ADDRESSING VIOLENCE IN PUBLIC HOUSING COMMUNITIES

National Center for Health in Public Housing
March 13, 2019
AGENDA

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OIC Medical

Q&A
LEARNING OBJECTIVES

Identify
Identify ways that violence impacts the health of public housing residents.

Describe
Describe the components of successful violence prevention and intervention programs.

List
List potential partnerships to create comprehensive violence prevention and intervention programs.
DISCLAIMER:

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734– Public Housing Primary Care National Training and Technical Assistance Cooperative Agreement– for $608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
HEALTH CENTERS NEAR PUBLIC HOUSING

- 1,400 Federally Qualified Health Centers (FQHC) = 26 million
- 356 FQHCs In or Accessible to Public Housing = 3.4 million patients
- 106 Public Housing Primary Care (PHPC) = 671,000 patients

https://nchph.org/training-and-technical-assistance/maps/
PUBLIC HOUSING DEMOGRAPHICS

- Average household is 2.2 persons
- Number of residents in public housing: 2.2 million
- 59% female, 41% male
- 55% of residents have less than a high school diploma
- 38% of residents are children
- 35% of residents are on welfare
- 55% receive SSI/SS/Pension

Source: HUD
508 in PHPC counties vs.
386 national average

VIOLENT CRIME RATE (PER 100K POP) BY COUNTY

Source: FBI Uniform Crime Reporting
Poverty
Racism
Unemployment
Poor Health
Stress
Hunger
PEOPLE WHO HAVE EXPERIENCED TRAUMA FROM VIOLENCE ARE...

- 15 TIMES MORE LIKELY TO ATTEMPT SUICIDE
- 4 TIMES MORE LIKELY TO BECOME AN ALCOHOLIC
- 4 TIMES MORE LIKELY TO DEVELOP AN STD
- 4 TIMES MORE LIKELY TO INJECT DRUGS
- 3 TIMES MORE LIKELY TO EXPERIENCE DEPRESSION

Source: National Center for Mental Health Promotion and Youth Violence Prevention
- Fair or Poor Health: 36% vs. 14%
- Overweight or Obesity: 71% vs. 64%
- Disabled: 61% vs. 35%
- Diabetes: 18% vs. 10%
- Asthma: 16% vs. 9%

Source: A Health Picture of HUD-Assisted Adults, 2006-2012
OBJECTIVES OF THE CASE STUDY REPORT

• The purpose of the study was to provide Health Centers located in or immediately accessible to public housing with best practices and examples of violence prevention and intervention programs that can be implemented in their communities.
CASE STUDY METHODOLOGY

- PHPCs in high crime areas
- Violence prevention and intervention programs
- Interviews and document review
- Themes and lessons learned
• **Types of violence -gang, domestic, crime/homicide?**

• **Need for mental health services due to violence?**

• **Describe violence intervention and prevention programs**

• **Successful strategies or initiatives?**

• **What are the expectations of community violence intervention and prevention programs?**
CASE STUDY SITES

Whittier Street Health Center in Boston, MA

OIC Center in Rocky Mount, NC

Genesee Health Systems in Flint, MI
POLL QUESTION

Are you currently planning or implementing violence prevention or intervention programs?

a. Yes, we are in the planning phase
b. Yes, we have established a violence prevention/intervention program
c. Yes, both
d. No
OIC MEDICAL
Do you collaborate with law enforcement or the criminal justice system on violence prevention or intervention efforts?

- Yes
- No
- Not sure
Engage Community
Responsive
Multidisciplinary Team
Holistic
Community Partners

SUMMARY
Q&A

• If you would like to ask the presenter a question please submit it through the questions box on your control panel.

• If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.
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THANK YOU
GENESEE HEALTH SYSTEM
Genesee Health System operates a Three Federally Qualified Health Center (Genesee Community Health Center - GCHC) in the city of Flint within Genesee County.

- Center City (located in downtown Flint and serving the homeless population).
- Atherton Center (located within the Atherton Public Housing Apartment Complex and serving public housing population).
- GCHC Mobile Unit (Two (2) office room mobile RV and serving as crisis deployment unit and to local senior apartment complexes, as well as to local shelters, help centers and missions).

Of the individuals serviced by the Health Center (GCHC), there are approximately 1,000 patients living in or near public housing and more than 3,500 patients living at or below the federal poverty level.

Most patients are on Medicaid and around 5,000 patients have mental health or substance abuse disorders.

Genesee Health System (GHS) operates Behavioral Health Services for Medicaid and Uninsured residents in Genesee County.

GHS provides specialty Behavioral Health treatment and Crisis services to more than 10,000 individuals per year.

