



HARM REDUCTION: CLIENT RELATIONSHIP

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BEST PRACTICE RECOMMENDATIONS:

- NEEDLE AND SYRINGE DISTRIBUTION (SAFEPOINT)
- FILTER DISTRIBUTION-BOSTON (AHOPE)
- ASCORBIC ACID DISTRIBUTION-BOSTON (AHOPE)
- ALCOHOL SWAB DISTRIBUTION-BOSTON (AHOPE)

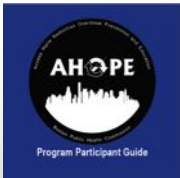



- [HTTP://WWW.MPHC.ORG/WHATWEDO/RECOVERY-SERVICES/SERVICES-FOR-ACTIVE-USERS/PAGES/SERVICES-FOR-ACTIVE-USERS-AHOPE.ASPX](http://www.mphc.org/whatwedo/recovery-services/services-for-active-users/pages/services-for-active-users-ahope.aspx)
- [HTTP://SAFEPOINTOHIO.ORG/ABOUT/](http://SAFEPOINTOHIO.ORG/ABOUT/)

HARM REDUCTION BEST PRACTICES

- SAFER CRACK COCAINE SMOKING EQUIPMENT DISTRIBUTION-BOSTON (AHOPE)
- HANDLING AND DISPOSAL OF USED DRUG USE EQUIPMENT (SHARPS CONTAINERS/SAFEPOINT)
- SAFER DRUG USE EDUCATION (1:1, BLUNT DISCUSSION)
- OVERDOSE PREVENTION-EDUCATION AND NALOXONE (REFERRALS TO HEALTH DEPT, AOD TX, SAFEPOINT)

(WATSON, STIRKE, ET AL, 2016)



HARM REDUCTION=RELATIONSHIP BUILDING

- "PROVIDERS SHOULD ACTIVELY AND ASSERTIVELY ENGAGE CLIENTS IN HARM REDUCTION STRATEGIES AND UTILIZE MOTIVATIONAL INTERVIEWING TECHNIQUES TO GUIDE THEM TOWARDS ACHIEVING THEIR STATED RECOVERY GOALS" (WATSON, SHUMAN, ET AL., 2017)
- -WE USE STAGE-WISE TREATMENT WITHIN OUR HOUSING/TREATMENT PLANS.
- -ENGAGE IN NON-JUDGMENTAL, EMPATHIC COUNSELING STYLE (MILLER & ROLLNICK, 2002)
- -MINDFUL AND RESPECT OF THE CLIENT'S HISTORY THAT MAKES THEIR ENTIRE SELF, TRAUMA, VIOLENCE, TBI, PRIMARY HEALTH ISSUES AND LOSS OF SUPPORTS ARE ALL COMMON WITH OUR POPULATION

HARM REDUCTION = RELATIONSHIP BUILDING

- UTILIZE BRIEF SOLUTION GOALS THAT ARE DOABLE AND INFORMED BY THE CLIENTS STATED GOALS AND DESIRE.
- "VERBALIZED INTENTION RESULTS IN AN INCREASED PROBABILITY OF BEHAVIOR CHANGE, PARTICULARLY WHEN IT'S COMBINE WITH A SPECIFIC PLAN FOR IMPLEMENTATION" (GOLLWITZER, 1998)
- -ALLOWING THE CLIENT TO DETERMINE WHAT RECOVERY LOOKS LIKE FROM THEIR/HER SELF
- ESTABLISH ----->
- -A PERSON MAY JUST WANT TO NOT USE HEROIN AND SMOKE MARIJUANA OR ONLY DRINK THREE TIMES A WEEK
- -OFFER AN BROWN-BAG LUNCHES FOR STAFF TO MEET AND WATCH VIDEOS OR PRACTICE IN SEVERAL TIMES A MONTH
- OFFER INTENSIVE CASE MANAGEMENT APPROACH THAT UTILIZES RECOVERY ORIENTED, TRAUMA INFORMED CARE AND APPLYING HARM REDUCTION PRINCIPALS (STREIBER/RODRIGUEZ ET AL, 2016)



YMCA DOWNTOWN: OUR APPROACH

- OUR MODEL IMPLEMENTS STRATEGIES THE FOCUS ON AN IDDT MODEL OF TREATMENT ALTHOUGH WE ARE NOT A MENTAL HEALTH AGENCY.



OUR APPROACH

- WEEKLY CLINICAL MEETING THAT REVIEW ADMINISTRATIVE PROGRAMMING AND SHARING OF IDEAS.
- A REVIEW OF TENANTS OF CONCERN WHERE A WHITE BOARD IS USED TO TRACK PROGRESS AND FOLLOW-UP
- A TEAM APPROACH TO OUR RESIDENTS, STRATEGIZING INTERVENTIONS AND BARRIERS TO PERMANENT HOUSING.
- WEEKLY OPERATIONS MEETINGS WHERE WE DISCUSS 3-DAY NOTICES, BEHAVIORAL ISSUES AND THE NEED FOR JOINT OUTREACH.
- AGGRESSIVE OUT/IN-REACH FOR RESIDENTS WHO ARE STRUGGLING
- OFFERINGS SUCH AS BENEFIT PLANNING AND EMPLOYMENT TRAINING/PLACEMENT
- CULTURAL COMPETENCY
- [HTTPS://HACACOLUMBUS.ORG/SOCIAL_SERVICES](https://hacacolumbus.org/social_services)
- [HTTPS://WWW.CENTREFORHARMREDUCTION.CA/EDUCATION/PRACTICES/5446/001](https://www.centreforharmreduction.ca/education/practices/5446/001)



PROBLEMS WITH IMPLEMENTING HARM REDUCTION IN A HOUSING FIRST PROGRAM



- GROWING PAINS: THE YMCA HAS MOVED TO A HARM REDUCTION MODEL AT OUR PERMANENT SUPPORTED HOUSING SITES (40 WEST LONG & FRANKLIN STATIONS). ISSUES WITH EDUCATING BOTH CLINICAL AND OPERATIONAL STAFF.
- "LOW BARRIER ENTRY REQUIREMENTS ALLOWING ACTIVE SUBSTANCE ABUSERS W/O THE HARM REDUCTION STRATEGIES TO KEEP THEM HOUSED" (WATSON, 2017)
- MOVING FROM A SUBSTANCE-FREE PROGRAM TO HARM REDUCTION CAN/WILL CAUSE ISSUES WITH OTHER RESIDENTS WHO ARE USED TO DRUG-FREE ENVIRONMENTS EVEN IF THE ENVIRONMENT WAS NEVER DRUG/ALCOHOL FREE.
- "IF THE SUBSTANCE ABUSE BECOMES PROBLEMATIC—ENDANGERING THE HEALTH OR SAFETY OF THE CONSUMER OR OTHER RESIDENTS—THE HF PROGRAM WILL STRONGLY URG TX." (HENWOOD ET AL, 2014)
 - LACK OF BUY-IN FROM STAFF.
 - SOMETIMES IT IS NOT A GOOD FIT

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