



CalOptima Health: Notice of Interest Opportunity for Street Medicine Expansion

CalOptima Health is accepting letters of interest from Orange County city collaboratives to expand its Street Medicine Program.

Application Deadline – May 29, 2026 at 5 p.m. PDT

Background

CalOptima Health's mission is to serve member health with excellence and dignity, respecting the value and needs of each person. In line with that mission, CalOptima Health has made a commitment to address the health of our unsheltered members through our partnership-driven Street Medicine Program. Street medicine includes health and social services specifically developed to meet the unique needs and circumstances of unsheltered individuals. The fundamental approach of street medicine is to engage people experiencing homelessness where they are and on their own terms to maximally reduce or eliminate barriers to care and follow-through services. Working in collaboration with various county, city and community organizations, CalOptima Health's Street Medicine Program's goal is to improve the overall health and housing status of the unsheltered individuals served.

CalOptima Health's Street Medicine Program Values and Philosophies

CalOptima Health's Street Medicine Program is a critical piece of a larger, comprehensive approach to caring for our members living on the street and on their journey home. In addition to being able to provide important preventive services, urgent care and social services, this program fosters the relationship building that is key to helping a person into a permanent home. CalOptima Health's Street Medicine Program relies on three integrated components to achieve those health and housing outcomes: (1) outreach and engagement, (2) coordinated medical care that meets people where they are, and (3) comprehensive Enhanced Care Management (ECM) and Community Supports.

The Street Medicine Program has a set of core values and philosophies that are recognized as best practices and, as research has demonstrated, drives the program toward success. First is the practice of trauma-informed care, which includes the principles of safety, choice, collaboration, trustworthiness and

empowerment. In practice, this entails meeting individuals where they are both literally and figuratively. Street medicine providers meet individuals in their identified home while showing the individual unconditional positive regard. The Street Medicine Program follows the philosophy of rapport first and care second, meaning the relationship the provider develops with those they serve is the foremost priority. Only once rapport is established can there be meaningful physical care. Similarly, the person must come first in street medicine, and being person-centered is a core philosophy of the program.

In addition to the above, utilizing a canvassing approach is crucial to street medicine. It goes hand in hand with meeting members where they are and takes some of the work, coordination and stress off the individual, as they do not have to navigate to a brick-and-mortar location. The street medicine providers canvas an identified geographical location to both enroll new individuals and provide comprehensive medical and social care, including ECM and Community Supports.

By ensuring the above philosophies and values are at the heart of the CalOptima Health Street Medicine Program, we are confident all selected street medicine providers can effectively treat the whole person and move them towards achieving the goals of the program.

Description of CalOptima Health's Street Medicine Program

The foundation of CalOptima Health's Street Medicine Program is two collaborative care teams, a coordination care team and a medical care team, that provide integrated outreach, engagement and comprehensive service provision. Collectively these teams engage in a canvassing-based approach to identify unsheltered members in the field and connect them to necessary preventive, urgent and primary care services. The coordination care team members are primarily responsible for identifying eligible members who agree to participate in the program and then providing services such as ECM, housing navigation (and additional housing-related Community Supports as applicable), and routine face-to-face visits to address various medical needs and scheduling appointments with the medical care team. The medical care team is responsible for primary medical care including, but not limited to, ongoing medical care, ordering and reading labs, prescribing medications, and referrals to specialists and urgent care as needed. The medical care team offers all enrolled patients the opportunity to have the street medicine providers serve as their primary care provider (PCP). Together, these teams are designed to serve a caseload of up to 200 unsheltered members.

To ensure proper care and support for patients enrolled in the program, service provision standards have been established. For the medical care team, there is to be a minimum of one patient encounter with every person enrolled in the program every 60 days, with encounters varying depending on the acuity of medical needs. For the coordination care team, there is to be a minimum of one patient encounter with every person enrolled in the program per week. Services are more frequently provided based on each patient's specific needs.

