POLICY PAPER

UNITED IN HEALTH AND HOME:
A PROGRESS AND CHALLENGES BRIEF

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A collaborative effort between
Catholic Charities of the Diocese
of Santa Rosa and Santa Rosa
Community Health

Catholic Charities
of the Diocese of Santa Rosa

Santa Rosa
COMMUNITY
HEALTH

Introduction

In August 2022, Catholic Charities' Caritas Center opened its doors, and three months later, Santa Rosa Community Health's Caritas Campus clinic opened on the second floor. Together with Burbank Housing's Caritas Homes, they comprise Caritas Village: an evidence-based, integrated solution designed to end homelessness in Sonoma County and contribute to a just and healthy community where all people can achieve their full potential for health and well-being.

Two years into operations, there are many successes to celebrate, and above all, thousands of individuals have been positively impacted. (You can read two of their stories on pages 10 and 11.) At the same time, there are challenges. This paper aims to provide a brief snapshot of our progress to date and offer recommendations for turning these challenges into accomplishments.

Catholic Charities and Santa Rosa Community Health acknowledge the countless partners, stakeholders, advocates, allies, and funders who helped realize the vision for Caritas Village and who continue to do the daily work to address homelessness in and with our community. Thank you!

An effective homelessness response in Sonoma County will require all of us: decisions at the policy level, investments and funding models at the systems level, continued collaboration at the agency and provider levels, and the will of all community members to insist on, support, and engage in making these changes happen.

Together, we must be united in health and home.

Jennielynn Holmes
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What is Caritas?

Catholic Charities' Caritas Village comprises two unique yet complementary facilities, Caritas Center and Caritas Homes. Santa Rosa Community Health and other partners like Sonoma Community Action Network have co-located services. The foundation of Caritas Village is built on partnerships and providing a full continuum of care and services for those who come to our front door, creating access to resources all in one location.

The services included in this comprehensive project that spans an entire city block include:

- **Drop-in Center:** Provides essential services like mail, laundry, showers, storage, food, outreach, enrollment, and direct shelter placement for those unsheltered.
- **Nightingale Shelter:** An emergency shelter with 38 beds that offers recuperative care for individuals discharged from hospitals, serving as a cost-effective alternative for those experiencing homelessness.
- **Santa Rosa Community Health's Clinic:** A full-scope health center with comprehensive medical, mental health, and substance use care, as well as pediatric services for women and families, with specialized care for people experiencing homelessness.
- **Family Center:** This is the largest shelter for families between the Golden Gate Bridge and the Oregon border, with 192 beds and comprehensive case management support for families and children.
- **Youth and Family Services:** Our services focus on enhancing learning, development, and social opportunities for children at the Family Center, providing a safe and specialized environment.
- **Head Start Program:** A nationally recognized educational childcare program for children aged 3-5, operated by Sonoma CAN.
- **Transitional Residency Program:** This program offers interim housing for individuals who provide peer support services to those entering the Drop-in Center.
- **Caritas Homes:** A partnership with Burbank Housing to build 128 on-site affordable housing units, with 64 units already in use. Residents all have access to the continuum of services available at Caritas.

The Problem

Homelessness impacts all of us. As eloquently expressed in the 2024 Bay Area Regional Action Plan: *"It degrades the quality of life for everyone, the vitality of our communities, our sense of pride as a place and as neighbors. The toll it takes on those most impacted is plain to see, though only the tip of the iceberg is visible as we walk by. We do not have to accept so much unrealized human potential, suffering, and needless death in our midst."* [1]

HOW MANY ARE UNHOUSED?

According to a 2023 UCSF study, more than 171,000 people in California experience homelessness daily. Further, California is home to a disparate proportion of people who are unhoused. While we have 12% of the nation's population, we are home to 30% of the nation's homeless population and half the nation's unsheltered population.[2]

In Sonoma County, the 2024 Point-in-Time (PIT) Count reported **2,552 sheltered and unsheltered homeless individuals** [3] as of January 26, 2024. Of the 2,552 individuals experiencing homelessness in Sonoma County, 1,577 individuals were unsheltered. It is important to emphasize that the identities and lived experiences of unhoused people across the state and here in Sonoma County show that homelessness is a universal experience: people of all ages, ethnicities, and backgrounds can face homelessness. However, people with economic and other vulnerabilities, people who have been racially or ethnically marginalized, and those with histories of trauma are disproportionately at risk.

