

# MODULE 2

## Improving Access to Care for Justice-Involved Patients and their Families

*Now What? Looking at the Health  
Center Role in Addressing the Needs  
of Justice-Involved Patients*

Wednesday, March 4, 2020 at 2:00pm ET

[NURSELEDCARE.ORG](http://NURSELEDCARE.ORG)

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Medical  Legal  
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UNIVERSITY



**PHMC**  
a nonprofit  
institute for  
public health

# FACULTY



**Emily Kane, MPA**  
*Senior Program Manager*  
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*Research Manager*  
National Healthcare for  
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**Ellen Lawton, JD**  
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**Laurie Corbin, MSS, MLSP**  
*Managing Director for*  
*Community Engagement*  
Public Health Management  
Corporation

# ENGAGEMENT LEVELS

## Track 1: Limited engagement

Participants will attend one or more learning collaborative modules as a webinar attendee with an option to engage in polling questions and webinar chat opportunities.

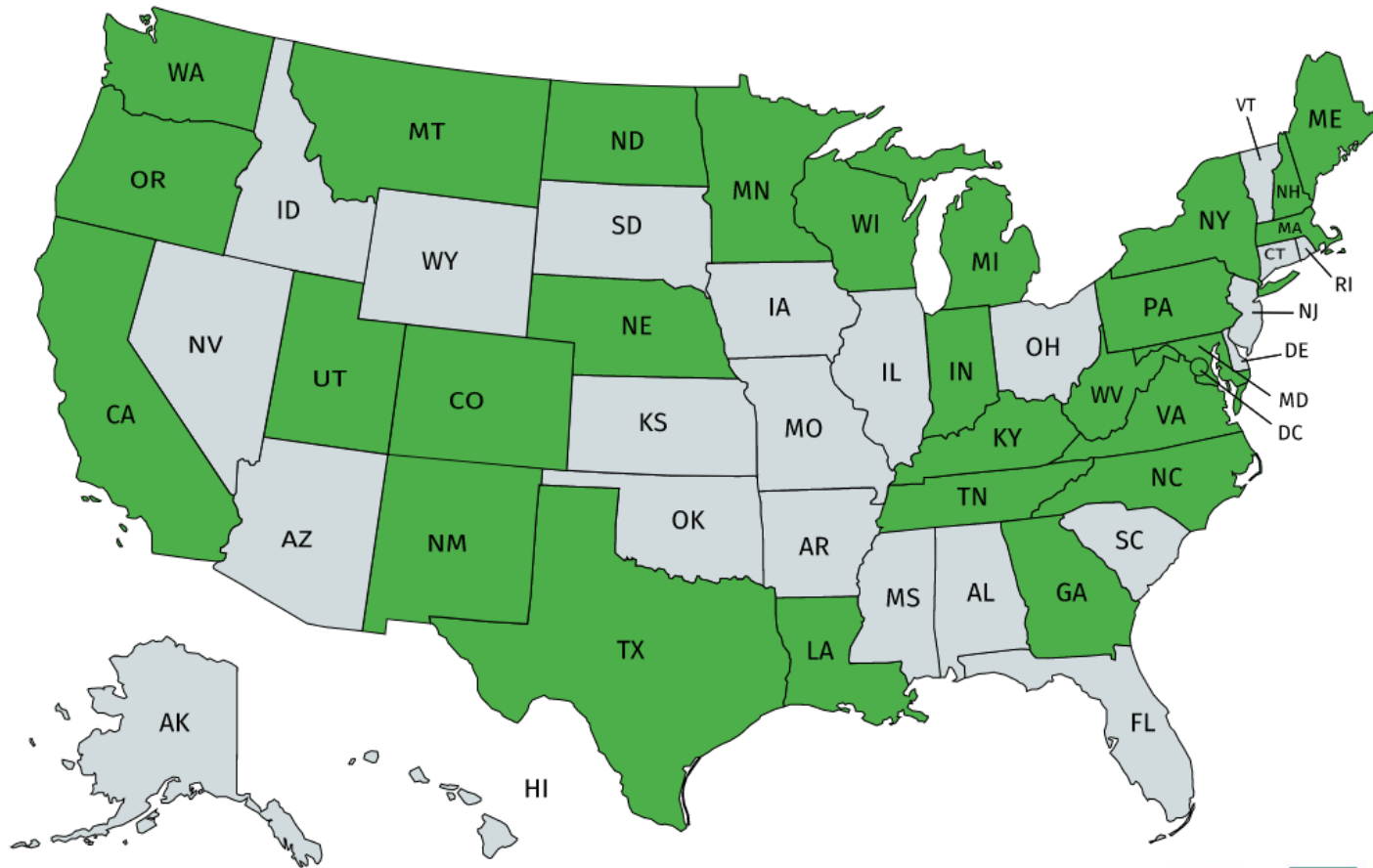
## Track 2: Moderate engagement

Participants will attend one or more modules and an all-panelist coaching call. Participants at this level can also opt-in to complete optional homework assignments and suggested reading.

