



PARTICIPANT HANDOUTS **CHAMPS 2025/2026 Health Care for the Homeless Collaborative Session 3: Models of Care**

Thank you for attending today's training. By doing so, you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, high-quality primary health care services.

Presented by:

Katie League, LCSW-C, [National Health Care for the Homeless Council](#)
Shawn Marzan, BSN, RN, [STRIDE Community Health Center](#)

Live Event Date/Time:

Wednesday, January 21, 2026
12:00–1:00PM Mountain Time /1:00–2:00PM Central Time

Target Audience:

This collaborative is intended for Region VIII health center staff who serve people experiencing homelessness and key PCA contacts to hear from experts in the field, discuss challenges, and identify desired training and technical assistance.

Event Overview:

This session of the 2025/2026 [CHAMPS Health Care for the Homeless Collaborative](#) provides an overview of the health care for the homeless model of care and highlights a community health center's street medicine program.

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CHAMPS ARCHIVES

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit <https://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events>.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII federally-designated Community Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. Staff and board members of [CHAMPS Organizational Members](#) receive targeted benefits in the areas of business intelligence, networking and peer support, recognition and awards, recruitment and retention, training discounts and reimbursement, and more.

For over 40 years, CHAMPS has been an essential resource for Community Health Center training and support! Be sure to take advantage of CHAMPS' programs, products, resources, and other services. For more information about CHAMPS, please visit www.CHAMPSOnline.org. The Happenings box in the middle of the CHAMPS home page highlights the newest CHAMPS offerings, while the CHAMPS Membership box on the lower part of the home page lists current benefits for CHAMPS Organizational Members.

SPEAKER BIOGRAPHIES

Katie League

Katie League, LCSW-C is a licensed clinical social worker with clinical experience focuses on improving care for people experiencing homelessness who live with mental illness and substance use and harm reduction approaches. Her experience includes overseeing street outreach teams, and the creation and implementation of the community health workers and a mobile clinic program. Most recently, she has joined the [National Health Care for the Homeless Council](#) on the Clinical Services and Program Operations Team to support programs across the country operationalize best practices in clinical care for people experiencing homelessness.

Shawn Marzan

Shawn Marzan, BSN, RN, is the Nurse Director for the Street Medicine and Community Outreach program at [STRIDE Community Health Center](#) in Aurora, Colorado. A retired U.S. Army First Sergeant with 22 years of service and multiple deployments overseas, he held leadership roles managing teams and missions in sensitive, hostile, and rapidly changing settings. That military background in complex operations, resilience, and crisis management now underpins his work with people experiencing homelessness in the Denver Metro region. Before joining STRIDE, he worked across the continuum of care: in the prehospital

sector as an EMT/Paramedic; in pediatric specialty care at the Digestive Health Institute at Children's Hospital Colorado; as a Behavioral Health Nurse; and in community health as the school nurse for more than 3,300 students. These roles built a broad clinical foundation spanning emergency care, pediatrics, behavioral health, and public health nursing. At STRIDE, he initially served as a Public Health Nurse Liaison and Clinical Nurse Manager before founding and leading the Street Medicine program. What began as one nurse with a backpack has grown into two teams of RNs, MAs, and an outreach specialist providing thousands of street-based encounters, wound care, chronic disease management, and navigation support. He develops policies, protocols, and partnerships that connect care from sidewalk to clinic to hospital and now to emerging medical respite services at the Aurora Regional Navigation Center

Models of Care

Katie League, LCSW-C
National Health Care for the Homeless Council

Shawn Marzan, BSN, RN
STRIDE Community Health Center

Wednesday, January 21, 2026

2025/2026 CHAMPS Health Care for the Homeless Collaborative



Health Care for the Homeless Models of Care

January 21, 2026

Katie League, LCSW-C
Behavioral Health Manager
National Health Care for the Homeless Council

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](#), and [people with lived experience of homelessness](#). Our 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, working for real solutions to end homelessness, and [uplifting voices](#) of people experiencing homelessness.

What You Can Do

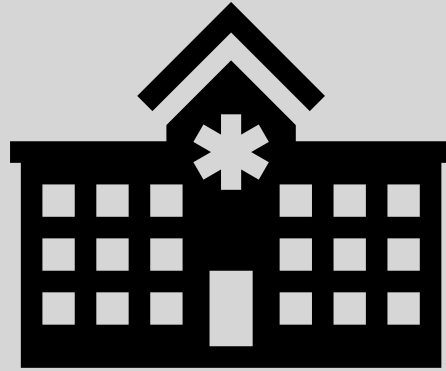
- [Learn more about how you can help support our mission.](#)

