



The Urban Institute designed the Health Outcomes study



Funded by the Robert Wood Johnson Foundation



Target Population: Chronically homeless individuals who are high users of public systems including those who frequently cycle in and out of jail



The Health Outcomes study builds on the SIB evaluation.

Purpose: The study explores the impact of permanent supportive housing (PSH) on the health outcomes of chronically homeless individuals.

URBAN – Year 1: Collected health record data (e.g. Medicaid, Denver jail) of homeless individuals prior to the SIB Initiative (individuals who may or may not be in PSH)

TEC – Year 1: Explored what "usual care" in the medical and mental health care system looks like for homeless individuals, particularly those who cycle in and out of jail

METHODS

Conducted 17 in-depth interviews with administrators and service providers working in health-relevant fields serving homeless populations.

Questions focused on: health conditions, common healthcare needs, access to care, continuity of care, barriers to care, and health care while incarcerated.

Denver Health

Denver CARES

CCH

Stout St. Health Center

Colorado Access

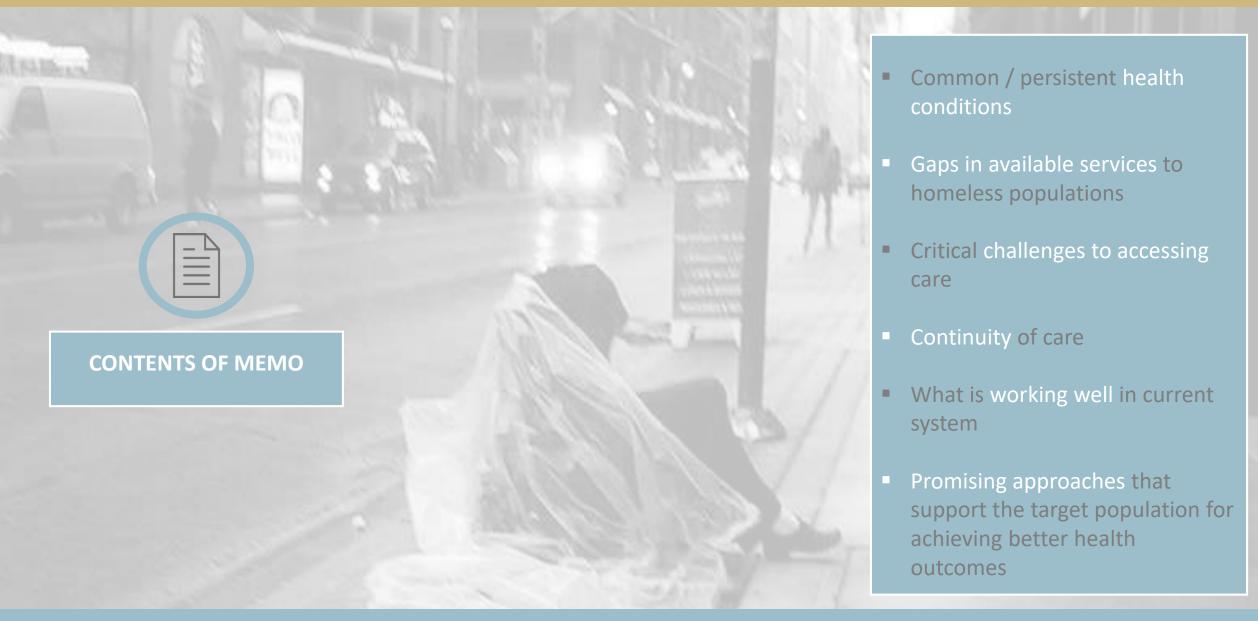
MHCD

Denver's Road Home

Behavioral Health Court

Denver Public Library

Denver Jail



Health Conditions

Substance Abuse

Alcohol abuse
Alcohol induced seizures

Substance abuse
Cirrhosis of the liver

Mental Health

Anxiety disorder

Depression

Schizophrenia

Panic disorder

Suicidality

Posttraumatic Stress Disorder

Bipolar disorder

Physical Disability

Amputation

Limited eyesight or blindness

Hearing impairment

Mobility impairment

Epilepsy

Communicable Diseases

Influenza

Hepatitis C

Common cold

Pneumonia

Human immunodeficiency

virus (HIV)

Acquired immune deficiency

syndrome (AIDS)

Tuberculosis

Environment-Related

Broken bones

Bruises

Traumatic brain injury

Frostbite

Wounds

Infection

Sepsis

Bedbugs

Cardiac, Pulmonary, and

Gastrointestinal

Cardiovascular disease

Pulmonary issues

Chronic obstructive pulmonary

disease

Hypertension

Hernia

Pain-Related

Back pain

Joint pain

Chronic pain

Diet-related

Cholesterol

Diabetes

Dental

General tooth decay

Bruxism (tooth grinding)

Gum disease



Service Gaps



Housing is Health Care

Service Gaps

Basic Needs Services

> Respite Care

"Denver Health
provides a motel room
for a person to heal.
There is not any
nursing care associated
with it. It is just a
location."