THE HEALTH AND HOUSING CONNECTION

Health and homelessness are inextricably linked: to solve homelessness, we must examine it through the health lens. A Health Care for the Homeless (Maryland) report found that the average life expectancy of a person experiencing homelessness was just 48 years old and that those who are experiencing homelessness were:

- three to four times more likely to die prematurely.
- two times more likely to have a heart attack or stroke.
- three times more likely to die of heart disease if they're between 25 and 44 years old.

Becoming or remaining homeless increases the risk of new health problems and exacerbates existing issues. The National Health Care for the Homeless Council offers the following evidence: *Conditions among people who are homeless are frequently co-occurring, with a complex mix of severe physical, psychiatric, substance use, and social problems. High stress, unhealthy and dangerous environments, and an inability to control food intake often result in visits to emergency rooms and hospitalization, which worsens overall health.*

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1 All Home California. 2024 Regional Action Plan.

2 UCSF Benioff Homelessness & Housing Initiative. *Toward a New Understanding: The California Statewide Study of Experiencing Homelessness.* June 2023.

3 "Unhoused" and "unsheltered" are both terms used to describe people who lack stable, safe, and functional housing, but there is a distinction. An unsheltered individual sleeps in a place not ordinarily used as regular sleeping accommodations. Examples of unsheltered sleeping situations include tents, train stations, structures like sheds or garages, vehicles, sidewalks, or other locations unfit for human habitation. *Source:* HUDexchange.info.

BARRIERS TO CARE

People who are homeless or insecurely housed face many barriers to accessing health care and housing support, let alone both. These include challenges like not having a phone, time, knowing where to go, transportation, and worries about leaving their belongings. Fear of stigma and a lack of trust in systems are also significant factors for people who are feeling lost or ashamed, and many individuals experiencing homelessness have histories of trauma, which further increases their lack of trust and feelings of fear.

Some of the underlying factors related to the increased health issues among those who are experiencing homelessness include the following:[4]

- **Unstable housing** increases the risk of health problems and creates barriers to proper treatment plans.
- **Limited food options:** People experiencing homelessness have irregular meals with little dietary choice, and they also have limited budgets, which do not lend to having healthy or medically responsive food options.
- **Higher rates of communicable disease:** While living in shelters and on the streets, there are higher rates of infectious diseases.
- **Delayed Care:** When people are worried about where to stay safely, they are far less likely to access care, which creates and exacerbates health issues.
- **Lack of transportation:** Transportation costs and availability are barriers—simply getting to available care options is challenging.
- **Lack of insurance and resources:** Without insurance, cost deters people from accessing care, reduces the regular use of necessary medications, and limits access to specialty care.
- **Chronic stress and anxiety** associated with the crisis of being homeless also have adverse effects on health, development, and learning.

WHY HEALTH MATTERS

When people lose housing, it begins a cycle that impacts everything. When they are preoccupied with where to sleep or what to eat, they may not get or stay on necessary medications, which can destabilize their mental health or worsen chronic diseases like diabetes. Similarly, they are unlikely to get preventative care, and minor issues such as cuts or colds can quickly develop into infections or pneumonia. These can lead to avoidable and costly emergency department use and hospitalizations.

While health risks are present for people of all ages experiencing homelessness, **it has a more significant impact on older adults.** In California, 53% of people who are unhoused ages 50 and older reported that their health was fair or poor, compared to 22% among the general non-institutionalized population 65 and older.[5] This is important because people who self-report fair or poor health are more likely to be hospitalized or die in the coming years. Illness and death are also contributing factors to someone becoming homeless. 11% in the UCSF study reported that someone else's illness or death contributed to their becoming homeless, and 9% said that their own health crisis was a reason for their housing loss. It's simple: if people are sick, they can't work, earn a paycheck, or pay rent.

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4 Homelessness Resource Center (SAMHSA): www.homeless.samhsa.gov/Resource/Homelessness-and-Health-Care-32852.aspx
5 UCSF Benioff Homelessness and Housing Initiative. *Toward a New Understanding...* June 2023.

