

Overcoming Health and Housing Challenges for Justice-Involved Populations

*National Health Care for the Homeless Symposium
Minneapolis, MN, May 17, 2018*

Health Needs of Justice Involved Populations

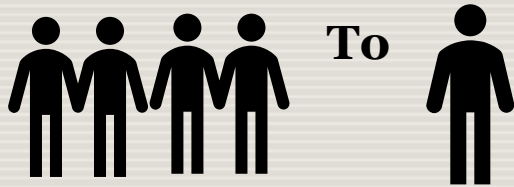


DARLENE JENKINS, DRPH
SENIOR DIRECTOR OF PROGRAMS
NATIONAL HEALTH CARE FOR THE
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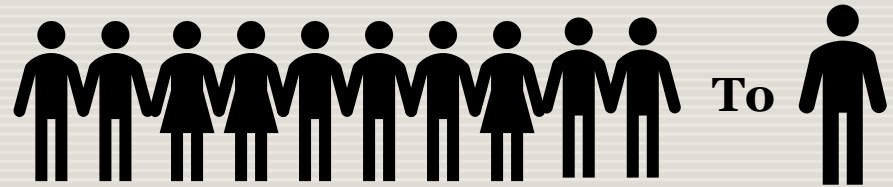
Prevalence of Health Conditions



Substance Use Disorder and Active Tuberculosis



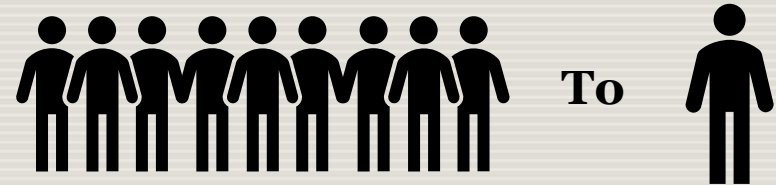
Hepatitis C



Serious Mental Illness



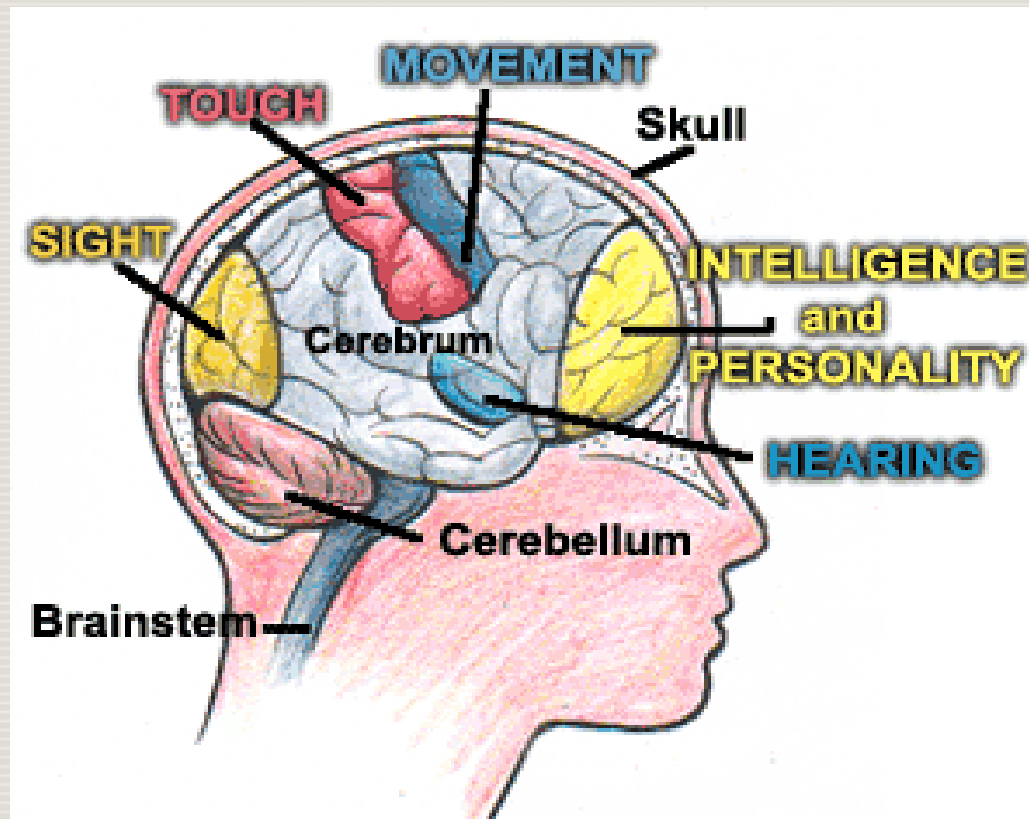
HIV



Source: Davis and Pacchiana 2004, Steadman et al. 2009; Karberg and James 2005

Traumatic Brain Injury

“An Unrecognized Problem”



