

“Breaking Down Re-Entry Barriers”

Multidisciplinary Approaches to End Homelessness

A Continuum of Care Division Webinar Series

Please sign in by typing your full name, title, and organization into the webinar chat box.

About the Webinar Series

Purpose

These webinars provide an opportunity to engage with local and regional experts on best practices, advocacy tools and resources available to prevent and end homelessness in Riverside County.

Recorded Webinars

After the live webinar has taken place, the recording will be added to our website.

Upcoming Webinars

We are working on securing speakers for future webinars and would love to feature you or your agency.

Email CoC@rivco.org if interested.

Agenda for Today

2:00 – 2:05 PM

Welcome

**HHPWS – Continuum of Care Staff:
Tanya Torno, CoC Director**

2:05 – 2:30 PM

**Riverside University Health System:
Whole Person Care**

**Judi Nightingale,
Director, Population Health**

2:30 – 2:55 PM

**Starting Over, Inc.
Know Housing, Know Health**

**Vonya Quarles, Executive Director,
Emma Li , Media and Communications
Specialist,
Michael Wahome, Employment and Special
Projects Manager**

2:55 – 3:00 PM

Q&A: Please type your questions in the chat box. We will answer as many questions as possible at the end of the webinar.

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Coordination of Care in the Justice Involved Population

Judi Nightingale, DrPH, RN
Director, Population Health
Riverside University Health System

What is Whole Person Care?

- A State Funded Program (one of 4 components of the 1115 Medi-Cal Waiver), designed to assist complex, high needs clients.
- 5 year program-funding scheduled to end in December 2020.
- Funding extended to December 2021
- CalAIM go-live January 2022
- Each County designed their own unique program to incorporate the following key elements:
 - Value-Based
 - Care Coordination/Integration
 - Care Management
 - Population Health Management

Riverside County WPC Program

- Focus is on Transition out of incarceration-identify needs in releasing/newly released Probationer/Parolee and provide linkages to services.
- Goals
 - Communication of high needs inmates releasing to the community.
 - Upstream identification of needs for releasing justice involved population.
 - Warm handoff to partners providing needed services.
 - Reduction in re-incarceration.
 - Reduction in unnecessary ED usage

2015 Riverside County Probationer Data

- On average, 350-450 probationers admit to being homeless at any single moment, (about 3% of the county's supervised population). At release, the screening RNs believe most are homeless or, at risk of homelessness.
- Most probationers are under-housed, staying with friends and/or family.
- About half of all probationers in the county return to court within the first year as a result of substance/alcohol abuse.

2015 Riverside County Probationer Data (cont.)

- More than 50% of probationers need medical insurance. Many qualify for Medi-Cal, but have not enrolled.
- According to national statistics, a large number of returning prisoners have communicable diseases including HIV/AIDS, hepatitis, and tuberculosis.
- Many probationers have co-morbid Behavioral and Physical health conditions (esp cardiac). Reduction in life span is est. at 20 years.
- Highest rate of suicide is within the first few weeks of release.

Netsmart Data

- **40%** of individuals with serious mental illness have been in jail or prison at least once in their lives.
- **45%** of inmates in local jails and state prisons have co-occurring mental illness and substance use disorders.
- **High rates of recidivism**
 - Currently, 25% of inmates with a mental health problem had three or more prior incarcerations (compared to 5% of inmates without a mental health problem).
- **15%** of jail population were homeless in the year prior to arrest, a rate **7** to **11** times higher than the general population.

Riverside County Whole Person Care

- Implementation-hired the following
 - 8 RNs to screen in all 9 probation sites, 2 Parole sites and 2 Behavioral Health Clinics.
 - 12 housing outreach specialists to provide assistance with housing and social service access.
 - 8 RN Case managers to ensure those who are referred, successfully receive services.
 - 2 RN Managers to oversee above personnel.
 - 1 Program Coordinator for data tracking and submission to the State.

RN Screening, in Probation, for the Following:

- Health insurance coverage (m/cal)
- Mental health needs
- Medical conditions
 - (including TB, Hep C, HIV, Hgb A1C, BP)
- Substance abuse
- Homelessness
- Additional support services

What is Being Measured?