Health Center Program Fast Facts

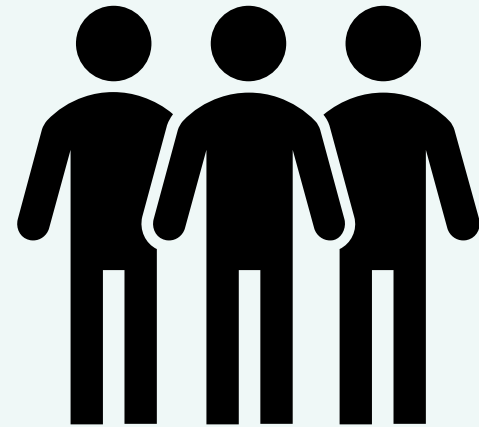
Health centers serve
1 in 9 children and
1 in 10 adults
nationwide



Nearly
1,400 health centers
and
15,500+
service sites



More than
32.5 Million People
served



Federally Qualified Health Centers (FQHCs)

Qualifications

- Qualify for funding under [Section 330 of the Public Health Service Act \(PHS\)](#).
- Qualify for enhanced reimbursement from Medicare and Medicaid*, as well as other benefits
- Serve an underserved area or population

Infrastructure

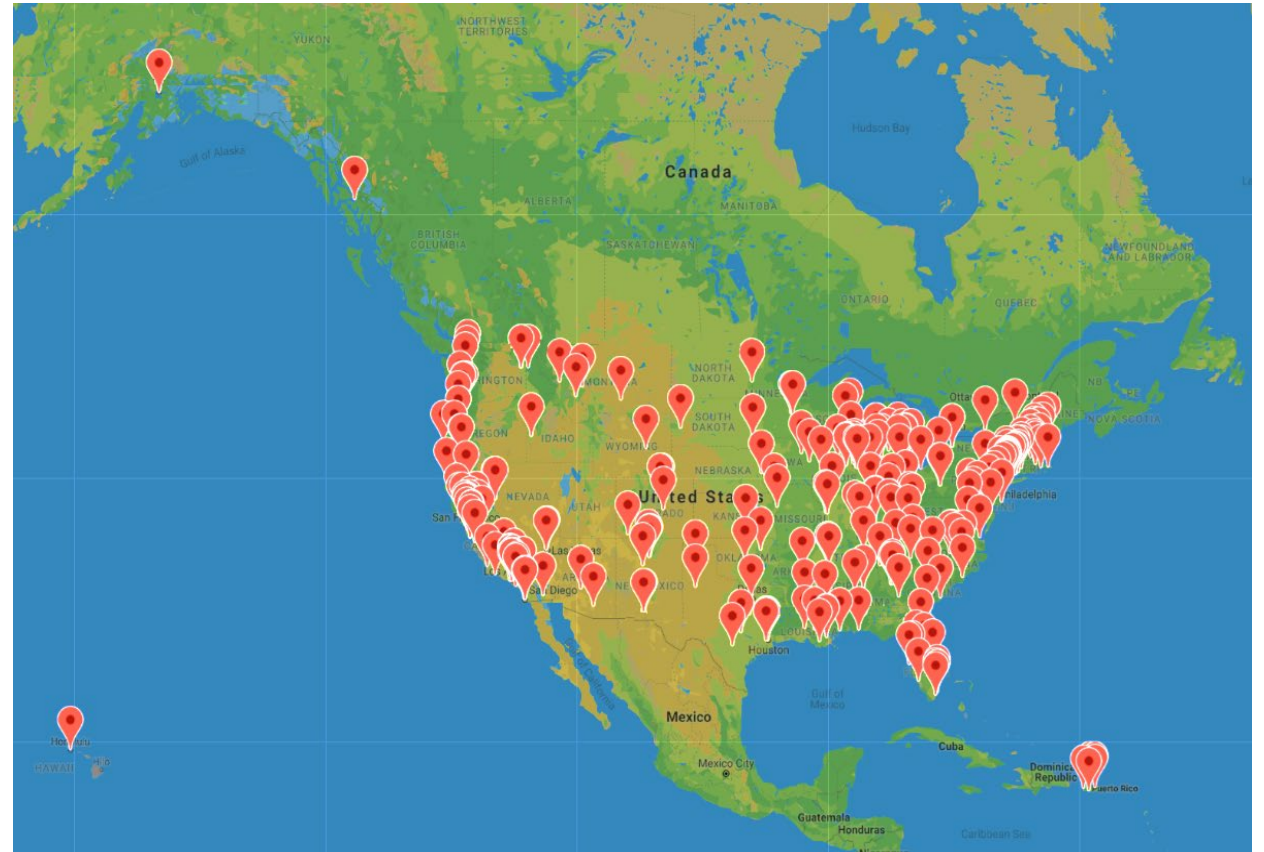
- Offer a sliding fee scale
- Have an ongoing quality assurance program
- Have a governing board of directors with 51% patient representation

Comprehensive Services

- either provided directly or by arrangement with another provider
- Preventive health services
- Dental services
- Mental health and substance abuse services
- Transportation services necessary for adequate patient care
- Hospital and specialty care