Adapted Clinical Guidelines



Adapting Your Practice

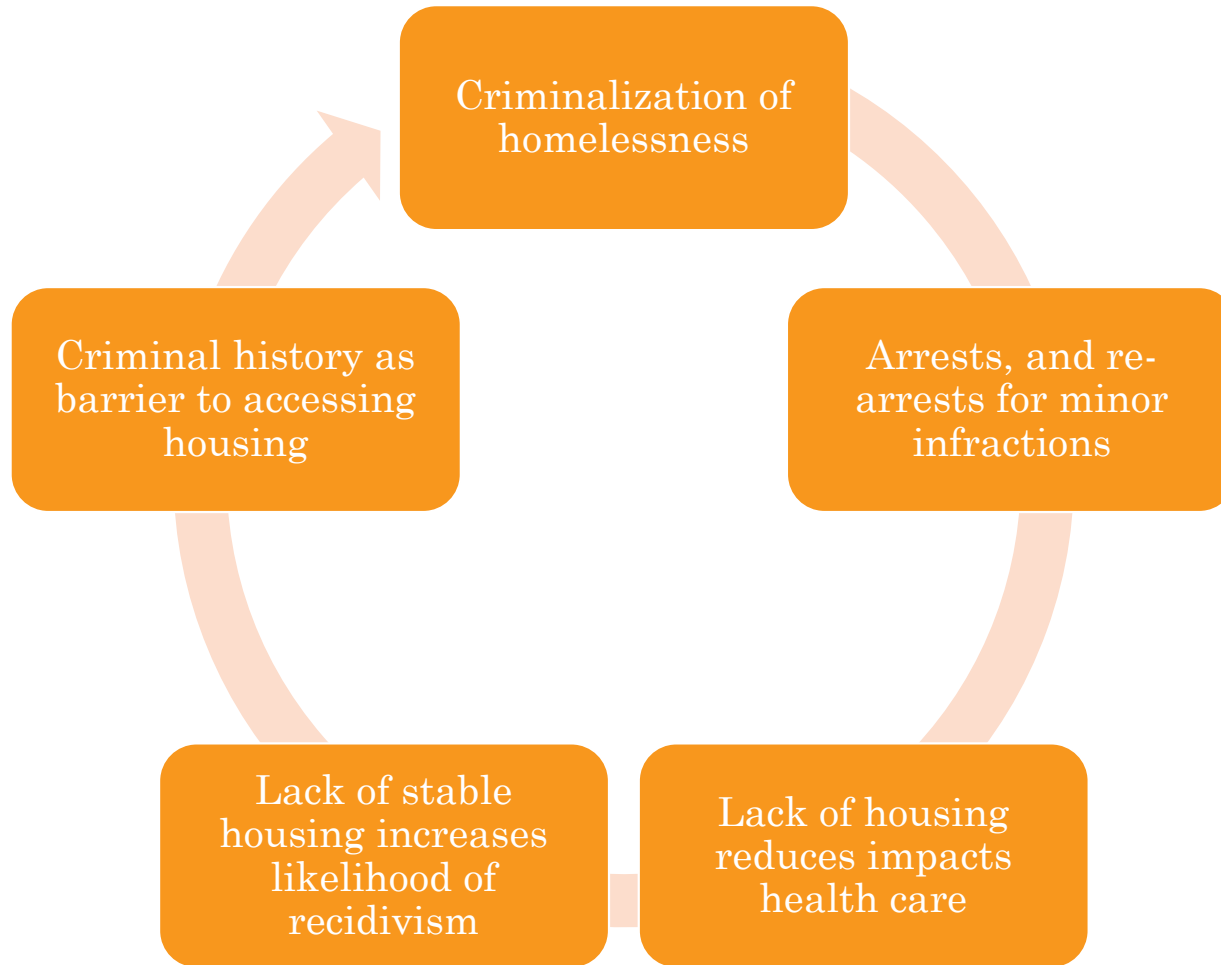
**Recommendations for the Care of
Patients Who Are Homeless or Unstably Housed
Living with the Effects of Traumatic Brain Injury**

National Health Care for the Homeless Council

Overview of Roles for Health Centers

Kim Keaton

What do we know about the relationship between homelessness and incarceration?



Forthcoming
publication

- HRSA asked CSH and NHCHC to explore the health and housing needs of justice-involved populations
- We interviewed several programs across the country
- The resulting paper, called **“Stopping the Revolving Door: How Health Centers Can Serve Justice-Involved Populations”** is under review at HRSA now

Three overall types of programs emerged



Contracts with
jails to provide
health care



Coordination
upon release –
provide
medication,
appointments
for care
immediately
following
release

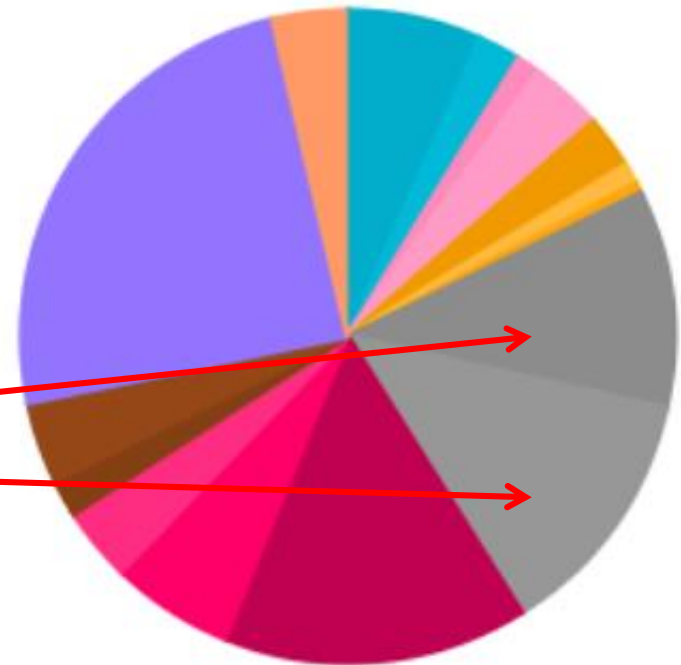


Provide
support
services and
health and
behavioral
health care to
people in
supportive
housing

Determining Housing Need in Justice-involved Populations

System

- Chronic Homeless
- Non Chronic Homeless
- Homeless Families
- Child Welfare Families
- Unaccompanied TAY
- Child Welfare TAY
- Justice Involved TAY
- Prison
- Jail
- IDD Waitlist
- IDD Institutional
- IDD Residential
- MH Institutional
- MH Residential
- Aging
- Substance Use



Health Centers and Supportive Housing for Frequent Users

FUSE
Supportive
Housing
Training

www.csh.org/training

The screenshot shows a presentation slide with a grey header bar containing 'Menu' on the left and 'Resources' on the right. The slide features a large orange rectangle at the top left and a purple rectangle on the right. The main text is centered on a white background. At the bottom, there is a navigation bar with a speaker icon, a pause button, a progress bar, a refresh icon, and 'PREV' and 'NEXT' buttons.