"Housing is what gets me down the most ... I have nothing for [them] because we do not have enough affordable housing."

Arapahoe House was "really doing some dual diagnosis work, but now they're gone."

" ... if you want to get treatment for mental health you have to get your substance abuse under control first."

Co-Occurring Substance
Abuse Treatment/
Mental Health Care

Service Gaps

Inpatient Psychiatric & Substance Abuse Treatment

In-patient psychiatric and substance abuse hospitalization beds are simply unavailable for this population.

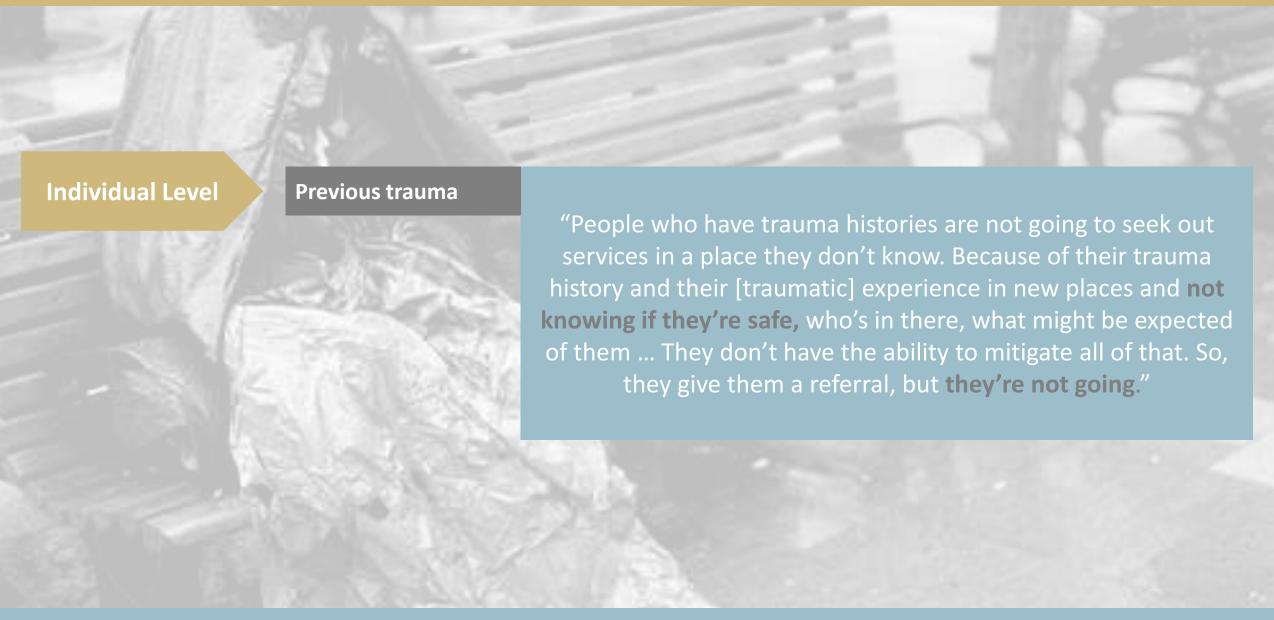
Mental Health Treatment

There *are* mental health service providers but the need is so great, wait lists are very long for services. Interviewees reported a 3-6 month wait for psychiatric medications.

1) Individual level barriers to accessing care

Ways that the homeless context impedes health

(3) Components in the larger system of care that limit access to quality care



Individual Level

Fear and shame

"People who are injecting drugs often get skin infections that lead to worse infections ... There's the whole **stigma around drug use**, so they're not accessing healthcare because they're afraid if they go to the hospital, they'll get more checked, they'll either **put them on a** withdrawal protocol, [or whatever else]."

Lack of information

"What I've seen with people, too, is that fear of running out of their medications, so it's some education around needing to take their medication ongoing, not realizing that you don't just take your pill for congestive heart failure when you don't feel good. You take it all the time."

