Building Mental Health Partnerships to Serve People Experiencing Homelessness

2025 NATIONAL CONFERENCE ON ENDING HOMELESSNESS

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What does it take to prevent youth homelessness before it starts? And when youth do become homeless, how can we prevent it from happening again? This session will dive into innovative, data-informed strategies communities are using to stabilize young people early and support their long-term self-sufficiency.

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Building Behavioral Health Partnerships to Serve People Experiencing Homelessness

Need for Integrated Behavioral Health Systems

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- Fragmented care across behavioral, mental, and physical health domains for those navigating homelessness
- Populations experiencing gaps in care
- Siloed service delivery and lack of shared accountability

Operational Integration Goals

- Build a collaborative infrastructure between BH/MH and housing/care systems
- Streamline communication and data sharing
- Reduce readmissions, housing loss, programmatic churn, and improve care transitions
- Enhance dignity and agency

Core Infrastructure for Integration

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- Unified Engagement Frameworks – Develop common language and methodologies
- Centralized Data and Compliance Tracking – Real-time shared accountability
- Field-Based Operations – Embedded MH/BH engagement across outreach
- Community Relationship Building – Sustainable partnerships over transactions

Creating Collaborative Infrastructure

- Shared governance models (MOUs, joint care plans)
- Role delineation across clinical and community-based teams
- Integration of technology (Teams, SharePoint, EHR, HMIS)
- Respect for cultural and operational differences between organizations

Relational Foundations of Integration

- Shared training across organizations for trauma-informed care, harm reduction, etc.
- Reflective practice tools to harmonize engagement approaches

Data & Documentation Alignment

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- Power BI dashboards for engagement and compliance
- CPT-code aligned service logs for shared interventions (Revenue Cycle Management – on the BH/MH provider side)
- Interoperable systems: ROI-driven data sharing protocols
- KPI example: 70% of members follow through with scheduled appointments (PCP, Psychiatry, CDIOP, Talk Therapy)

Real-World Field Application

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- Mobile engagement teams working alongside clinical partners
- Cross-trained staff in housing, care coordination, and BH/MH navigation
- Schedule case conferencing to review progress and barriers

Engagement Infrastructure – The NBH Support Center Model

- Hub for Day Treatment, Group Therapy, Medication Management, Rx, Psychiatry, PCP, CDIOP
- Day Treatment is structured around member readiness
- Welcoming design and practices to reduce stigma

Best Practices for Relationship-Building with BH/MH Entities

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- Begin with shared goals, not programmatic turf
- Invest in co-created processes, not one-sided expectations
- Respect each organization's bandwidth and expertise
- Emphasize sustained engagement – short and long-term

Key Takeaways

- Integration requires both structure and relational intentionality
- Behavioral health partnerships thrive on transparency and trust
- Centralized systems support decentralized engagement
- Shared language, documentation, and training are essential

Contact

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NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Building Behavioral Health Partnerships to Serve People Experiencing Homelessness

July 2, 2025

Kate Gleason-Bachman, MPH, RN, WCC
Senior Nurse Manager
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National Health Care for the Homeless Council

Who We Are

- Since 1986, we have brought together thousands of health care professionals, medical respite care providers, people with lived experience of homelessness, and advocates. Our 200+ Organizational Members include Health Care for the Homeless programs, respite programs, and housing and social service organizations across the country.

