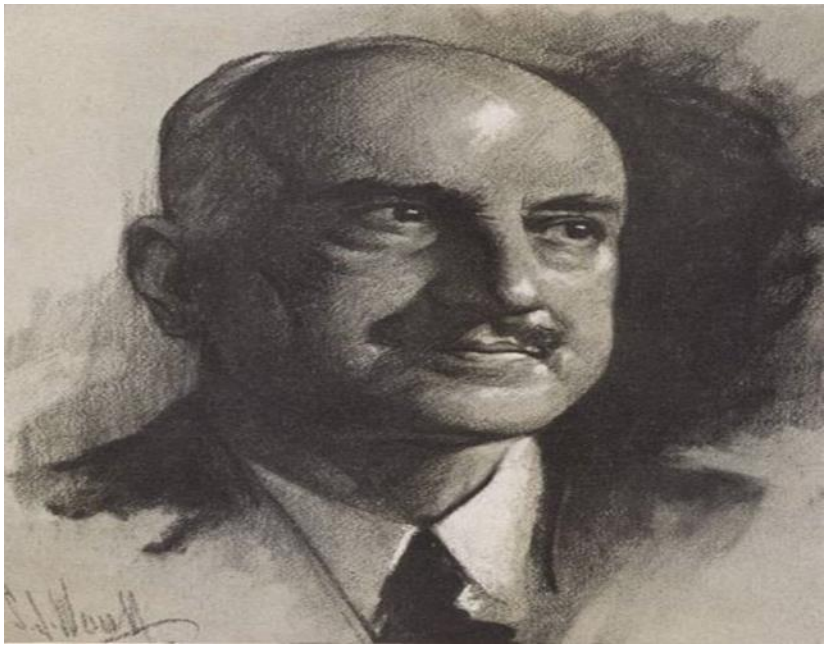
An Evolving Approach to assisting Persons Experiencing Homelessness and Addiction

Marcella A. Maguire, Ph.D.
Director, Health Systems Integration
CSH

The Source for Housing Solutions

CSH

The two schools of thought to treating Addiction Disorders



- **"Those who cannot remember the past are condemned to repeat it“.-**

George Santayana (1905)

- **Reason in Common Sense, p. 284, volume 1 of The Life of Reason**

CSH
The Source for Housing Solutions

Opposing Turf:

- **Abstinence Based Addiction Treatment:**
- **Goal of immediate and complete abstinence based lifestyle**

Harm Reduction:

Minimizing injury to self, others and the community

CSH
The Source for Housing Solutions

The Modern Practice of Addiction Medicine

- **Thursday July 14th, 2016- Congress passes the Comprehensive Addiction and Recovery Act (CARA).**
- **Addiction now being addressed as a public health issue using population based disease management techniques.**
- **Professionalization of addiction medicine. Growth in addiction treatment institutions and physicians working in addiction medicine.**
- **Medical approaches to treatment are recognized and reconceptualization of addiction as a chronic disease.**
- **Transfer of the core technology of addiction medicine into mainstream medical practice.**
- **Friday Nov 8th, 2013, Parity Rule Issued**

CSH
The Source for Housing Solutions

Harm Reduction Approach

- **Seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.**
- **Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.**
- **Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.**
- **Calls for the non-judgmental, non-coercive provision of services and resources**
- **Ensures that drug users have a real voice in the creation of programs and policies.**

CSH
The Source for Housing Solutions

Can we transcend the debate?

- **Assist persons with multiple, severe, complex, and chronic challenges**
- **Enhance Coping Mechanisms**
- **Increase Social Supports**
- **Reaching the same individuals at different stages of their AOD use, addiction, and recovery careers**
- **Resistance and ambivalence are a natural—not pathological—response to internal and external pressure to change deeply engrained behaviors.**
- **Resistance and ambivalence are reduced when people have real choices and are empowered to choose.**

CSH
The Source for Housing Solutions

Recovery Oriented Systems of Care

- **HR and ABAT collaborations can be a win/win process.**
- **Drug users may be viewed as "incompetent and pathological" and thus only "objects of intervention" or as "allies and participants in their own individual and collective health."**
- **Recovery initiation is about a synergy of pain and hope.**
- **ABAT and HR are the products of heterogeneous social movements made up of constituency groups with widely varying philosophies and service practices, all of whom cannot be expected to approve of or participate in processes of collaboration.**
- **Leadership and strategy at multiple levels are essential.**
- **Relationships matter. ABAT/HR integration involves relationship building and relationship maintenance across systems boundaries.**
- **Money and public/professional recognition matter. ABAT/HR integration must address issues of personal/professional/institutional interests that inhibit collaboration.**

CSH
The Source for Housing Solutions

Question: Would you like to go to Treatment?