Homeless context

Maslow's Hierarchy

"Are you going to necessarily prioritize a meeting that's about your smoking or about your health over obtaining your shelter placement for that night? ... Finding your next meal? Caring for your children? The deliverables to any approach to your health are not immediate."

Transportation

"I think transportation is one of the most obvious barriers [to care][. If you live out somewhere that it takes you two hours to ride a bus in to go see your doctor and you're not feeling well. You can imagine that that becomes a barrier to accessing your doctor. **Transportation is a critical missing piece** in securing care for homeless populations."

Homeless context

Limited access to technology

"Their phones go in and out of service ... if [a service provider is] calling you to remind you of their appointment, but you don't have minutes on your phone, you're not getting those phone calls. Or, if your phone goes dead, you don't have a place to charge it. You don't have a calendar that's accessible."

Limited self-care resources for health

"For me, we see a lot of wounds, ...whether it's a fall or an infection ... those are so much harder to heal in that homeless population because of access to clean water, access to clean places to change dressings."

"You go back to the shelters where everyone's sick ... you can stay there at night, but then during the day you have to leave. If you're on your feet all day, it's hard to recover."

Health system level

Unwelcoming care facilities

There is stigma attached to not only homelessness, but mental health and substance abuse issues. "... not a lot of providers ... are [swinging] their doors open to the homeless population that isn't well-dressed and their hygiene is questionable..."

Admittance policies

A primary challenge is restriction based on a criminal record. This becomes a greater challenge because homelessness is criminalized.

Missed appointment policies

Often, after several late or missed appointments, **providers will no longer see clients.** This is specifically challenging for homeless populations moving in and out of the criminal justice system.

Health system level

Insurance coverage

Even modest co-pays are prohibitive in the context of poverty!

Discharge practices

Often, jails and hospitals have discharge practices that undermine the health of homeless populations.

"We are working with a guy now trying to get into treatment who has pneumonia. They diagnosed him with it at the hospital ... but let him out at 4:00 in the morning, which is not really great for someone with pneumonia with no place to go ..."

Consequences of Limited Access to Care

Service providers see their clients' illnesses rapidly deteriorate because of a lack of care. The intensity and duration of illness in the homeless population has lasting and significant consequences. When individuals who are experiencing chronic homelessness finally reach a health care provider,

"They get healthier, but I'm not sure that I'd every say that they are really healthy."



Coordinators work to connect chronically homeless individuals to resources, services, and programs to help meet their healthcare needs.



Individual Coordinators

Medicaid enrollment specialists

Behavioral health navigators

Probation officers

Certified addition counselors

Case managers

Peer navigators

Coordinators exist formally and informally, throughout the system of care.



Individual coordinators lack a strong communication system with each other.

There might be more than enough people to help assist a person, but if they're not talking to each other [it won't work].

As a social worker, I ... try to help with all that coordinating, but it just gets messy because [there are] overlapping, separate systems that are all very private and don't like to share data and information.





Interviewees were clear that the jail offers highly integrated medical care

Treatment and Care Coordination in Jail

WHEN ADMITTED

Medical screening:

- Identify chronic medical issues
- Screened for tuberculosis, communicable diseases
- Mental health screening
- Assessed for jail placement



Interviewees were clear that the jail offers highly integrated medical care

Treatment and Care Coordination in Jail

WHILE INCARCERATED

- Inmates can request medical attention
- Chronic conditions are medically monitored
- Medical conditions receive medication
- Detox
- Substance abuse program (Suboxone regiment)
- High Acuity Treatment (HAT) program



GAPS in Care Coordination in Jail

Chronically homeless inmates are placed in isolation for up to 23 hours each day

[They are locked down] because they're considered to be a special population in the jail and not part of the general population. To some degree that's good because they're often more vulnerable [and] can be victimized by the more predatory inmates ... locked down for 23 hours a day ... doesn't really help people who are mentally ill, doesn't really help people that aren't mentally ill as a matter of fact.



GAPS in Care Coordination in Jail

RELEASE PROCESS HAS SERIOUS AND CONSEQUENTIAL LIMITATIONS

They're ordered to be held in custody until]a certain date] and that date starts at midnight. Then they'll be homeless. They have nowhere to go. And God forbid they got arrested in July and they got out in December. They don't have winter clothes or blankets, or if they did, they've all been stolen by now.