Menu Resources

Health Centers and Supportive Housing for Frequent Users

Working together to implement a FUSE initiative in your community

A CSH Self-paced Training

The Source for Housing Solutions



CSH

Speaker icon, Pause icon, Progress bar, Refresh icon, < PREV, NEXT >

Unity Health Care: Caring for Justice-Involved Individuals

Promoting healthier communities through compassion and comprehensive health and human services, regardless of ability to pay

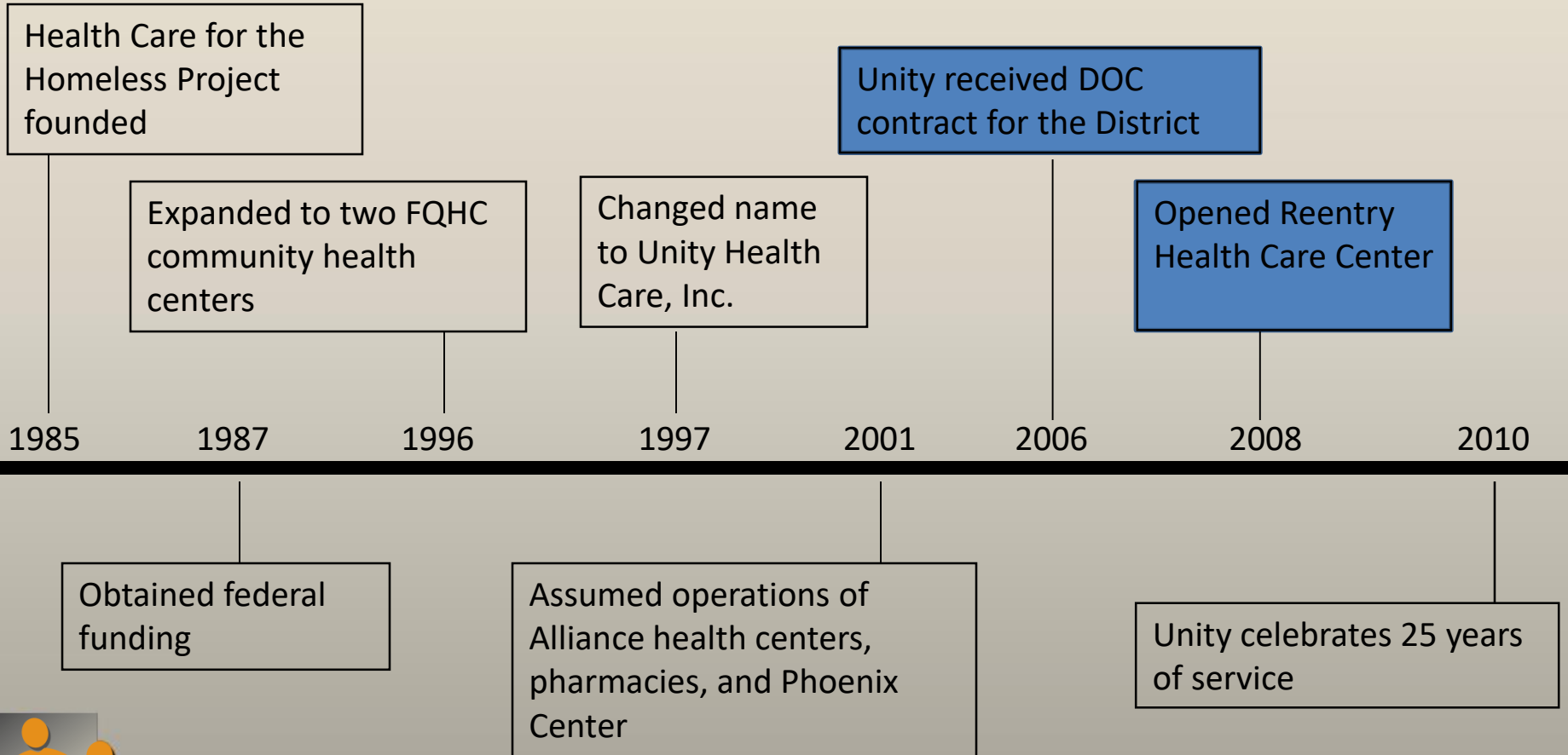
Anne Feczko, MSN, CNP



Learning Objectives

- How and where Unity Health Care serves justice-involved populations
- Barriers & solutions: health and housing
- Case study

History of Unity Health Care



Where do we meet justice-involved individuals?

- DC Department of Corrections (DOC)
 - History of contract
 - Funding structure



Where do we meet justice-involved individuals?