- **2000**
- **Dilemma: "I don't have identification and its required"**

- **2006**
- **Dilemma: "They disrespected me"**

- **2008**
- **Dilemma: Why would I want to get clean? I will only be homeless when I complete the program.**

- **2012**
- **Dilemma: Capacity**

- 2000
  - **Solution:** Outreach creates a letter that substitutes for state issued identification for treatment access.
- 2006
  - **Solution:** Development of Journey of Hope Programs
- 2008
  - **Solution:** Partnered with city's Blueprint program for targeted set aside Housing Choice Vouchers.
- 2012
  - **Solution:** Permanent Supportive Housing Clearinghouse

CSH
The Source for Housing Solutions

Systems Transformation

- **You mean people would rather be on the street in a blizzard, than in our programs? Well then our programs have to change"- OAS director Roland Lamb**

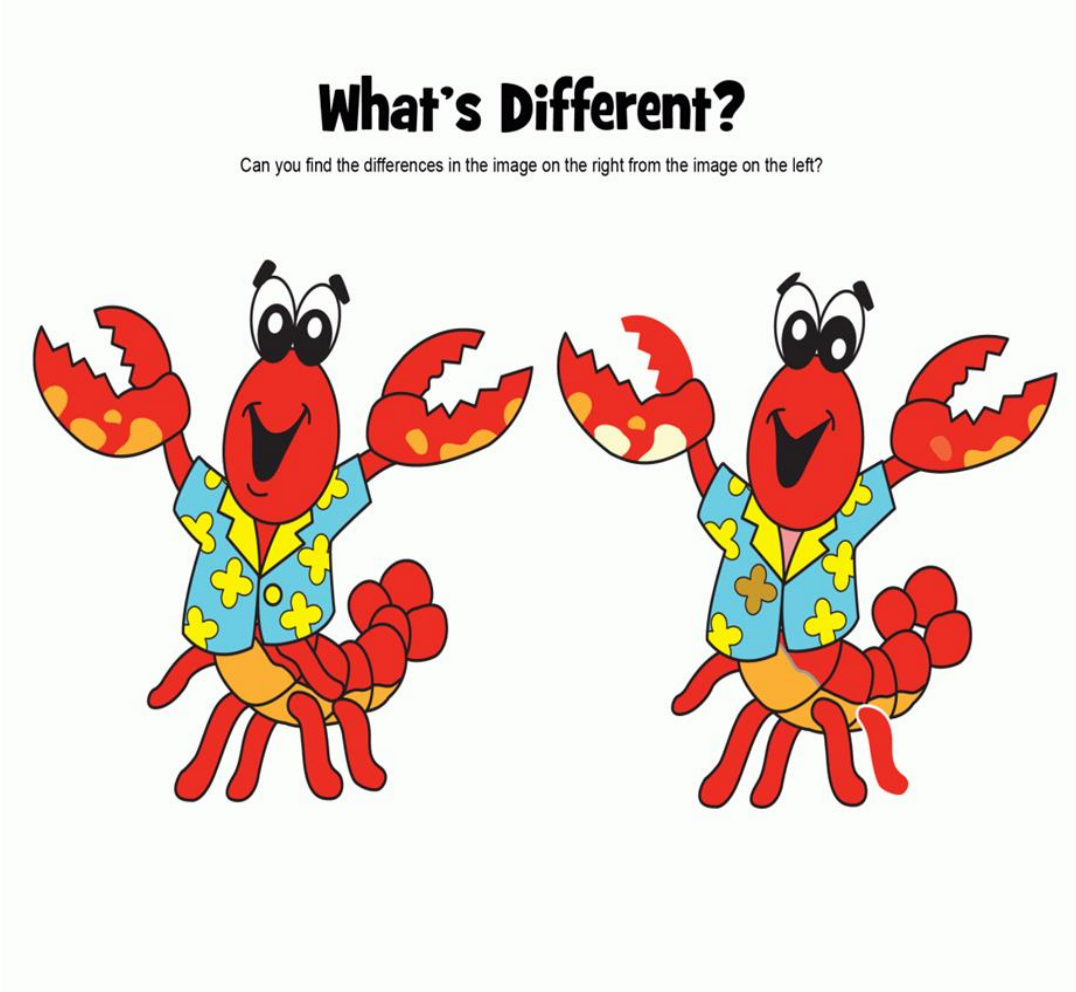
- **Dovetailed with the start of Philly's transformation to Person Centered Services and a Recovery Oriented System of Care.**

CSH
The Source for Housing Solutions

What is different from traditional Treatment?