## Track 3: Intensive engagement

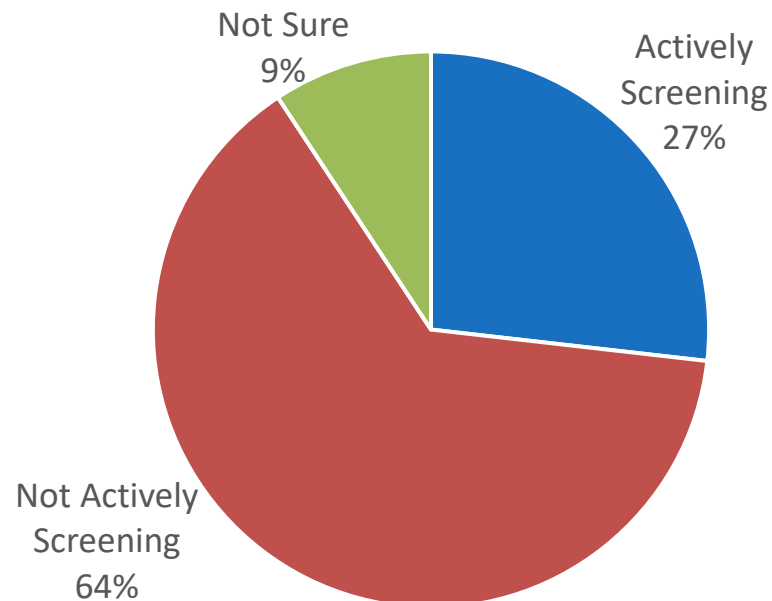
Participants will attend all learning collaborative modules, an all-panelist coaching call, complete optional homework assignment and suggested reading, and join a peer learning group on Slack, a free messaging platform.

# PARTICIPATING STATES



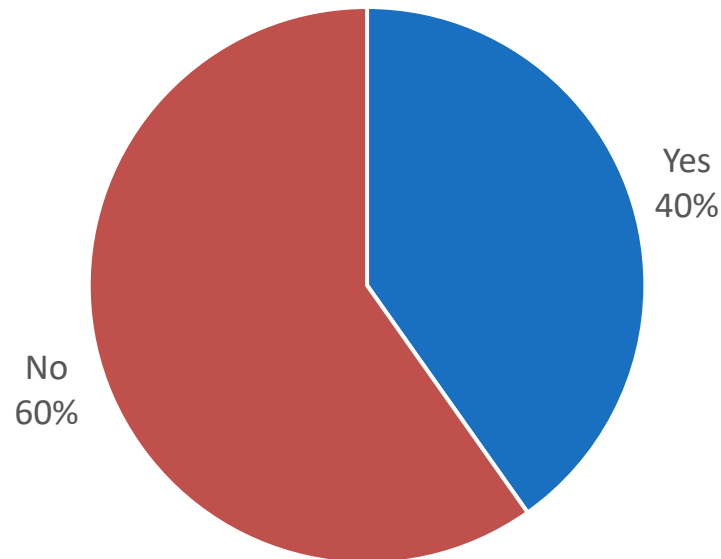
# REGISTRATION DATA

Does your organization screen patients/clients for involvement in the criminal justice system now?



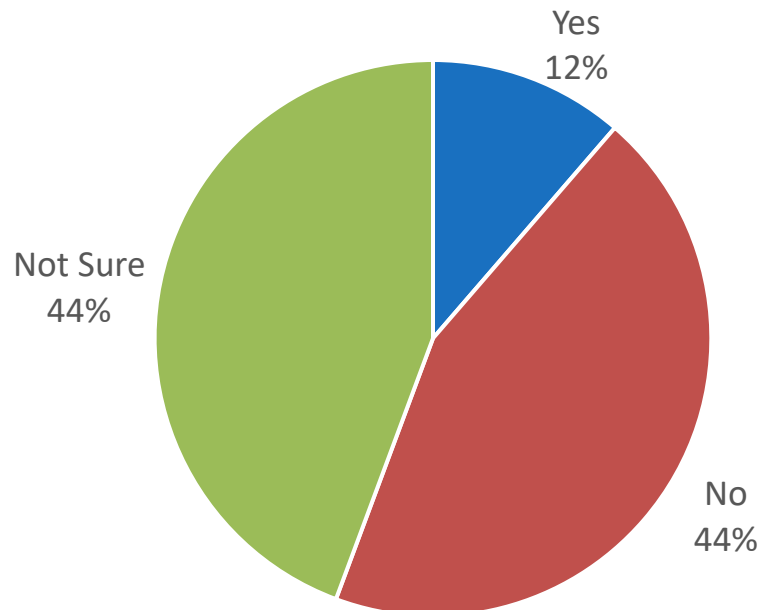
# REGISTRATION DATA

Does anyone at your organization have expertise working with justice-involved clients?



# REGISTRATION DATA

Has your organization ever applied for funding specifically for services targeting justice-involve patients and their families?