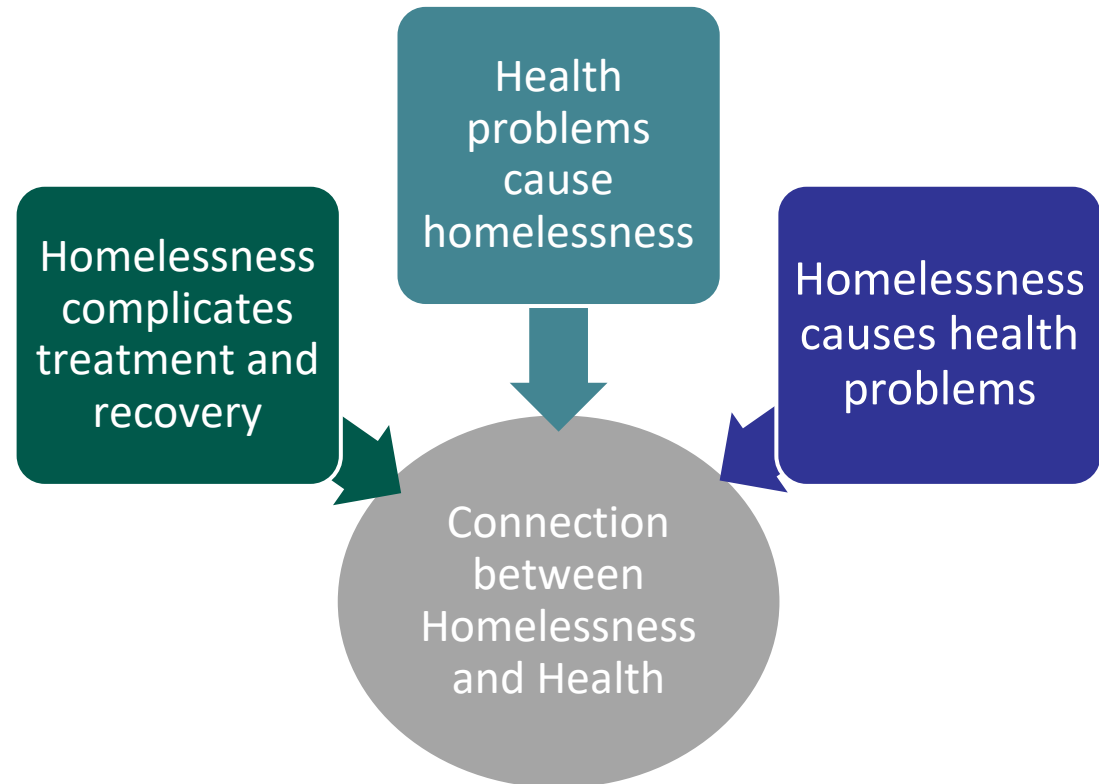
HCH Health Centers

- There are 298 HCH health centers among the nearly 1,400 total health centers supported by BPHC.
 - In 2023, 48 health centers nationwide received HCH funding only.
- 8.7% of new health center funding must be HCH-designated
- HCH health center regulations
 - Consumer-majority Board waiver
 - Behavioral health services
 - Outreach