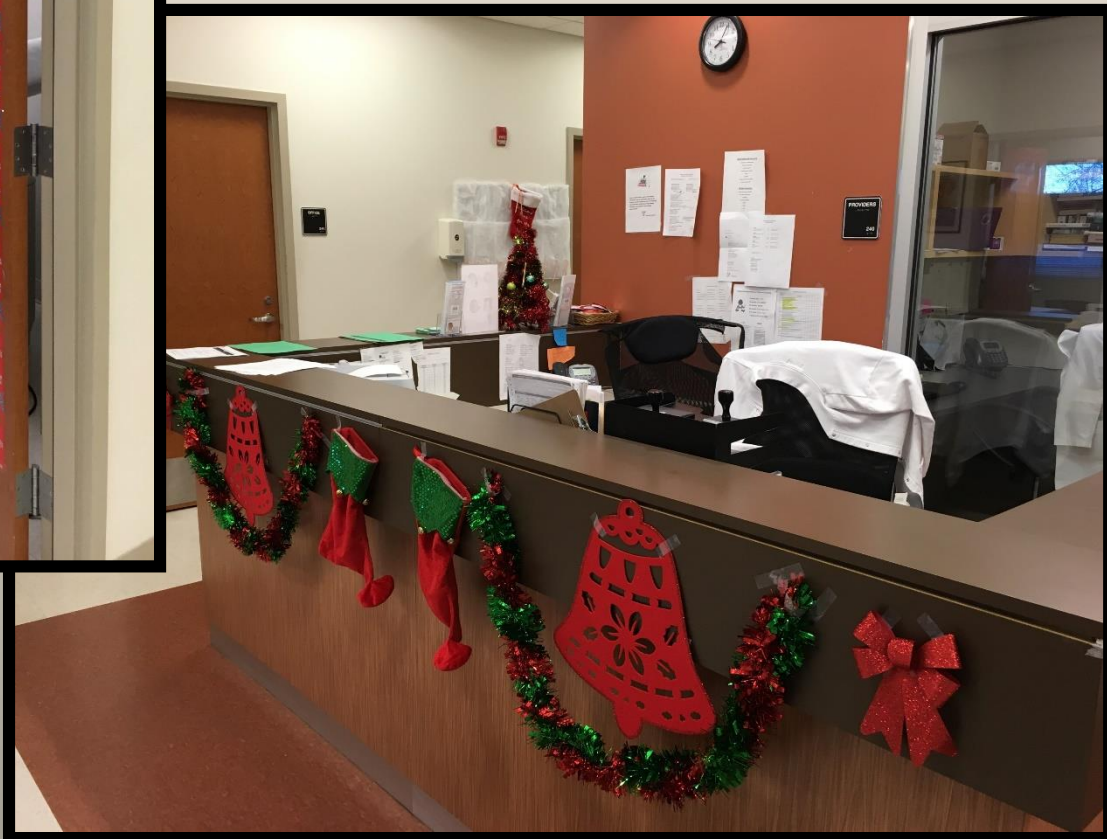
- ❑ DC Department of Corrections (DOC)
 - ❑ Staffing model
 - ❑ Discharge planning, including for homeless individuals
 - ❑ Advantage of locating providers “half and half” jail and CHCs

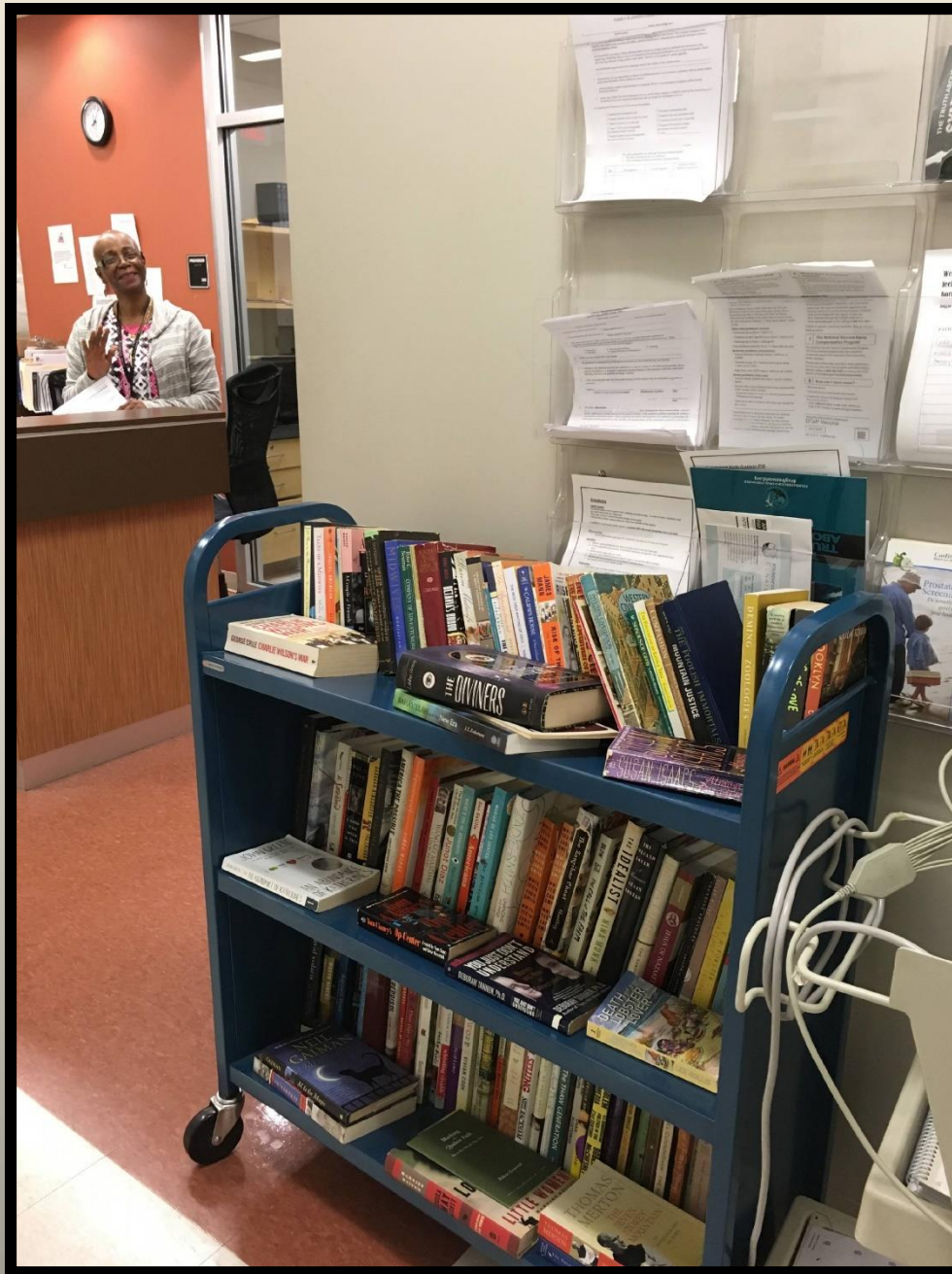


Where do we meet justice-involved individuals?

- ❑ Re-Entry Health Center
 - ❑ Located within Anacostia Health Center in Southeast DC
 - ❑ Serves patients residing at 2 DC halfway houses who have recently returned from federal facility or DOC
 - ❑ Easily accessible by bus but Unity also provides van service
 - ❑ Halfway houses are operated by private owners contracted by Federal Bureau of Prisons and DC Department of Corrections

Re-Entry Health Center





Where do we meet justice-involved individuals?