# TODAY'S PRESENTERS



**Anita Córdova, MA**  
*Chief Advancement  
Officer*  
Albuquerque Health  
Care for the Homeless



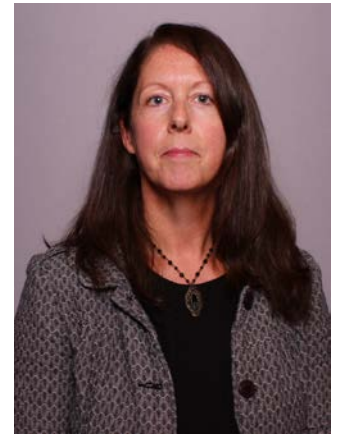
**Lauryn Berner, MSW, MPH**  
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**Rachel Biggs, MA**  
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**Carrie Craig, MSW**  
*MSW, LCSW Director of*  
*Housing First and ACT*  
Colorado Coalition for  
the Homeless



Zoom Webinar Chat

From AAPCHO T/TA to All panelists and other attendees:

Welcome

From Me

I'm exci

To: All

Your te

other a

Q&A

All questions(1)

My questions(1)

**Thank you for attending the Webinar.  
Please click Continue to participate in a short survey.**

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Chat

Q&A



Unmute



Chat



Lower Hand



Q&A

Leave Meeting

# AGENDA

- ✓ Introductions
- ✓ Topic 1: Intersections of Health, Housing, and Justice-Involvement
- ✓ Topic 2: Hear from Health Care for the Homeless Providers
- ✓ Topic 3: Discussion and Q&A
- ✓ Conclusion

# LEARNING OBJECTIVES

- Participants will describe how housing instability and justice involvement are intertwined
- Participants will identify strategies for establishing medical-legal partnerships and how they can be formalized
- Participants will identify areas in which trained staff or partners can address specific challenges faced by patients with justice-involvement.
- Participants will describe strategies for interdisciplinary care coordination for those transitioning out of the justice-system into housing.

# Now What?

Looking at the Health Center Role in  
Addressing the Needs of Justice-Involved  
Patients

National Health Care for the Homeless Council

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# Health Centers/HCH

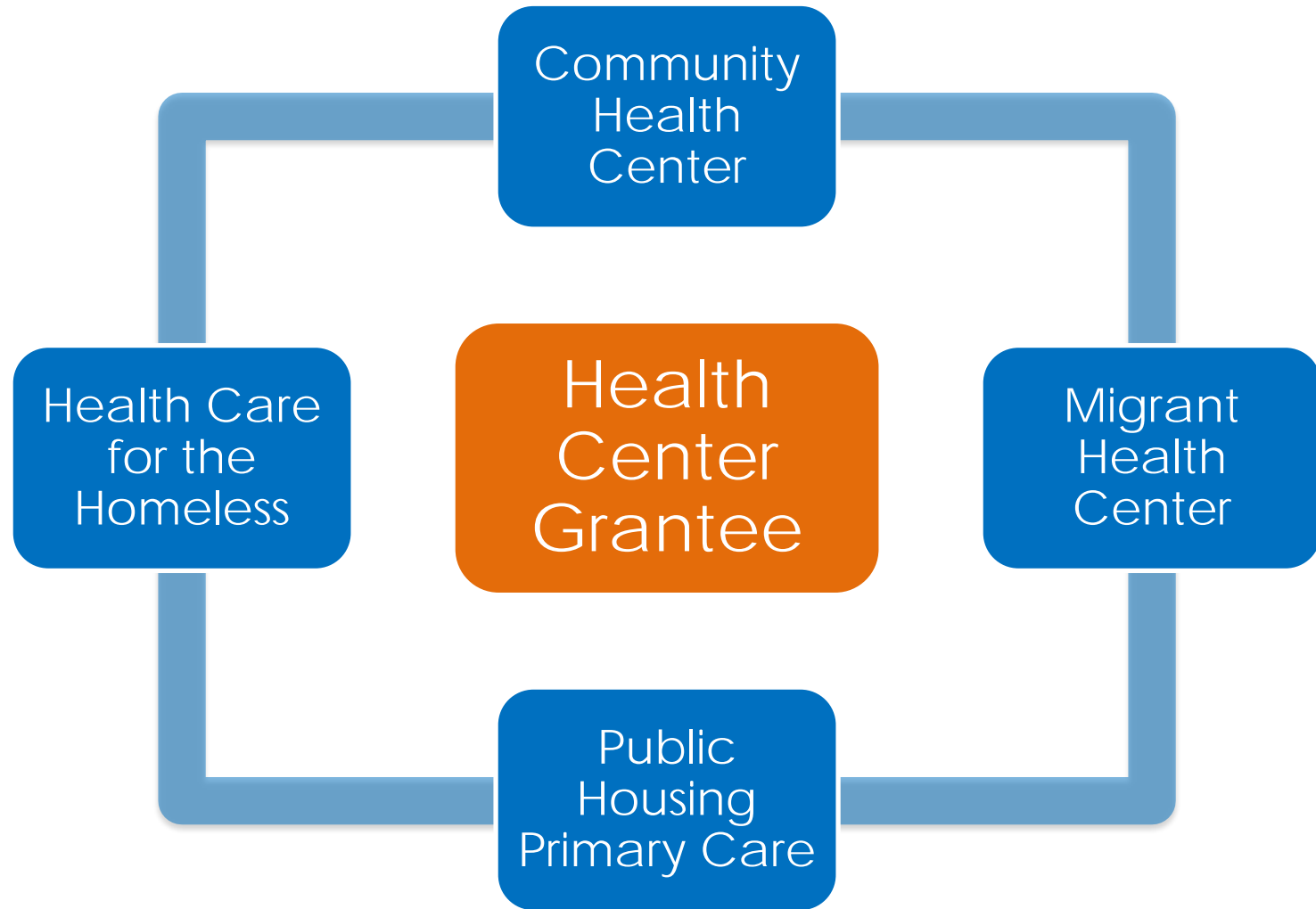
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Health  
Center  
Grantee

- Serve Medically Underserved Populations or Areas
- May work with Special Populations
- Enhanced Reimbursement