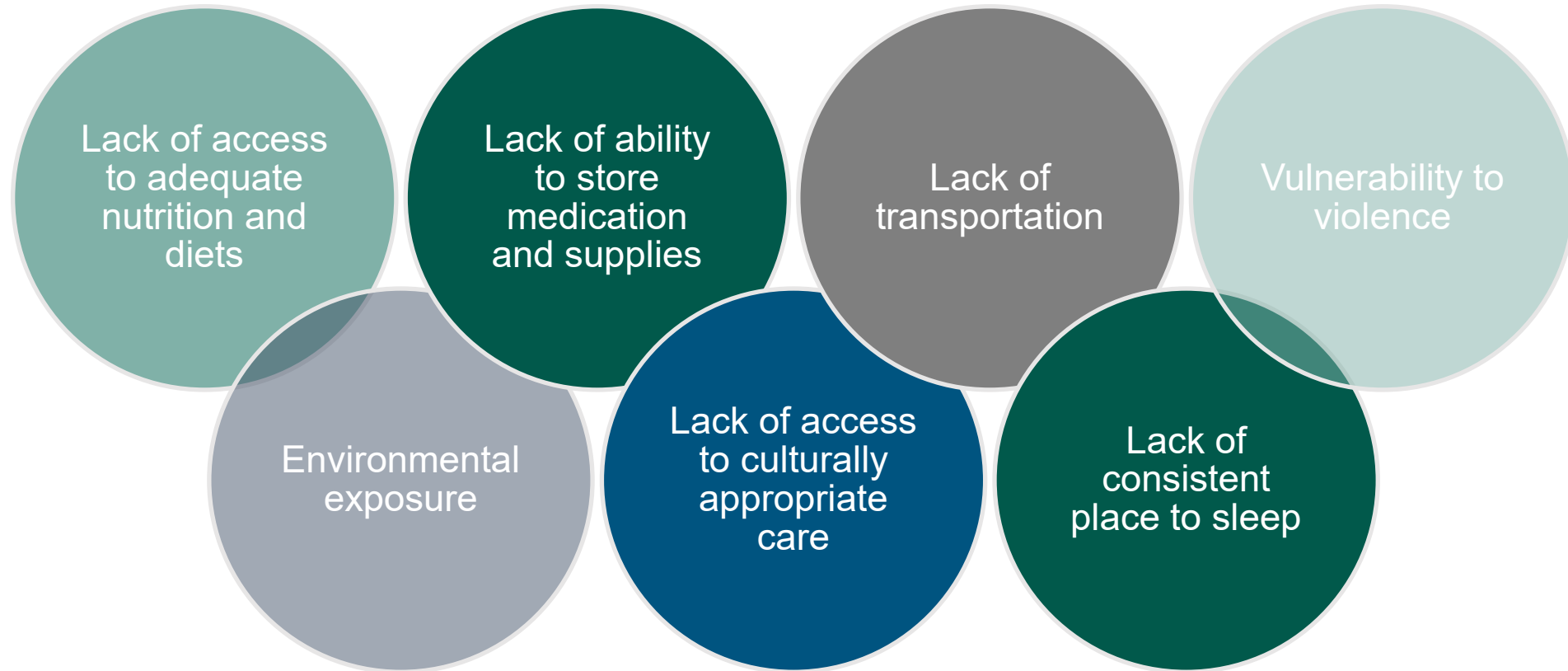
Homelessness and Health

- Higher prevalence of physical illness, psychiatric disease, and substance abuse
- People who are unhoused:
 - Die 20 years earlier than housed people
 - Unhoused people are 3.5-4.2 times more likely to die than housed people



Source: Homelessness, health, and human needs. Institute of Medicine National Academies Press, 1988

Connection Between Homelessness & Health



Health Care for Homeless Individuals

It is very difficult to focus on health and health management when basic needs and safety are in question



<https://www.nhi.fhwa.dot.gov/>

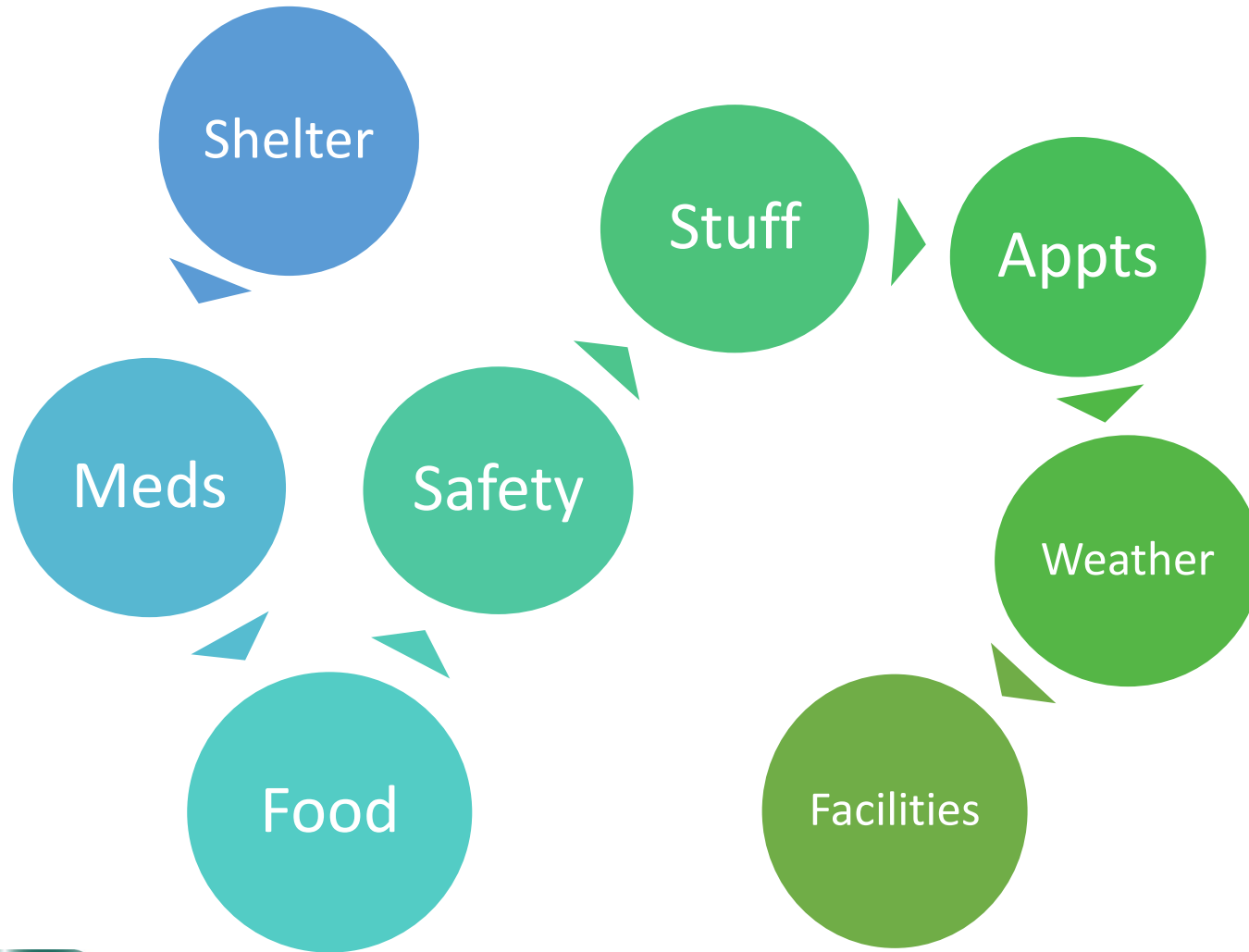
Experiences of Homelessness and Addressing Health Needs