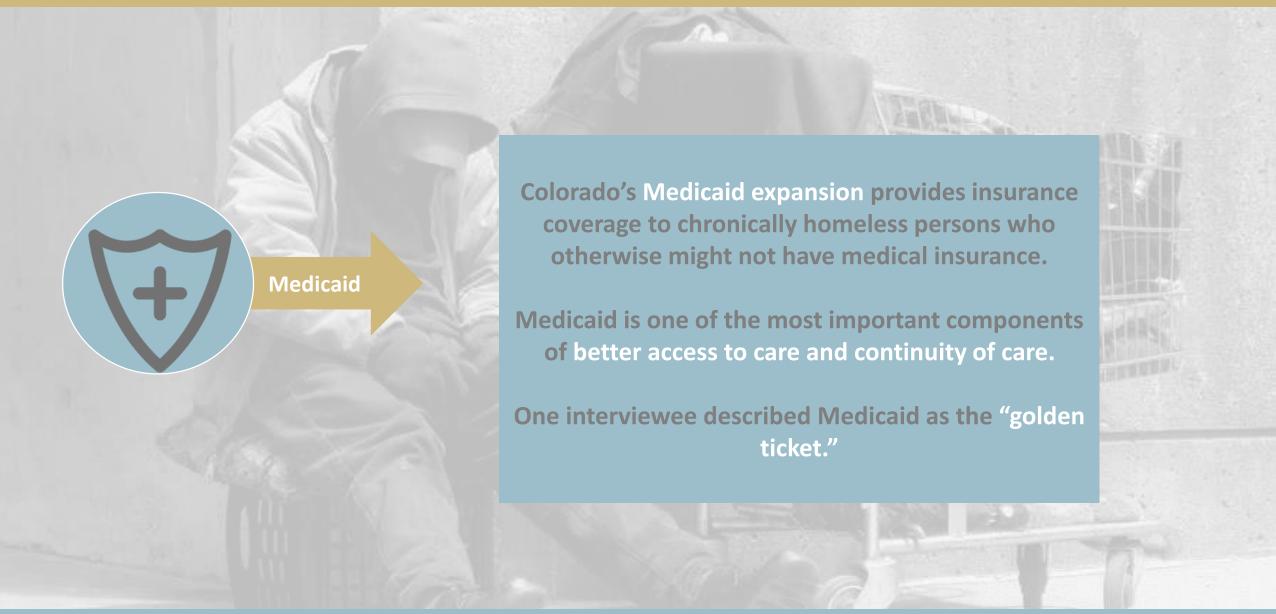


GAPS in Care Coordination in Jail

RELEASE PROCESS HAS SERIOUS AND CONSEQUENTIAL LIMITATIONS

Inmates with substance abuse problems do not receive the resources and support system to stay sober

Length of prescriptions and follow-up care upon release are inadequate





Medicaid

LIMITATIONS

- Not all providers accept Medicaid
- Medicaid providers have long waitlists
- Patients on parole need an *approved treatment provider (ATP)* list heavily backlogged
- Pharmacies often unable to access real time Medicaid membership information
- Billing is complex and services costly for chronically homeless individuals with untreated chronic health conditions



Medicaid landscape becomes more complicated for individuals cycling in and out of jail

- Medicaid "pause" inconsistent
- Prior to 2017, inmates lost Medicaid coverage altogether
- Lag-time between enrollment and when coverage begins
- Re-application required for different counties

What Works Well



- Passion
- Committment
- Dedication



Medicaid expansion



Stout Street Health Center's integrated care model

What Works Well



- Denver invested in Office of Behavioral Health Strategies (behavioral health navigators
- Co-responders program (case managers dispatched with police officers)



Denver Health has its own Medicaid enrollment department



Service providers in jails working to improve medical care:

- Drug court
- HAT program
- Substance abuse program
- Health pod

Promising Approaches

TRAUMA INFORMED CARE: A person's behavior can be due to underlying pain, trauma or illness.

Engaging in a relationship-based approach is an important aspect to health care delivery.

"They see that person who's intoxicated ... but they forget to put their trauma lens on and try to figure out where that comes from."

HARM REDUCTION MODEL: Acknowledge that behaviors which have been primary coping skills for persons on crisis will not change drastically overnight. Rather, a reduction in harmful behaviors can be seen as a win.

SYSTEM TO ACCOMMODATE UNIQUE NEEDS OF CHRONICALLY HOMELESS INDIVIDUALS:

- Increased outreach to patients in respite care
- Integrate maintenance of durable equipment into shelter environments
- Individual storage lockers