



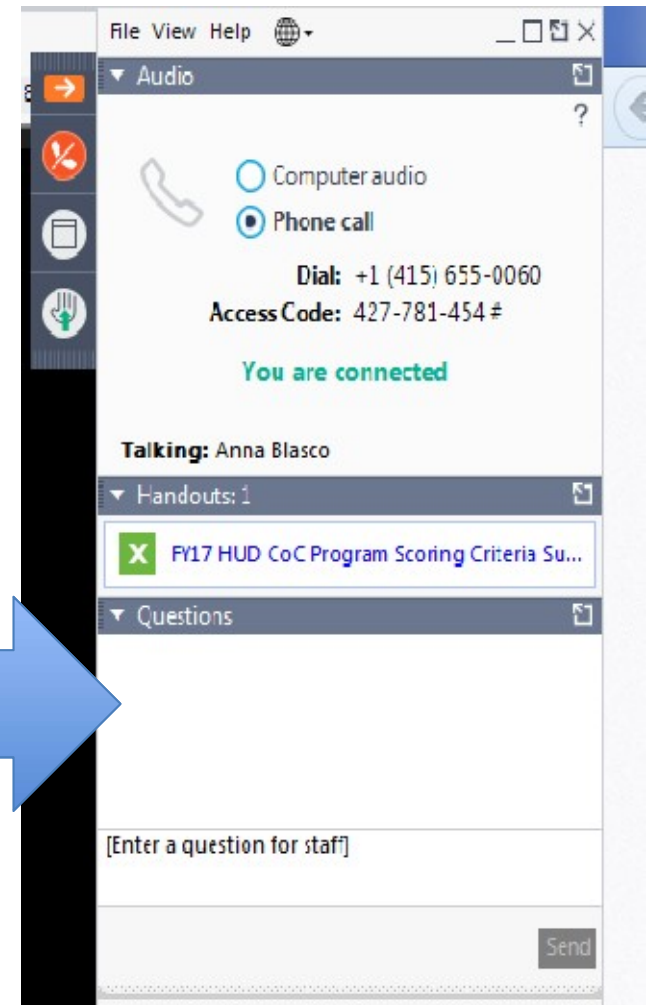
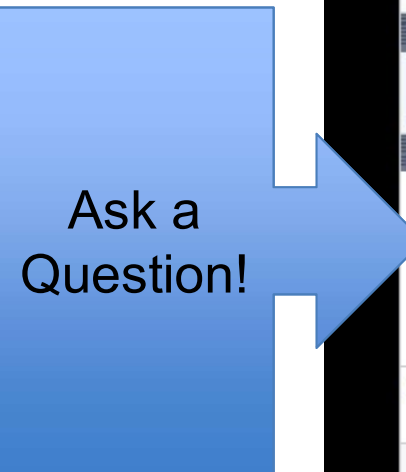
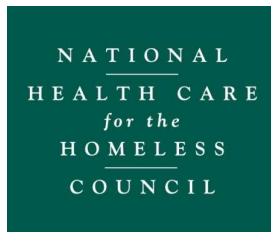
National Alliance to
END HOMELESSNESS

2018 NAEH Webinar Series

Making the Connection: Homelessness and the Opioid Crisis January 11, 2018

RESEARCH AND EDUCATION • INFLUENCING FEDERAL POLICY • BUILDING LOCAL CAPACITY

Welcome, Housekeeping, and Introductions



Today's Agenda

- I. Welcome, Housekeeping, and Introductions
- II. Understanding the Intersection of the Opioid Crisis and Homelessness – An Overview (USICH and HCH)
- III. Providing Recovery Support Services and Recovery Housing in the Era of the Opioid Crisis (SAMHSA)
- IV. Developing Systemic Responses to the Opioid Epidemic (CSH)
- V. Top Lessons from Philadelphia: A City in Action (The City of Philadelphia, Prevention Point, and Pathways to Housing PA)
- VI. The President's Commission on Combating Drug Addiction and the Opioid Crisis – A Review (HCH)
- VII. Q&A



The Intersection of the Opioid Crisis and Homelessness

Brittani Manzo
Policy Advisor
U.S. Interagency Council on Homelessness





Understanding the Intersection

A groundbreaking study in Boston found that drug overdoses — 81% of those from opioids — are the **leading cause of death** among individuals experiencing homelessness in the city.

Individuals experiencing homelessness in the study were **nine times more likely to die from an overdose** than those who were stably housed.



What We Know...