Compounding Challenges



Access to Care
Safety
Food/Nutrition Access
Exposure to Elements
Congregate Living
Mobility
Shelter Restrictions
Transportation
Insurance Status
Stigma and Discrimination
Medication Management
Durable Medical Equipment
Behavioral Health Needs

A Day Without Stable Housing



Multiple variables can impact any given day, affecting people's ability to:

- Take medications
- Access good nutrition
- Attend appointments

HCH Model

- Case Management
- Mobile Unit Care
- Street Outreach Teams
- Street Medicine
- Community Health Workers

Trauma Informed Outreach and Engagement

- Consumer Advisory Boards (CABs)
- Consumer Representation on Boards

Consumer Involvement

Integrated Primary Care and Behavioral Health

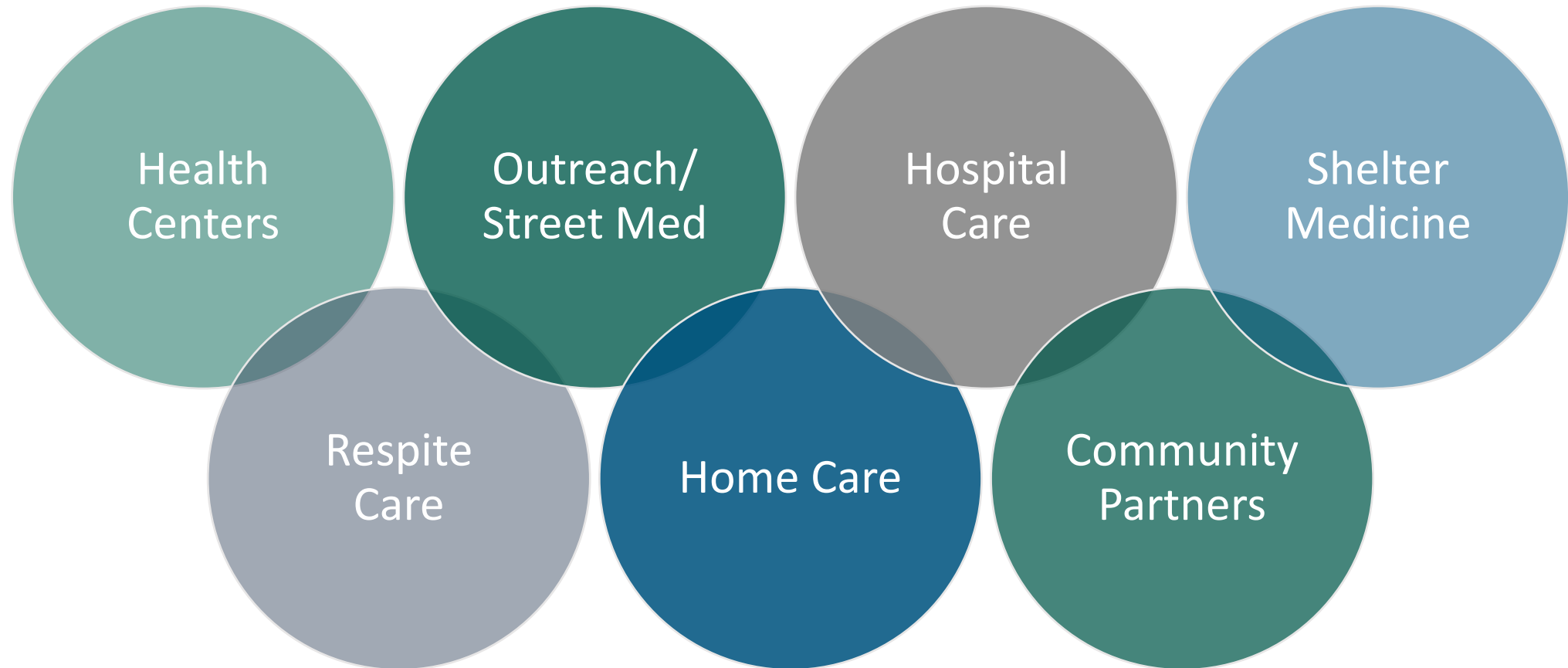
- Team Based Care
- Mental Health Services
- Medication-Supported Services
- Integration of Behavioral Health Therapist



