Addressing Homelessness in Patients with OUD

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State of New Jersey
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ADDRESSING HOMELESSNESS IN PATIENTS WITH OUD

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RUTGERS Project ECHO

State of New Jersey DHS Department of Human Services

RUTGERS New Jersey Medical School

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Learning Objectives

- Understand the association between SUD, OUD, and homelessness
- Learn about the best practice models for addressing homelessness amongst individuals with SUD/OUD
- Learn about barriers and protection, as well as housing models for individuals with SUD/OUD

SUD, OUD, and Homelessness

- There is an established association between substance use disorder (SUD), opioid use disorder (OUD), and homelessness- esp. in Veterans and youth
- Those with SUD are likely to become homeless at an earlier age, and for longer
- Those who experience homelessness are more likely to continue using after an overdose than those who are housed
- Those who experience homelessness are 9x more likely to die from opioid O/D than those with stable housing

- People without stable housing are less able to engage in MAT
- People with SUD usually have poor credit histories and criminal records, making it difficult / impossible to find work
- The combination of physical or mental illness, and lack of housing results in high mortality rates

Choice Matters: Housing Models that May Promote Recovery for Individuals and Families Facing Opioid Use Disorder | ASPE (hhs.gov)

Housing First Model

- SAMSHA, USICH, and HUD recognize the Housing First Model as a *best practice* for reducing chronic homelessness
- Offers a low-barrier approach to housing to encourage engagement and retention in treatment
- Emphasizes immediate access to housing with intensive supports and case management without the preconditions of sobriety, or participation in supportive services (low barrier)
- The model can be used to support community integration by placing individuals transitioning out of homelessness into scattered-site apartments within the community

If Housing First services are integrated or coordinated with provision of MAT and substance use disorder (SUD) treatment, the model shows promise for assisting individuals with OUD and other SUDs to remain housed and attain recovery

- Individuals served through the Housing First Model are more likely than individuals served through other programs to continue taking MAT medications as prescribed for at least three years
- Individuals served through the Housing First Model are also less likely to misuse substances, compared to clients who are involved in programs that require SUD treatment as a condition of housing

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Elements of the Housing First Model

- Immediate access to housing and supportive services
- Recovery-oriented approach
- Outreach
- Prioritizing the most at-risk / most vulnerable
- Housing and treatment provided independently of each other
- No sobriety requirements
- Harm reduction approach
- No requirement for housing readiness
- Intensive case management

- Pay reasonable rent
- Access to and coordination with education/employment, mental health, SUD, and other social services
- Multi-disciplinary teams
- Crisis supports
- Collaboration with/support for landlords

Choice Matters: Housing Models that May Promote Recovery for Individuals and Families Facing Opioid Use Disorder | ASPE (hhs.gov)

Recovery Housing Programs

- The Recovery Housing Approach is based on the belief that individuals with a history of SUD are better off in a home environment of peer support that emphasizes abstinence
- Recovery Housing has no commonly established implementation model, and some recovery housing models consider MAT a violation of abstinence
- Recovery Housing programs are intended to support individuals with SUD in their recovery, often as a step-down from inpatient or residential SUD treatment
- Those who treat and provide support for individuals with OUD understand that some individuals find the sober environment and peer support provided through recovery housing to be beneficial to their recovery

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Permanent Supportive Housing

- While Housing First includes permanent supportive housing (PSH), not all PSH uses the Housing First or low-barrier model
- PSH projects provide permanent housing (in permanent housing properties or tenant-based rental subsidies), and supportive services to support individual needs
- Some PSH programs use the Housing First Model, and some require SUD treatment and abstinence

Choice Matters: Housing Models that May Promote Recovery for Individuals and Families Facing Opioid Use Disorder | ASPE (hhs.gov)

Barriers

On the road to housing….

