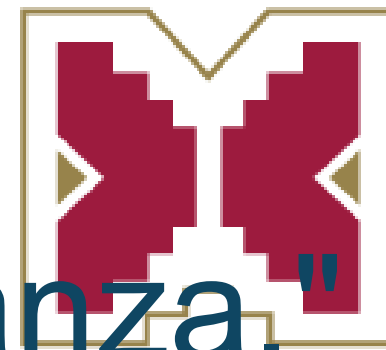


"Donde hay techo, hay esperanza."



MARIPOSA
Your
COMMUNITY
HEALTH CENTER

Housing is Health

Support Services for
Individuals & Families
in Santa Cruz County

Ryann Quick, MPH

Health & Social Services Manager

- Adult Medicine ●
- Pediatrics ●
- OBGYN ●
- Radiology ●
- Labs ●
- Domestic Violence ●
- Health Education ●
- Youth Programs ●
- WIC ●
- Housing/Homeless ●**



- Integrated BH ●
- Therapy ●
- Psychiatry ●
- Groups ●
- Medication Management ●
- Dental ●
- Eligibility ●
- Pharmacy ●
- Medication Assisted Treatment ●

What We Do



Through the Family Support Network, we assist individuals and families who are experiencing homelessness or at risk of becoming homeless.

Our services include:



Intake & Assessment



Case Management



Financial Assistance



Connection to Community Resources



The Family Support Network advocates for each client's housing needs, working to reduce barriers and promote long-term stability.

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Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Living in a private or public place not meant for human habitation (ex: on the street, parks, car, abandoned building, bus station, camping grounds)
- Living in a publicly or privately operated shelter designated to provide temporary living arrangements

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- “Doubling-up” or staying with friends or family
- Living in “inhabitable homes” (bad condition, no utilities)
- Staying in hotels
- Crossing the border to Mexico



Housing & Health



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- **Access to Healthcare:** Without a stable address, individuals may have a harder time obtaining insurance, getting appointments, transportation issues, etc.
- **Physical Health:** Individuals living on the streets or uninhabitable spaces may have increased exposure to violence, diseases, and infections. Those with health conditions existing prior to homelessness may have more trouble managing their illness.
- **Mental Health:** Those experiencing homelessness or unstable housing have higher rates of depression, anxiety, PTSD, substance use, etc.
- **Nutrition & Hygiene:** Irregular or inadequate meals, limited access to restrooms or showers can be contributing factors to health issues.



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Children

- 2x more likely to have chronic conditions (asthma, anemia)
- Higher rates of developmental delays and behavior issues
- Increased emotional stressors, anxiety, and depression

Women

- Greater risk of DV, sexual assault, and reproductive health issues
- Higher rates of depression, PTSD, and substance use
- Pregnant women face more preterm births and low birthweight babies

Men

- Mortality rates up to 10x higher than housed men
- Frequent issues: chronic illness, substance use, untreated mental health

Supporting Patients with Housing Barriers

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- L_t gē _rg e Amk k sl gwPc qms pac q8 Connect clients to housing, employment, benefits, and social services
- L_t gē _rg e rfc Fc_jrf Acl rcp8 Help clients access medical, behavioral health, dental, and other internal services.
- ? bt ma _rg e dmp Ajgl rq8 Liaison between clients, landlords, and agencies
- ? qqgrđ e u gf Dđ _l ag_j @_ppg pq8 Offer rental, deposit, utility support, and budgeting guidance
- Mddc pđ e Qs nnmpr8 Provide case management, empathy, and encouragement throughout the housing journey



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Geographic

- Assessing the situation - immediate needs
- Emergency shelter if necessary
- Connecting to appropriate resources
- Entering into Homelessness Management Information System

Active Case Management

- Accompanying client to appointments
- Assisting in filling out applications
- Transportation
- Referrals to other departments/ agencies
- Advocacy
- Making them feel heard, seen, and safe during this difficult time

After Goals Are Met:

- Warm hand-offs
- Follow-ups
- Cases closed
- Letting them know you are still there if needed

Do I qualify? Application

When funds are available, they are used for homelessness diversion for individuals & families.

- Application process
- Applicants must have income and plan for sustainability
- Only available once in a 12-month period
- If applicants do not qualify or if there are no funds, we will refer to other resources in the community