Coordinated Care/ Care Transitions

- Medical Respite
- Housing Referrals
- Shelter and Transitional Housing Referrals
- Referral to Social Services

Health Care for the Homeless



What makes HCHs different

Go to where people are

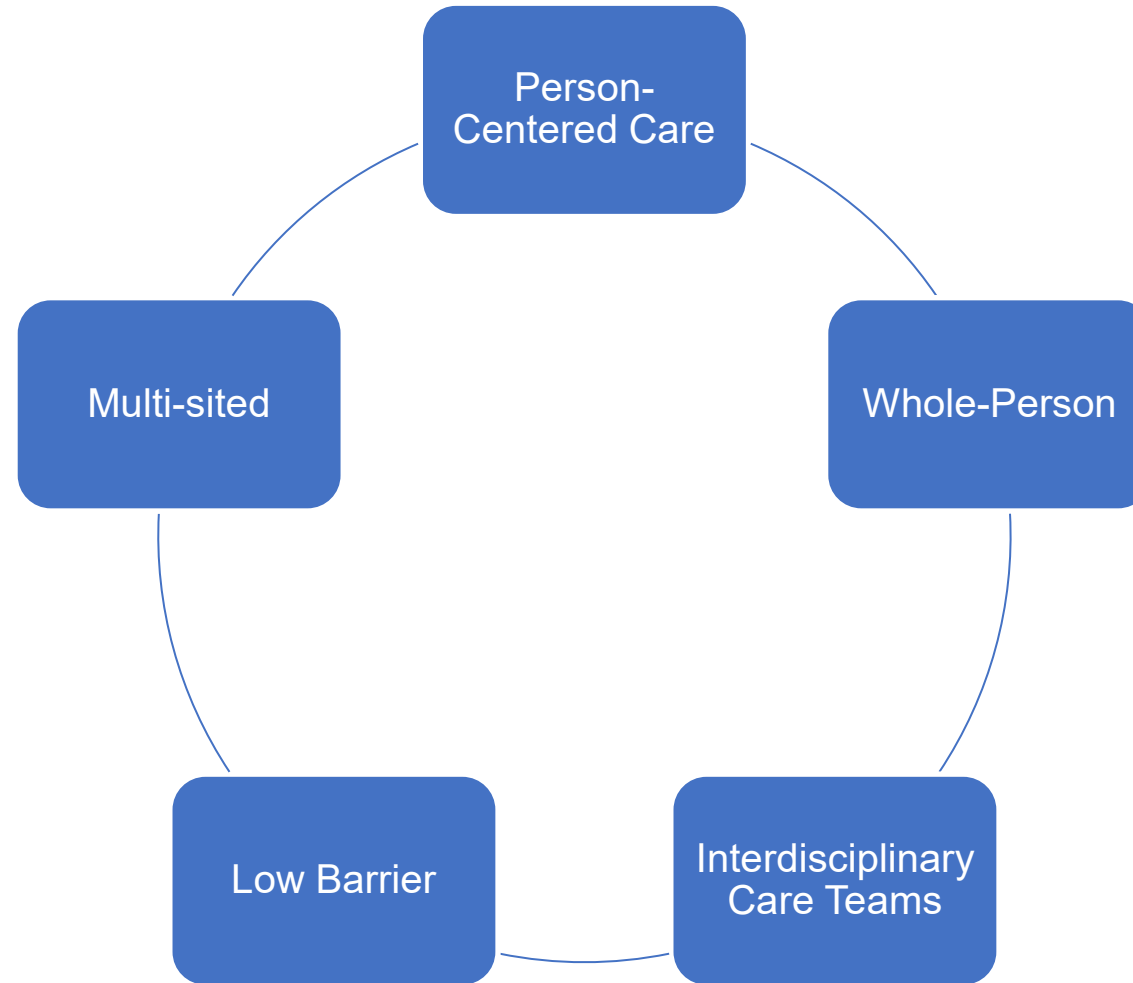
Interdisciplinary care teams

Work at the intersection of homelessness and health care

\$0 cost to consumers who are homeless

Focus on Access

Core Principles of Service Delivery



What are Enabling Services?



Non-clinical services that promote, support, and assist in the delivery of health care and facilitate access to quality patient care.

Medical Respite Care: Definition

Post-acute care for homelessness people who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.

Short-term residential care that allows people an opportunity to rest, recovery, and heal in a safe environment while also accessing clinical care and support services.