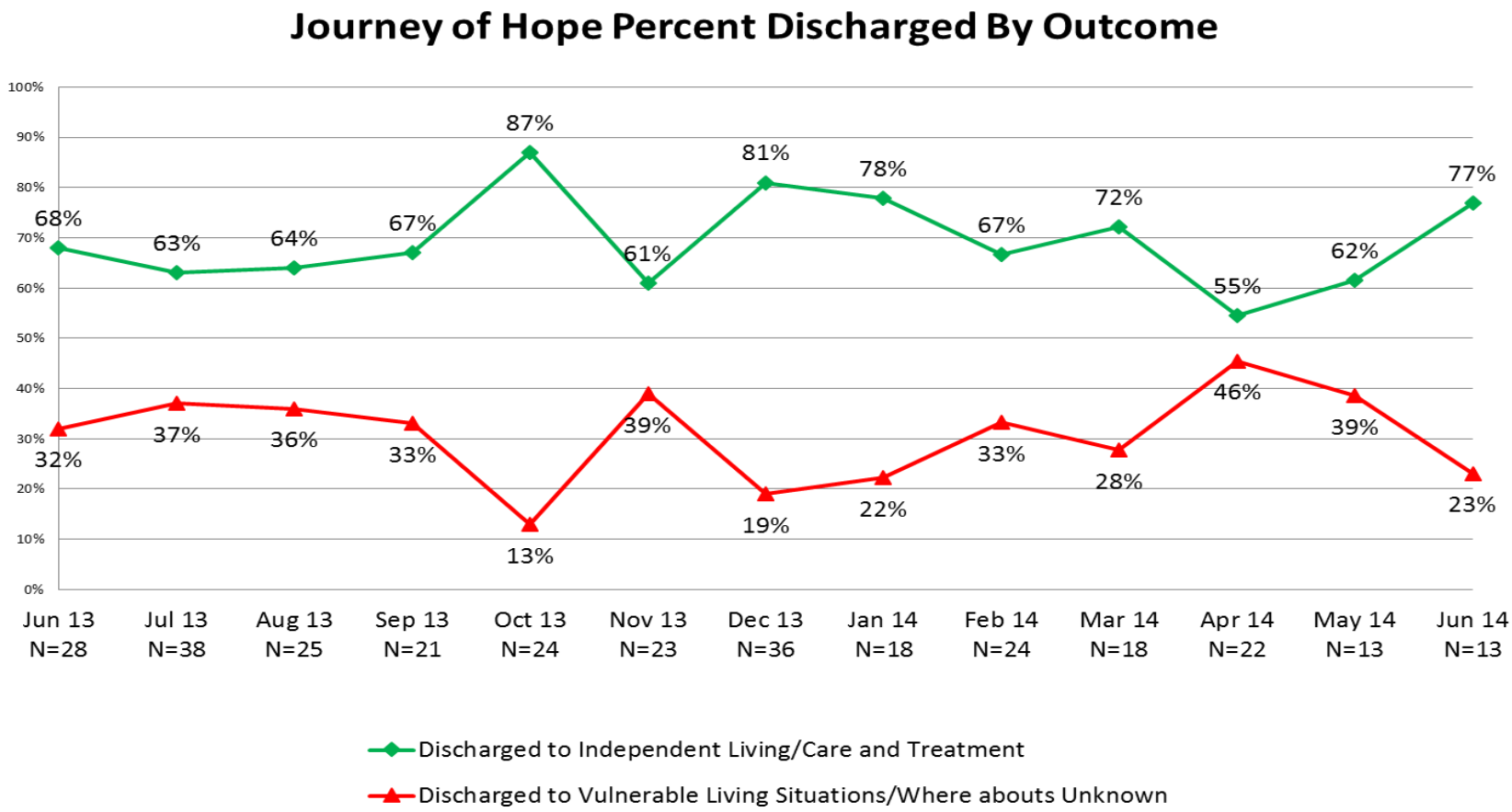
- **"I needed to recover more from my homelessness than from my addiction". Trauma focused**

- **Individualized programming and treatment. A menu of Services that you can choose from. No one has to eat from every entrée.**



CSH
The Source for Housing Solutions

Outcomes



CSH
The Source for Housing Solutions

Over 2000 people housed between in PSH between 2008 and 2015. Approximately 25% of them went through the JOH process to Permanent Supportive Housing.

Living No Wrong Door
Others used a Housing First Approach
Others went to safe haven or shelter first to access services, identification etc.

CSH
The Source for Housing Solutions

Contact Information

Marcella.Maguire@csh.org

Twitter: @Cella65

Paper Link:

http://www.williamwhitepapers.com/pr/Recovery%20and%20Harm%20Reduction%20In%20Philadelphia.pdf

CSH
The Source for Housing Solutions

What is the Role of Recovery Housing in a Housing First Approach to Ending Homelessness?

The Source for Housing Solutions

NAEH Conference

July 27, 2016

CSH

Motivation

"…housing first or recovery housing isn't the goal. Wherever a person may be in their recovery, whether they want to get sober or just get off the streets or both, there is housing for them and whatever supports they might need to help them reach their personal recovery goals"

- CCC Housing First client

CSH
The Source for Housing Solutions

National Conversations

- October 6-7, 2014
- Washington, DC
- CSH / National Council for Behavioral Health

- June 7th, 2016
- Chicago, IL
- CSH National Summit

Why and Why Now?

- Drug overdose leading cause of death among homeless
- 35 – 40% Homeless and >80% of chronically homeless misuse substances
- Average public cost $30-40k/person annually while individuals with SUDs remain on the streets
- Poor collaboration between housing/treatment systems

Why and Why Now?

- **Federal Response to Opioid/Heroin Epidemic**
  - Comprehensive Addiction and Recovery ACT (CARA)
- **HUD Guidance**
  - Recovery Housing Policy Brief
- **ACA and Parity Legislation**
- **Behavioral Health Transformation Efforts**
  - Recovery-Oriented Systems of Care (ROSC)

CSH
The Source for Housing Solutions

Housing Choice and SUD in a Housing First-heavy Continuum

Creating Choice in Supportive Housing for individuals with a Substance Use Disorder

James Ginsburg, MNM, CAC III
Colorado Coalition for the Homeless

Three Takeaways

- Balancing Housing First Only with low-barrier recovery housing
- Reinforce support for abstinence as part of the Harm Reduction Continuum
- Understanding Recovery Housing as a way to move from either a counter-productive community or from isolation to a supportive community.