- Housing is a **social determinant of health**
- Those who are experiencing homelessness who have OUDs are at **greater risk of death** from overdosing
- Individuals with opioid use disorders (OUDs) have an **increased risk** of housing instability
- The prevalence of **co-occurring** mental and behavioral health illnesses, as well as chronic physical health problems, among individuals experiencing homelessness is significant.



Key Local Strategies

- Assess the prevalence of OUDs and opioid misuse among individuals experiencing homelessness
- Develop and implement overdose prevention and response strategies
- Strengthen partnerships between housing and health care providers to provide tailored assistance
- Improve access to medication-assisted treatment
- Remove barriers to housing

<https://www.usich.gov/tools-for-action/strategies-to-address-intersection-of-opioid-crisis-and-homelessness>

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MAKING THE CONNECTION: HOMELESSNESS & THE OPIOID CRISIS

Barbara DiPietro
Senior Director of Policy

January 11, 2018

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RESOURCES FOR OPIOID TREATMENT: THE ROLE OF MEDICAID

- Health insurance is **critical** for accessing opioid screening and treatment
- Medicaid most common insurance available to those in poverty (Medicare and private insurance may also be options)
- Eligibility for Medicaid is a state-level decision (19 states have not yet expanded to single adults)
- **Ensure clients are screened for eligibility!**

RESOURCES FOR OPIOID TREATMENT: THE ROLE OF HRSA HEALTH CENTERS

- ~1,400 comprehensive primary care settings, often with integrated behavioral health services
 - 300 HCH health centers are required to offer addiction treatment
- Targeted grants (September 2017): \$195 million to expand access to treatment, prevention and awareness of opioid abuse in primary care setting
- See patients regardless of insurance status or ability to pay
- Over 1 million homeless patients served last year
- **Ensure clients are connected to a medical home!**

Behavioral Health is Essential To Health



Prevention Works

Treatment is Effective

People Recover



Providing Recovery Support Services (RSS) and Recovery Housing (RH) in the Era of Opioid Crisis

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NAEH Opioid Webinar
January 11, 2018