Metrics summary:

- Total number of probationers offered vs. screened
- Total number of probationers referred vs. enrolled in services for:
 - behavioral health
 - physical health
 - social/support services
 - substance abuse
 - housing needs
- Medi-Cal enrollment
- Jail recidivism
- Avoidable admission to psychiatric and primary care hospitals
- Avoidable emergency department usage for physical and behavioral primary care needs
- Number of homeless who acquired housing
- Depression remission

Barriers to Care after Release

- **Problem:**

- Expensive medications → noncompliance if client has to choose between food, shelter or medications.

- **Solutions:**

- Identification of inmates who are on medications >14 days during incarceration.
- This list is provided to the WPC screening RN, when the inmate is released.
- Communication and coordination of care between the “in-jail” team of probation officer, behavioral health worker, RN and substance use worker with the “community” equivalents.
- Efforts to begin eligibility work for access to medical services while incarcerated for at least clients with chronic health needs.
- Extension of provision of medication, at release, from 3 days for *some* medications to up to 14 days for *all* “chronic” medications

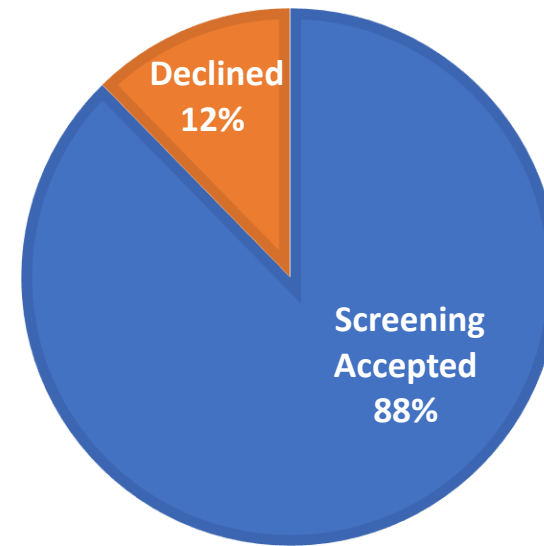
16 Regional Partners Including

- Riverside County Probation Department
- Riverside County Sheriff's Department
- Riverside University Health System
 - Dept of Behavioral Health
 - Medical Center
 - FQHCs
- Riverside County Department of Public Social Services
- Riverside County Economic Development Office
- City of Riverside, Mayor's office
- Inland Empire Health Plan
- Molina Healthcare
- National Community Renaissance
- Health to Hope Clinics
- Coachella Valley Rescue Mission-housing
- Path of Life Ministries-housing

WPC Data: Prior to Pandemic (10/6/2017 – 4/30/2020)

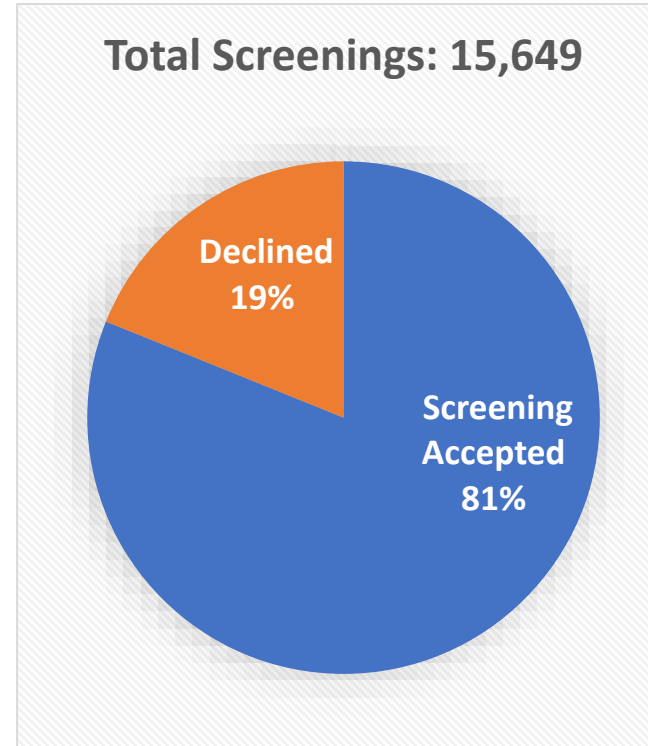
Screening Site	Initial Screening Offered	Screening Accepted	Declined	% Accepted
BLYTHE	9	9	0	100%
WPC EAST	56	56	0	100%
WPC WEST	74	74	0	100%
PALM SPRINGS	211	181	30	86%
BANNING	600	439	161	73%
CORONA	745	672	73	90%
SAN JACINTO	1,337	1,190	147	89%
INDIO	1,464	1,343	121	92%
MURRIETA	1,539	1,450	89	94%
MORENO VALLEY	2,062	1,653	409	80%
RIVERSIDE	2,909	2,584	325	89%
Totals:	11,006	9,651	1,355	88%