The Peak Experience of Choice

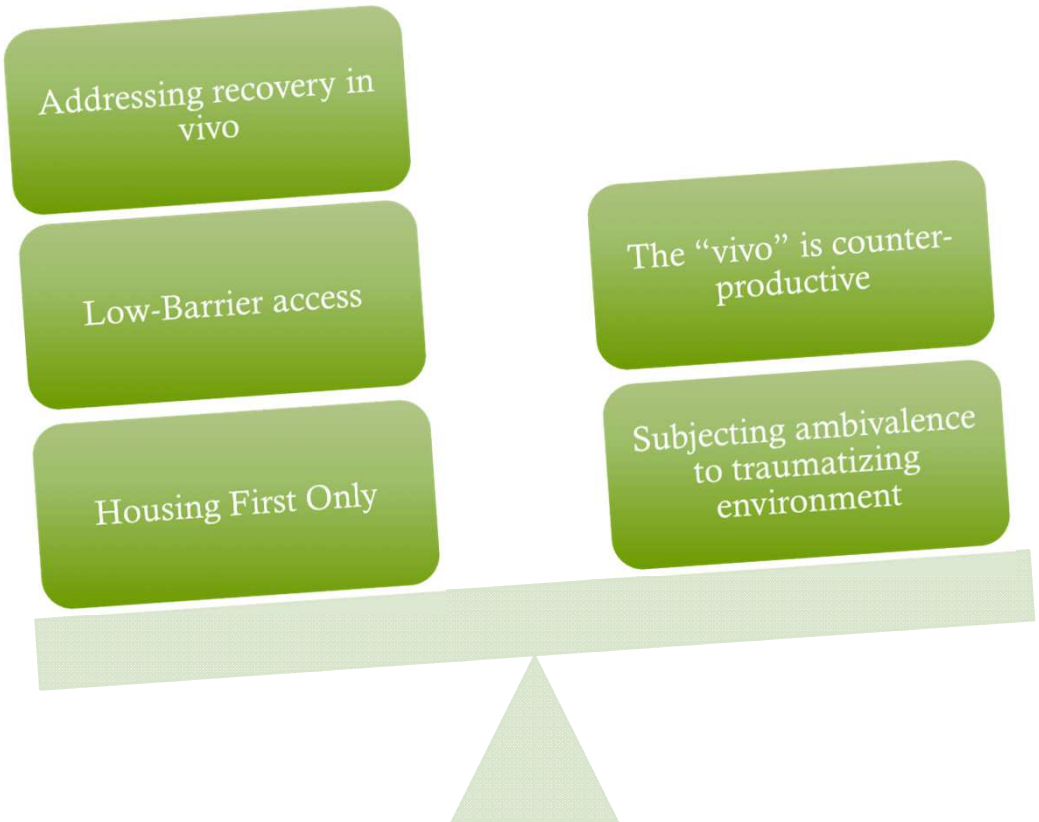
Reality Driving Programming (aka, Person-Centered Care)

- Death and Destruction in Housing First - substance use
- Out of Community opportunities – in vivo – for those who desire to address their addition
- Trauma-Informed through choice in Supportive Housing