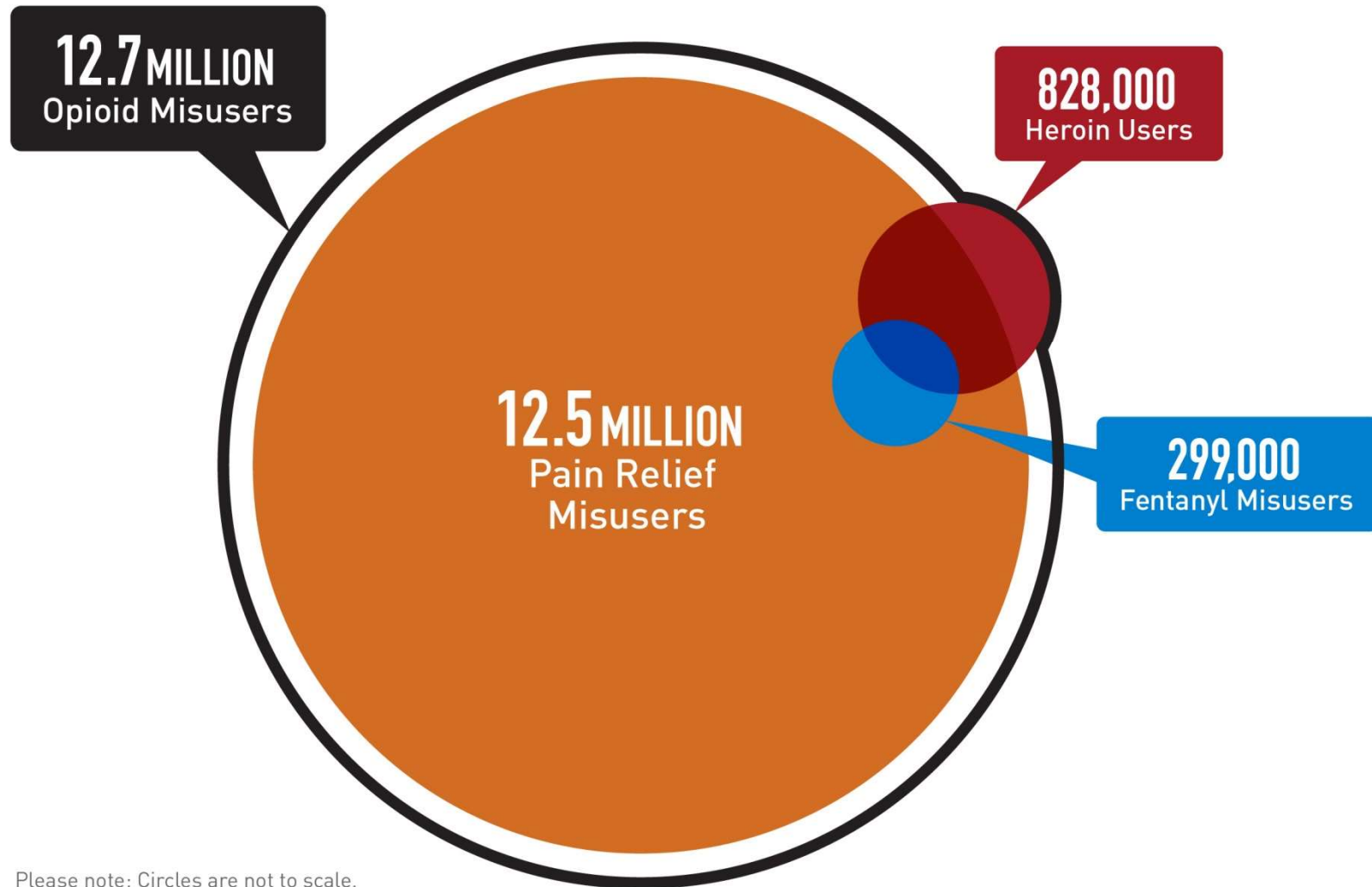


U.S. Opioid Crisis

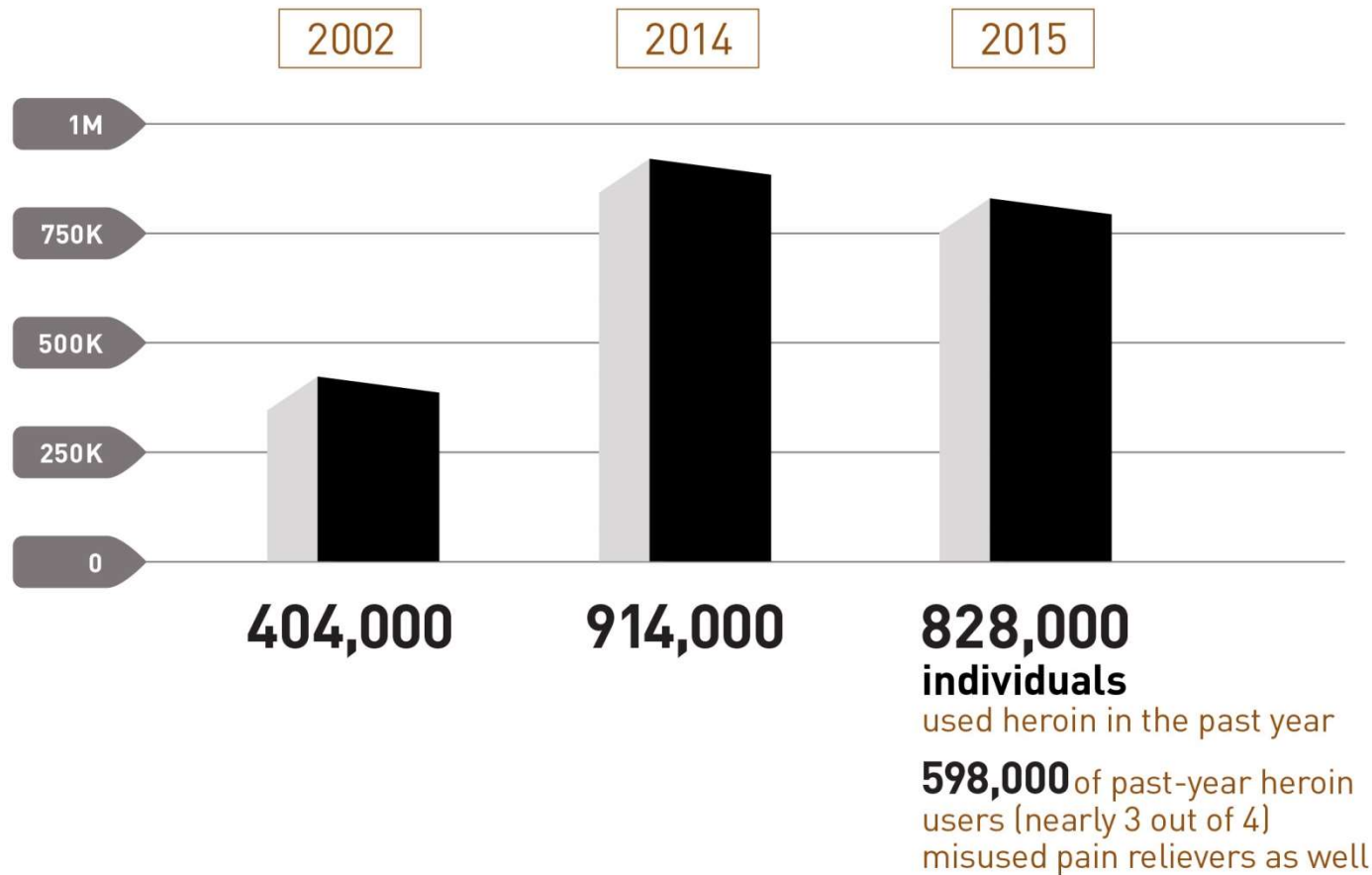


The opioid addiction epidemic is one of America's foremost health crises. According to the most recent statistics from the Centers for Disease Control and Prevention (CDC), opioids (including prescription opioids and heroin) kill more than **33,000 people** annually, which is more than any year on record and more than at the peak of the human immunodeficiency virus (HIV) epidemic. Opioid abuse/overdose is considered a leading cause of shortened life expectancy in the U.S. (Faces & Voices of Recovery 2017)

OPIOID MISUSERS: A Closer Look 12 OR OLDER, PAST YEAR



HEROIN USE: Small Number, Great Concern 12 OR OLDER, PAST YEAR



HHS Opioid Strategy

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HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS

- BETTER DATA
- BETTER PAIN TREATMENT
- PREVENTION, TREATMENT & RECOVERY
- MORE OVERDOSE REVERSERS
- BETTER RESEARCH



People Recover



Millions of Americans in Recovery Are Living Healthy & Productive Lives

- 23.5 Million Americans are in long term recovery
- Persons in recovery are living healthy and productive lives, supporting our families, building our communities, and contributing to society.

Opioid – STR Goals

(SAMHSA FY'2017 Funding Announcement)



Expectations

→ **Required Activities:** Plan and implement a **comprehensive** approach utilizing evidence based policies, programs, and practices

→ **Allowable Activities:**