TOTAL SCREENINGS: 11,006

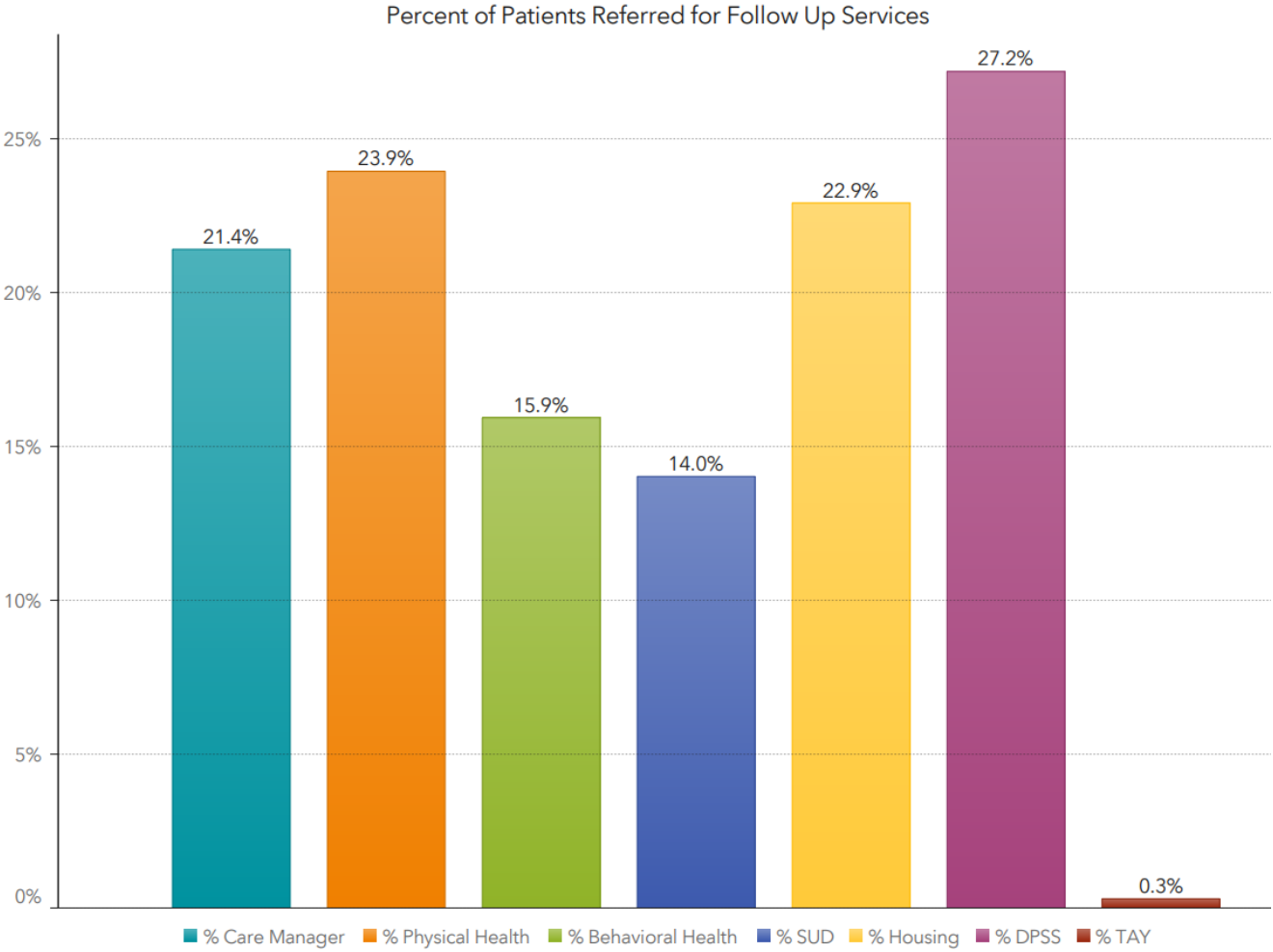


WPC Data: 10/6/2017-5/31/2021

Screening Site	Initial Screening Offered	Screening Accepted	Declined	% Accepted
BLYTHE	9	9	0	100%
WPC EAST	84	65	19	77%
WPC WEST	100	81	19	81%
PALM SPRINGS	473	334	139	71%
BANNING	956	554	402	58%
CORONA	1,100	819	281	74%
SAN JACINTO	1,903	1,658	245	87%
MURRIETA	2,069	1,943	126	94%
INDIO	2,227	1,971	256	89%
MORENO VALLEY	2,906	2,010	896	69%
RIVERSIDE	3,822	3,250	572	85%
Totals:	15,649	12,694	2,955	81%



WPC Data: 10/6/2017-5/31/2021



WPC Data: 10/6/2017-5/31/2021

Screening Site	Care Manager	Physical Health	SUD	Behavioral Health	Housing	DPSS	TAY	Total Referrals
BANNING	227	224	106	69	111	201	0	711
WEST	112	60	9	29	35	16	0	149
BLYTHE	4	2	1	2	4	4	0	13
EAST	75	28	7	35	42	17	0	129
MURRIETA	343	402	259	284	388	383	1	1,717
PALM SPRINGS	94	127	69	55	119	134	1	505
SAN JACINTO	669	1,295	461	647	1,061	1,005	3	4,472
INDIO	546	498	270	466	852	597	4	2,687
CORONA	367	395	177	167	168	282	7	1,196
MORENO VALLEY	922	500	566	441	619	544	14	2,684
RIVERSIDE	393	667	553	621	626	1,587	23	4,077
Totals:	3,752	4,198	2,478	2,816	4,025	4,770	53	18,340

Outcomes

- Increase in active medi-cal
 - Baseline ~5%
 - Highest point during WPC pilot >60%
- Medi-Cal as a proxy to obtaining SUD and DBH services.
 - Those who got active medi-cal showed statistically significant reduction in readmission due to SUD and DBH access.
- For those referred to DBH who attended at least 1 appointment
 - Reduction in reincarceration >60% compared to those who did not attend an appt.
- For those referred to SUD who attended at least 1 appointment
 - Reduction in reincarceration >50% compared to those who did not attend an appt.

Outcomes_{-continued}

- Improved integration among partners for Patient Centered care.
- Reduction in duplication of efforts by multiple departments
- Increased collaboration for other projects as a result of knowing who to contact to help high needs clients-ie: COVID
- Grateful clients who have turned their lives around.

Taking care of a veteran's heart

- **Situation:**

- Client had multiple medical problems, including congestive heart failure, hypertension, atrial fibrillation, recent hospitalization for pneumonia requiring a thoracentesis. He was told that his heart was working at 10% from meth-induced cardiomyopathy. He was wearing an external life vest defibrillator and reported feeling recent shocks. He said the doctor gave him 6 weeks to live.
- Other diagnoses included were depression and anxiety. Client and longtime/supportive girlfriend were homeless, which made charging his defibrillator difficult.
- Client was not interested in going to a shelter due to crowds and the possibility of being separated from girlfriend.