Description of this Opportunity

Building on CalOptima Health’s current Street Medicine model, we are excited to explore an expansion of our Street Medicine Program through a collaborative model. This opportunity is designed for groups of cities that recognize the value of regional coordination and shared responsibility in addressing the complex needs of unsheltered individuals. By working together, a collaborative can strengthen impact, reduce fragmentation, and support a consistent, dignity-centered approach to street medicine across jurisdictions. For the purposes of this application, a collaborative is defined as a minimum of two contiguous non-serviced cities covering no more than 100 square miles, with an average of at least 200 unsheltered individuals per 50 square miles, that are prepared to participate in and support a street medicine program as a single, unified system rather than as individual jurisdictions operating independently. This opportunity is designed for a collaborative that shares a common vision for serving unsheltered individuals with dignity, respect and evidenced-based care, and that is willing to align policies, practices and decision-making to support a consistent program model. Participation as a collaborative requires moving beyond parallel efforts and commit to collective responsibility and operational consistency. The collaborative must be prepared to operate as one system where participation does not guarantee equal access to services for each individual city. Service deployment and resource allocation will be determined by the needs of our unsheltered members in a manner that supports the collaborative.

While the collaborative approach is new, CalOptima Health’s Street Medicine Program will continue to function under a single program model set by CalOptima Health’s standards and operational guidance. The program will not vary by city. The collaborative must commit to a shared decision-making and accountability structure that enables timely, collective decision-making and clear resolution of disagreements. No single city’s preferences will supersede the goals of the collaborative. Participating cities must also be willing to identify and address ordinances, enforcement practices or operational barriers that could impede consistent care delivery across jurisdictions. Success will be measured at the collaborative level and data will be exclusively provided at the collaborative level. Collaboratives applying for this opportunity must be willing to prioritize the effectiveness of the group over individual city specific interest. Collaboratives should apply only if all participating cities have agreed in advanced to operate under a unified framework and to be held jointly accountable for the program implementation and outcomes.

CalOptima Health’s Commitment

While CalOptima Health serves as the lead of our Street Medicine Program, we believe that a partnership-driven, collaborative effort between CalOptima Health and collaborative personnel leads to the most effective and sustainable outcomes for our members living on the street.

In support of this partnership, CalOptima Health is committed to:

1. Delivering compassionate and dignified medical and social care to its unsheltered members to reduce barriers to quality medical and social care and improve the health outcomes of unsheltered individuals.

2. Collaborating with the selected collaborative to ensure seamless integration of its Street Medicine Program with consideration of the collaborative's broader endeavors to address homelessness.
3. Proactively engaging with the selected collaborative in the planning process and maintaining transparent communication throughout.
4. Inviting the selected collaborative to provide feedback on the top two provider proposals.
5. Financially supporting the startup and launch of a street medicine team designed to serve a caseload of at least 200 unsheltered members per 50 square miles within a geographic area no larger than 100 square miles.
6. Scheduling and chairing regular Steering Committee meetings and inviting all relevant stakeholders.
7. Closely supervising the providers to ensure the effective realization of the program's goals and objectives.
8. Providing routine outcome data to the collaborative based on the goals of CalOptima Health's Street Medicine Program.
9. Allocating space for the street medicine providers and the van on CalOptima Health property.
10. Remaining receptive to feedback from the collaborative pertaining to its Street Medicine Program.
11. Implementing a single program model across the collaborative with consistent standards of care, outreach practices, and operations.
12. Providing the collaborative core messaging and public facing communications related to the program to ensure clarity, alignment and consistency across jurisdictions.
13. Working with all participating cities as equal partners within the city collaborative.
14. Establishing clear and consistent communication structures with the city collaborative for shared decision-making processes.

Collaborative Commitment

In support of this partnership, the selected collaborative commits to:

1. Collaborating with CalOptima Health to welcome street medicine services within the collaborative's jurisdiction, thereby supporting the compassionate and dignified treatment of its unsheltered residents to foster a sense of belonging within the community and improve their health outcomes.
2. Attesting that their collaborative meets the stated criteria: it encompasses no more than 100 contiguous square miles and includes an average of at least 200 unsheltered members per 50 square miles.
3. Formally recognizing CalOptima Health as the program lead and acting in support of CalOptima Health's Street Medicine Program framework, including operating as one unified system.
4. Agreeing to implement CalOptima Health's model, even if it differs from current collaborative practice.
5. Directing all questions related to the program to CalOptima Health staff, not its contracted provider.
6. Collaborating with the provider CalOptima Health selects for service provision.