Establish and/or enhance statewide and community-based recovery support systems, networks, and organizations to develop capacity at the state and local levels to design and implement peer and other recovery support services as vital components of **recovery-oriented continuum of care**.

→ **Other:** Coordination with other federal programs and acquire or maintain a recovery focus.


SAMHSA's Four Dimensions of Recovery



- ***Health*** – Improve physical and behavioral health of individuals with MH/SUDs and their families
- ***Home*** – Increase access to permanent housing
- ***Purpose*** – Increase competitive employment and educational attainment (e.g., supported employment)
- ***Community*** – Promote community living and social inclusion/acceptance/support

Facing Addiction in America

2016 U.S. Surgeon General's Report



- ➔ Recovery-supportive houses provide a both “substance free” environment and mutual support from fellow recovering addicts.

Exemplars

- ➔ Oxford Houses – effective and cost efficient, demonstrating an 87 % abstinence rate in some studies.
- ➔ National Alliance of Recovery Residences (NARR) – 25 regional affiliates, 2,500 certified recovery residences, 25,000 persons in recovery.

NARR Levels of Care



- LEVEL I LEVEL II LEVEL III LEVEL IV
- Peer-Run Monitored Supervised Service Provider

Recovery Housing

- Key Concerns: Bad Actors, Brokers, and Exploitative Arrangements
- NARR: Levels of Care, Standards and Certification, accreditation, and deeming
- Licensure, accreditation, and deeming
- Financial Principles: Required, **Allowed**, Disallowed

Recovery Housing – Q.I.