- **Success:**

- WPC Outreach Team met with client and obtained information that the client was a Veteran. Client was placed in brand new Veteran housing within a month of screening.
- His health improved drastically. His heart function increased to 40% and he no longer needs the external defibrillator. He also married his girlfriend.

Questions?

Contact:

Judi Nightingale, DrPH, RN j.nightingale@ruhealth.org

Know Housing, Know Health

HOUSING
IS A
RIGHT

HOUSING
is a
HUMAN RIGHT

Housing
4
ALL of
us

EQUAL
HOUSING
OPPORTUNITY
4 ALL

KEEP FAMILIES
TOGETHER



Starting Over, Inc.

Transitional Housing, Reentry Services,
Advocacy and Civic Engagement

Who We | Are



Starting Over, Inc.
Transitional Housing, Reentry Services,
Advocacy and Civic Engagement



Vonya Quarles
Executive Director
and Co-Founder



Michael Wahome
Employment & Special
Projects Manager



Emma Li
Media & Communications
Specialist

Our Story

Starting Over, Inc. was founded in 2009 as a direct service provider, offering transitional housing to any community members in need of a sober living environment or just a place to stay.

With our own housing and resources, we opened three houses in LA County and one in Riverside County. As our work expanded, we noticed most of our clients had been directly impacted by the penal system, and most struggled to pay the house fee.



The same issues began to resurface....

More and more of our clients had criminal conviction histories.

Restrictive policies pose insurmountable barriers to independent living and the ability to thrive - the goal for each of our clients.

Our clients need support with:

- employment
- family reunification
- substance use disorders

Safe, secure housing is the best way to begin addressing the issues that our clients face.



Programming and Projects

- Participatory Defense - weekly meetings empowering people facing charges, their families, and their communities to impact case outcomes and to transform the landscape of power in the court system
- Case Management - referral and resource assistance for health services, documentation, housing, education, EBT, and other assistance
- Expungement Services - free live scans and assistance with expungements for eligible community members
- Food for Life- bimonthly food drive providing fresh food donations



Remodeling Our Work

In 2011, we were introduced to the



program model.

This model blends direct services with civic engagement and public policy work. This strength-based model uplifts and empowers program participants through leadership development techniques.

Through this model of combined policy advocacy and direct services, Starting Over, Inc. addresses both the direct effects of destructive policies and the root causes of our clients' difficult situations.



Transitional Housing

Starting Over, Inc. provides transitional, harm reduction, and supportive housing. People who are system impacted and all other people in need of shelter or housing are welcomed at our eight homes.

We receive referrals from probation services, Riverside University Health System, our jail in-reach programs, and through word of mouth.

Starting Over, Inc.'s primary goal is to provide stable transitional housing. SOI accepts nearly everyone who is referred to the housing program.



Barriers to Housing

Over 14,000 policies pose collateral consequences to incarceration, re-punishing people for time already served.

Housing is the most critical barrier to successful reentry, and while housing assistance exists, policies like crime-free housing, income qualifications, and background checks mean it is out of reach for some of Riverside's most vulnerable populations.

Dominant narratives surrounding system impacted people are also major barriers to housing and reentry.



Starting Over, Inc.

Transitional Housing, Reentry Services,
Advocacy and Civic Engagement

Direct Services - Employment

- Starting Over, Inc. was awarded a \$198,000 Prison to Employment (P2E) Grant in 2019
- 33 participants have been enrolled in employment support as of April
- Resume building, employment planning, job leads and job application assistance, transportation assistance
- Case management, peer support, and motivational interviewing techniques

As part of our ongoing expansion efforts, we are increasing engagement with the other community based organizations for cross referrals.



Prison to Employment Initiative Grant

The number of individuals eligible for support under the P2E grant exceeds 66,000.

This represents the disproportionate amount of people with criminal records in the region: the Inland Empire is home to 12.7% of all system-impacted people in California but represents only 10.6% of the state's population.

The Inland Empire region also has higher rates of recidivism than the California average.

Because of these conditions and the increase in releases from prisons and jails due to COVID-19 health concerns, the need for supportive services in the region for this population is greater than ever.