# Health Centers/HCH

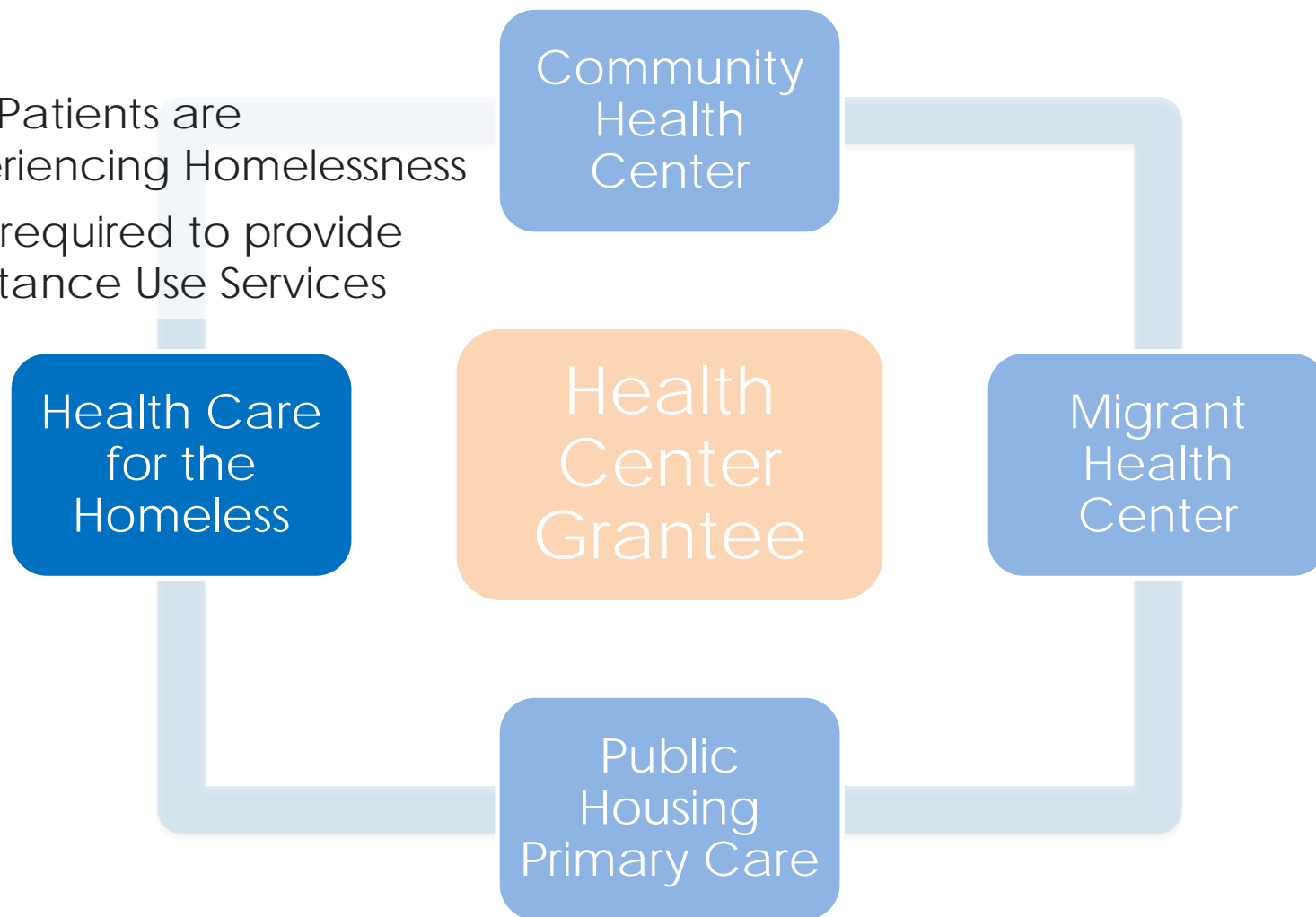
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# Health Centers/HCH

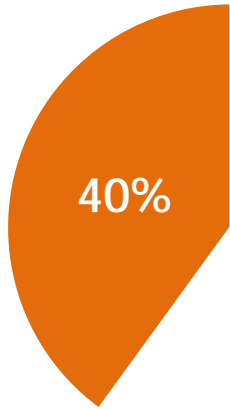
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- 75% Patients are Experiencing Homelessness
- Also required to provide Substance Use Services

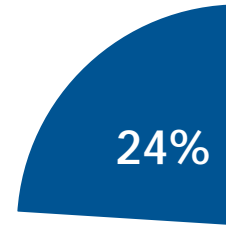


# Physical Health

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40% have  
had at least  
one chronic  
condition



24% have had  
multiple  
chronic  
condition at  
some point



Increase in high blood pressure and  
diabetes since 2004

More likely have chronic conditions

More likely to have infectious disease

Source: Bureau of Justice Statistics, <https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>



# Prevalence of Health Conditions

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Substance Use Disorder  
and Active Tuberculosis