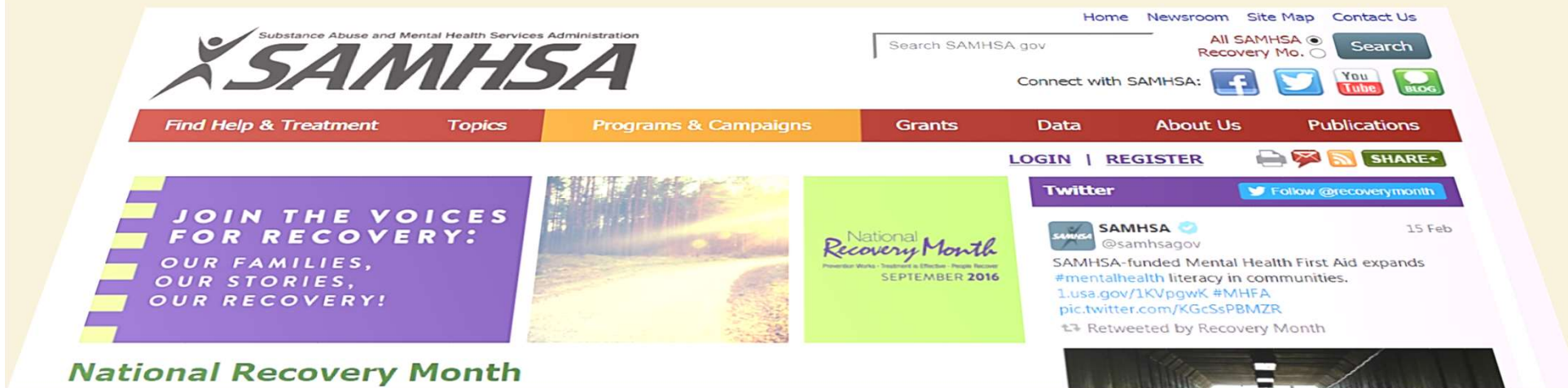
- Common nomenclature – definitions
- Standards of Practice
- Monitoring and Oversight mechanisms
- Infusion of EBPs, e.g. MAT (SAMHSA TIPs)
- Funding and Financing avenues

HOPE IN ACTION: HELPING PEOPLE HELP THEMSELVES

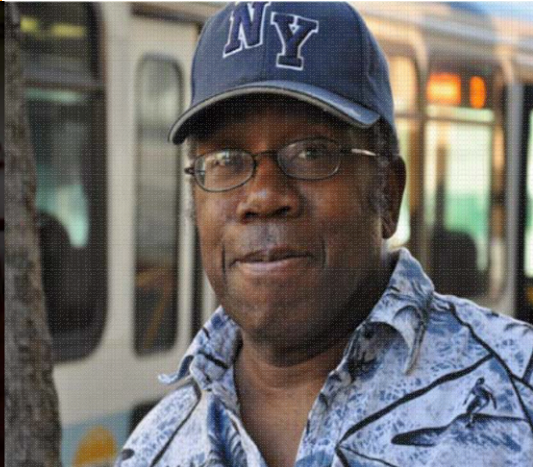
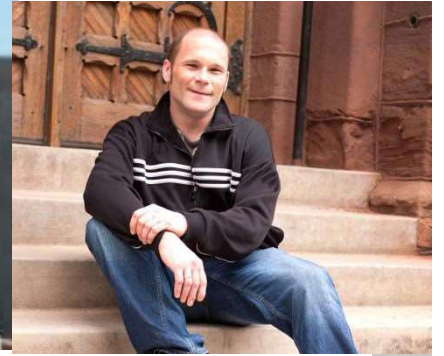
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THANK YOU!