Re-Entry Health Center

- Full-time case manager meets with every patient for intake and ongoing as needed
- 2 nurse practitioners provide 24 hours per week
- Care coordinator communicates with patient, medical team, halfway houses, and NaphCare
- Dedicated re-entry medical assistant and nurse
- Other staff aware of health needs specific to re-entry population

Re-Entry Team



Barriers & solutions

- ❑ During incarceration at DOC
 - ❑ Obtaining records from prior incarceration facilities
 - ❑ Health challenges inherent to the environment
 - ❑ Federal inmates still require approval from BOP for medical procedures
 - ❑ Unknown release dates from jail
 - ❑ Transfers to other incarceration facilities
 - ❑ Evolving social networks

Helpful resources

- Federal Inmate Locator:
<https://www.bop.gov/inmateloc/>
- Instructions on obtaining Bureau of Prison medical records: <https://www.bop.gov/foia/#tabs-5>
- Certification of Identity Form:
https://www.justice.gov/sites/default/files/oip/legacy/2014/07/23/cert_ind.pdf
- Release Authorization for Federal Bureau of Prison records:
https://www.bop.gov/policy/forms/BP_A0392.pdf

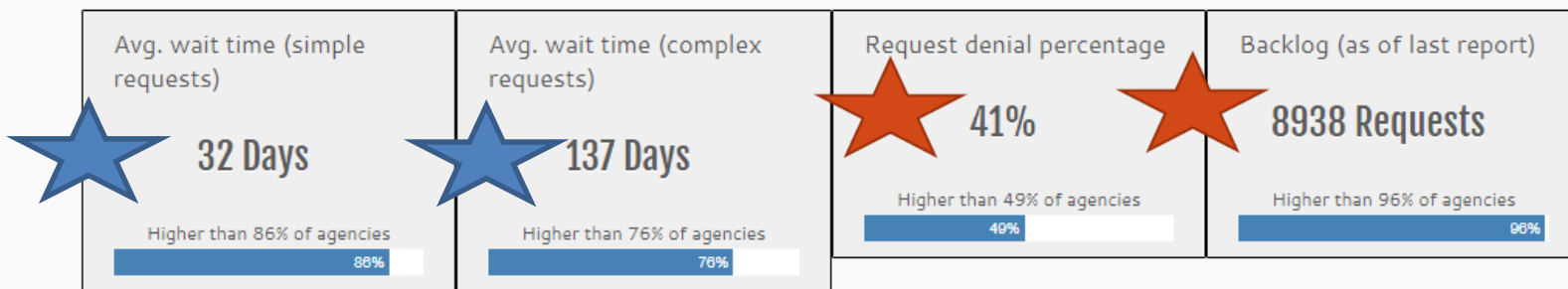
Home » Browse by Government Agency » Department of Justice – FOIA Resources » Federal Bureau of Prisons – FOIA Resources

Federal Bureau of Prisons – FOIA Resources



No affiliation

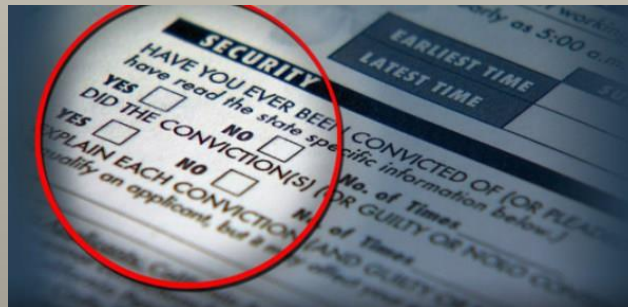
Federal Bureau of Prisons



Scroll down to view a list of [agency contacts](#), a catalog of [information systems](#), and the agency's [FOIA request logs](#).

Barriers & solutions

- ❑ Upon release
 - ❑ Obtaining records
 - ❑ Assessing literacy level
 - ❑ Adjusting to “de-institutionalization”
 - ❑ Identifying patients





Social History

Pt. Info Encounter Physical Hub



- Social History
 - Tobacco Use:
 - Drug/Alcohol Use:
 - Family Planning - Female
 - Family Planning - Male:
 - Sexual History:
 - Preventive-Female:
 - Preventive-Male:
 - Advanced Directives Plan
 - Controlled Substance Agree
 - Housing/Homelessness:
 - Home Environment:
 - Violence/Abuse:
 - Incarceration:
 - Diet and Exercise:
 - Education/Employment:
 - Pediatrics:
 - General Notes:
 - Social Determinants
 - ParkRx

Incarceration:

Social Hi

Social History Notes

Free-form | **Structured**

Incarceration Questions: Default | Default for All | Clear All

Name	Value
<input type="checkbox"/> Date Updated:	
<input type="checkbox"/> Have you ever been incarcerated?	
<input type="checkbox"/> Spend time in DC Jail?	
<input type="checkbox"/> Spend time in prison?	
<input type="checkbox"/> Has your partner/family member ever been incarcerated?	
<input type="checkbox"/> Have you ever been arrested?	

Have you ever been arrested?

< Prev | Custom | Close | Next >

Notes Browse ...