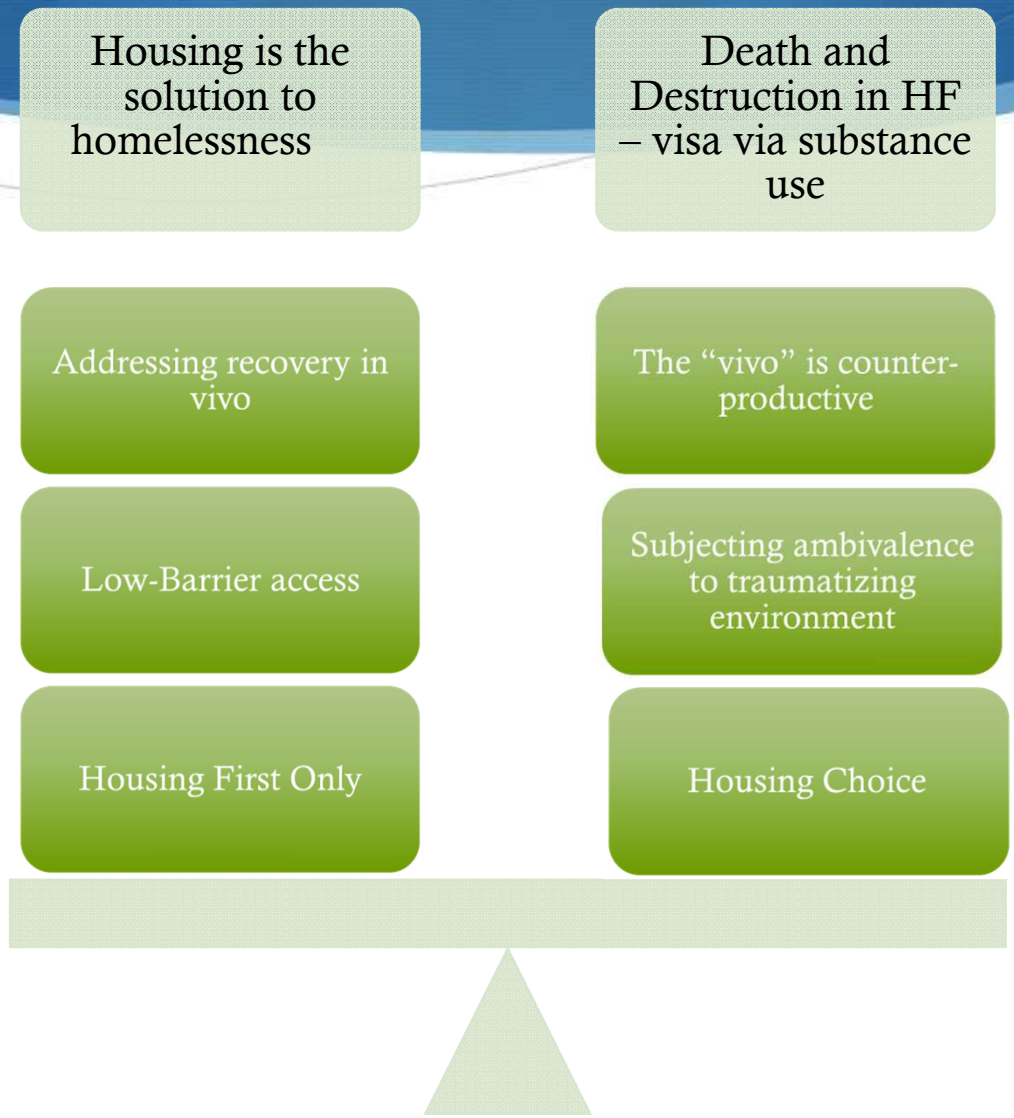
Housing First ONLY

Housing is the solution to homelessness

Death and Destruction in HF – vis-à-vis substance use



Bringing Balance to the Continuum of Care



Chronic, progressive, relapsing, fatal disease.

Addressing SUD in Supportive Housing Continuum

Uninhibited use

Placing persons in housing with or without supports – little to no intervention. Palliative Care.

Harm Reduction

Supportive housing with CM, ICM, ACT; Moving ambivalence through assertive OR, MI, access to tx.

Abstinence

Facilitating a supportive community through ADFH, linkage to Recovery Community, Integrated Health Care.

Addiction Tx. Infrastructure

- 10% of medical schools require a course on addiction medicine
- Still treated as an acute event, not a chronic illness
- Affordable Care Act requires Parity
- Slow evolution and need to overcome long history of "failure."

Moving from Isolation to Intimacy

Continuum of Care and Choice/Recovery Oriented System of Care

- Access to on-demand transitional housing, i.e, longer term treatment options.
- Integrating Alcohol and Drug-Free Community Housing
- Specific Recovery Housing Opportunities

Dignity and Integrity of Recovery Communities

- *Opportunity* to address addiction – and mental illness – in a trauma informed environment – "stuck" in a substance using environment
- Facing the stigmas in a supportive community
- ACT and MI are assertive interventions
- Moving from isolation to intimacy
- Continually reinforcing recovery identity

Constant opportunities for Recovery

- "The most consistent predictors of successful outcome (for persons with a SUD) are retention in formal treatment and/or active involvement with community support for recovery."*
- Chronic, Progressive, Relapsing, Fatal illness.
- Drug dependence should be insured, treated, and evaluated like other chronic illnesses such as diabetes, hypertension and asthma. #

*Permanent Supportive Housing Resource Guide, 2nd Ed. 2015

#McLellan, Thomas PhD, et. al., Drug Dependence, a chronic medical illness, JAMA, October 4, 2000

PSH - HF

West end Flats

Stout Street Health Center

CCA

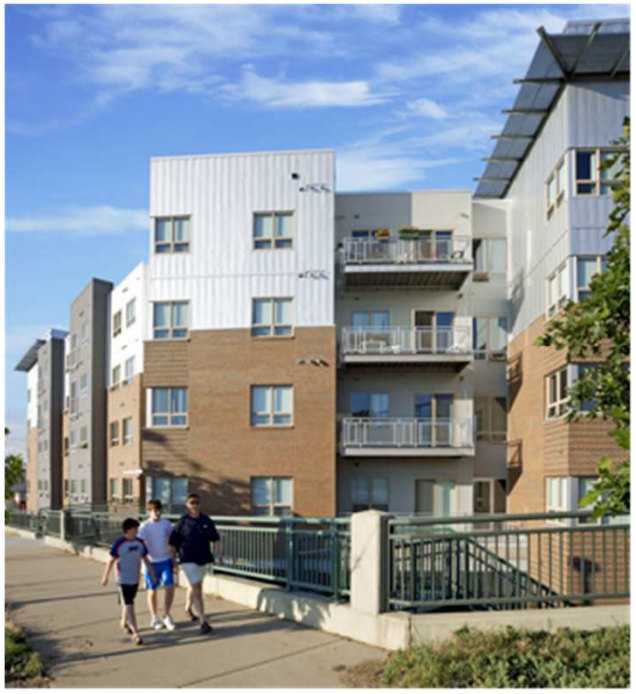
20 – S+C

39 VA GPD

Turning Point – (Oxford)