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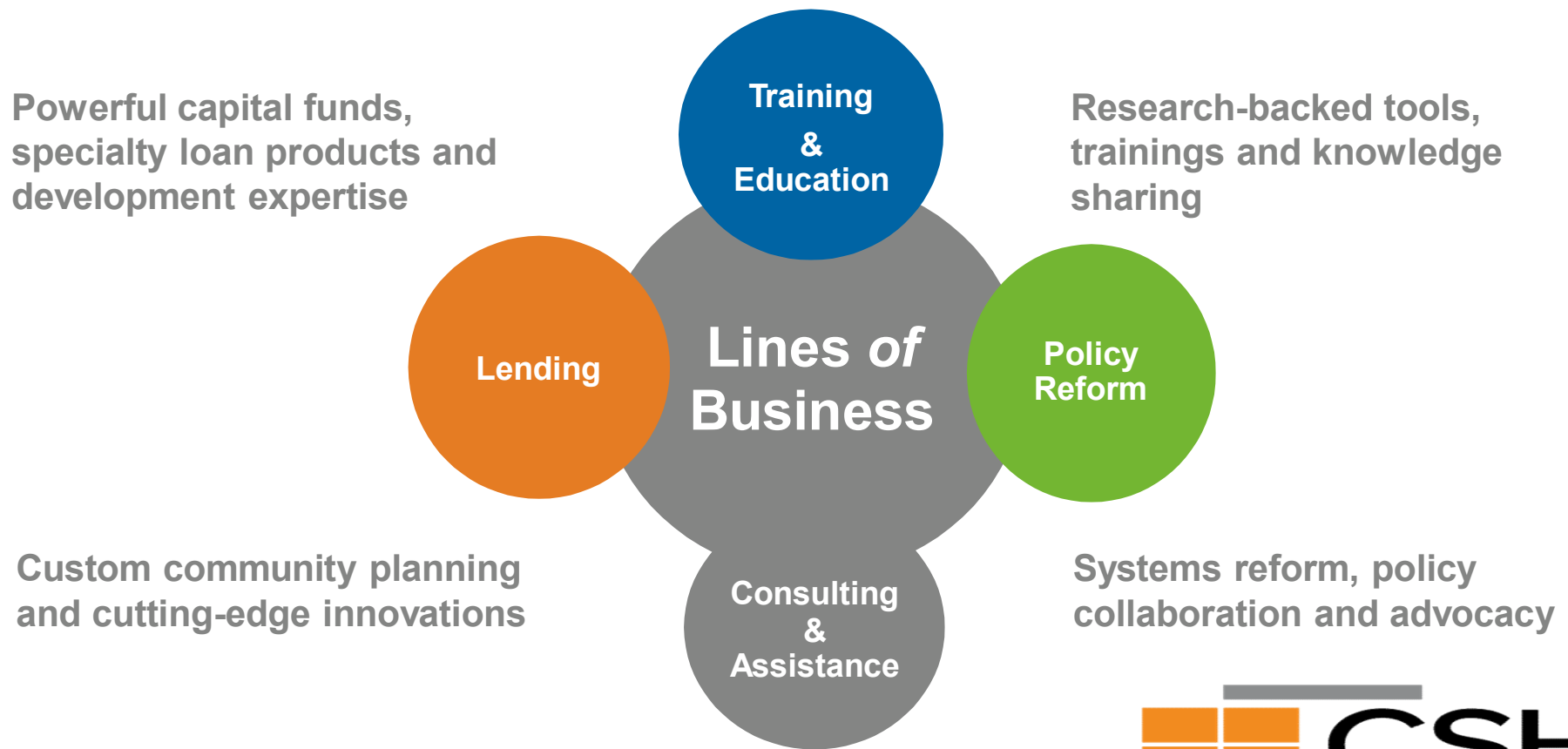


Developing Systemic Responses to the Opioid Epidemic



What We Do

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.



First wave responses

Policy Reform
Data Analysis
and Targeted
Assistance
Training
Access



Pharmacy
Benefits and
Prescribing
Practices
Training for
Physicians

Overdose
Prevention
Access to
Naloxone
Training to
use it

Access to
Medication
Assisted
Treatment
Sub Oxone
Naltrexone
Vivitrol
Methadone

Second wave responses

Training
Access



Recovery
Support
Services

Peer
Supports

Employment
and
education
assistance



Broader
Treatment
Access

ASAM levels
0 through 4



Supportive
Housing
targeted to
persons with
multiple
disabilities
and
challenges

How to fund
the services
portions of
these possible
projects?

Strategic
Financing models
needed



HHS's 5
point
strategy for
the Opioid
Crisis

Improve Access
to Treatment
and Recovery
Services

Overdose
Prevention

Public Health
Data and
Reporting

Research on
Pain and
Addiction

Advancing
better practices
for Pain
Management

Community wide response





- **Marcella Maguire, Ph.D.**
- **Director, Health Systems Integration**
- **Corporation for Supportive Housing**
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Making the Connection Homelessness and the Opioid Crisis

CITY OF PHILADELPHIA
DAVID HOLLOMAN, DIRECTOR OF EXTERNAL AFFAIRS
JANUARY 11, 2018



City of
Philadelphia



Accomplishments and Ongoing Efforts



Accomplishments

- Mayor Kenney increased FY 18 budget by \$1.25M to help families and individuals experiencing homelessness
- Piloted a Shallow Rent Program which provides affordable housing choices for people with limited income
- Funded 60 housing subsidies for Pathways to Housing PA with the assistance of DBHIDS

Ongoing Efforts

- Funded a respite center with Prevention Point that addresses the City's opioid crisis