7. Allowing CalOptima Health's provider to refer directly into any shelter(s) and/or housing program(s) in the collaborative cities, if applicable.
8. Entering into a Business Associate Agreement with CalOptima Health to share data on unhoused collaborative residents, as appropriate or needed.
9. Representatives from each of the cities actively participating in the planning and implementation of the Street Medicine Program by attending the Street Medicine Steering Committee meetings.
10. Ensuring that law enforcement and fire personnel from each city in the collaborative actively engage in the collaborative efforts needed to effectively run the Street Medicine Program.
11. Allowing CalOptima Health's Street Medicine Program to serve all zip codes within the city collaborative's jurisdiction.
12. Agreeing to a shared governance structure with clear decision-making authority in a defined process for resolving disagreements across the collaborative.
13. Accepting that success will be measured at the collaborative level rather than by individual city.
14. Agreeing that each participating city has reviewed the required commitments, the responses to the application questions and affirms its support of the information provided.

Questions for the Collaborative

1. Does your collaborative have a comprehensive, person-centered strategy to address homelessness, and, if so, how are you implementing it?
2. What service and housing options are available for unsheltered individuals in your collaborative?
3. Does your collaborative have any shelters? If so, who operates them and how many beds? Will shelter beds be shared across the collaborative?
4. How does your collaborative work together to support the unsheltered population?
5. What role do law enforcement and fire personnel play in addressing homelessness in your collaborative?
6. How will decisions be made across the collaborative? If conflict arises, how will it be resolved? Within the collaborative, who ultimately has final authority?
7. What ordinances, enforcement practices or policies related to the unsheltered exist in each city that could impact program operations for the city collaborative as a whole? Are the cities willing to align to support the city collaborative as a whole?
8. How does the collaborative propose to handle service coverage prioritization?
9. What would success look like for the collaborative?
10. What cities are applying to be a part of this collaborative? Please provide a map highlighting all cities included as well as how many square miles the collaborative covers. For each participating city, identify the 2024 Point in Time (PIT) count of unsheltered individuals.

Evaluation Criteria

	Criterion	Maximum Points	Basis for Assigning Points
1.	Program sustainability	20	Collaborative’s sustainability, including geographic coverage, PIT count density per square mile and the number of participating cities.
2.	Resource sharing	15	Collaborative’s willingness to share resources across the collaborative (ex: shelters).
3.	Collective, aligned, comprehensive, existing efforts and strategies to address homelessness	15	Collaborative must demonstrate commitment and shared value alignment to addressing the homelessness crisis.
4.	Existing partnerships and community involvement	15	Collaborative must describe existing partnerships that will positively contribute to the Street Medicine Program.
5.	Collaborative readiness and governance	15	Collaborative must demonstrate readiness and governance capacity, including documented experience working together to address homelessness, evidence of prior agreements or coordinated initiatives, and the ability to make joint decisions that prioritize the goals of the collaborative.
6.	CalOptima Health core value alignment, including commitment to treat individuals with dignity and respect	10	Collaborative’s demonstrated commitment to trauma-informed, inclusive, person-centered programs and those that align with harm-reduction principles.
7.	Uploaded letters of interest	5	Application portal includes a letter of interest that must be signed/uploaded by the city manager or County CEO for each participating city.
8.	All attestations complete	5	Application portal includes attestations that must be made regarding the Street Medicine Program.
	Total Earnable Points	100	

Submission Steps

Collaboratives interested in submitting a letter of interest can do so at the following link:

<https://webportalapp.com/sp/streetmedicineexpansion>.

Timeline

Activity	Date
Portal Opens	April 6, 2026, at 9 a.m.
Information Session	April 15, 2026, at 10 a.m.
Application Deadline	May 29, 2026, at 5 p.m.
Internal Review	June 1–30, 2026
Decision Presented to CalOptima Health Board of Directors for Approval	August 6, 2026

Questions?

Join our **Information Session** for this opportunity on Wednesday, April 15, 2026, 10 a.m. Pacific Time. Register through the link below:

<https://us02web.zoom.us/meeting/register/ShQmMmVyRvOgailsOyYTpA>

Questions about this opportunity? Contact Nicole Garcia, Director, Medi-Cal and CalAIM, at nicole.garcia@caloptima.org.