Riverfront

15 – S+C



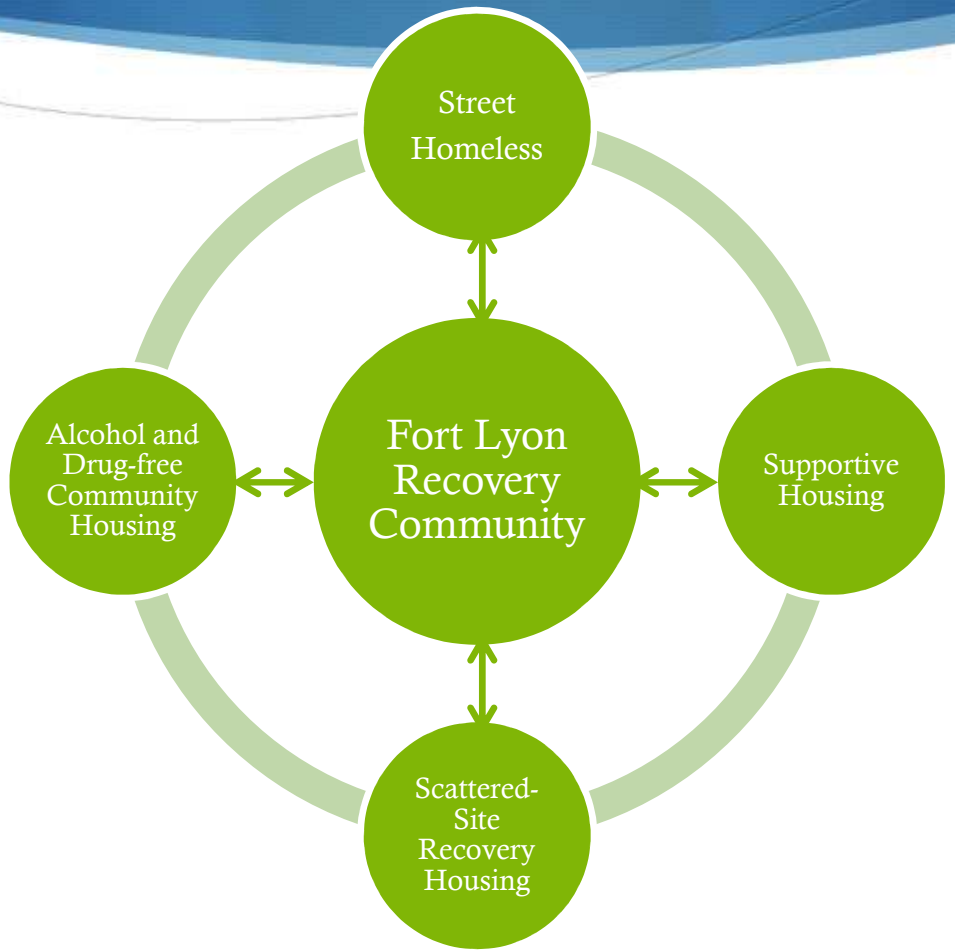
North Colorado Station - HF, VASH, Family, Peer Recovery Apts.

Fort Lyon Supportive Residential Community

- Connects the dots between housing and recovery
- State-Wide “on demand” access to transitional housing
- Address SUD, MI, Education, Employment, Community
- Integrated primary and BH care
- Transition into ADFH or other choices

On Demand access to Recovery Community

Recovery Oriented System of Care in Housing



Conclusion

- In a trauma-informed environment – drug and alcohol-free living should be an option.
- Abstinence-based living should always be a part of a harm reduction model.
- Moving from isolation to supportive community is key to all forms of recovery: AOD, MI, Poverty, Homelessness.

Challenges, Questions, Systemic Realities

- Housing Choice in a resource light environment
- The right housing/support for that person – moving target
- EBP, Models, local solutions work – there's not enough
- Efficacy of SUD treatment models
- Making persons with SUD homeless – again