Barriers

- Stigma is still a major barrier to both housing and OUD treatment
- MAT patients face considerable stigma, not only from the general population, housing programs, and landlords, but also from peers in recovery who are not using MAT (double stigma)
- Individuals with a history of illicit drug use are more likely to be unemployed, and to have an incarceration record, which can make them ineligible for subsidized housing
- Clarity is lacking about civil rights protections for individuals beginning their recovery through MAT
- Even though Federal law prohibits housing discrimination against individuals receiving MAT to support their recovery, they may experience challenges when living in recovery residences that use an abstinence-only approach to SUDs
- Choice Matters: Housing Models that May Promote Recovery for Individuals and Families Facing Opioid Use Disorder | ASPE (hhs.gov)

Recommendations for Success

- Co-location of medical treatment and MAT services is ideal, but housing programs with closely coordinated off-site services can also work well
- Integrating employment training and opportunities into housing programs can increase hope for *recovery,* and lead to *self-sufficiency*
- Studies show that there is a need for provider and community education
  - OUD is a chronic disorder and that individual paths to recovery vary
  - Individual choice of housing and services is essential to support individuals over the course of their recovery

Models that May Promote Recovery for Individuals and Families Facing Opioid Use Disorder | ASPE (hhs.gov)

Protections

- Numerous courts have found that individuals in recovery from an OUD are protected under the ADA and the Fair Housing Acts, but many patients as well as SUD treatment and housing professionals are unaware of these legal protections (Legal Action Center, 2009; Woods & Joseph, 2015)
- Individuals receiving MAT to support their recovery are protected by the ADA if the housing residence receives state or local government funding, and by the Rehabilitation Act if the residence receives federal financial assistance (Legal Action Center, 2009)
- People receiving MAT to support their recovery cannot be excluded from a residence due to their health condition, nor can the residence require that they not participate in MAT

Collaborative Housing Models for People with OUD

Options for the Homeless and Unstably Housed

Prevention

Targets those who would be homeless if it wasn't for supportive services, and financial assistance

- Some people may have been homeless in the past, pending release from jail or residential treatment
- Assistance may include:

  Treatment for SUD, employment and benefit services, linkage to mental or physical healthcare, document recovery, legal assistance
- Clients maintain housing with supportive services in place

Recovery Housing

- Provides substance-free housing to support recovery
- Usually enter housing during or immediately after OP treatment; length of stay varies depending on needs
- Peer-led individual and group support
- Can also include on-site supportive services

Housing Options for Recovery for Individuals with Opioid Use Disorder: A Literature Review | ASPE (hhs.gov)

Options for the At-Risk and Unstably Housed

Residential or Half-Way Housing

- Time-limited support and supervision for those being released from jail or residential treatment, and include those who completed a drug treatment program during incarceration
- Often require SUD treatment through community-based providers
- Provides housing and treatment in one location
- Allows for people to reenter into the community (including those with criminal records, and severe behavioral disabilities)

Housing Options for Recovery for Individuals with Opioid Use Disorder: A Literature Review | ASPE (hhs.gov)

Options for the Homeless

Emergency shelters

- Intended for short-term, resolution of situation, and linkage to intensive supports
- Specialize in different populations: single adults, families, domestic violence
- Staff should be trained to recognize OUD and link clients to resources
- Supportive services sometimes located at the same site as the shelter

Transitional housing

- Similar to transitional housing, time-limited, and goal-oriented (obtain income / employment / benefits / permanent housing)
- Services can be provided on-site, person's home, or community agency
- Services can include case management, SUD / mental health treatment, employment and education assistance, parenting support
- Service plans are individual and can taper off / less intense over time

Housing Options for Recovery for Individuals with Opioid Use Disorder: A Literature Review | ASPE (hhs.gov)

Options for the Homeless

Rapid Re-Housing

- Short to medium-term rental assistance
- Amount of assistance is based on need
- Key component is it allows clients to connect with community supports and services