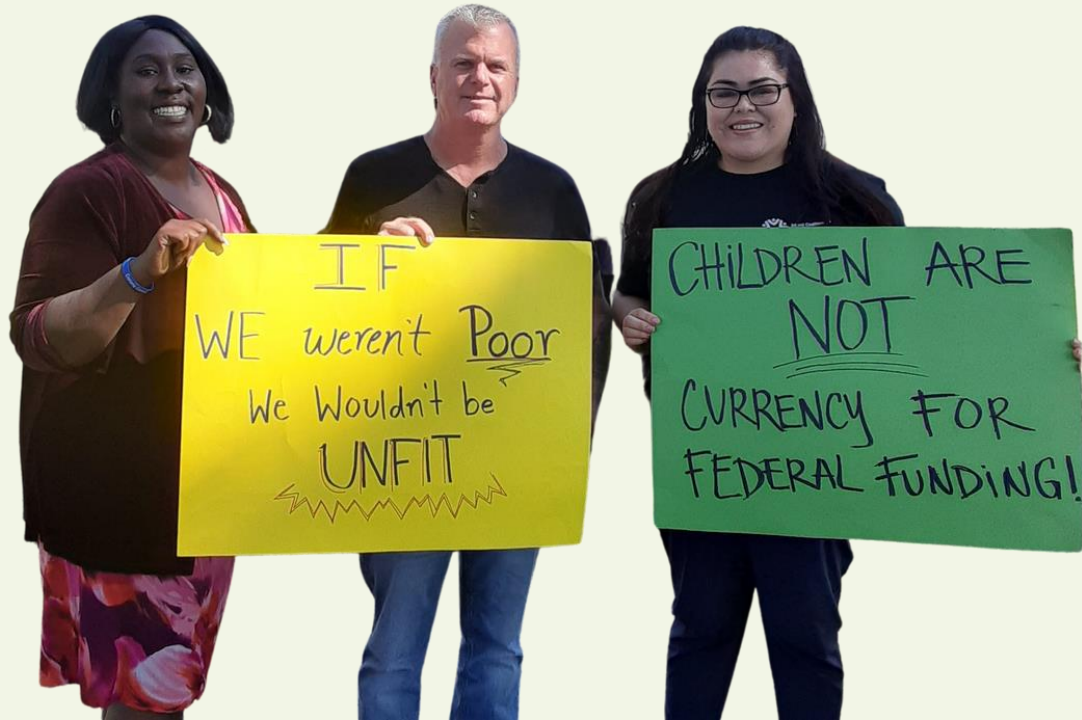


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The Family Reunification, Equity, and Empowerment (FREE) Project

Organized by project coordinator Bobbie Butts, the FREE Project provides support for system-impacted parents and families navigating the child welfare system. Also utilizing the same hybrid model, the FREE Project provides direct support to families as well as policy work (SB 354.)



Civic Engagement and Policy Advocacy

Starting Over, Inc.'s work contains a major policy advocacy component.

Some of our housing-related policy wins include influencing Riverside County to reduce criminal history look-back periods from 7 years to 3 years in 2017 and enabling youth coming out of probation to be able to stay with their families in subsidized housing in 2019.

Starting Over, Inc. is also the fiscal sponsor of Riverside All Of Us or None, a civic engagement grassroots-led organization for the incarcerated, formerly incarcerated, and their families.