Local Examples: Prevention Point Philadelphia

- Outreach team focused on housing and drug treatment
- 30 bed emergency respite, 10 overflow winter beds
 - Over 160 people served since 2015
 - Approximately 60 successful long term housing placements – primarily housing first and long term recovery programs
- Only syringe exchange in the country operating an emergency respite and city-funded outreach team
- Low barrier & harm reduction-focused

Local Examples: Pathways to Housing PA

- Housing First Assertive Community Treatment (ACT) Teams providing permanent supportive independent apartments for 75 individuals with OUD
- Majority of individuals referred come through PPP syringe exchange, wound care, or longer term outreach
- Integrated Health Care with on-site primary care featuring buprenorphine, Vivitrol, and referrals to methadone treatment
- Home-based intensive case management and care coordination; harm reduction based substance use counseling; mental health counseling; nursing; & psychiatry

Local Examples: Pathways to Housing PA

- 100% of the participants retained housing throughout the first year.
- 52% of the housed participants received MAT or were abstinent during November 2017.
- 100% of participants received Naloxone training, as well as individualized overdose prevention plans. When overdoses do occur, the support team works with participants to strengthen overdose prevention plans

Local Examples: Rapid Re-Housing & PSH

- Journey of Hope – Long term treatment & recovery support with direct link to PSH
- RRH – Individuals who are stable in recovery – limited support for relapse, money management issues, limitations with longer term mental health and trauma focused care, etc.
- PSH – Programs with enhanced supports increase access for individuals struggling to maintain recovery

Opportunities & Challenges

- Job Training & Community Involvement – Meaningful Activities
- Apartment Behavior Management
- Informal Communication Network of this Population
 - Strengths and challenges of treating on case-by-case basis
- Overdose Prevention & Safety Planning
- Case Management & Recovery Supports

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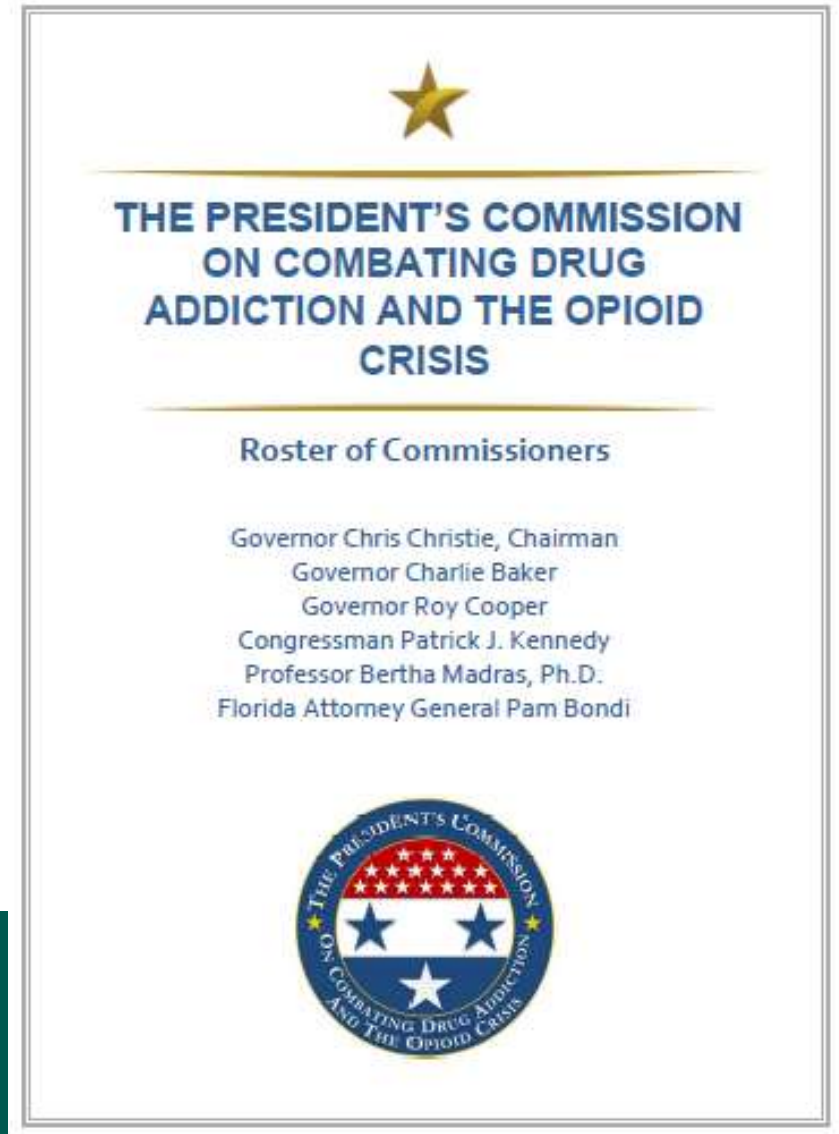
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PRESIDENT'S COMMISSION