Hepatitis C



Serious Mental Illness



HIV

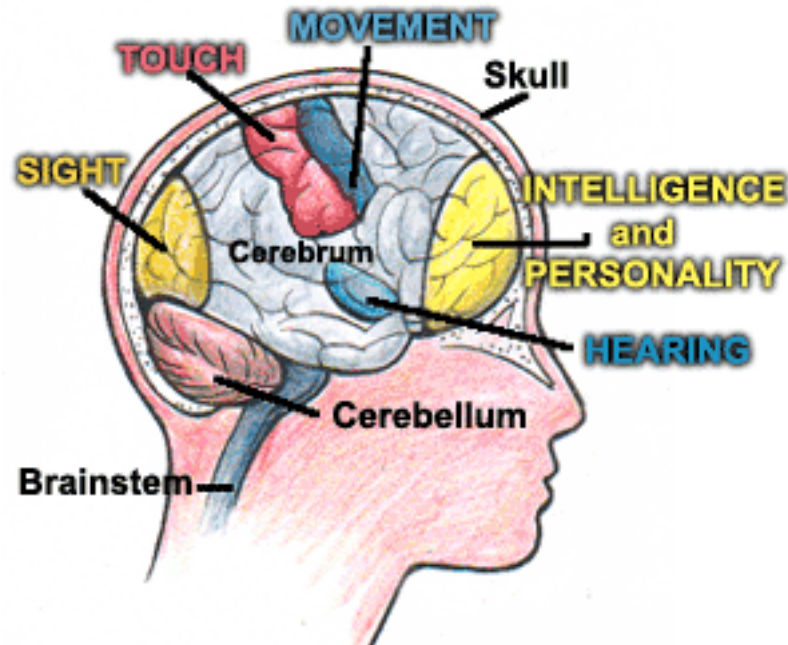


Source: Davis and Pacchiana 2004, Steadman et al. 2009; Karberg and James 2005

# Traumatic Brain Injury

## "An Unrecognized Problem"

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# Adapted Clinical Guidelines

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## Adapting Your Practice

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

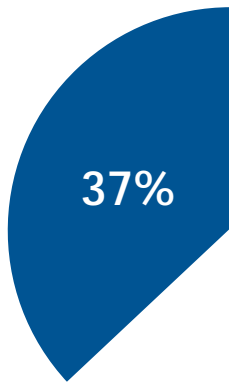
National Health Care for the Homeless Council

Source: <https://nhchc.org/clinical-practice/adapted-clinical-guidelines/tbi/>

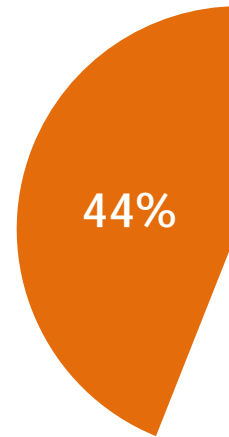
# Mental Health

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## Prevalence of Mental Health Diagnoses:



37% of people  
in prisons



44% of people  
in jails



More likely to meet criteria for serious  
psychological disorder

Source: Bureau of Justice Statistics, <https://www.bjs.gov/content/pub/pdf/mpsfpj1112.pdf>

# Civil Issues

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Criminalization of homelessness has risen  
over the last 13 years.

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National Law Center on Homelessness and Poverty:  
Housing Not Handcuffs

Source: <http://nlchp.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf>

# Housing Not Handcuffs Findings

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Percent of 187 Cities Surveyed with Laws Against