Further, a national study published in February of this year found that the mortality rate for unhoused Americans more than tripled in 10 years. While drug overdose played a role:

> *Deaths attributed to cardiovascular disease, the second-leading cause of death, increased 172% between 2011 and 2020. Other causes that saw major increases include diabetes, infection, cancer, homicide, and exposure…*
>
> *(And)…People also are **dying at increased rates of things that might be avoided if they had a home or regular access to preventative medical care**, such as heat and cold exposure, traffic injuries, cardiovascular disease, and diabetes.*[6]

LOCAL HEALTH DATA

In 2023, **2,823 (7%) Santa Rosa Community Health patients reported experiencing some form of homelessness.**[7] The total reflects a notable, but not entirely surprising, 55% increase over 2022 (1,823 patients / 4% of total) and is the result of new data collection and extraction. In June 2023, SRCH switched to a new electronic health record (Epic), which required all patients receiving care after "go-live" to be re-registered in the system: this meant a fresh chance to ask each patient about their housing status.

What this opportunity made apparent is that more SRCH patients are touched by homelessness or housing insecurity than previous systems and staffing could identify. Housing status is fluid for many people with low and extremely low incomes. While SRCH has established and expanded its team of in-clinic community health workers to support some screening, there is not yet a sufficient and sustainable funding model to regularly screen all patients for social determinants of health (SDOH) and connect people to resources when they need them. This missed opportunity has ripple effects for those individuals, the partners and systems working with them, and the entire community.

Santa Rosa Community Health data illustrates the clear disparities in health conditions for its patients who are unhoused compared to those who are. Chronic diseases such as diabetes, hypertension, and heart disease occur from 1.4 to 2.7 times more frequently among patients experiencing homelessness. Mental health challenges like depression and anxiety are 2.0 to 2.6 times higher. The most significant disparities are in Hepatitis C (8.8 times higher), drug disorders (5.7 times higher), and alcohol disorders (3.8 times higher).

Santa Rosa Community Health Patient Morbidity Rates
Source: 2023 Uniform Data System Report

Diagnosis	Homeless	Housed	Ratio
Hypertension	26.57%	14.84%	1.8
Respiratory Diseases	15.80%	7.88%	2.0
Diabetes	14.06%	10.15%	1.4
Hepatitis C	2.23%	0.25%	8.8
HIV	3.29%	1.14%	2.9
STIs	2.73%	1.20%	2.3
Alcohol Disorders	7.05%	1.86%	3.8
Drug Disorders	16.47%	2.87%	5.7
Depression	24.65%	9.51%	2.6
Anxiety	23.88%	11.70%	2.0
Heart Disease	9.07%	3.40%	2.7
Dehydration	0.28%	0.11%	2.6
Exposure (Heat/Cold)	0.18%	0.03%	5.5
COVID-19	3.40%	1.93%	1.8
Post COVID-19 Condition	0.50%	0.20%	2.5

6 Kendal, Marisa. *It's now significantly more deadly to be homeless*. CalMatters. February 29, 2024.
7 Santa Rosa Community Health. 2023 Universal Data System Report.

What's Working?

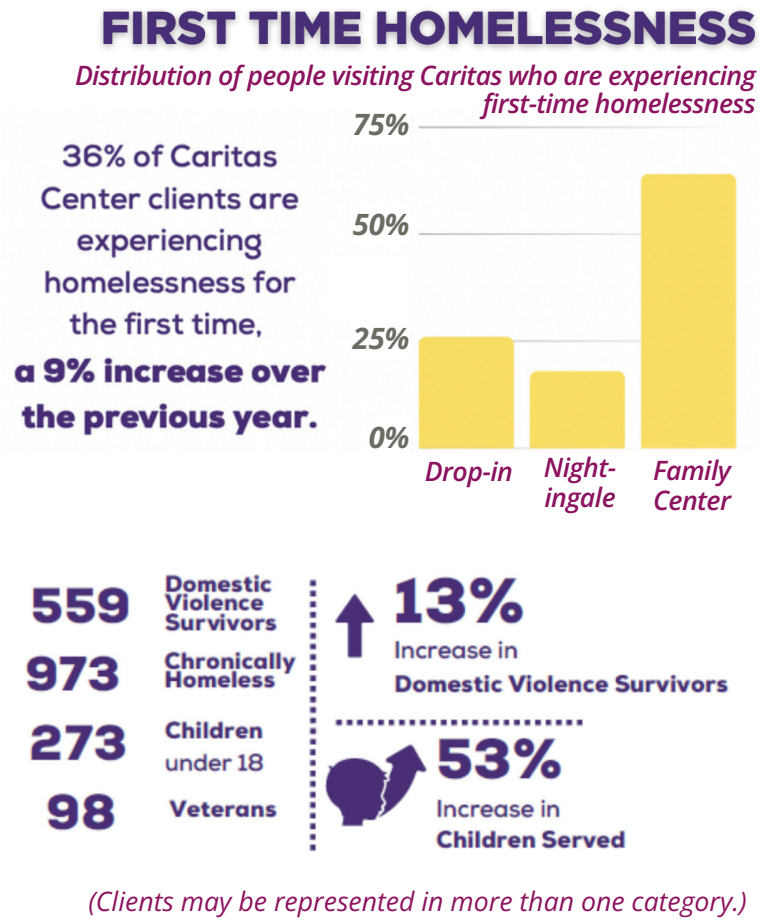
Clearly, there is still work to do, but there are things in place that are working to address the needs described above. The co-location of Catholic Charities' Caritas Center, Santa Rosa Community Health's Caritas Campus clinic, and Burbank Housing's Caritas Village, as well as a concerted effort to increase the availability of low-income and permanent supportive housing options across the county, are yielding positive results. These should be celebrated and, even more importantly, expanded to turn initial gains into long-term transformation and an eventual end to homelessness in Sonoma County.