National Alliance to End Homelessness

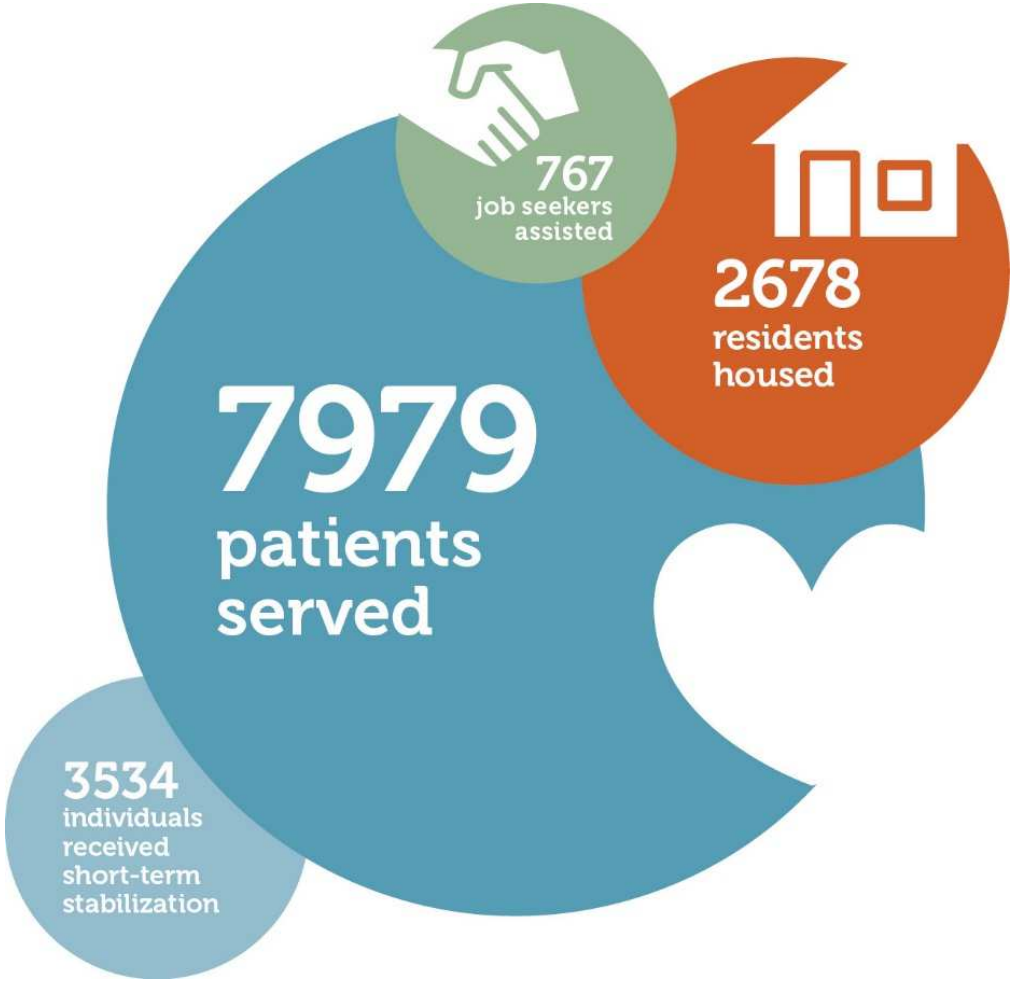
CENTRAL CITY CONCERN

HOMES HEALTH JOBS

July 27, 2016

Ed Blackburn
Executive Director, Central City Concern
ed.blackburn@ccconcern.org

CENTRAL CITY CONCERN'S SCOPE



1600 APARTMENTS IN 22 BUILDINGS

- Transitional housing
- Permanent supportive housing
- Family housing
- Housing first and harm reduction programs

11 FEDERALLY QUALIFIED HEALTH CENTER SITES

- Integrated primary & behavioral health care
- Community mental health services
- Subacute detoxification
- Inpatient and outpatient recovery services
- Acupuncture & naturopathic treatments
- Pharmacy

EMPLOYMENT SERVICES

- One-on-one supported employment services specific to individual and community needs
- 588 job seekers gained employment

SOBERING SERVICES

- Transportation and stabilization services that protect the health and safety of the downtown community
- Harm reduction for individuals experiencing public intoxication

CENTRAL CITY CONCERN
HOMES HEALTH JOBS
@cccportland

HOUSING CHOICE: Different Housing for Different Needs

- Over 1,600 units total
  - 971 units recovery housing
  - 608 units Housing First/low-barrier housing
  - 300 scattered site Permanent Supportive Housing units




CENTRAL CITY CONCERN
HOMES HEALTH JOBS
@cccportland

CHOICE: Commitment to People, Not Models

Housing First	Recovery Community Housing
Point of entrance: Street	Point of entrance: Detox or Residential
Assertive Community Treatment 1:10	Peer Recovery Mentor 1:30
Primary serious mental illness	Primary substance use disorder
Co-occurring substance use	Co-occurring mental health
Scattered site	Community (congregate) housing
Permanent rent subsidy	Short-term rent assistance
Primary healthcare coordination	Access to primary care
Supported Employment	Supported Employment
Socialization programming	Recovery community supports and fellowship
Acquisition of benefits and entitlements	Support in securing permanent and often felony-friendly housing

RELAPSE RESPONSE

- First 90 days self report = Right to re-engage
- Behavior-based and post-90 day report = Supported exit
  - Supported exit to
    a) shelter bed
    b) detox
    c) residential treatment
    d) other housing and/or unknown

TRANSITIONAL RECOVERY COMMUNITY HOUSING

FY 15-16

- 531 residents served in 204 short term units (339 exits)
  - 36% chronically homeless
  - 72% successfully completed A & D treatment
  - 67% exited to Permanent Housing (227 residents)
  - Average of 88% still housed and in recovery 12 months post exit
  - 38% exit with employment
  - 10% exit with other income
- Permanent Recovery Housing: 89% remain 12 months or longer
  - 37% employed and 44% with other income

CENTRAL CITY CONCERN
HOMES HEALTH JOBS
@cccportland

COST/BENEFIT

Cost of 6 month-stay in CCC Short-term Recovery Housing
(includes rent, peer mentor, outpatient treatment and supported employment, supervision and indirect costs)

$9,894

—COMPARED TO—

Cost of 4 months of residential treatment **$27,480**

Cost of 6 months of criminal activity
(Herinckx, 2008) **$37,080**

CENTRAL CITY CONCERN
HOMES HEALTH JOBS
@cccportland

MEDICATION ASSISTED TREATMENT (MAT)

- 13 MAT Clients: 8 completed and 5 still enrolled
- When the treatment of choice is MAT in Old Town Clinic:
  - Individuals are enrolled in OTC's comprehensive outpatient MAT treatment services
  - Participants attend two group counseling sessions per week, along with individual counseling and some case management
  - Participants are assigned to a cohort which most appropriately addresses their assessed needs and Care Plan goals (pain management, dual diagnosis)

(con't.)