Incarcerated 2003 - 1/11/18 to
 Bldg 2908 / SW Jackson
 BOP # [redacted]
 Anticipated release date: 4/27/10

- Progress Notes
- Scribe
- Order
- Current Medication:
- Medical History:
- Allergies/Intolerance:
- Gyn History:
- OB History:
- Surgical History:
- Hospitalization:
- Family History:
- Social History:
- ROS:

- Objective:
- Vitals:
- Past Results:
- Examination:
- Physical Examination:

- Assessment:
- Assessment:

- Plan:
- Treatment:
- Procedures:

Free-form

Structured

Incarceration Questions:

Default



Default for All



Clear All

Name	Value
<input type="checkbox"/> Date Updated: 04/27/2018	
<input checked="" type="checkbox"/> Have you ever been incarcerated?	Yes
<input type="checkbox"/> How many times have you been incarcerated?	
<input type="checkbox"/> What is the longest time you spent incarcerated?	
<input checked="" type="checkbox"/> Spend time in DC Jail?	Yes
<input type="checkbox"/> DCDC #	
<input checked="" type="checkbox"/> Spend time in prison?	Yes
<input type="checkbox"/> Where?	
<input type="checkbox"/> When?	
<input type="checkbox"/> Has your partner/family member ever been incarcerated?	Yes
<input checked="" type="checkbox"/> Have you ever been arrested?	Yes
<input type="checkbox"/> What if?	



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Custom

Close

Next >

Barriers & solutions

- ❑ During halfway house incarceration
 - ❑ Coordination with halfway house staff and NaphCare
 - ❑ Retaining patients in care after release



Case study

- ❑ 52 yo African American female returning from 32 years in federal prison, residing in halfway house past 6 weeks
- ❑ Has 1-page medical summary from BOP:
 - ❑ HTN, DM, Unspecified abnormal cytological findings in specimens from cervix uteri, Back pain, Costochondritis, Sleep apnea, Hepatitis C without coma, Peripheral neuropathy, Gout
 - ❑ Ran out all meds 2 weeks ago: Novolin N, gabapentin, indocin, lisinopril, simvastatin
- ❑ Glucometer lost in transit
- ❑ BP 174/96, POC A1C 9.1%, non-fasting BG 246
- ❑ Normal urine dip, unremarkable physical exam

Case study

- Chief complaint: “I just need my meds and a TB test and my DOT physical.”
- Health maintenance: to order or not to order?
 - “They gave me a physical just before I got out.”
 - “I know they took stool from me a few times... it was in the fall. I never found out about the results.”
- Wait for records or plow ahead?
 - “They said I had hep C but I didn’t have enough viruses to get treated.”

Case study

What are priorities today?

Patient

- Med refills (values taking medication consistently, identify barriers)
- TB test (employment or housing)
- DOT physical (employment)

Provider

- BP!
- A1C!
- RECORDS!
- PREVENTIVE HEALTH CARE!

What was life like 32 years ago?

References

- ❑ Agency for Healthcare Research and Quality. (2010, Apr 14). *Is the Community Oriented Correctional Health Services Program Right for Your Community?* Retrieved from <https://innovations.ahrq.gov/qualitytools/community-oriented-correctional-health-services-program-right-your-community>
- ❑ Federal Bureau of Prisons – FOIA Resources. (2018). Retrieved from <https://foiamapper.com/agencies/justice-foia/justice-prisons-foia/>

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- ❑ U.S. Department of Education. (2007, May.) *Literacy Behind Bars: Results from the 2003 National Assessment of Adult Literacy Prison Survey*. Retrieved from <https://nces.ed.gov/pubs2007/2007473.pdf>
- ❑ Washington Lawyers' Committee for Civil Rights and Urban Affairs. (2015, June 11.) *D.C. Prisoners: Conditions of Confinement in the District of Columbia*. Retrieved from http://www.washlaw.org/pdf/conditions_of_confinement_report.PDF

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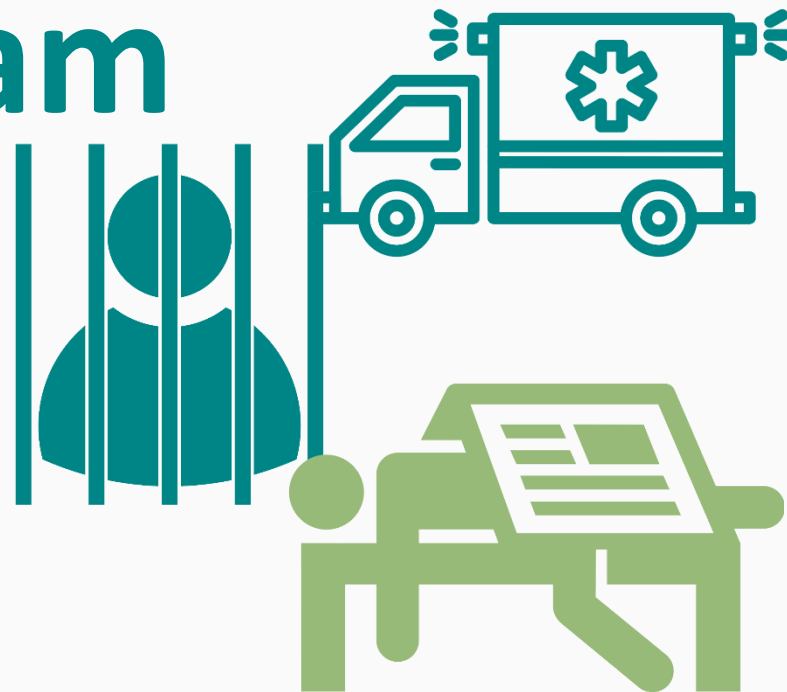
- ❑ Weiss, Elayne. (2018). Housing Access for People with Criminal Records. In *Advocates Guide 2018: A Primer on Federal Affordable Housing and Community Development Programs*. Retrieved from http://nlihc.org/sites/default/files/AG-2018/2018_Advocates-Guide.pdf
- ❑ <https://www.unityhealthcare.org>
- ❑ <https://doc.dc.gov/>
- ❑ <https://www.naphcare.com/>

In-Depth Look at the Denver Social Impact Bond Program

Carrie Craig, MSW, LCSW

Director of Housing First and
ACT Services

Colorado Coalition for the
Homeless



Project Overview

- Provide **housing** and **supportive services** to 250 individuals experiencing homelessness identified as the **highest utilizers** of the city's emergency services (police, jail, detox and emergency rooms)
- **5 year term** ending in 2021 (Project Launched in February 2016)
- Evaluation: **Randomized** Control Trial
- Focus on two primary outcomes:
 - Increased **housing stability**
 - **Reduced jail** bed days