Camping in  
Public  
72%

Sleeping in Public  
51%

Sitting & Lying  
Down in Public  
55%

Loitering, Loafing,  
and Vagrancy  
(specific places)  
60%

Begging  
83%

Living in Vehicles  
50%

Food Sharing  
9%

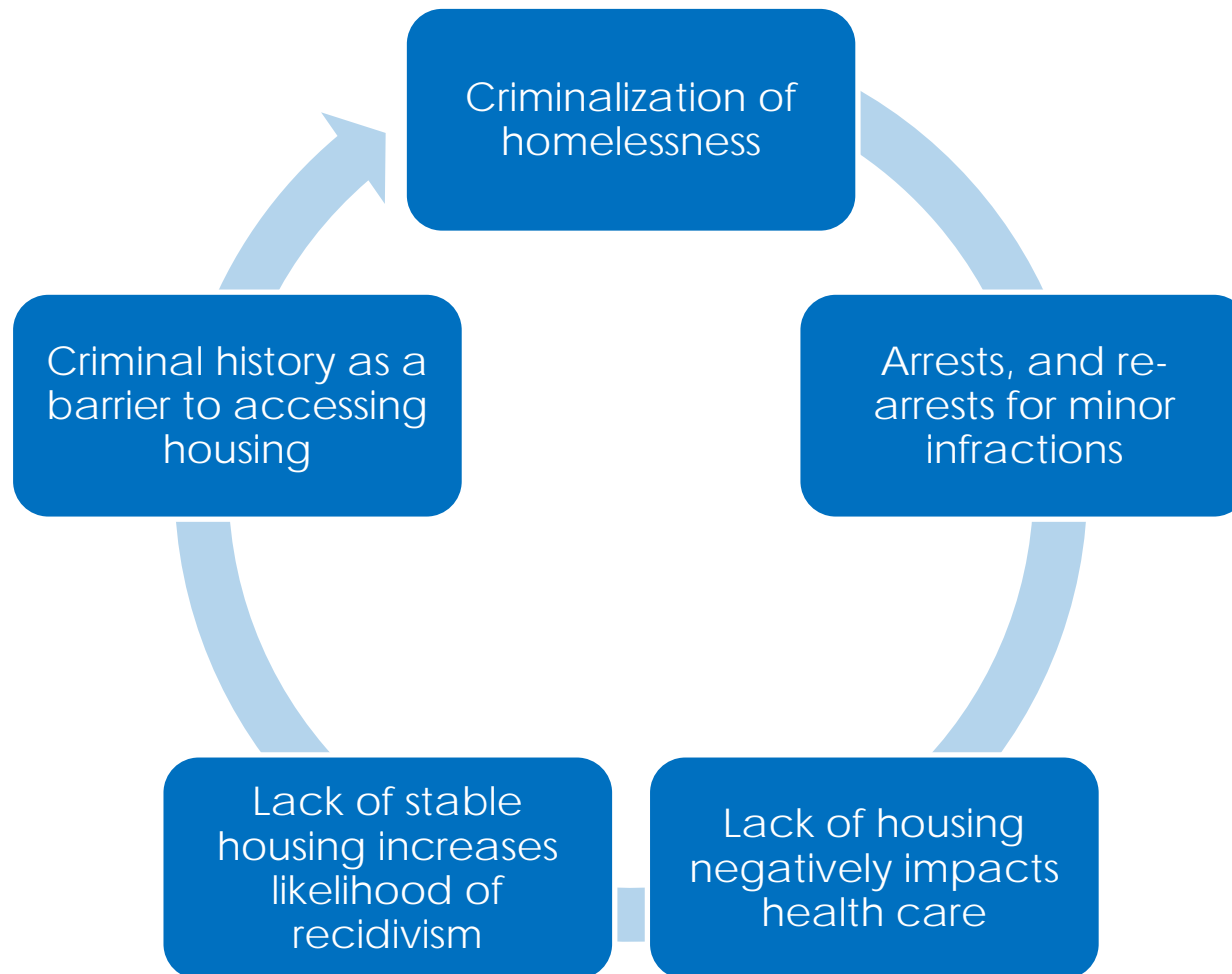
Property Storage  
55%

Public Urination  
and Defecation  
83%

Scavenging  
76%

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

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# Health care access and justice involved individuals

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Individuals exit jails often with only a small amount of medication and no outside care arranged

Health insurance often must be terminated upon entry to correctional institutions

Some areas have tried suspending coverage, rather than terminating, in order to improve access after release

Health centers are uniquely poised to provide benefit navigation, health care, & medication continuity to ensure a healthy and stable reentry



# Three Overarching Program Types

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Contracts with  
jails to provide  
health care



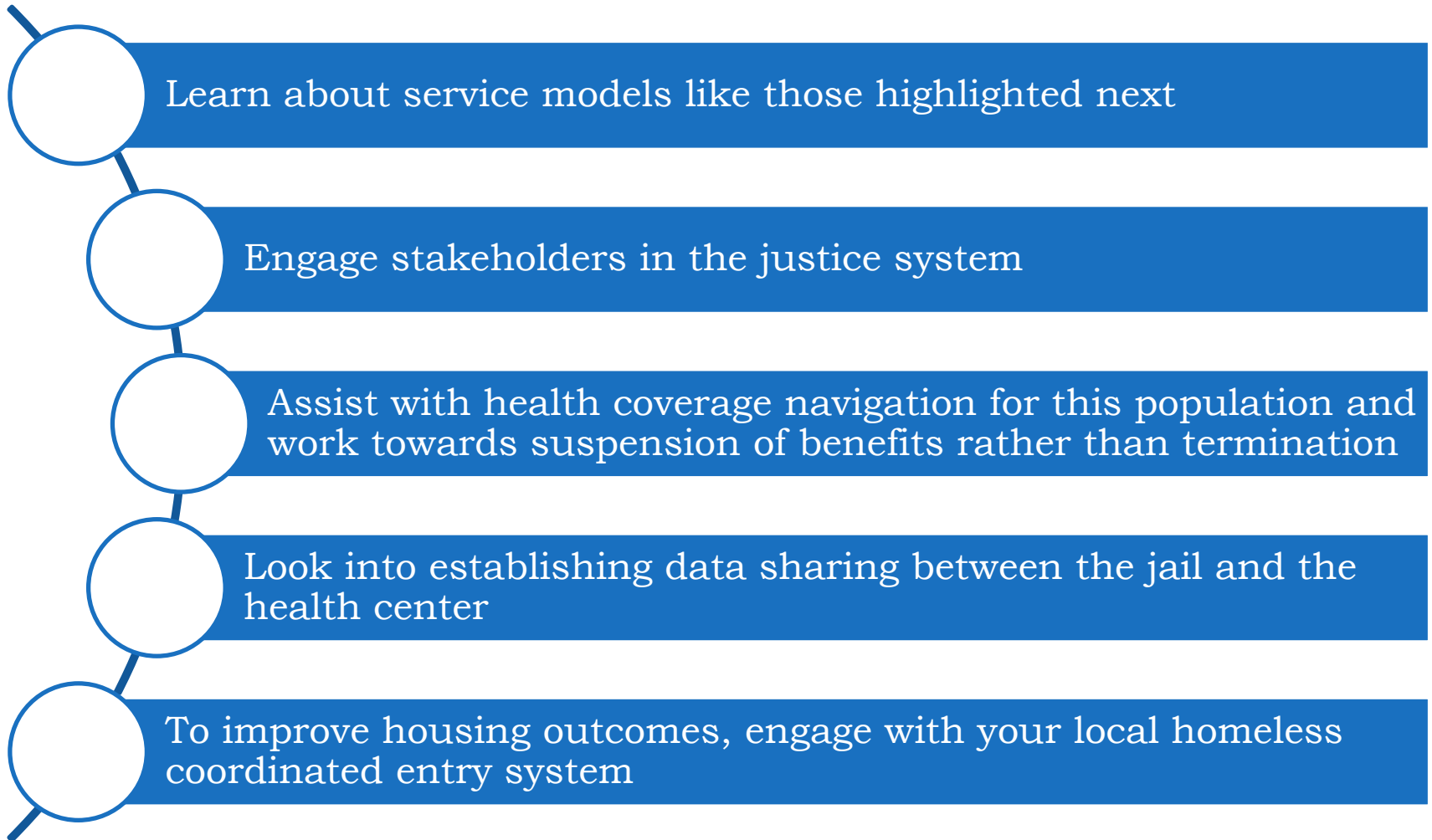
Coordination  
upon release –  
provide  
medication,  
appointments for  
care immediately  
following release