Over 6,000 individuals receive Substance Use Disorder Treatment and services per year.
### Health Center and City Demographics

<table>
<thead>
<tr>
<th>Genesee Health System</th>
<th>Flint, Michigan</th>
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<tbody>
<tr>
<td><strong>Patients in Public Housing:</strong></td>
<td>1,092</td>
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<tr>
<td><strong>Patients in Poverty:</strong></td>
<td>3,570</td>
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<tr>
<td><strong>Uninsured:</strong></td>
<td>318</td>
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<tr>
<td><strong>Medicaid:</strong></td>
<td>3,191</td>
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<td><strong>Medicare:</strong></td>
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<td><strong>Dual Eligible</strong></td>
<td>470</td>
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<tr>
<td><strong>Asian</strong></td>
<td>10</td>
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<td><strong>Hawaiian/Pacific Islander</strong></td>
<td>25</td>
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<td><strong>African American</strong></td>
<td>1,290</td>
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<tr>
<td><strong>American Indian/Alaskan Native</strong></td>
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<tr>
<td><strong>White</strong></td>
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<tr>
<td><strong>Hispanic</strong></td>
<td>465</td>
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<tr>
<td><strong>Alcohol, Tobacco, or Substance Abuse Disorders:</strong></td>
<td>2,100</td>
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<tr>
<td><strong>Depression or Anxiety:</strong></td>
<td>3,169</td>
</tr>
</tbody>
</table>
CONTRIBUTING FACTORS

- The Flint, MI area has been hit particularly hard by the opioid epidemic. Overall, there was a 30% increase in drug-overdose deaths statewide between 2013 and 2015, and Flint was one of the top 10 cities in Michigan to report high numbers of opioid-related deaths.

- Residents in Flint also struggle with high poverty and unemployment rates.

- High rates of substance abuse, coupled with a sizeable homeless population, and an abundance of abandoned housing, has created a difficult environment in the city. One of the results has been an increase in drug-related violence.

- Flint is typically listed in the top five most violent cities.

- Flint was also hit with a historic clean-water crisis in 2014, causing a state of emergency. Officials found lead levels between 104 parts per billion (ppb) to 297 ppb in the City’s water supply. Independent researchers from Virginia Tech found lead levels between 200 ppb-13,200 ppb. The maximum allowable contaminant level set by the Environmental Protection Agency (EPA) for lead is zero because of its harmful effects on health.

  - Neurodevelopmental Center of Excellence (NCE) – Assess 28,000 children with neuro psychological assessments
  - Over 30 water related grants
  - Over 20,000 successful contacts made by Outreach Staff-see grid
Community Outreach Activities

- Community Event
- Help Center
- Outreach Site
- Canvassing
Violence Prevention and Intervention

- GHS has established a **Sobriety Facility**, (social recovery, overnight center, risk and harm reduction)
- Provide free training and Narcan kits to general public. During a recent outbreak of Substance Use Disorder Overdoses, staff were deployed in the community to provide additional Narcan Kits as a resource. These staff were placed at Churches, Dollar Stores and Help Centers within our community.
- A Sub-acute detox diversion center in partnership with the emergency department of the local hospital.
- It is a diversion program developed for individuals entering the emergency department that directs individuals to Sub-acute Detox Provider Centers.
- This places individuals into the appropriate level of care at the point of crisis and serves as a no wrong door entry.
- It is also used to link individuals directly into the Medication Assistance Treatment (MAT) and outpatient program at discharge. Genesee Community Health Center operates 3 MAT programs.
- Additionally, we have crisis Social Workers embedded within the emergency departments, jails, and with law enforcement officers.
- The existence of the facility has curbed incidences of domestic violence as many of the violent eruptions occur when alcohol and drugs are involved.
Drug Courts, Mental Health Courts, and Veterans Courts have all been put in place to address the underlying issues of violence in the community.

A Genesee staff member is embedded in the Drug Court and Mental Health Court.

Staff enters the jail and holds pre-court meetings. They use the Jail booking reports and cross-referenced against Mental Health and SUD EMR records which identifies individuals for the program.

There are two positive outcomes of the Drug and Mental Health Court system:

- One, it allows individuals to get out of jail quicker.
- Secondly, individuals can access appropriate services faster than through navigating the normal criminal justice system.

A study conducted by MSU has shown that the Courts reduced rates of recidivism and resulted in savings across many agencies. Savings such as over $500,000 per year in jail costs; $4,000 versus $10,000 cost of services per year/per client, a reduction in psychiatric inpatient and Sub-acute detox (from over three (3) admissions per year/per client to less than one (1) admission per year/per client).

The savings and benefits are meaningful to Sheriffs that contend with overcrowded jails, as well as individuals with mental health and substance abuse problems.
ENGAGING SERVICES

- Genesee Health System is part of a state innovation model which uses **Great Lakes Connect**, this provides referrals to other services, such as transportation, food, clean water, and child care.

- Trained all staff in the administration of Narcan for Substance Use Disorder overdoses.

- Hired Health Coaches to work as navigation specialists for linking to community resource centers.