Main Project Partners

City of Denver

Corporation of Supportive Housing

Enterprise Community Partners

Colorado Coalition for the Homeless

Mental Health Center of Denver

Urban Institute

Private Investors

Colorado Division of Housing

Denver Housing Authority

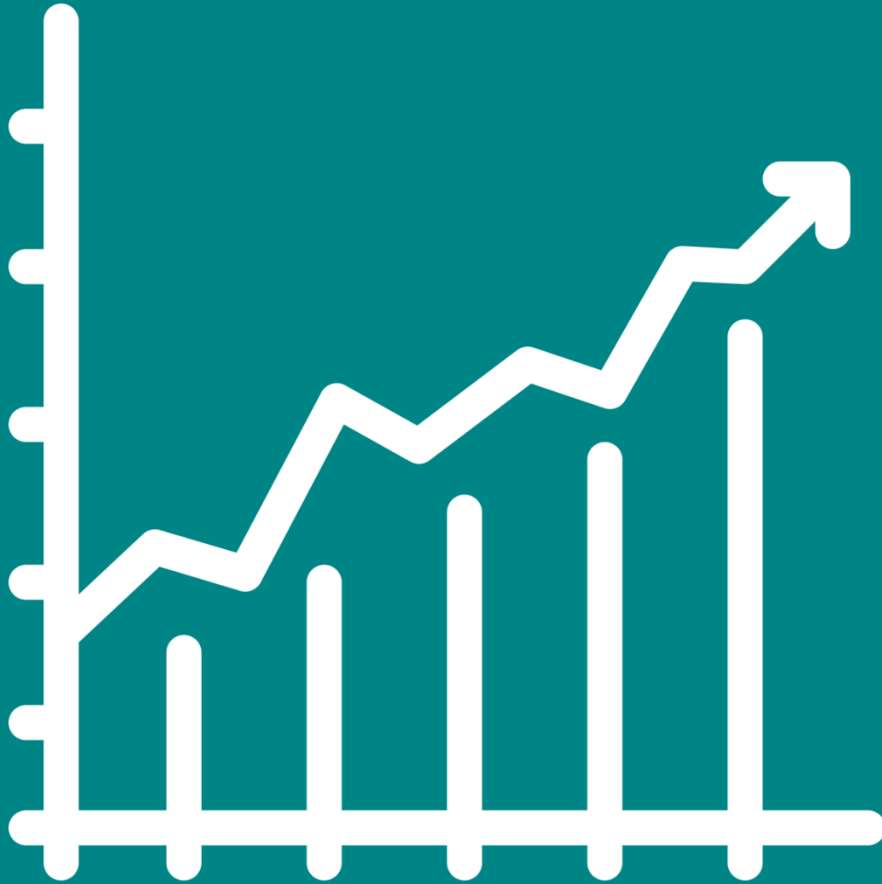
Colorado Access



Social Impact Bond (SIB) ACT Teams

- Two specialized ACT teams working with 170 of highest utilizers of Denver Jail System
- Coordination with Denver Jail, Corporation for Supportive Housing, Enterprise Group, Investors, MHCD, City of Denver, DPD
- Unique Funding Stream
- **Pay For Success** model





Financing

Investment Overview

Housing Stability
\$4,000,000

Jail Bed Days
\$4,634,695

\$15.12 per day for
stable housing
days, (*subtract
days In jails)

	Organization	Amount
Housing Stability Lenders	Northern Trust Company	\$3,000,000
	The Denver Foundation	\$500,000
	The Piton Foundation	\$500,000
Jail Bed/Day Reduction Lenders	Laura and John Arnold Foundation	\$1,700,000
	The Colorado Health Foundation	\$1,000,000
	The Ben and Lucy Ana Fund at the Walton Family Foundation	\$1,000,000
	Living Cities Blended Catalyst Fund	\$500,000
	Nonprofit Finance Fund	\$434,696
	TOTAL INVESTMENT	\$8,634,696

Expected Payment/Returns: Approximately \$9.6 million, which equates to a combined annualized rate of ~ 3.5%

- Minimum Payment: \$0, investors lose 100% of investment
- Maximum Payment: Approximately \$11.4million (outcome levels at 100% housing stability, 65% jail bed reduction)

Pay for Success Model

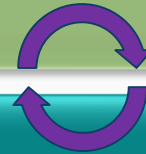
Pay for Success
(a.k.a. Social Impact “Bonds”)



Upfront Working Capital



Pay for Success Contracts



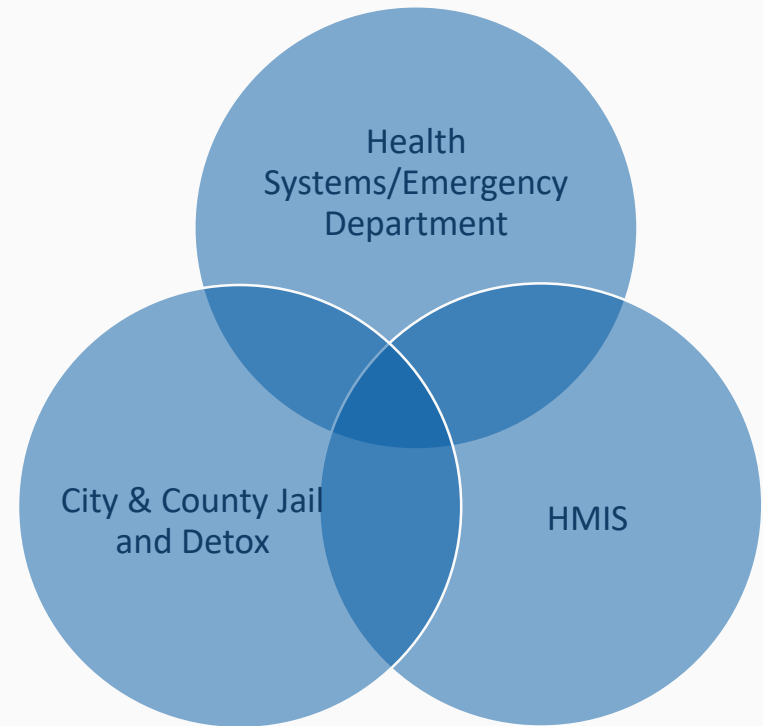
SIB in Action



Why This Group?