What We Do

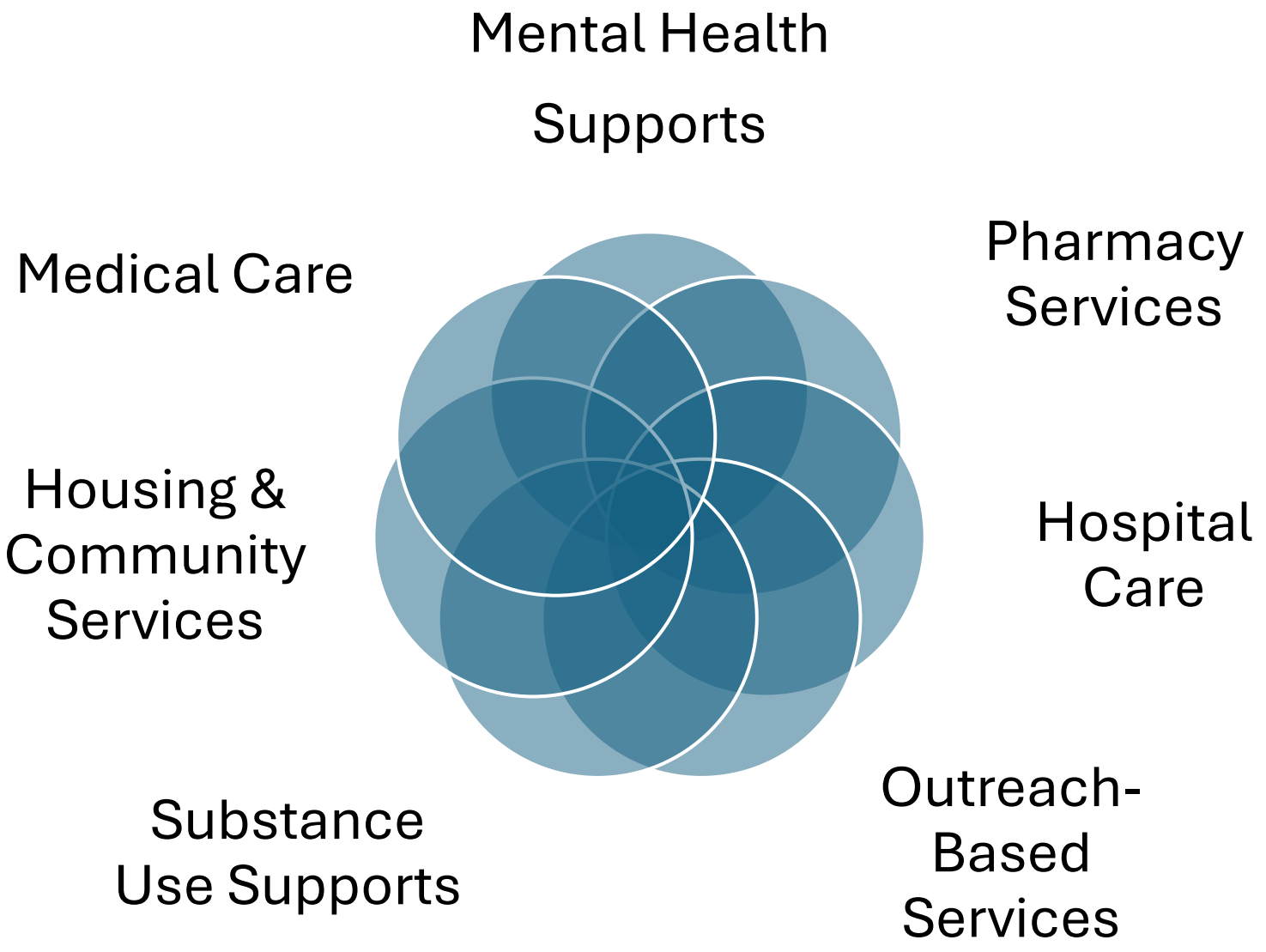
- We work to improve homeless health care through training and technical assistance, researching and sharing best practices, advocating for real solutions to end homelessness, and uplifting voices of people experiencing homelessness.

What You Can Do

- Learn more about how you can help support our mission.

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Behavioral Health in the Community



Service Delivery Models

- Staff integration:
  - Behavioral health consultants, social workers, or mental health providers
  - Substance use services/treatment
- Access Across Settings:
  - No wrong door approach
  - Walk-in availability
- Collaboration & Coordinated Service Delivery:
  - Referrals and warm hand offs
  - Shared EMRs/Read-only access
- Pharmacy Partnerships:
  - Monitoring, medication delivery, or medication administration

Service Delivery Strategies

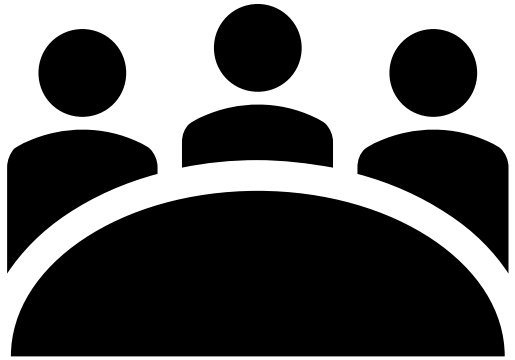
- **Low-threshold services**: Easy to start, easy stay, easy to return
- **Trust building and consistency**: Avoid involvement of multiple BH staff if possible
- **Telehealth**: Great option to increase access, especially through outreach and home visits
- **Patient centered approach**: Follow patient goals and keep communication open
- **Case conferencing**: Include clients, consider daily huddle, work to address challenges
- **Provide education**: Knowing what to expect helps with experience

Funding

- PPS Rate (Prospective Payment System)
- Opioid Settlement Funds
- Use of grant funding for demonstration projects
- Use of data to advocate for reimbursement or funding
- Pharmacy/vendor supports

Client Cases

- Ana: 38 year old Latina woman, schizoaffective and opioid use disorder with dual treatment in primary care, presented with concern for new side effects
- Roy: 58 year old Black man, visits hospitality and clinic weekly/daily, agreed to long acting injectable after two years
- John: 32 year old white man, chaotic active substance use, bipolar disorder, wounds, typically only seen on outreach or off-hours
- Simone: 49 year old Black woman, bipolar disorder, receives injections at the pharmacy with case management support



Discussion

- What strategies have worked in your settings?

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