- Through an **Access Increases in Mental Health and Substance Abuse Services (AIMS) grant**, the Health Center employs a psychiatric nurse practitioner and has two medication assisted treatment programs.

- Employing social workers and peers to provide case management and coordination of services has filled a large gap in the community for the homeless and public housing populations.

- It is believed that enhancing the skills of the staff, results in a direct correlation of improvement in overall health of the patients, including mental health and substance abuse. As well as assisting in the reduction of potential violent behavioral outbursts at our clinic settings.
Challenges and Key Strategies

One of the challenges is funding for staff to manage violence prevention and intervention programs once they are initiated, and to cover the loss of billable hours when staff are receiving training.

Key strategies include:

1. Train all staff on basic de-escalation techniques and crisis intervention.
2. Provide case management and coordination of services to local agency Help Programs, housing, food, clothing, medication, etc.
3. Provide a good customer service, maintain good communication, and set appropriate expectations.
4. Have a private space available, away from the public, to contain potentially violent situations.
5. Address the social determinants of health through collaboration with public and private community organizations.
6. Train all staff on the administration and use of Narcan for Substance Use Disorder overdoes.
Addressing Violence in Special Populations

Bridgett Luckey, MHA
Program Development Manager, OIC, Inc. of Rocky Mount
2017-2019 Jim Bernstein Fellow
Opportunities Industrialization Center, Inc.

• 8,568 unique patients
• 40% Medicaid
• 30% uninsured
• 21,000 medical encounters

• Primary care
• Dental
• Behavioral Health
• Mobile Area Health Clinic, Community Health Education Center
• School Based Health Center
Rocky Mount is known as the Twin Counties Region in North Carolina. The City is divided into 2 counties, Edgecombe County and Nash County. Rocky Mount is located 45 minutes East of our State Capital, Raleigh NC.

Population 54,523 • Population living in poverty 22.4% • Median Income $37,607
Jim Bernstein Community Health Leadership Fellows Program

• Jim Bernstein, the Foundation’s founder and first president, dedicated his life and work to improving healthcare in rural communities across North Carolina.

• The purpose of the Jim Bernstein Community Health Leadership Fellows Program is to develop future leaders to work in, and improve the health status of, rural and underserved communities in North Carolina.

• The Bernstein Fellows Program identifies and supports the work of outstanding individuals already working in health services in these areas and share Jim’s commitment and passion for rural health.
Community Conversations “Housing and Health”

- Receive feedback from individuals experiencing non permanent housing
- Average size of focus group-12 participants
- Held 3 focus groups March 2018-August 2018 within Rocky Mount
Focus Groups

• Focus Group I-residents experiencing non-permanent housing in co-ed shelter, recently released for prison, substance use facilities

• Focus Group II-residents at the Bassett Center—the shelter for families and children

• Focus Group III-organizations that provide services to those in non-permanent housing

• All participants were at least 18 years and older
<table>
<thead>
<tr>
<th>Access</th>
<th>Root Causes</th>
<th>Project Partners</th>
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</thead>
<tbody>
<tr>
<td>Lack of awareness of understanding of support services</td>
<td>Substance Use/Misuse</td>
<td>City of Rocky Mount</td>
</tr>
<tr>
<td>Lack of primary care services</td>
<td>Criminal background</td>
<td>Nash Rocky Mount School System</td>
</tr>
<tr>
<td>Lack of comprehensive social and emotional support</td>
<td>Generational poverty</td>
<td>Edgecombe County School System</td>
</tr>
<tr>
<td>Advertising services</td>
<td>Access to living wage</td>
<td>Vidant Edgecombe Hospital</td>
</tr>
<tr>
<td></td>
<td>Access to basic support needs</td>
<td>UNC Nash Hospital</td>
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<tr>
<td></td>
<td>Lack of transitional supports</td>
<td>local homeless shelters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nash Edgecombe Wilson (NEW) Reentry Council</td>
</tr>
</tbody>
</table>

Common Themes from Group Participants

- City of Rocky Mount
- Nash Rocky Mount School System
- Edgecombe County School System
- Vidant Edgecombe Hospital
- UNC Nash Hospital
- local homeless shelters
- Nash Edgecombe Wilson (NEW) Reentry Council
- Medical Providers
- Twin County Partnership for Healthier Communities
Health Crisis vs. Violent Event

• Appropriate usage of mobile crisis instead of law enforcement to access emergent mental health services and assessments
• Quantifying data available through local law enforcement
• Factor to consider
  • call volume
  • location of dispatch
  • reason for call
  • number of IVCs
Next Steps

• Educate community on the use of mobile crisis to access emergent mental health services and/or assessments

• Reduce stigma regarding mental wellness

• Seek capital and operational funding to support the purchase of a mobile unit that would bring clinical and social services TO the community.

• Provide enhanced printed materials to residents and organizations regarding services available within the region to holistically address the needs that impact health outcomes.
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