Diversity of Programs

- Bed number
- Facility type
- Length of stay
- Staffing and services
- Referral sources
- Admission criteria

Health Care for the Homeless

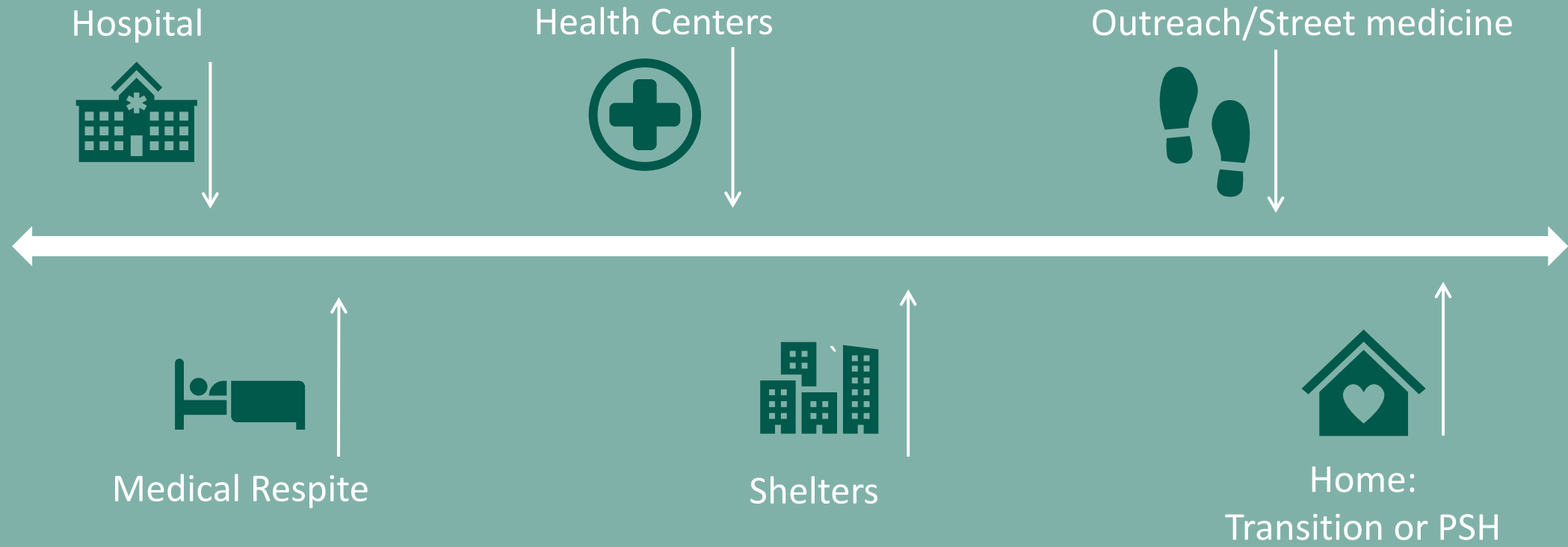
Person-Centered Care:

A patient-centered approach to care that recognizes the impacts of trauma and actively works to prevent re-traumatization and promote recovery.

Healing
Centered
Engagement

Addressing Harms:

Focusing on the reduction or elimination of potential negatives or potentially deadly consequences of a behavior and to improve the physical, mental, and social wellbeing of those served



Health Care for the Homeless Continuum of Care

Ask About Housing Status



<https://whyy.org/articles/old-homes-high-poverty-make-philadelphia-housing-less-than-affordable-for-some/>

https://www.inquirer.com/philly/news/local/20101231_Ridge_Avenue_homeless_shelter_to_close_at_end_of_2011.html#loaded



<https://www.inquirer.com/news/south-philadelphia-homeless-project-home-outreach-services-opioid-addiction-20200405.html>



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HEALTH CARE**
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**HOMELESS
COUNCIL**

Questions?



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Early birds get 15% off
through Jan. 31, 2026

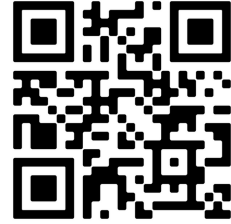
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nhchc.org

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for the
**HOMELESS
COUNCIL**

JOIN THE NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL!



NHCHC membership provides unique opportunities to network, collaborate, and advocate alongside an expansive group of leaders and professionals working at the intersection of health care and homelessness.

nhchc.org/membership

WHY BE A COUNCIL MEMBER?



Get training and technical assistance



Enjoy discounted conference pricing



Post to our job board



Lend your expertise to a committee or board



Nominate and be nominated for Council awards

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HEALTH CARE**
for the
**HOMELESS
COUNCIL**

Follow us on social media!

National Health Care for the Homeless Council



National Institute for Medical Respite Care





Street Medicine and Community Outreach Program

From one backpack to a program

Shawn Marzan, BSN, RN

Who STRIDE Serves

- Federally Qualified Health Center serving the Denver-Metro region
- Patients across clinics, shelters, encampments, motels, and streets
- High rates of homelessness, chronic illness, and behavioral health needs



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Why Street Medicine?

