Harm Reduction Interventions in Supportive Housing
# CSH HRSA Frequent User T/TA

## Goals
- Foster and expand Health Center collaboration with other health system stakeholders, and supportive housing.
- Improve healthcare outcomes for extremely low-income individuals who frequently use crisis systems, have housing instability, and lack a connection to primary and preventive care services.

## Activities
- Webinar Series
- Direct Technical Assistance
- Online & In-Person Trainings
- Peer to Peer networks
- Resources

## Partners
- Deep collaboration with NHCHC
- NACHC
- CHPS
- HRSA BPHC

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**National Cooperative Agreements**
(NCAs) are national organizations that receive HRSA funds to help health centers and look-alikes meet program requirements and improve performance. They also support Health Center Program development and conduct national analyses around one of the following target audiences:

- Vulnerable populations, including those who frequently and inappropriately utilize health system resources
- Underserved Communities/Populations, such as the homeless, public housing residents, and migratory workers

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Overview of Harm Reduction

Family Health Centers, Inc.

What would you do?

Questions
An Introduction

Harm Reduction
What is Harm Reduction?

“What is Harm Reduction?

…a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence. Harm reduction strategies meet [people] ‘where they're at,’ addressing conditions of use along with the use itself.”

Harm Reduction Coalition (harmreduction.org)
Harm Reduction

Values
- Life
- Choice
- Respect
- Compassion

Over
- Judgment
- Stigma
- Discrimination
- Punishment
Harm Reduction as a Philosophy

- Recognizes the resilience of individuals
- Those who participate in high-risk behaviors deserve to protect themselves
- Engage with consumers in pre-contemplation
Stages of Change

- Pre-contemplation (Start)
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse (Optional)
- Termination/Graduation
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What does Harm Reduction look like?

Harm Reduction

- Low tar cigarettes
- Bike helmets
- Seat belts and airbags
- Smoke detectors
- Flu shots
Harm Reduction as a Strategy

- Options and Resources
- Compassionate and Pragmatic
- Appreciate Complexities
- Focus on Safety
What Harm Reduction is Not...

- For or against drug use
- Consent to use
- “Don’t ask, Don’t Tell”
- “anything goes”
- Anti-abstinence
Harm Reduction Outcomes

- Impart skills in self-care
- Lower personal risk
- Encourage access to treatment
- Support reintegration
- Limit the spread of disease
- Improve environments
- Cut down on public expenses
- Save lives
Your Role in Harm Reduction

- Be aware of your beliefs and biases
- Seek supervision and support
- Stay strengths focused
- Develop a trusting relationship
Your Role in Harm Reduction

- Remain non-judgmental
- Provide choices
- Break down goals
- Regularly revisit plans
- Celebrate successes
“It's not realistic to move somebody from homelessness to some kind of sustained recovery in one leap. It's kind of like leaping Mount Improbable. We really need a first step, a platform, upon which people can make that initial change. Just moving from homelessness to housing is a big change, and that's the beginning of it, and then perhaps address their addiction.”

Gary Olson, Executive Director
The Center for Alcohol and Drug Treatment Duluth, MN
Harm Reduction Interventions in Supportive Housing

FHC Phoenix / Health Care for the Homeless
2016 Louisville Regional Training
Family Health Centers - Phoenix

• One of (7) clinics operated by Family Health Centers, Inc.
• HCH clinic began in 1988
• State licensed and Joint Commission accredited
• 56 employees
FHC Phoenix – Funding

- HRSA $2.6 million
- HUD $625,000
- SAMHSA $400,000
- Other Revenue $620,000
- Total Budget $4,245,000
Why do Supportive Housing as a Health Care for the Homeless Clinic?

- “The painfully obvious lesson for me has been the futility of solving this complex social problem solely with new approaches to medical or mental health care... I dream of writing a prescription for an apartment, a studio, an SRO or any safe housing program, good for one month, with 12 refills.”
Prescription: Housing

JAMES J. O'CONNELL, M.D.
MASSACHUSETTS GENERAL HOSPITAL
BOSTON, MASSACHUSETTS 02114
MEDICAL WALK-IN UNIT
617-726-2707

PATIENT'S FULL NAME
John Doe

PHONE NUMBER
N/A

AGE
50

SEX
M

DATE
9-4-2005

ADDRESS
Storrow Drive Bridges

RX
1 Studio Apartment
Sig: Use every day PRN
# : 30 Days

Dr. O'Connell M.D.

Refills 1 2 3 4 11

No Refills Void After

DEA #:

Valid for Controlled Substances

"RX" on back is printed in disappearing ink - Rub briskly to activate.
Why do Supportive Housing as a Health Care for the Homeless Clinic?

• Because the National Health Care for the Homeless Council says so!

• Housing is Health Care and both are human rights
Housing + Health Care = Integration

- Medical provider → Housing provider

MUCH easier than...

- Housing provider → Medical provider

- Health Care for the Homeless projects are in the ideal position to expand services to integrate housing with existing clinic services
Doing Supportive Housing...

• It’s not how fast you mow. It’s how well you mow fast.

• https://www.ispot.tv/ad/A2Pi/john-deere-z535m-spread-the-word
100,000 Homes Campaign

• Counting up to 100,000

• Focus on *how* we house people:
  • Use vulnerability index
  • House most vulnerable neighbors first
  • Develop new partners (LMHA)
  • Focus on Housing First and Harm Reduction
Zero: 2016

• Counting down to zero

• Housing as many people as fast as possible.
• Increased focus on systems = good.
• Decreased focus on how well you mow fast = bad.
  • Decreased focus on Evidence Based Practices being implemented
  • Service providers did not create homelessness
  • Who is stopping more people from entering homelessness?
  • If broken systems not fixed, service providers can feel powerless.
  • Best practice: It’s how well you mow fast. One person at a time.
Aug 17, 2016 LEO article: “New Rules May Hurt Homeless” by Amanda Beam

Beam: “Critics are dubious, saying that immediate, permanent housing does not work for all homeless people because some still need to be steered into services before they can move out on their own.