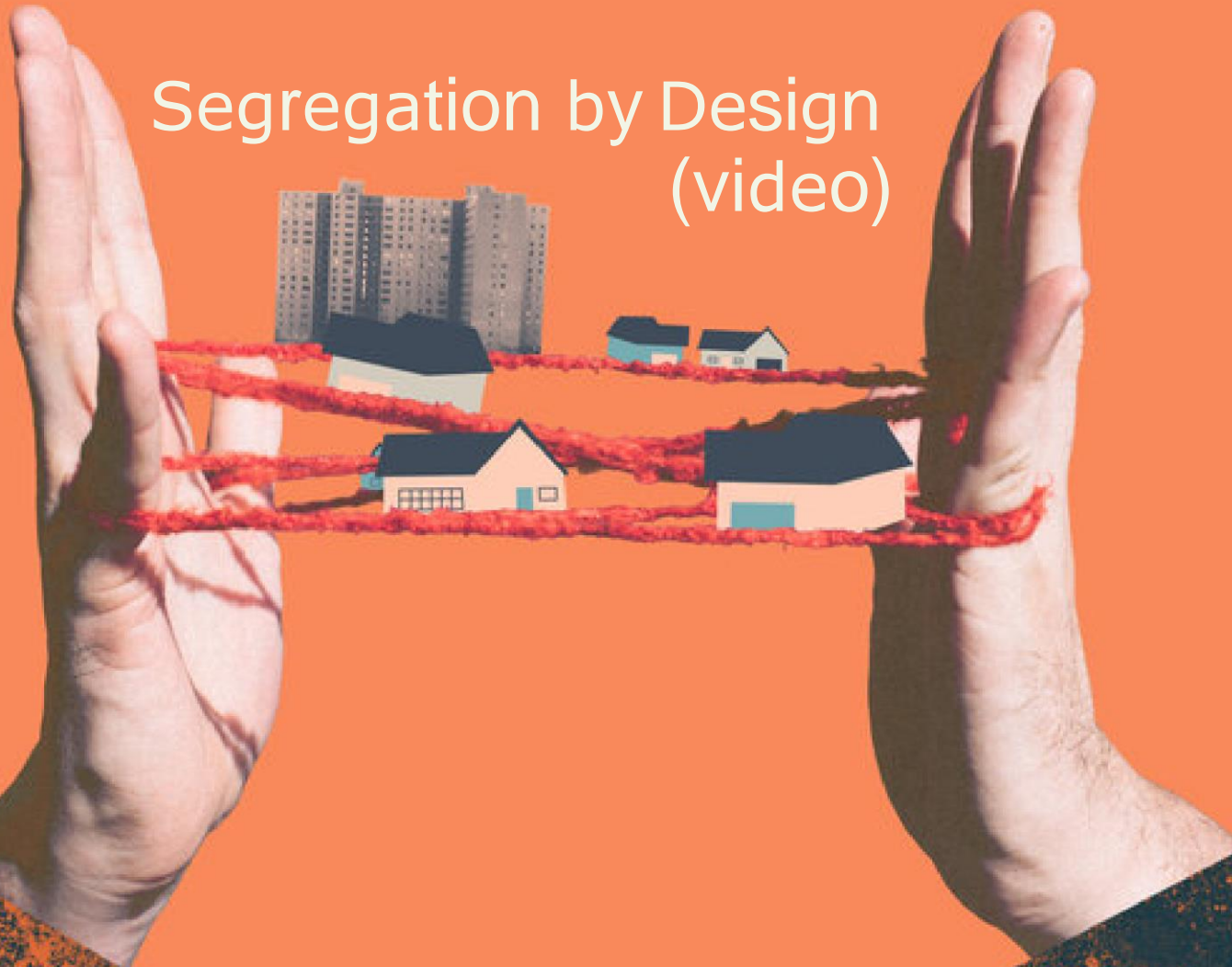
An upcoming housing policy project we hope to begin soon will be repealing crime-free housing ordinances, as the cities of Hemet and Berkeley have already done.



Starting Over, Inc.

Transitional Housing, Reentry Services,
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Segregation by Design (video)



Data Collection

Starting Over, Inc. embarked on a data collection project at the pandemic's start. This has been a process requiring both staff and volunteer engagement and other internal retooling.