- Traditional clinic model couldn't reach many of our highest-risk patients
- People living in tents, vehicles, and hidden encampments were missing care
- We were seeing repeat ED visits and unsafe discharges with nowhere safe to recover



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The Reality on the Ground

- Transportation barriers and lost documents block access to care
- Long shelter lines or no beds; frequent encampment moves
- Wounds, infections, COPD, diabetes, and mental health crises unmanaged
- “If they can’t come to us, we have to go to them” became the operating principle



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Phase 1: “Just gonna do it”

One RN and a Backpack

- Started with: one RN, one backpack, one vehicle
- Basic supplies:
 - Wound care, vitals equipment, glucometer, OTC meds within standing orders
 - Referral cards and simple patient education materials
- Went where the need was: encampments, alleys, underpasses, cold-weather sites



Early Lessons from the Street

- Clinical lessons: how to adapt wound care, chronic disease management, and safety checks to sidewalks and camps
- Relational lessons: trust takes time; sometimes the “visit” is just sitting quietly beside someone
- Systems lessons: clear gaps between hospital discharge, shelter capacity, and outpatient follow-up



Making Street Medicine “Real” Inside STRIDE

- Shared stories + early encounter counts with leadership
- Connected the work to STRIDE’s mission and FQHC service requirements
- Framed street medicine as:
 - A mobile extension of primary care
 - A bridge between hospital, shelter, and clinic



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Growing the Team: From Solo to Two Teams

- Growth path:
 - 1 RN solo → RN + MA → two teams
- Current structure:
 - 2 RNs
 - 2 MAs
 - 1 Outreach Specialist
- Why these roles:
 - RN: assessment, wound care, escalation decisions
 - MA: vitals, POC testing, logistics, documentation support
 - Outreach: trust, navigation, and “system translation”



Recruiting for Passion, Not Just Licenses

- Looked for people who:
 - Can sit in hard spaces without rushing or judging
 - Are comfortable with uncertainty and improvising within protocols
 - See dignity first, diagnosis second
- Hiring challenge: clinical skills are common; the heart and temperament for street medicine are rare



Partnerships That Changed the Game

- 55+ partner relationships across the metro area, including:
 - County public health & harm-reduction teams
 - Fire districts (South Metro, West Metro)
 - City homelessness councils (Arvada, Tri-Cities)
 - Community orgs: shelters, day programs, housing agencies
 - Hospitals and now the Aurora Regional Navigation Center
- Many partners now proactively request monthly street medicine support



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Recognition and Credibility

- Selected as a Jefferson County Public Health Champion for work with unhoused residents
- Invited onto multiple city/regional homelessness councils
- Asked to present to regional collaboratives (such as this one)
- Recognition helped validate the model and support sustainability conversations



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Infrastructure Behind the Scenes

- Clinical backbone:
 - Wound-care protocols, chronic disease pathways, escalation criteria
- Operational backbone:
 - EMR documentation of street encounters
 - Safety SOPs (check-in/out, contact protocols, working in pairs, cross-agency radio/phone support)
- Data backbone:
 - Track encounters, locations, conditions, referrals, and follow-up outcomes



Connecting to Aurora Regional Navigation Center (ARNC)

- ARNC as a regional hub for shelter, navigation, and services in Aurora
- STRIDE Street Medicine invited to provide on-site medical support
- In the first weeks on campus, provided medical aid to well over 150 guests
- ARNC gives us:
 - A fixed hub where street medicine and shelter/navigation intersect
 - A natural launching point for medical respite and care transitions



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Why Medical Respite Is the Next Logical Step

- We routinely see patients:
 - Held in hospital beds because they have nowhere safe to go
 - Discharged to tents or cars and then seen by us sicker than before
- Medical respite at ARNC would:
 - Offer a safe, clinically supported place to recover
 - Shorten avoidable hospital days
 - Connect patients directly into STRIDE care and housing navigation



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Key Lessons for Other Health Centers

- Start where you are: one person and a backpack can be enough to begin
- Prioritize relationships: with patients, with staff, with community partners
- Bring leadership to the street at least once so they can see the context
- Track both numbers and stories—funders and boards need both
- Always think in terms of a continuum: street → clinic → hospital → respite → housing



What I Wish I'd Known

- The emotional toll is real; build debriefing and support into the model
- Funding for the “in-between” work (walking, listening, navigating) is the hardest to secure
- You won't get every piece perfect—iterate in the field and refine as you go
- Recruiting for fit and passion is as important as recruiting for skill



One Story That Keeps Me Going

- “You saw me... thank you for saving my life.”
- Sometimes the most therapeutic thing we do is simply be present.
- Street medicine is about clinical care and about reminding people they still matter.



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Closing & Invitation

- Street medicine at STRIDE grew from:
 - One RN with a backpack
 - To two teams, dozens of partners, and a role in shaping respite and navigation in Aurora
- Invitation:
 - Take one step—however small—toward meeting your patients where they live
 - Reach out if you want sample tools, policies, or to compare notes



Thank you!

If you have any questions or would like to collaborate, please reach out!

Text/call our Street Medicine Team at
(720)799 - 5375

or

Email: Shawn.Marzan@stridechc.org

STRIDE Street Medicine

Register Here



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Thank you for joining us!

By attending today's event, you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive high-quality primary health care services.

To learn about other upcoming CHAMPS events, visit:

<http://champsonline.org/events-trainings/distance-learning/upcoming-live-distance-learning-events>

**To view this event archive as well as
other past CHAMPS events, visit:**

<http://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events>



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