CARITAS CENTER

Caritas Center is a safe space for chronically homeless individuals, survivors of domestic violence, and families to receive housing-focused services that honor participants' dignity and meet their housing and healthcare needs.

In the first year of operations, Caritas Center has seen some invaluable outcomes, as the Center has served 2,242 people, which is a 13% increase from before the Caritas opening. That includes 467 families and 273 children ages 0-18. Caritas Center also served 448 seniors (age 60+), a 16% increase in this group (and is California's fastest-growing homeless subpopulation.)

Additional data points can be found in the graphs, but the most exciting outcome is that **in the first year of operations, the staff were able to permanently house individuals in half the time it took before we had Caritas** due to the increased rooms for families, a larger Drop-In Center, and our new Nightingale recuperative care program.



(Clients may be represented in more than one category.)

SRCH's CARITAS CAMPUS CLINIC

In November 2022, Santa Rosa Community Health (SRCH) moved its Brookwood Campus to Caritas Center. In addition to comprehensive medical, mental health, and substance-use care, SRCH added OB/GYN and pediatric care to meet the needs of women and families at Caritas. A highly skilled community health worker and an access navigator are also on the Caritas care team to support access to resources and insurance enrollment. Since opening its Caritas Campus, SRCH has provided almost 20,000 visits to 4,270 distinct patients (from 11/21/24 to 7/29/24). These visits included 319 patients under 18 years and 86 pregnant patients.

Since Caritas opened, SRCH has also provided shelter or street medicine to 362 individuals in 1,184 encounters, the vast majority of these (999) in the last twelve months after completing the street medicine training and program expansion noted above.

Of note, 33% (1,379) of Caritas Campus patients reported experiencing homelessness at least once during this period, meaning 67% did not. Caritas, like SRCH's other campuses, is living up to its name and mission as a neighborhood clinic, serving the local community of people with low incomes, which contributes to preventing homelessness before it starts.

WORKING BETTER TOGETHER

The vision for co-locating SRCH's clinic with Catholic Charities' Caritas Center is being realized. Catholic Charities staff regularly encourage drop-in center visitors to head upstairs to the clinic to address an urgent or emergent health need. The SRCH team also conducts a weekly clinic in the Drop-in Center to meet the needs of those who do not yet feel ready to go to the clinic. SRCH continues to provide nursing care in the beautifully expanded Nightingale recuperative shelter, previously co-located with SRCH's Brookwood Campus. Whether people receive services at the Caritas Drop-in Center, Family Shelter, Nightingale, supportive housing, or receive care at the Sam Jones shelter, having both teams working right next door to one another has dramatically enhanced the already active communication and care coordination for this community. This coordination, in turn, supports staff resilience and morale as they do this intensive work. It also decreases emergency calls for service, which can tie up first responders with lower-level ailments, and reduces the use of the emergency room for primary care visits. This co-location allows for appropriate medical care at the appropriately-accessed level.