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

# Some things to try

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# Resources

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- Stopping the Revolving Door: How Health Centers Can Serve Justice-Involved Population, [http://www.csh.org/wp-content/uploads/2018/06/CSH-NHCHC\\_Health-Centers\\_Justice-Involved-Pops\\_Final.pdf](http://www.csh.org/wp-content/uploads/2018/06/CSH-NHCHC_Health-Centers_Justice-Involved-Pops_Final.pdf)
- State Strategies for Establishing Connections to Health Care for Justice-Involved Populations: The Central Role of Medicaid, <https://www.commonwealthfund.org/publications/issue-briefs/2019/jan/state-strategies-health-care-justice-involved-role-medicaid>
- HOUSING NOT HANDCUFFS 2019 Ending the Criminalization of Homelessness in U.S. Cities, <http://nlchp.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf>
- Medical Problems of State and Federal Prisoners and Jail Inmates, 2011–12, <https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>
- Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12, <https://www.bjs.gov/content/pub/pdf/imhprpi1112.pdf>

# Albuquerque Health Care for the Homeless, Inc.

Justice Involved Populations

National Health Care for the Homeless Council

March 4, 2020

# Albuquerque Health Care for the Homeless (AHCH)

- Albuquerque was one of the original 19 cities nationwide to participate in the pilot and develop the HCH model in 1985.
- AHCH is a freestanding FQHC and standalone 330(h) HCH project.
- Provides integrated primary medical and dental, behavioral health and social services through extensive outreach and at its central services campus.



# AHCH

- Over 100 staff
- Serves nearly 7,000 people without homes each year.
- Serves exclusively people without homes, 95-98% at or below 100% Federal Poverty Line.
- NM expanded Medicaid in 2014. Clients were traditionally 85-95% uninsured, now that is flipped.



# Clients with Criminal Justice Involvement

- **How do we know?**
  - AHCH has never screened for this characteristic per se
    - Long history of being the first stop upon release (pre-Medicaid expansion in particular)
    - Dedicated funding streams and individual, client-centered care is how we know past involvement
- **Intervention strategies**
  - Have long relied on AHCH's low-threshold and barrier free care for access to medications, housing, and overall care
    - Harm Reduction, ArtStreet, and Resource Center, & Re-Entry Collaborative (dedicated program)
- **History**
  - AHCH is looked at as a model and is often sought out for technical assistance and expertise based on this history and unique relevance to the population

# Clients with Criminal Justice Involvement

- **Current efforts revolve around systems change and systems approaches**
  - Criminal Justice Coordinating Council (CJCC) – Diversion and Reentry Subcommittee
  - Outreach Court – working with local to offer helpful ways for people to complete court requirements to get tickets (vast majority for crimes of being made to live in public spaces) cleared
    - Criteria Scenarios for AHCH client/patient:
      - New: engages in care, completes assessments, makes follow up appt.
      - Established: completes appt., gets medications, completes assessment or 1<sup>st</sup> visit in program not yet engaged
      - Low-threshold: engages with staff member, returns to program, addresses hygiene, transportation or identification needs



# Criminal Justice Policy and Advocacy at AHCH

- **APD Forward**
  - DOJ Settlement Agreement with City of Albuquerque
  - Coalition created to hold police department accountable to law enforcement reforms
- **Client Leadership Committee Know Your Rights Forum**
  - Client-led forums with ACLU of New Mexico
- **Criminal Justice Reform Wins**
  - Expungement
  - Ban the box