Application

- Rent
- Deposit
- Mortgage



Utilities

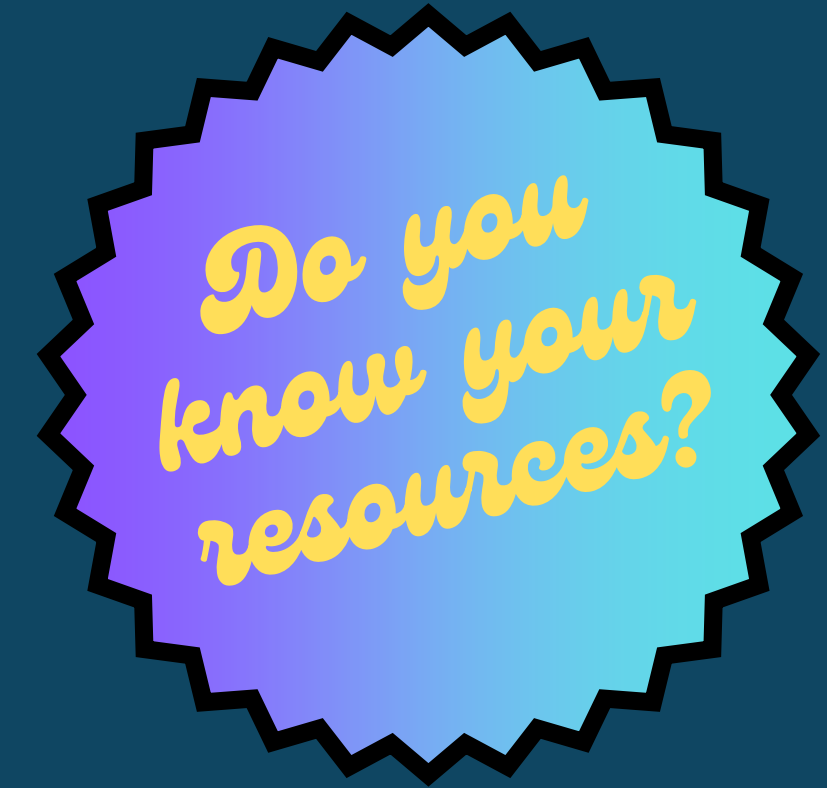
- Electricity
- Gas
- Water



Emergency

- Bus/plane tickets
- Mattresses
- Emergency household items

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In-Clinic:

- Primary Care/ Pediatrics
- OBGYN
- Behavioral Health
- Dental
- Community Health Services
 - Domestic Violence Program
 - Maternal Child Health Program
 - Integrated Services

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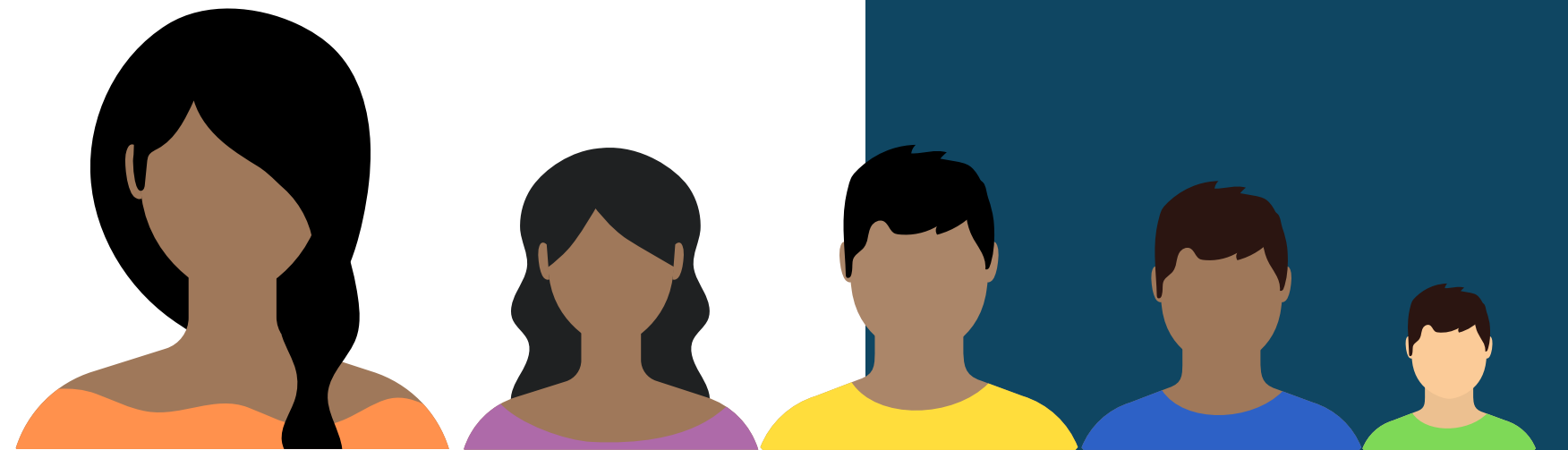
- Crossroads Mission Shelter
- Nogales Housing Authority
- Department of Economic Security
- HOPE Inc.
- Arizona @Work
- Nogales Community Food Bank
- McKinney Vento
- SouthEastern Arizona Community Action Program (SEACAP)

Scenario



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- Provided a space heater, air mattresses, and groceries immediately after assessment
- Connected Maria to Arizona @Work employment services
- Provided transportation to job interviews
- Helped her apply for income based housing at the Nogales Housing Authority
- Connected her to the McKinney Vento Liaison, her kids were enrolled in school and provided clothes & school supplies
- Helped her apply at DES for SNAP and AHCCCS
- Scheduled medical appointments, kids received vaccinations and eyeglasses
- Provided rental deposit assistance



Strategies for Rural Housing Support

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- Partner with your regional Continuum of Care (CoCs)
- Form or join multisector groups (health, housing, law enforcement, schools, faith orgs)
- Reevaluate your referral systems and resources

Integrate Housing Screening into Services

- Use brief, validated tools (PRAPARE)
- Embed screening into clinical visits, case management, or intake
- Normalize the conversation:
∂Do you have a safe and stable place to sleep tonight?Σ

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- Train CHWs to identify housing instability
- Empower CHWs to make warm referrals to housing programs or emergency shelter
- Use CHWs to build trust in communities

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Case Conferencing

- Collaborate across agencies to coordinate care and identify solutions for individuals and families experiencing homelessness.

Coordinated Entry

- Ensure equal access to housing and services through a shared referral system.

Point-in-Time (PIT) Count

- Lead the annual count to identify the number and needs of people experiencing homelessness in our community.

Shared Initiatives

- Work together on strategic projects that address housing gaps, prevention, and system improvements.

Awareness & Advocacy

- Host community events, educational campaigns, and activities to reduce stigma and increase support for local efforts.



Thank you!

Contact Information:

rquick@mariposachc.net

Office: (520) 375-6050