CalAIM ENHANCED CASE MANAGEMENT & COMMUNITY SUPPORTS

Lastly, CalAIM, California's massive and multi-year initiative, is beginning to deliver on its promise to transform the state's health care and social services delivery systems. Of particular value for Sonoma County's community members experiencing homelessness or housing insecurity are Enhanced Care Management (ECM) and Community Supports (CS). ECM/CS are foundational parts of the transformation of Medi-Cal focused on:

- Breaking down the traditional walls of health care, extending beyond hospitals and healthcare settings into communities
- Introducing a better way to coordinate care
- Providing high-need members with in-person care management where they live.[8]

ECM/CS creates a funded pathway to provide the hands-on case management (both medical and social) they need to navigate complex medical conditions, including substance use, and complete all the steps on the path to get into and stay in housing. State and Partnership Health Plan grants to fund the hiring, training, infrastructure building, outreach, and case-load ramp-up time have been invaluable.

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8 CA Department of Health Care Services. Enhanced Case Management and Community Supports.

CalAIM is an exciting new initiative that provides transformational opportunities for organizations to enhance and expand their services. There have been bright spots in the first months of implementation and learnings around areas that can be improved, including the nature of one-time capacity-building funds that expire and creating more inclusivity and understanding through the legislation and billing requirements for specific populations.

Policy Recommendations

These recommendations aim to highlight improvements that could urgently address and prevent homelessness in the community by building on Caritas' innovative model. Key recommendations include:

1. **Expanding Outbound and Coordinated Care:** This involves expanding medical care that is brought directly to individuals in need through street medicine teams, mobile clinics, and outreach services. Co-locating medical services with homeless support systems, like shelters and drop-in centers, can improve access, system efficiency, and —above all— health outcomes.

2. **Expanding Recuperative Care Programs:** More recuperative care beds are needed to provide comprehensive residential support for those recovering from medical issues. This expansion would help bridge gaps between hospitals, shelters, and permanent housing, thus avoiding emergency room visits and reducing costs. Additionally, these programs should incorporate medical case management for higher-need individuals.

3. **Increasing CalAIM Flexibility and Coordination:** Under California's CalAIM initiative, Medi-Cal Managed Care Plans (MCPs) can voluntarily use federal Medicaid dollars for a limited array of housing-related costs. While some housing-related costs are starting to be included in reimbursement options, there is a call for a more expansive approach across the state so these supports become mandatory benefits rather than optional (particularly for the most vulnerable populations.) Other areas for enhancement include:

    3a. **Continue One-Time Capacity Building Funds:** Much of the one-time funds organizations have used to build this billing system will expire, and the implementation is incredibly complex. Hence, a recommendation is to continue the capacity-building funds through the thorough implementation of CM/ECM, which would continue to provide the capacity to implement this program fully.

    3b. **Legislative Changes:** Introduce or amend legislation to extend the duration of billing for services beyond the current time limitations. For example, the current policy for Community Supports (CS) funds restricts billing to 90 days for individuals in shelters and six months of rent for newly housed individuals, neither of which is sufficient time to resolve homelessness. It is suggested that reimbursement be extended to cover the entire period needed to effectively address an individual's homelessness. This change would provide more comprehensive support for those in need.

Overall, these recommendations advocate for a more integrated and flexible system to improve healthcare access and housing stability for the homeless and housing-insecure individuals.

Conclusion

The collaborative efforts of Catholic Charities, Santa Rosa Community Health, and our many partners have yielded significant progress in addressing homelessness and its associated health challenges in Sonoma County. The successes of the Caritas Village model demonstrate the power of integrated, compassionate care in transforming lives. While challenges remain, the collective commitment to innovative solutions and coordinated care continues to drive positive change. Together, we are building a healthier, more just community where every individual has the opportunity to thrive, and we look forward to furthering this mission in the years to come.

Participant Stories

SALLY'S STORY:

Sally*, a 60-year-old woman, was a familiar sight on the streets, often seen sitting and screaming at people who were not there. Santa Rosa Community Health's shelter care team encountered Sally, who was struggling with severe mental health issues and being unhoused, at 600 Morgan Street (before the opening of Caritas Center) several times. Recognizing her urgent need for comprehensive care, they offered to assist her in managing her health issues, particularly her mental health, which she identified as her priority. This comprehensive care included giving her a shot of necessary medication on the street to help her manage her immediate mental health symptoms.

Sally had been unstable for quite some time, unable to attend her mental health or primary care appointments. The SRCH team began developing a relationship with her, building trust through consistent and compassionate outreach. Gradually, Sally allowed them to manage both her mental health and primary care needs. We invited her to do walk-in visits at Brookwood, assuring her that she would be seen at any time. SRCH staff welcomed her warmly whenever she arrived, reinforcing her trust in their care.