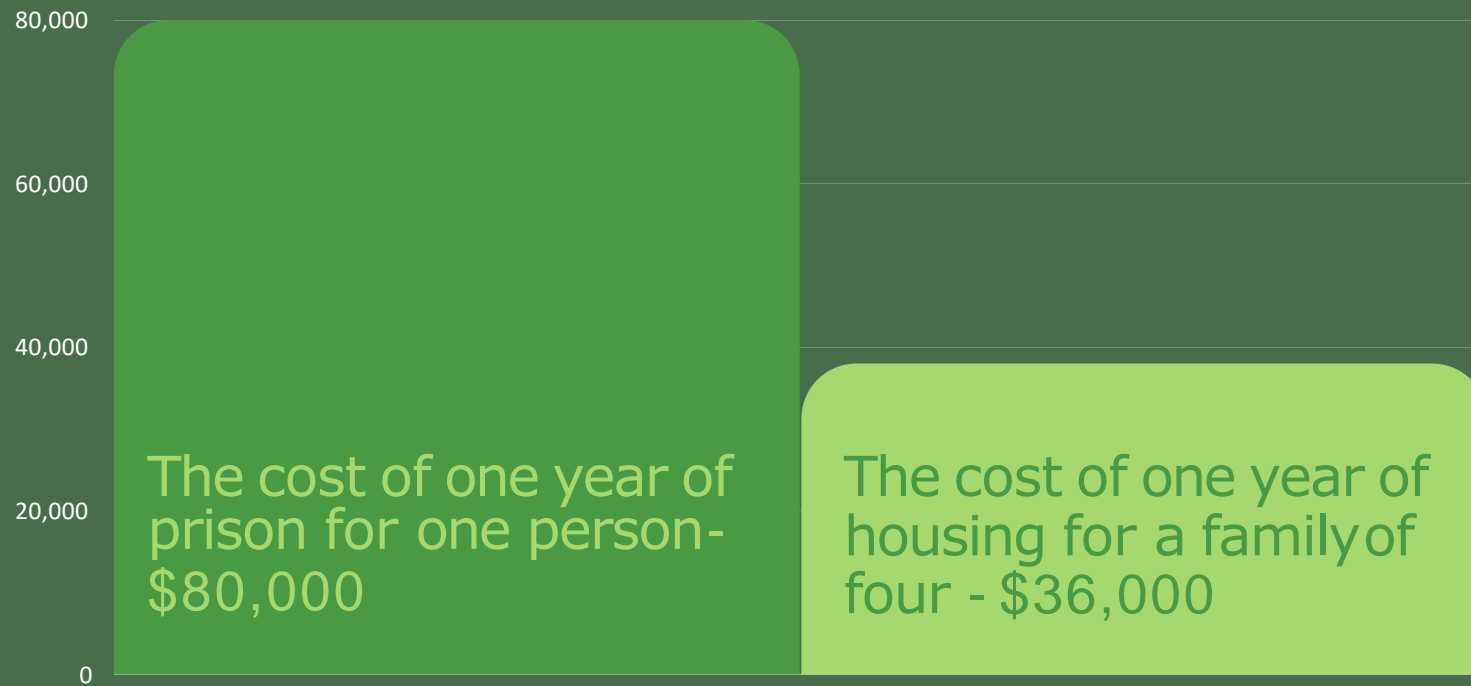
This data will be used in reports for our performance based grants and adult reentry grant.

Starting Over, Inc. is also in discussion with CSU San Bernardino School of Social Work to partner on data informed research on best practices. This information will be available to other community based organizations addressing homelessness, reentry, family reunification, and housing.



The housing programs and services that exist continue to pose barriers to the same people we are here to support.

After being released, our community members find themselves with no housing options, preventing them from fully reintegrating into community and causing negative health outcomes - even more so as we navigate COVID-19 and eviction moratoriums come to an end.



We need to get reentry right.

Reentry needs to include access to permanent housing and other supportive services to foster independence and self-reliance after incarceration.

Public health and public safety begin with housing. Being unhoused and unsheltered drastically increases the likelihood of rearrest and incarceration, creating a cycle of poverty, crime, and suffering.

98% of people in jails and prisons are coming back home, most often back to the county they lived in prior to release.

Are we ready to support them?



Let's end the cycle.

According to CDCR, incarcerated people are almost 10 times more likely to be homeless than the general public. Another 15 percent reported homelessness prior to incarceration.

Housing funding must be inclusive of conviction (and eviction) histories - by excluding these populations, we withhold help from the people who need it most.



Questions and Comments



Next Webinar: Developing Affordable Housing
on
July 29, 2021, at 10:00 a.m.