PSH

- Targeted to people with chronic conditions that challenge their ability to maintain housing independently w/o support
- Non-limited subsidized housing, with case management and intensive services
- Prioritized for the chronically homeless and most severe cases (TBI, severe mental illness)
- Provides barrier-free housing, including those still abusing substances
- Partnerships with medical providers to dispense meds for OUD and offer therapies at housing location (eliminating travel to off-site clinics)

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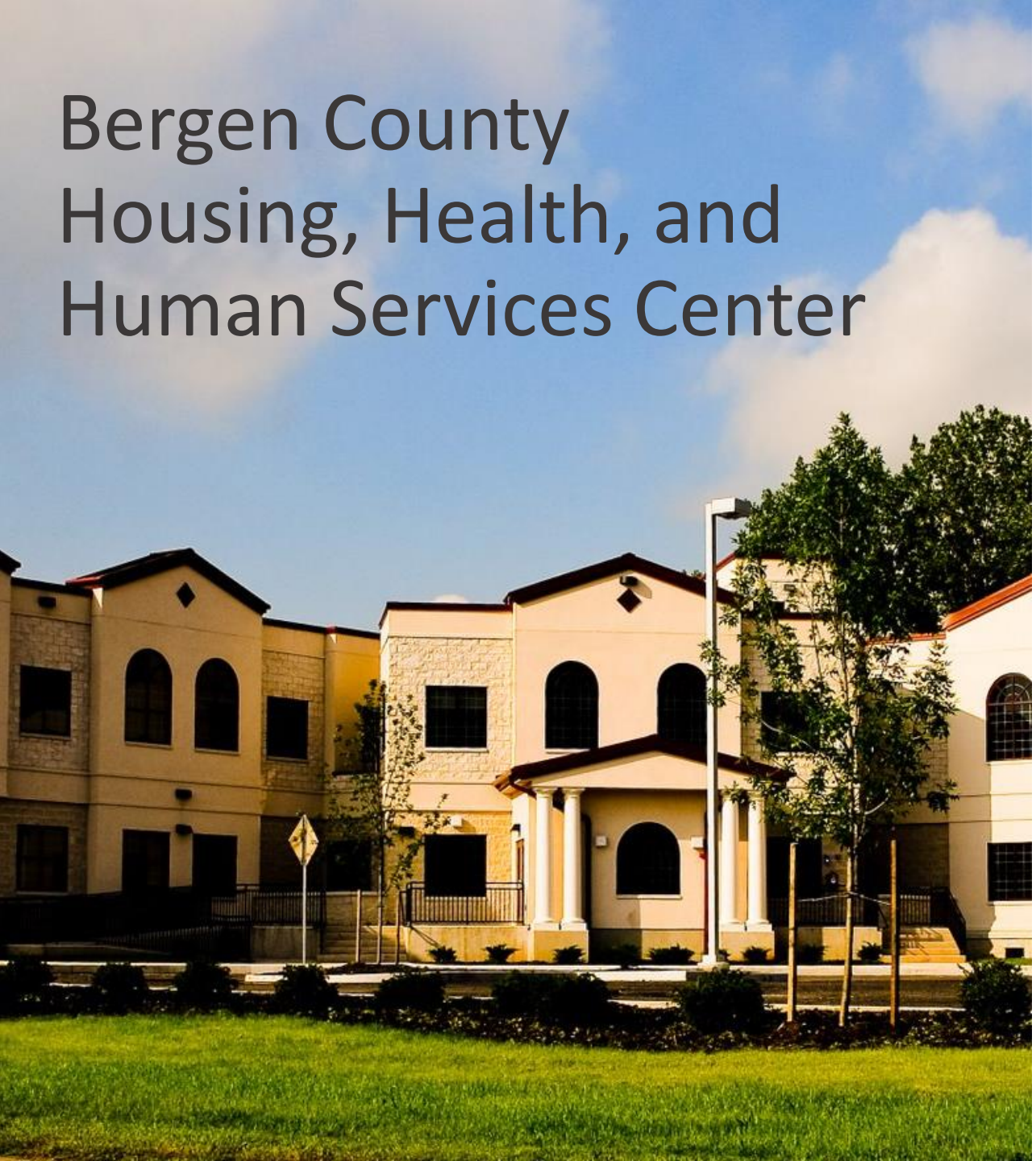
Bergen County Housing, Health, and Human Services Center



A shared project between the County of Bergen and the Housing Authority of Bergen County, our mission is to end homelessness by providing a full continuum of housing services, including homelessness prevention, temporary shelter, and permanent placement.