Through persistent support and treatment, Sally's mental health began to stabilize. This progress was crucial in addressing her substance use disorder, which had previously derailed attempts to get her into housing. Today, Sally no longer uses the substance in question and has been housed for the past year. SRCH continues to visit her at her place to support her stability, and she regularly comes to Caritas for primary care and psychiatric services.

In addition to SRCH's ongoing support, Sally now receives care through the Providence Palliative Care program, which further aids her journey toward stability. Her story is a testament to the transformative power of comprehensive, compassionate care. Sally's journey from the streets to stable housing highlights the crucial role of trust, consistency, and dedicated support in helping individuals reclaim their lives. Caritas Village is providing the path for these collaborative, life-changing supports with and for those in need in our community.

Participant Stories *(continued)*

PHILLIP'S STORY:

My name is Phillip* and I'm a 53-year-old cancer survivor who ended up homeless. I started in life like many of you. I went to a good college and eventually landed a good career in education as an administrator. Through a three-year period and more than a dozen surgeries, I became a cancer survivor who lost my home, car, and job, as well as most of my friends and family.

However, this letter is not about me but about my gratitude to all of you. Gratitude is when you are thankful for the good things in your life. This can be the things most people often take for granted like having a place to live, food, or even clean water. Gratitude is taking the time to reflect on how fortunate you are when something good happens, big or small.

I'm grateful to each one of you because I recognize that for every supervisor, case manager, or housing advocate I've met, ten more people are working diligently behind the scenes to make all this work and come together in order to help those who have the greatest need.

I would be remiss not to thank each person who works in your agency, from the HR to the support staff and everyone else at your office.

Also, please note that without NIGHTINGALE CENTER to bridge the gap between hospital and housing, this story might have ended differently. They are able to fill the immediate need for a place to be housed and nourished, which is sometimes difficult for a government agency to meet. They play a critical role for people in my situation.

So, thank all of you from the bottom of my heart. You gave me a place to heal, food, and kindness that extends the bounds of your job description. Because of your kindness, I will continue to recover. I will be back to being a constructive and fruitful member of our society. I will continue to "pay it forward."

Thank you, and may God bless each one of you for all the kindness you've shown me."

**Names in both stories were changed to protect privacy.*

Data Addendum

NATIONAL DATA

- According to the National Alliance to End Homelessness (NAEH), individuals living in shelters are over twice as likely to have disabilities compared to the general population. They also experience higher rates of chronic conditions, such as diabetes, heart disease, and HIV/AIDS (3-6 times higher). Furthermore, those with co-occurring mental health and substance use disorders face more immediate health risks and precarious living situations.

CALIFORNIA DATA

- The California Statewide Study of People Experiencing Homelessness (CASPEH) is the largest representative study of homelessness in the U.S. since the mid-1990s, involving nearly 3,200 questionnaires and 365 in-depth interviews. Key findings include:
  - Poor health conditions: 45% rated their health as poor or fair; 60% reported chronic diseases; 34% experienced limitations in daily activities; and 22% had mobility issues.
  - High emergency service utilization: Within six months, 38% experienced hospitalization without admission, and 21% were hospitalized for physical health issues, with a small group responsible for the majority of emergency visits.
  - Lack of recovery options: Few participants had access to adequate recuperative care or other post-hospitalization support.
  - Chronic health conditions: Over 60% reported at least one chronic condition, and 28% had two or more.

BAY AREA AND LOCAL DATA

- A study indicated that 40% of homeless individuals used emergency services at least once, three times higher than the national average, largely due to unmet medical needs. Notably, 8% of homeless individuals accounted for 54% of emergency department visits, suggesting a need for targeted programs for high utilizers.
- A longer-term UCSF study of older homeless adults revealed high rates of premature mortality, primarily due to heart disease, cancer, and drug overdose.

CONCLUSIONS FROM DATA

- Individuals experiencing homelessness are more likely to suffer from health issues and face premature death compared to the general population.
- There is a high utilization of emergency services, driven by a small group with chronic conditions.
- Aging while homeless significantly raises the risk of death and health complications.
- Access to healthcare remains a significant barrier, exacerbating health problems.
- There is a notable lack of recovery options such as recuperative care and medical respite.