MEDICATION ASSISTED TREATMENT

(con't.)

- Participants receive medication from the OTC Pharmacy starting with a weekly dispensing schedule and increasing to monthly refills upon program completion
- OTC A&D Program Assistant coordinates medication induction, refills, and communication with insurance companies
- Program graduates have continued, ongoing access to OTC CADCs for relapse prevention, recovery maintenance, and overall support
- Throughout the continuum of care, coordination is ongoing between medical providers, mental health providers, CADCs, and other providers as appropriate

FEDERAL ADVOCACY

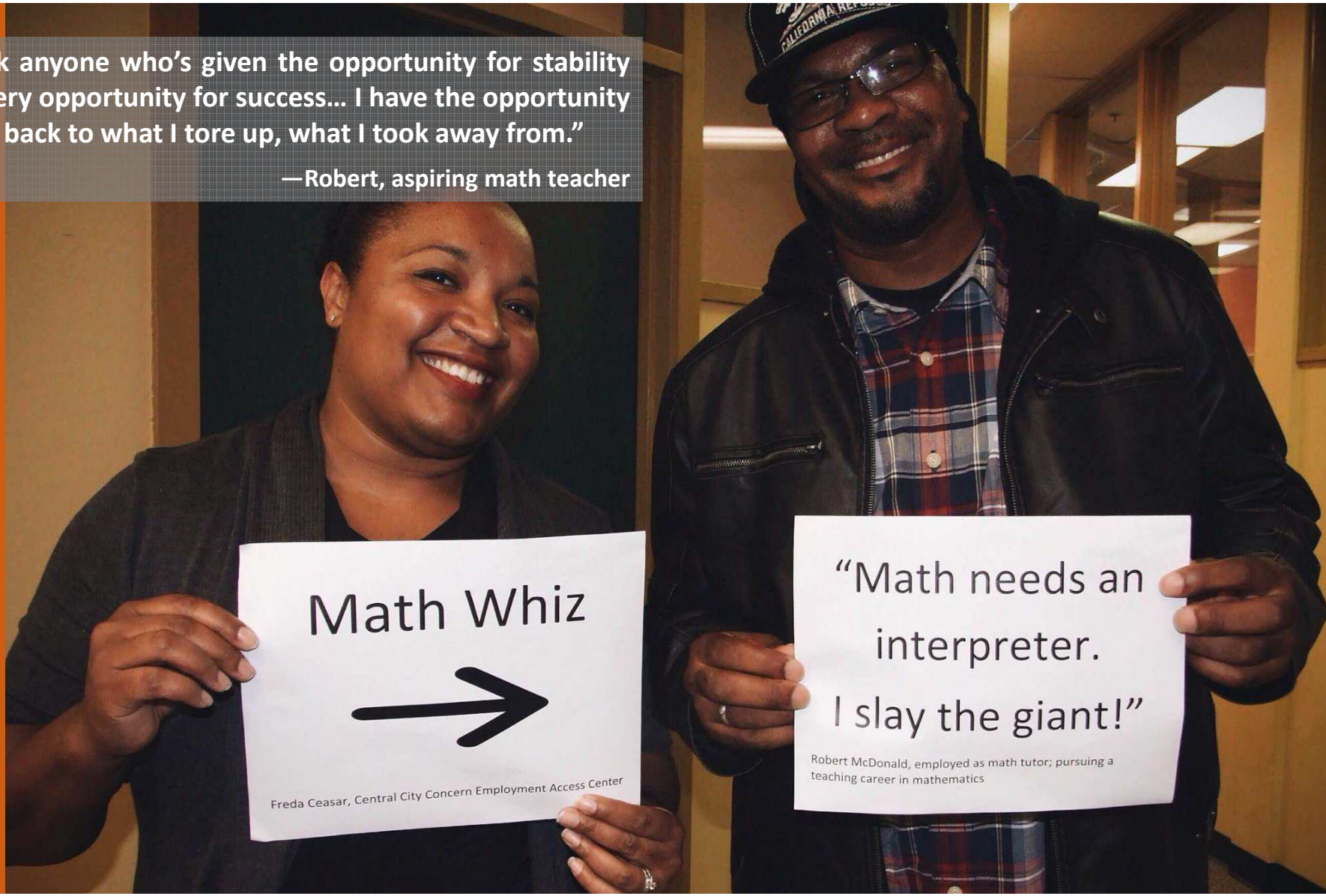
- **HUD Recovery Housing Brief**
  - **bit.ly/CCCRecoveryHousingBrief**
- **Senator Portman's Recovery Housing definition**

  "The term 'recovery housing' means housing where the use of alcohol and the unlawful use of drugs by residents is prohibited, and where residents participate in programming that uses peer support to promote sobriety, health, and positive community involvement."
- **July 6: White House Office of the Press Secretary notice mentions the need to improve housing support for Americans in recovery.**

CENTRAL CITY CONCERN
HOMES HEALTH JOBS
@cccportland

"I think anyone who's given the opportunity for stability has every opportunity for success… I have the opportunity to give back to what I tore up, what I took away from."

—Robert, aspiring math teacher



CENTRAL CITY CONCERN

HOMES HEALTH JOBS

@cccportland