

Partnering to Improve Care for People Experiencing Homelessness Profile Series: **Engaging the Community to Support People Experiencing Homelessness: Lessons from California's Tuolumne County**

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In California's [Tuolumne County](#), over [19 percent of the population](#) faced severe housing barriers in 2023. Tuolumne, a rural county in Northern California, is home to more than half of Yosemite National Park and set within the Sierra Nevada mountains. This rural region faces significant challenges, including limited access to clinical services for people experiencing homelessness, insufficient housing resources, a fragmented homelessness continuum of care, and constrained transportation. These issues are further exacerbated by periodic wildfires. As a result of limited health care options, people in encampments often must leave the area — and their possessions — to access care at hospitals and emergency departments in nearby cities.

This profile explores the unique cross-sector partnership between Resiliency Village and Mathiesen Memorial Health Clinic (Mathiesen) to improve access to care for people experiencing homelessness in Tuolumne County. Resiliency Village is a low-barrier, housing first, trauma-informed organization providing outreach, homeless services, emergency shelter, transitional housing, and wraparound support. Mathiesen, a tribal federally qualified health center (FQHC) run by the [Chicken Ranch Rancheria Me-Wuk Indians of California](#), provides comprehensive medical care to residents of Jamestown, a small unincorporated community with a population of under 4,000 people, and the surrounding community.

AT-A-GLANCE

Partners: [Resiliency Village](#) and [Mathiesen Memorial Health Clinic](#)

Problem: People experiencing unsheltered homelessness in Tuolumne County have limited access to health care and housing.

Solution: Conduct surveys on the health history and health-related needs of community members experiencing homelessness and collaborate to address health and social needs through street outreach and mobile medicine.

Key Features: Peer-led community needs assessment surveys of people experiencing homelessness; community collaboration and alignment; and mobile medicine and street outreach providing on-site clinical care and housing services.

PARTNERING TO IMPROVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

This profile series, a product of [Partnerships for Action: California Health Care & Homelessness Learning Collaborative](#), explores innovative cross-sector partnerships between health and homeless service providers that are working together to improve care and service delivery for people experiencing homelessness. [LEARN MORE »](#)

Through the [*Partnerships for Action: California Health Care & Homelessness Learning Collaborative*](#), led by the Center for Health Care Strategies (CHCS) and made possible by the California Health Care Foundation, Resiliency Village and Mathiesen came together to leverage their individual strengths. Their partnership enabled a deeper understanding of and response to the services most sought after by people experiencing homelessness in the community. Resiliency Village excels at locating and engaging people experiencing homelessness who need housing and social services, while Mathiesen uses its strong relationships with local tribes to provide health care services to rural communities and improve health outcomes. Under the initiative, the team collaborated to find new ways to provide comprehensive whole-person care that better meets the needs of people experiencing homelessness in the region.

Partnership Interventions

Resiliency Village and Mathiesen partnered on three key efforts to better support people experiencing homelessness in Tuolumne County. Together, they worked to:

1. **Engage community partners**, including policymakers and the public health department, to better understand and address the needs of people experiencing homelessness in the community;
2. **Develop a community assessment survey** to better understand the social and health needs, health history, and life experiences of people experiencing homelessness in Tuolumne County; and
3. **Establish a mobile medicine program** for people experiencing homelessness who are not currently accessing care at brick-and-mortar locations.

Engage Community Partners

Resiliency Village and Mathiesen created community forums to better understand the needs within their community; better align their efforts with other local service providers; and provide more cohesive and holistic care. Resiliency Village and Mathiesen invited anyone involved in providing housing, homeless services, and/or health care to people experiencing homelessness to an introductory forum. The initial session was held in-person, while subsequent meetings were hosted virtually. The forums provided opportunities for participants to discuss gaps in service delivery; understand existing resources within the community; and align on shared goals. These conversations helped community organizations identify opportunities to collaborate and address priority needs for Tuolumne residents experiencing homelessness. Notably, there was high interest in keeping momentum going within the community to engage with one another and align efforts to improve access to services for those experiencing homelessness. Resiliency Village and Mathiesen plan to continue to hold these meetings quarterly at various locations selected by involved partners.

Develop a Community Assessment Survey

Concurrent to the community forums, Resiliency Village designed a [survey](#) for people who are unsheltered in Tuolumne County to understand specific needs that was guided by input from peers, people with lived experience within their community, and providers. The survey captured: (1) demographics; (2) housing history and barriers; (3) health history; (4) employment and education history; (5) [adverse childhood experiences](#) scoring; and (6) open-ended questions to elicit personal stories that support quantitative data collected. To get an accurate representation of needs, Resiliency Village cast a wide net by visiting [encampments](#) within the county and joining forces with the other outreach teams, such as the [Homeless Outreach Support Team](#) within city of Sonora, Tuolumne's county seat.

This survey process was unique due to the time and effort invested in collecting information and engaging as many potential respondents as possible. The team's outreach efforts were aided by their inclusion of Resiliency Village staff with lived experience of homelessness to lead the survey assessment process. The team also ensured ample time for respondents to complete the surveys, sometimes requiring multiple trips, recognizing that relationships must be formed, and trust must be earned before someone is willing to answer complex and personal questions.