- Established by Executive Order in March 2017
- Part of the Office of National Drug Control Policy
- Mission: "to study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis and to make recommendations to the President for improving that response."
- Final report issued in November 2017 w/ 56 recommendations



FINAL REPORT FOCUS AREAS

- Description of the crisis
- Federal funding & programs recommendations (#1 to #3)
- Prevention recommendations (#4 to #30)
- Treatment, overdose reversal & recovery recommendations (#31 to #51)
- Research & development recommendations (#52 to #56)
- Current federal programs & funding landscape

AREAS OF REPORT IMPORTANT TO HOMELESS SERVICE PROVIDERS

- Medical workforce (better guidelines, training, data, better use of National Health Service Corps)
- Access to quality care (better addiction screenings, increased reimbursements, remove barriers to care)
- Brief acknowledgement of recovery supports such as peer programs, employment & housing
- Access to Naloxone for EMS personnel
- Pain management programs (improve, expand)
- Mass media campaigns to educate & combat stigma

GAPS IN COMMISSION REPORT

- Focus on block grant funding to states for SUD activities (#1, #2); no recommendation to expand insurance coverage
- Near-exclusive focus on recovery housing (“sober homes,” #46, #51) ignores larger issue of housing instability and role of supportive housing programs
- Supportive housing (#47) *mentioned only in the context of child welfare*



ADVOCACY AREAS

- **Self-reflection:** How is **your program** part of the solution?
- **Federal: Reject cuts to Medicaid** eligibility & benefits (and to other safety net funding sources like SAMHSA & HRSA)
- **Federal:** Advocate for **more HUD housing funding** for rental assistance & the National Housing Trust Fund
- **State:** Expand Medicaid in all states to those $\leq 138\%$ FPL
- **Federal, state & local:** Expand SUD treatment capacity
- **Federal, state & local:** Support criminal justice reform/diversion efforts

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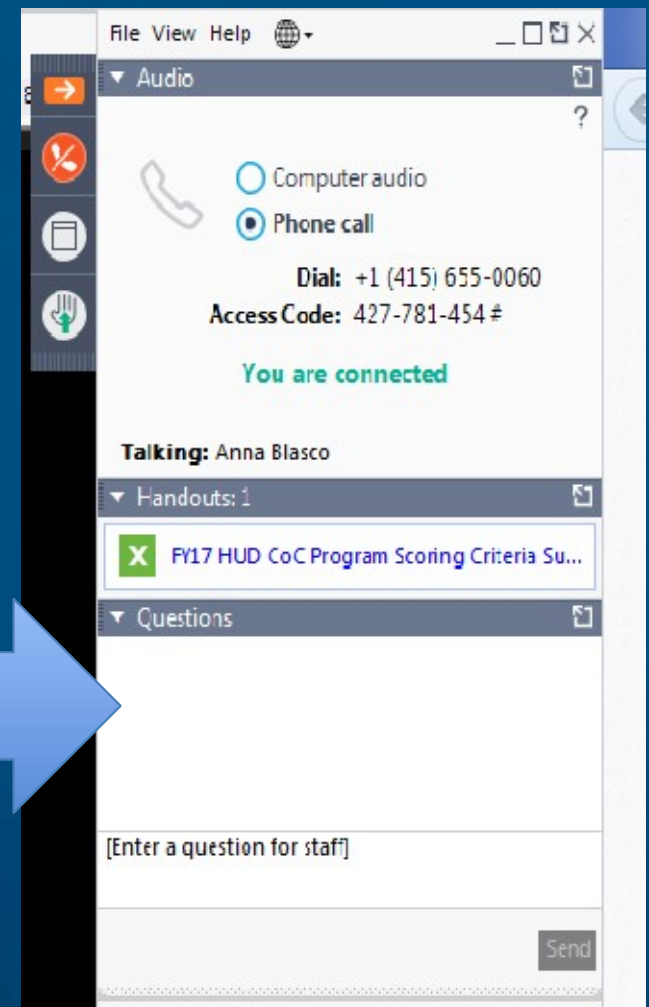


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Question and Answer

Ask a Question!



Thank You

For Additional Follow-up
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