Beam: In Housing First, “Caseworkers might be assigned, but, in general, HUD funding wouldn’t be used for these services.”

Beam perpetuates myth that “Housing First doesn’t tackle the underlying problems, like addiction or health issues, that may cause homelessness.”
What is Housing First?

- **Housing + Treatment**
  - If you do not provide treatment options, you cannot call yourself a Housing First program.
  - Housing First is not just a housing intervention.
  - Yes, services are driven by client choice (but all successful treatment is driven by client choice).
  - Skilled service providers elicit change talk and build motivation within our clients.
Housing First @ FHC Phoenix

• Front Desk
• Housing Case Managers
• Certified Peer Support Specialists
• Licensed Clinical Social Workers
• Psychiatric Nurse Practitioners
• Certified Drug and Alcohol Counselors (Medication Assisted Treatment)
• Medical Doctors / Nurse Practitioners (Medical Home Visits)
• Registered Nurses
• Medical Assistants
• Pharmacy (On-site)
• Dental Clinic (On-site)
Housing First / What Research Says


FHC Phoenix: Building the Team

• Values-Based Hiring
• Values-Based Evaluation
Values-Based Hiring

• Applicants for housing team positions are given an article on Housing First and Harm Reduction.
• Applicants are evaluated not only on education, work history and references... but also for values (compatibility with our work and our team).
Getting It Right... Our Housing Team

- Social Workers / Case Managers
  - Andrea Russell
  - Jamie McPherson
  - Andrea Scott
  - Amanda Townsell
  - Kathryn Bowen
  - Leeann Shallcross
  - Michelle Hale
  - Kristian Farmer

- Certified Peer Support Specialists
  - Ricardo Goodin
  - Brian Jointer
  - Carrie Dorton
  - Jan Massey
  - Tony Watkins
  - Woody Moore
  - James Light
Why Important?

• Harm Reduction is a practice, not a policy.

(Valery Shuman, Housing First Partners Conference, 2016)
Team Culture... Keeping it Right

- Monthly Harm Reduction Book Club during weekly team meetings
- Goal: How can I be an authentic Harm Reduction practitioner?
Housing Staff = Harm Reduction Practitioners

• What about staff who are in recovery in their personal lives?

• Harm Reduction teaches us people can have a good relationship with drugs

• Harm Reduction tells us people can manage their substance use

• Practicing Harm Reduction means exploring safer ways of purchasing alcohol and drugs

• Harm Reduction tells us people use alcohol and drugs for reasons
Harm Reduction: Exercise in Specificity
(Not an easier, softer way for practitioners)

- Drug: amount, type, purity, legality, route of administration, mixing, frequency of use

- Set: expectations of the drug, reasons for using, biological factors, physical health, mental health or emotional state

- Setting: people you use with, places you use, stressors in life, support system, social and cultural attitudes toward drug use
Harm Reduction – What is my goal?

- I want to stop using alcohol
- In the next 3 months, I want to cut down how much alcohol I am using by 50% per night
- I want to identify people who fight when they drink and people who I think drink safely
“You may find yourself unable to tolerate any changes that have been deemed necessary. If this happens, identify something that is tolerable and manageable, even if it’s not necessary, and do that. Decide to use blue rolling paper instead of white for your joints. Change the pocket in which you store your cocaine. These changes may seem superfluous, but they are crucial to the harm reduction process. Making these small changes sets you on a path toward other changes, more necessary ones. Eventually you’ll discover that you’re not so rigid and fearful of change. It’s like limbering up your muscles. Your change muscle is way out of shape. Loosen it up a little with some inconsequential changes.” (Denning, Little & Glickman, 2004)
Introducing Clients to Harm Reduction

• Harm Reduction Group
• Every Thursday at 10:30
• Message different than abstinence-only groups like AA or NA
• Many clients attend AA or NA because they want to make some changes... but don’t want to stop using completely
Case Study: Nicholas Powers

- 56 years old
- Supportive Housing participant since January 2011
- 2 previous failed housing placements
- Heavy alcohol use
- Chronical medical condition
Harm Reduction: Housing Type

- Previous apartment
- Unit located downtown, blocks away from dozens of service provider agencies
- 1st floor unit
- Front door opens to street
- Only couple of feet from sidewalk
Harm Reduction: Geographical Cure?

- Current apartment
- 9 miles from downtown
- “Outside the Watterson”
- 2nd floor unit
- Front door opens to side of house
- Very removed from sidewalk
Housing Type Matters: Before and After

Chestnut / Downtown

Hazelwood / South End
Harm Reduction: Safely purchasing drug
Harm Reduction is a practice not a policy

• Home visit every Tuesday at 10:00am
• Social Worker and Peer Supporter go shopping with Nick
• Using Nick’s own money, service team helps Nick purchase food, beer and cigarettes for the week
We Finally Figured It Out...

- Nick very stably housed
- Rent is paid on time
- No landlord complaints!
- Nick able to build positive support system
- Attends Harm Reduction Group every Thursday
- Participates in home visit every Tuesday
- Connected with PCP (FHC Iroquois)
- Alcohol use is managed
- No need to borrow money
- Nick does not struggle with visitors taking over his unit
Thank You! Questions?

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Case Scenarios

What would you do?
What would you do?
Questions?
Thank you!

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