Survey Results by the Numbers

From June 2023 to January 2024, Resiliency Village and Mathiesen completed surveys with 76 people and plan to continue to survey individuals to assess changes in outcomes and identify evolving service needs. Key survey results include:

- **Primary Reasons for Homelessness:**
 - Recent death of a family member or divorce
 - Loss of home from fires
 - Lack of affordable housing
 - Lack of income
- **Duration of Homelessness:**
 - Most respondents: 2 to 5 years
 - A few: More than 20 years
- **Residency in the Area:**
 - Most respondents lived in the area for most of their lives
 - Only 5% had lived in the county for less than one year
- **Employment and Housing:**
 - 9% were working but unable to access housing
- **Mental Health:**
 - 43% reported a mental health diagnosis
 - High prevalence of PTSD, depression, and bipolar disorder
- **Physical Health:**
 - 56% reported a current health condition
 - Common conditions: Heart disease, COPD, dental issues, significant pain from injuries
- **Barriers to Receiving Care:**
 - More than 50% identified transportation as a barrier
- **Domestic Violence:**
 - 61% reported a history of or current experience with domestic violence

Establish a Mobile Medicine Program

Based on early survey results and priorities identified through community engagement discussions, Mathiesen and Resiliency Village decided to work together on a plan to bring health care directly to people. Together the two organizations created a cross-agency street outreach and mobile medicine team to address the health needs of people experiencing homelessness in Tuolumne County. Resiliency Village provides street outreach to individuals offering housing-related assistance and referrals to social services and Mathiesen provides clinical services through a mobile unit and smaller vehicles to reach isolated community areas. The mobile team provides referrals to additional clinical care as needed. To support the purchase of the mobile unit and smaller vehicles as well as supplementary services provided, Mathiesen and Resiliency Village used funding streams like the Tribal Homeless Housing, [Assistance and Prevention Grants Program](#), CalAIM [Providing Access and Transforming Health Initiative](#), and other resources they are eligible to receive as a tribal FQHC.

Takeaways for Health Care and Homeless Service Providers

Below are early lessons from this work that can inform efforts by other health care and homeless systems to improve outcomes for people experiencing homelessness.

- **Foster alignment among cross-sector partners.** Cross-sector partnerships can align efforts to improve health and social outcomes for people experiencing homelessness and maximize limited resources. It is critical to understand how various partners are working toward similar goals and make sure these efforts are coordinated and complementary, rather than duplicative. For example, Resiliency Village and Mathiesen share and organize a schedule to ensure that both their street outreach and mobile medicine teams go out together consistently. They case conference regularly about client needs to discuss care challenges and opportunities. Through this collaboration, they are now better able to refer and optimize case management and support for health and housing needs. This alignment is leading to clearer goals and roles across both organizations.
- **Ensure the perspectives of people living unsheltered are represented in service design.** Homeless service and medical providers can be partners with people experiencing homelessness to better understand and address the needs of the community. Resiliency Village's community assessment survey successfully collected the perspectives of people living outdoors in Tuolumne County to inform efforts to improve services. The survey highlighted the need for increased access to care and services, including mental health, employment, and affordable housing.

- Build collaborations to enact change.** Through their work, Resiliency Village and Mathiesen discovered the importance of providing a unified front when advocating for local government changes, applying for funding, and combating “Not in My Backyard” sentiments and misconceptions of homelessness. As mentioned, Resiliency Village and Mathiesen plan to continue their quarterly community conversations to keep their partners aware of and engaged in their work. In partnership with Resiliency Village, HC2 Strategies, a community health consulting firm and coach supporting CHCS’ *Partnerships for Action Learning Collaborative*, created a presentation that could be adapted for different audiences using the survey findings and national and local data describing the characteristics, needs, and opportunities related to unhoused populations. They have been able to share this information more broadly to help build public understanding, including with leadership at Tuolumne County Public Health and in several public forums with health and policy leaders.
- Ensure flexibility and adaptability in program design.** The development of new programs is often not linear, and things can change unexpectedly. Due to supply chain and availability, Mathiesen received news that their mobile unit would take over a year to design and build. [To avoid losing momentum](#) during this waiting period, Mathiesen purchased smaller vehicles to reach individuals more quickly and worked with the [National Health Care for the Homeless Council](#) to design their mobile street team approach. They also used this time to pilot the mobile services, including their outreach strategy, primary care services, behavioral health services, and medications for addiction treatment. Once the mobile unit was ready, Mathiesen adapted the piloted services to a larger scale.

The cross-sector collaboration between Resiliency Village and Mathiesen is helping people receive more timely and specialized care. Through their partnership, there has been improved communication, patient coordination, follow-up, and care planning for the individuals they serve.

Comprehensive Care and Support: A Success Story

The Resiliency Village team surveyed a 75-year-old man with health complications, including chronic obstructive pulmonary disease, substance use disorder, and post-traumatic stress disorder, who was living in his car and was subsequently referred to an open bed at Resiliency Village’s transitional housing site. Resiliency Village was able to refer him to Mathiesen for medical care and medication and provide transportation to medical appointments. Both agencies were able to follow up to provide a comprehensive care plan. He is now housed and receiving his maintenance visits.

Looking Ahead

The Resiliency Village and Mathiesen teams plan to build on their successful partnership efforts by expanding their health and outreach services to more shelters and interim housing facilities; add additional staff with lived expertise to their outreach teams; and increase street outreach and street medicine services. The organizations also plan to continue to present the assessment survey data to community members, local decision-makers, potential funders, and other partners. This will help inform and advocate for services, policies, and funding to support improved health and social outcomes and provide greater transparency of the community's needs. Additionally, Resiliency Village has begun exploring how to leverage Medi-Cal, California's Medicaid program, as a sustainable funding stream to support their work, including through CalAIM [Enhanced Care Management](#) and [Community Supports](#), such as [recuperative care](#). Similarly, Mathiesen has begun the contracting process for these services with their local managed care plans.



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