CASE STUDY — BEHAVIORAL HEALTH EQUITY / SYSTEMS ALIGNMENT

Stabilizing Recovery Through Coordinated Housing, Peer Support & Trauma-Informed Care

SOUTH FLORIDA | MEDICAID-ELIGIBLE ADULTS | 36-MONTH PHASED GROWTH MODEL | HOUSING-FIRST RECOVERY STABILIZATION | CROSS-SYSTEM BEHAVIORAL HEALTH COORDINATION

800+
INDIVIDUALS SERVED BY FOUNDING TEAM

25
PILOT PARTICIPANTS ENROLLED

80%
90-DAY FOLLOW-UP COMPLETION TARGET

3
SYSTEMS ALIGNED ACROSS CARE CONTINUUM

20
PHASE 2 RESIDENTIAL SUPPORT CAPACITY

INITIATIVE OVERVIEW

This engagement supported the development of an executive-level systems-alignment strategy, grant narrative, and phased operating model for a South Florida behavioral health initiative serving Medicaid-eligible adults experiencing chronic homelessness, disability, co-occurring disorders, justice involvement, addiction, and generational trauma.

The strategy reframed the program from a traditional treatment model into a coordinated recovery-stabilization platform connecting behavioral health, housing, peer navigation, transportation, Medicaid/public health infrastructure, and community-based partners.

The resulting framework emphasized care continuity, cultural safety, real-time partner feedback, and measurable systems-change outcomes that can be tested through a feasibility pilot and later scaled across county networks.

STRATEGIC PILLARS

- Integrated behavioral health and co-occurring care for Medicaid-eligible adults with complex recovery needs
- Housing coordination before discharge to reduce relapse risk, crisis utilization, and premature dropout
- Peer navigation led by individuals with lived experience, including culturally responsive engagement capacity
- Transportation, flexible stabilization supports, and low-barrier follow-up across intake, treatment, and reentry
- Cross-system referral tracking, qualitative feedback loops, and implementation tools for replication

PHASED IMPLEMENTATION APPROACH — ALIGNING SYSTEMS, REDUCING DROPOUT & BUILDING A REPLICABLE RECOVERY MODEL

TIMELINE	WORKSTREAM	KEY MILESTONES & DELIVERABLES
Pre-Launch — Q4–Q1	**Infrastructure & Partner Alignment**	Finalize licensure, compliance, referral pathways, data-collection workflows, and partner engagement across housing, clinical, peer-support, Medicaid, and public-health systems.
Year 1 — 9-Month Pilot	**Feasibility & Retention Model**	Enroll 25 participants and deliver coordinated shared care plans supported by a licensed therapist, peer mentor, and housing or Medicaid coordinator. Target at least 80% completion at the 90-day follow-up.
Year 1 — Q2–Q4	**Systems Coordination Measurement**	Track referral completion, time-to-service, housing stability, Medicaid service utilization, communication quality, and partner-reported barriers to identify where systems break down under pressure.
Year 1–2	**Post-Discharge Continuity**	Conduct three-, six-, and twelve-month follow-ups; link housing stability with recovery and health measures; use interviews with participants and frontline staff to refine the care model.
Years 2–3	**Scale & Sustainability**	Advance from an 8-bed Phase 1 operating structure toward 20-bed Phase 2 capacity, supported by a 10-person staffing architecture, county-level partnerships, implementation toolkits, and future effectiveness-trial funding pathways.

GRANT STRATEGY

Proposal and implementation strategy built around health equity, Medicaid access, housing stability, behavioral health retention, and community-led evidence translation. The model positions feasibility results for later effectiveness-trial funding and county replication.

WORKFORCE ARCHITECTURE

Staffing framework integrates executive leadership, clinical oversight, medical direction, intake, case management, peer support, therapy, compliance, and advisory expertise to support coordinated care across a complex service population.

SYSTEMS-LEVEL IMPACT

Initiative designed as a replicable systems-alignment model that helps housing agencies, behavioral health providers, peer networks, justice-adjacent referral sources, and public-health partners act as one coordinated recovery ecosystem.