Established in 2009, it is a key feature in the 2008 Bergen County Ten Year Plan to End Chronic Homelessness, and is the foundation of a concentrated, community-wide effort to find permanent housing for people who are homeless.

HABC
HOUSING AUTHORITY OF BERGEN COUNTY

90 Shelter Beds / Open 24 Hours

Code Blue / Warming Center
December – March

One-Stop design with a
Drop-In Program 365 days a year

Nutritional Program - 3 meals a day
(Lunch and dinner for the Community)

Showers, laundry, mail service,
computers, telephones

Wellness Services (Nurse on-site)

"Command Center"
Flex Office Space for Collaborative Partners

Board of Social Services, Housing Specialist, Legal Services, Mental Health Counseling, Recovery Specialists, Vocational Services, and Case Management Services

Best Practices of Low Barrier and Housing-Focused Shelter

- Housing First
- Immediate and Easy Access to Shelter
- Low Barrier
- Rapid Exits to Permanent Housing
- Data Driven
- Persistent, Coordinated, Creative Outreach
- Engage and Support PHA’s
- Set and Hold Partners Accountable

Culture of Collaboration

The Center provides a unique opportunity to nurture a culture built on collaboration, learning, and shared services.

The Center is a focal point and single location for a broad range of services directed to people who are homeless or need assistance connecting with services needed to ensure successful re-entry into society.

The Center offers the opportunity for agencies to craft collaborations that improve the effectiveness of their efforts while reducing their cost.

National Recommendations

- Housing providers and substance use disorder (SUD) providers may make different assumptions about the needs of people who have OUD along with experience of housing instability or homelessness.
- When mental health services are integrated into supportive housing programs, rates of street homelessness decrease. (CSH, 2018)
- Successful programs include frequent and intensive street outreach, as well as close coordination among multiple levels of care. (National Health Care for the Homeless Council, 2016)
- The most effective programs to address SUD in the population of people who experience homelessness consider multiple drugs, especially alcohol and benzodiazepines, as well as opioids.

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National Recommendations

The National Health Care for the Homeless Council identified the following promising strategies for the successful use of opioids to address chronic pain in adults who experience homelessness:

- Clear organizational policies and procedures on treating pain; a written, dynamic treatment plan that focuses on functional improvement and holistic care.
- A signed patient-provider agreement for treatment that identifies the responsibilities of both providers and patients, as well as the potential risks of treatment.
- A team approach to care delivery and case conferencing that employs a group medical visit model; and a consistent, nonjudgmental approach to evaluating behaviors. (National Health Care for the Homeless Council, 2013)
- Housing providers may consider strengthening partnerships with local medical providers to ensure success of MAT in their clients who receive it. (U.S. Interagency Council on Homelessness, 2017)
- Leaders of housing and employment programs may consider bringing MAT providers into the discussion when new program elements are being designed, to ensure that the homeless population with OUD have improved access to MAT. (Raymond, 2016)
- Employers, housing providers, and many health care providers need education to understand that the use of MAT medications does not mean that the patient is in active substance use. In fact, MAT is more likely to bring stability to an individual's housing situation. (Meges et al., 2014)

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Sources of Reference

- Housing Options for Recovery for Individuals with Opioid Use Disorder: A Literature Review | ASPE (hhs.gov)

- Models that May Promote Recovery for Individuals and Families Facing Opioid Use Disorder | ASPE (hhs.gov)

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Thank you!
Questions & Discussion

State of New Jersey
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Department of Human Services

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