- Each year, 250 chronically homeless individuals in Denver account for:
 - 14,000 days in jail
 - 2,200 visits to detox
 - 1,500 arrests
 - 500 emergency room visits
- The average yearly cost to taxpayers is \$29,000 per individual, resulting from jail days, police encounters, court costs, detox, ER and other medical visits.
- Each year, the City spends approximately \$7 million on 250 individuals to cover the expenses above.

Data Systems & Matching

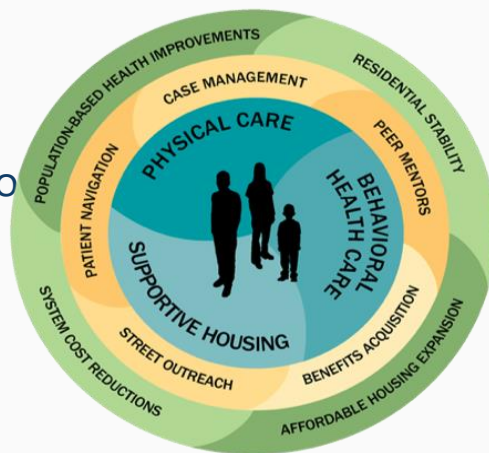


Housing Intake & Placement + ACT Team

Finding the Flow- Homeless to Home

HIPS

- Initial Outreach and Engagement
- Eligibility Assessment
- Housing subsidy paperwork
- Vital Documents
- Health Insurance
- Goal setting
- Housing Navigation & Placement
- Transfer to ACT Long Term Services



SIB ACT TEAM

- Case Management
- Mental Health Care
- Substance treatment Services
- Nursing care
- Psychiatric Treatment & Medications
- Educational and Vocational Services
- Benefits Acquisition
- Peer Mentoring and Support
- Long-term ongoing care

Denver SIB Contract



**Denver will Pay
for Outcomes in
Two Areas**

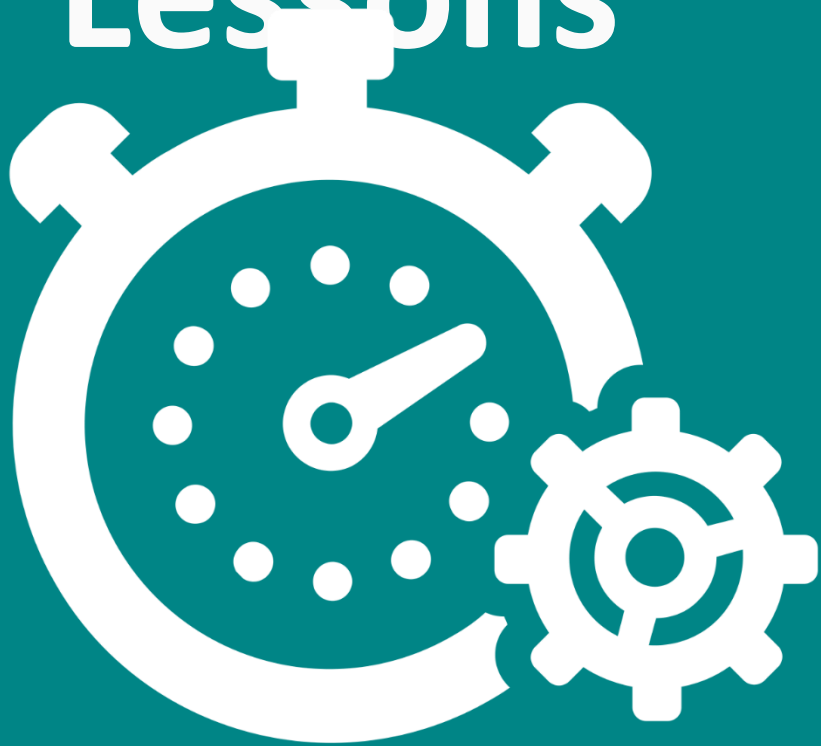
(1) Housing Stability

- City only pays if a participant spends at least one year in housing.
 - Thereafter, payments made on days in housing minus days spent in jail.
 - If participant does not meet one year threshold, they can replace that unit with a new participant.
-

(2) Jail Bed Day Reduction

- Payments made based upon the percentage reduction seen between participants and non-participants over 5 years.
 - No payments made below 20% reduction.
 - Maximum payment at 65% reduction.
-

Outcomes and Lessons



Early Outcomes

- To date **all 250 people** have been housed through the project (currently at 274)
- Most people housed in the project have been homeless for **3+ years, longest homeless history of 32 years** (84% male, 16% female)
- After 6 months of housing, 95% of people **did not exit** the program
- After one year, 89% of people had **no exits**
 - This compares favorably to the evidence base which says on average 80% of people stay in SH for one year or more.
- After being in the project for one year or more, participants spent **8 days** in jail (prior average jail time was 77days)

Lessons Learned

48

- Participants are **getting and staying** housed
- Importance of **community and interdepartmental collaborations**
 - Denver PD, Sheriff's Department, Judges, Probation & Parole
 - Street Outreach, Health Center, Property Management
- Service provider **presence at court** has helped to reduce sentences for program participants
- Jail **In-Reach** is critical
- High vulnerability of population—need for **linkage to healthcare**
- Importance of **Flex Funding** for Property Damages and Client Needs
- Build up **stock of units** prior to start of program, Client choice is critical
- Importance of **community building** for program participants:
 - Focus with RDL building - "Get to know your neighbor" events
 - Group social outings
 - Temporarily housing participants in close proximity
 - Community Governance Boards

Questions?