# Contact Information

Anita Córdova, MA, Chief Advancement Officer  
Rachel Biggs, MA, Policy Director

Albuquerque Health Care for the Homeless

Phone: 505-766-5197

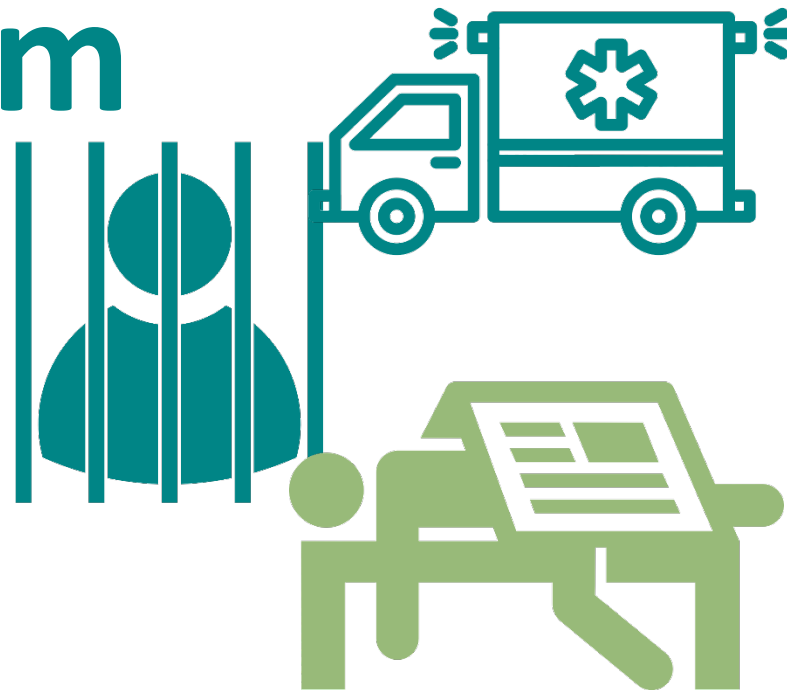
Website: [www.abqhch.org](http://www.abqhch.org)

# In-Depth Look at the Social Impact Bond (SIB) Program

**Carrie Craig, LCSW**

Director of Housing First and ACT  
Services

Colorado Coalition for the Homeless  
Denver, CO



# 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

# 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.\*

\* Urban Institute (2016). *FACT SHEET: Denver Social Impact Bond program to address homelessness*

# SIB in Action



# Social Impact Bond (SIB) ACT Teams

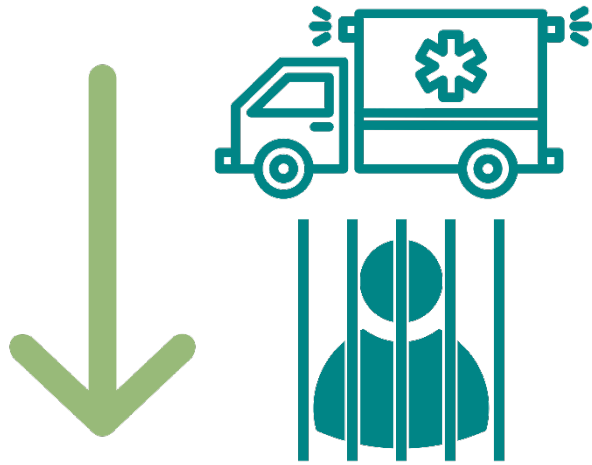
- Two specialized ACT teams working with 245 of highest utilizers of Denver Jail System
- Coordination with Denver Jail, Corporation for Supportive Housing, Enterprise Group, Investors, MHCD, City of Denver, DPD
- Unique Funding Stream
- **Pay For Success** model



# Models of Care: Housing First + Assertive Community Treatment







Housing First is proven to be **exceptionally successful in ending homelessness** for chronically homeless individuals and in saving communities significant financial resources through reduced ER & hospital visits, detox and jail stays.

Multiple cost benefit analyses show average **savings** of \$15K-\$18K per person, per year.



Housing First is a belief that

“Housing is  
Healthcare”

And is a basic human right!



# Housing First + Assertive Community Treatment

Interdisciplinary Team of professionals who provide **intensive wrap around treatment** including:

- Case Management
- Initial and ongoing assessment
- Nursing care
- Psychiatric Treatment & Medications
- Educational and Vocational Services
- Benefits Acquisition
- Substance treatment Services
- Peer Mentoring and Support



# Assertive Community Treatment (ACT)

- 75% of services provided occur out **in the community**.
- **Team approach**—staff work with all clients.
- Goal is to support an individual's **ability to live successfully** in the community.
- **Harm Reduction**—reducing the overall negative consequences associated with substance use.



# Renaissance Downtown Lofts

Supportive Housing

100 Units

Dedicated to SIB Program

Clinical groups and support onsite

Activities and community  
engagement for residents

Resident Council governing body



# Outcomes



# Early Outcomes

- As of December 31, 2018, the Denver SIB project **has housed 330 individuals** experiencing homelessness\*
- **Two years after entering housing, 79% of program participants** remain in housing\*
- During their first year in housing, **44% of participants had not returned to jail\***
- Preliminary data on reduction in jail days is promising but results will not be fully released until the project's end- 2021

\* Urban Institute (2019). *Maintaining Housing Stability: Interim Lessons from the Denver Supportive Housing Social Impact Bond Initiative*

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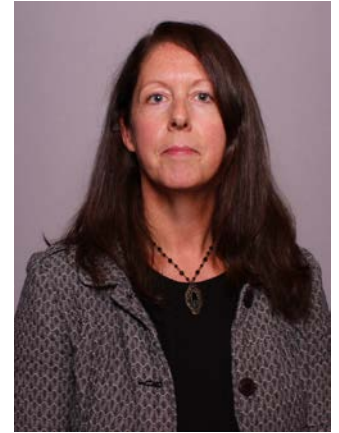
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# Q&A

Please type your questions into the Q&A box. You can “upvote” and comment on other attendees’ questions.

# NEXT MODULE

## Improving Access to Care for Justice-Involved Patients and their Families

*Faculty Coaching and Peer Learning*

Wednesday, April 8, 2020 at 2:00pm ET

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