

Understand, Prepare, React : Preparing Your Program


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History of housing and the downtown YMCA

- ▶ The Columbus Downtown was created to house low-income males, providing a safe, affordable and clean environment that provided housing, food, social activities and employment.
- ▶ The YMCA has 400 single-room-occupancy (SRO), we are the largest SRO with PSH housing in the country
- ▶ The rooms are split among a variety of programs, including PSH (roughly 135 rooms), Returning Home Ohio (RHO, 23 rooms), Alvis House (100 rooms) and regular residents who pay market rent.
- ▶ The YMCA has traditionally been an abstinence only building until 2016.

Downtown YMCA and Harm Reduction

40 West Long Street



Programing and harm reduction

- ▶ Transitioning from an abstinence only model to harm reduction has been difficult for both staff and residents.
- ▶ We have been mostly hiring social workers through staff attrition
- ▶ We ask about harm reduction philosophy as a part of our interviewing process
- ▶ (poll question: do you know what harm reduction is?)

Permanent Supportive Housing Program and Harm Reduction

- ▶ We have 30-40 new clients a year in our PSH program serving nearly 180 per year
- ▶ All PSH clients have a disability with the primary being addiction, the majority are dually diagnosed
- ▶ Our average age is 41 while are regular non-resident participants trend a little older
- ▶ Thus, our residents come into the building with an extensive history of addiction and substance abuse
- ▶ We are in the process of collecting data on our residents to better provide services
- ▶ There has been tension between long-standing regular residents and program residents, this tension revolves around substance abuse and the behavior that stems from the use.
- ▶ What do we do to help lesson this tension?
- ▶ (poll question: do you agree with the principals of harm reduction? 1) completely 2) mostly 3) some 4) none

Harm Reduction and Housing First, goals for PSH

- ▶ "(the) model is best characterized as a constellation of interventions and approaches with the goal of reducing the negative effects associated with substance abuse through small achievable steps" (Mancini, 2008; Benning, 2001)
- ▶ "practitioners utilize assertive outreach and engagement and motivational strategies such as education, resource allocation and client support to minimize the primary and secondary harmful effects of alcohol and drug use (overdoses), spread of infectious diseases, victimization, criminal activity, homelessness and violence" (Mancini, 2008)
- ▶ Poll question: What are the biggest barriers in helping your residents? 1) ongoing substance abuse 2) lack of health care 3) staff training 4) mental health 5) all of the above 6) other (comments)

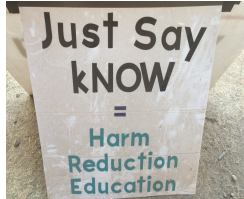


Harm Reduction and Housing First, goals for PSH

- ▶ "Small Achievable Steps"-this approach fits into the Stages of Change model
 - ▶ Assertive out/in reach-we contact our residents at least once a month and the goal is once weekly
 - ▶ We staff our residents twice a week, utilizing a white board to discuss Tenants of Concern(TOC) that is tracked on an excel sheet
 - ▶ There are two types of meetings to discuss residents: Clinical staff and Operations, where client concerns are discussed
- ▶ TOC-are residents that are at risk of losing housing, have health care issues, active drug users, mental health care issues, legal and elderly or cognitively impaired.
- ▶ Intervention strategies are discussed and updated
- ▶ If a resident is at risk of losing housing due to behavior that violates his lease and or failure to pay we utilize a Housing Retention Plan (HRP).
 - ▶ HRP is constructed with input from the resident, case manager and an operations member.
 - ▶ The operations team member shares concerns and expectations but does not provide clinical input.

Harm Reduction and Housing First, PSH Housing--Interventions

- ▶ Every resident is provided educational literature about Harm Reduction
- ▶ Residents must sign a form stating they are moving into a Harm Reduction facility
- ▶ All staff undergo Harm Reduction training
 - ▶ All Clinical staff have more extensive HR training



Harm Reduction and Housing First, PSH Housing--Interventions


- ▶ Consistent interaction is the most meaningful method of building rapport
- ▶ Frequency of interactions (intervention) between case manager and client improve outcomes (Hawkins, 2017)
- ▶ The VA IDDT model suggests two visits per month for dual-diagnosed clients (Portner, 2015)
- ▶ YMCA clinical staff are available six days a week and have late night hours
- ▶ YMCA operations staff are available 24 hours a day and provide shift reports to both operations and clinical staff to help assist clients
- ▶ Linkage to mental health, substance use disorder (SUD) treatment are paramount for staff and clients
- ▶ Clients are also encouraged to take part in residential housing groups such as the Resident Advisory Board which meets to provide feedback and ideas for programs and housing

Harm Reduction and Housing First, PSH Housing--Interventions

- ▶ Utilization of community programs to help reduce overdoses and risk factors
- ▶ The YMCA conducts several public Naloxone trainings with the partnership of the Columbus Health Department, staff are required to attend and residents are encouraged. Naloxone is distributed after these trainings.
- ▶ Residents and staff are made aware of Naloxone at the front desk
- ▶ Residents who overdose are met by staff and encouraged to discuss treatment options
- ▶ Partnership with Maryhaven Crisis Stabilization Unit to do direct referrals for clients who are struggling with opioid
- ▶ Clients are encouraged to utilize Safepoint which is the Franklin County Syringe exchange, offering HIV & Hepatitis C testing, wound care, safe sex materials and support

Harm Reduction and Housing First, PSH Housing--Interventions

- ▶ Educating residents and staff on rises in drug overdoses
 - ▶ The Columbus Health Department and Coroner's Office will release health emergencies when there is an uptick in overdoses, we post these warnings for our residents.
 - ▶ Helping staff and residents know what types of drugs look like
- ▶ Fentanyl has a different color than heroin. Fentanyl and Carfentanyl tend to be snowy shiny white and when cooked it can appear to have a yellow hue. Clear or if combined with other substances it can be cloudy- if it is cloudy it is highly dangerous. Heroin will tend to look like the ice tea or have a darker color when cooked.
- ▶ Best practice for safety: users should look (users) a small amount before use. If the color or appearance with someone else's use is different, it is not safe. The most common way of identification, if users are still going to use please recommend that they use some of the safety tips. Test strips are available for free in Columbus at all Waterfronts in Staff. The person just needs to ask for some. I will try to obtain some for the YMCA and shelter.
- ▶ While many users utilize the same dealers, the marketplace can change within the hour- it is highly volatile, so the recommendation is to test before use.
- ▶ Because of the cross pollination of drug overdoses are getting more severe, some relating to diazepam, which can mean that naloxone is not effective since the victim can not breath in the medication, when this happens the first responder should cover the mouth with one hand and blow hard into the nostrils, this usually pushing the naloxone into the nasal cavity. It is important to quickly stop back as reversal could be instantaneous.



References:

- ▶ Hawkins, E., Lott, A., Malte, C., Frank, A., Hamilton, B., Sayre, G., Painter, J., & Baer, J. (2017) Patients' perspectives on care management services for complex substance use disorder. *Journal of Addictive Diseases*, 36:3, 193-206.
- ▶ Mancini, M., Linhort, D., Broderick, F., & S. Bayliff. (2008) Challenges to implementing the harm reduction approach. *Journal of Social Work in the Addictions*, 8:3, 380-408.
- ▶ Portner, J., personal interview. April 2016.

Contact and other sources

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Harm Reduction Coalition <https://harmreduction.org/>
Ohio Department of Health <https://www.odh.ohio.gov/health/vjpp/drug/dpoison.aspx>
National Institute of Drug Abuse <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>
Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/>
