to medical and other appointments, and recreation. This in turn supports the entire team. The flexibility of the services provided by this role are unique to the county and a game changer for the success and sustainability of housing WPC-C2H clients.

A final essential role in WPC-C2H is strong supervision grounded in clinical experience. The supervisory staff support Case Managers, Housing Navigators, and Peer Support Coaches with the challenges that arise with clients. For example, they support staff to guide the resolution of disagreements with roommates and set appropriate boundaries with clients.

> "In our markets, landlords have a world of folks to choose from, people with perfect profiles, and our folks have a whole mess of stuff going on…our housing programs are highly successful but it's truly due to some incredible work and creativity of partner agencies."
> - WPC-C2H Partner Agency Staff

To facilitate improved efficiency and real time care coordination among the different staff and agencies working with clients, the Together We Care technological platform has been selected and instituted. A separate report is forthcoming detailing the technological infrastructure and data-sharing component of the WPC-C2H program.

Core Component: Housing and Financial Resources

> "These are folks that can't survive off of SSI payments. $1,000 a month won't cut it in this town. They need that voucher."
> - WPC-C2H Case Manager

Even the strongest support teams would fail to achieve their goals to house vulnerable clients in Santa Cruz County without the three key levels of resources provided through WPC-C2H: Access to Subsidized Housing Vouchers; Financial Housing Assistance; and Tenancy Supports.

Subsidized Housing Vouchers dedicated for people experiencing homelessness with disabilities are essential to obtain and sustain housing for people with few pathways for increasing their limited income. Locally, Disabled and Medically Vulnerable (DMV) vouchers are available through the Santa Cruz County Housing Authority. WPC-C2H

[3] Barker, Stephanie, and Nick Maguire. *"Experts by Experience: Peer Support and its Use with the Homeless". Community Mental Health Journal,* 2017, link.springer.com.

became eligible to apply for DMV vouchers on behalf of their clients by providing the continuous Case Management support required by the Housing Authority. This expanded the number of vulnerable residents who can now make use of this critical resource.

Financial Housing Assistance provides funds for the first month's rent, security deposit, and application fees which landlords require for move-in. When needed for a client, WPC-C2H can provide up to $4,500 for these costs. Notably, these funds are available rapidly- the same day if required- which enables clients to seize time-sensitive housing openings. Many other local programs must wait days for funding requests to process, which can jeopardize critical opportunities.

Finally, unlike most other local housing programs, WPC-C2H can offer ample Tenancy Supports of up to $3,000 for a client to furnish their new home, setting them up for success immediately. By lessening the stress of worrying about practical items like kitchenware and furniture, the client and staff can focus their energy on other important issues such as roommate dynamics or substance use. Clients have benefited from Tenancy Supports services on 144 occasions, allowing them to use their time, money, and other resources to begin addressing their health and wellbeing.

"We can give you an opportunity to have a home, not just four walls but with new sheets, towels, dishes, all the things a person needs to start a new home...To start from that rather than a scarcity place...how much more humane and beautiful and holistic is that?"
– WPC-C2H Housing Support Team Supervisor

Opportunities to Improve System and Service Gaps- *Housing Support Program*

The three primary areas to improve system and service gaps in the housing support program of WPC-C2H in Santa Cruz County are sustained support for housing retention and wellness; fully integrated care coordination; and housing affordability and supply. Additionally, it has become apparent that without a strong evaluation system established at the onset, the WPC-C2H team was unable to collect the comprehensive data necessary to understand the full impact of the interventions.

Core Component: Relationships

WPC-C2H has demonstrated the success of coordinating care between a team of committed staff. In the exceptionally competitive housing market of Santa Cruz County, increased long-term Case Management services are needed for sustained housing stability.

"Housing sustainability is one of the biggest challenges we talk about with the Case Managers: while they have a roof over their head what can we do to keep them there."
- WPC-C2H Housing Manager

Through the Together We Care (TWC) platform, multiple partners can coordinate care for a single client. However, the system is not yet fully integrated, resulting in duplicative work by staff. Notably, the county's homeless coordinated entry system which manages the entry into some housing programs, Smart Path to Housing and Health, utilizes the Homeless Management Information System (HMIS) which is in the process of being integrated into TWC. To date, Smart Path staff are not able to access key information, such as whether WPC-C2H staff may be working with a client who is up for a referral to a housing opening. This results in the opening remaining vacant longer than necessary as staff search for the client.

Core Component: Housing and Financial Resources

"We can do a lot of great work with existing inventory but ultimately we need more housing."
- WPC-C2H Partner Agency Staff

The ultimate gap in services in the county is without question the lack of adequate, affordable housing for all populations, especially the lowest income. The affordable housing crisis impacts not only clients, but also WPC-C2H staff who can no longer afford to live in the community, leading to turn over and the erosion of vital support networks. Various, tailored housing types are needed for different populations, for example shared housing with onsite peer support, and density housing models with onsite support staff. In the absence of adequate affordable housing, the Subsidized Housing Vouchers and Financial Housing Assistance have proven indispensable for providing housing for the target populations.

Summary

WPC-C2H works with the county's most vulnerable clients with complex needs. The evidence-based interventions of Case Management, Housing Navigation, Peer Supports, Subsidized Housing Vouchers, Financial Housing Assistance, and Tenancy Supports are intense and costly investments in the short term that yield significant long-term benefits to individuals and the community.

"This program and the support provided is needed nation-wide. It is the most help I have received in my life."
- WPC-C2H Client

What is Working- *Housing Support Program*	
Core Component: Relationships	Support for the "whole person"
	Collaborative team culture
	Evidence-based interventions and staff roles, including: ● **Case Management** ○ High touch engagement and outreach with clients ○ Coordinate medical, behavioral health appointments and car ○ Linkage and referral to resources ○ Complete housing voucher application ● **Housing Navigation** ○ Conduct housing search (ADA appropriate) ○ Network with landlords, including lease/move-in negotiations ○ Transport and attend appointments with client & landlord ● **Peer Supports** ○ Assist with transportation, appointments, daily living ○ Provide social and/or emotional support based on trust ○ Role model positive behavior ● **Supervision** ○ Support staff to manage challenges
	Technological platform for Care Coordination (Together We Care)

Core Component: Housing and Financial Resources	Access to Subsidized Housing Vouchers
	Financial Housing Assistance (up to $4,500 for first month's rent, deposit, and application fees)
	Tenancy Supports (up to $3,000 for home furnishings)
Opportunities to Improve System and Service Gaps- *Housing Support Program*	
Core Component: Relationships	Sustained Case Management support for housing retention and wellness
	Fully integrated Care Coordination and Data-Sharing, including with the county coordinated entry system's Homeless Management Information System
Core Component: Housing and Financial Resources	Housing affordability and supply

Appendix A: Whole Person Care - Cruz to Health Agency Partners

California Department of Health Care Services, Medi-Cal
Central California Alliance for Health
County of Santa Cruz Health Services Agency, Behavioral Health Department
County of Santa Cruz Human Services Department
County of Santa Cruz Probation Department
Dartmouth
Dignity Health Dominican Hospital
Encompass Community Services
Front St. Inc.
Health Improvement Partnership of Santa Cruz County
Housing Authority of the County of Santa Cruz
Housing Matters
Janus of Santa Cruz
NAMI Santa Cruz County
Netsmart
OCHIN
Philips Healthcare
Santa Cruz Health Information Exchange
Telecare
Watsonville Community Hospital