



HOUSING FIRST & OPIOID USE


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PATHWAYS TO HOUSING PA

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Safety Considerations

- Small Groups
- What are the major safety issues you face serving individuals with Opioid Use Disorder?
- What creative ways have you heard how organizations are including individuals coming out of homelessness with opioid use disorder?



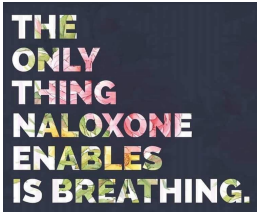
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Let's think about risk/harm

What are some examples of ways people weigh potential risk in everyday life?

How do we reduce those harms?

Are there judgments associated?



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'Enabling???'

"If making life worse for people is the best way to spur recovery, poor folks, homeless people and prisoners should be the most likely to succeed in treatment. But again, research shows that people with more resources and support do better — not those who are in the direst straits."

-Maia Szalavitz [Why it's not 'enabling' to make drug use safer](#)
March 13, 2018

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Pathways
to Housing PA

Providing Homes: We have housed and supported more than 430 people who have been marginalized: 25% are seniors, 40% are veterans, and 85% remain housed after 5 years.

Restoring Health: People with serious mental illness die 25 years earlier than the average American. To change this, we offer an Integrated Healthcare Program providing low barrier primary care services, medication management, and the coordination of psychiatric and addictions services.

Reclaiming Lives: It is one thing to live in the community and quite another to be part of the community. We help participants get to know their neighbors, discover and utilize resources within their neighborhood, and reconnect with their families.

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Pathways
to Housing PA

Mission

Empowering people with disabilities to improve their housing stability, achieve better health, and reclaim their lives.



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Housing First Principles & Core Values

1. Immediate access to permanent housing with no housing readiness requirements.
2. Participant choice and self-determination.
3. Recovery Orientation
4. Individualized and participant-driven supports
5. Social and Community Integration



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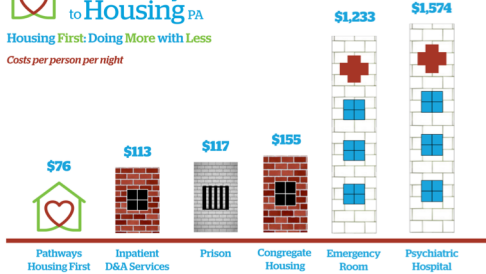
Yes, I'm actually putting up a slide of Maslow's Hierarchy of Needs.



Retrieved from <http://theskooloflife.com/wordpress/self-actualization-in-the-maslow-hierarchy/>

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Pathways to Housing PA
Housing First: Doing More with Less
Costs per person per night



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Briefly what is harm reduction?



- A pragmatic and compassionate philosophy that accepts the reality that people may engage in high risk behaviors
- A set of practical strategies and ideas aimed at reducing negative consequences associated with those risks
- A movement for social justice built on a belief in, and respect for, the rights of people who use substances or engage in higher risk activities



HARM REDUCTION IS AN INCLUSIVE UMBRELLA



Safer Techniques - Managed Use - Total Abstinence

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Harm Reduction is Not...

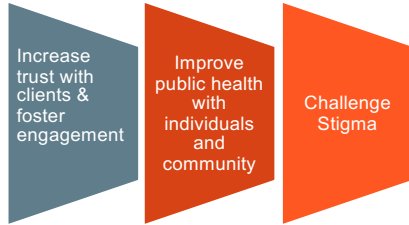


- Does not mean "anything goes"
- Does not condone, endorse, or encourage drug use or high risk behaviors
- Does not exclude or dismiss abstinence-based treatment models as viable options
- Does not attempt to minimize or ignore the harms associated with licit and illicit drug use, sexual activity or other risks

What is a Ulysses Pact? How does it fit in all this?

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Outcomes of Harm Reduction



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Philadelphia Context

900 fatal overdoses in 2016, **1,200+ fatal overdoses in 2017, 1,100+ fatal overdoses in 2018**
(Philadelphia Medical Examiner's Office)

14,000 in publicly-funded treatment for opioid dependence
(Philadelphia Community Behavioral Health/Behavioral Health Special Initiative)

55,000 with off label use of prescription opioids
(2016 National Survey on Drug Use & Health)

55,000 using heroin
(2017 NSDUH, BHSI)

150,000 adults receiving more than 1 opioid prescription in a year
(PA DHS, Aetna, US Census)

Potency – long *reputation* for having cheapest and purest heroin on the east coast

Fentanyl – Consider everything "tainted"

Synthetic Cannabinoids/Methamphetamine

Adapting overdose response to ever changing drug combinations

Significant **intersection of homelessness and opioid use** – one of the main common factors in those on the street in recent years

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OUO Teams Launched in 2016

Newer Program Focused on Chronically Homeless Individuals with Severe Opioid Use

- Housing First apartment units with *modified* Assertive Community Treatment (ACT) services that wrap around the person in the community

Street to Home with NO preconditions

- New and rocky ground for us - Bringing all of our services, including treatment access, to the streets.



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What's Different?

How do you work with people who use opioids differently, when you are used to working with people with serious mental illness?

Core competencies of Housing First AND:

- Assertive Street Outreach
- Syringe Access Referral & Support
- Naloxone Disbursement
- Specialized Training
- On-site/off-site Medication Assisted Therapy through Pennsylvania 21st Century CARES ACT Funding.
- When people have interest in treatment at any level, we need immediate access
- Continual Safety Reassessment

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What's Different?

- Medical services need to routinely screen for, and we need to be ready to treat; Hep C, HIV, abscesses, infections, STDs, etc.
- WORK WITH ROCK STAR MEDICAL STAFF!
- Respond to Trauma and PTSD appropriately
- Scattered Site Model Poses both Strengths & Challenges
- Reducing use of opioids may mean increase of another substance
- People's schedules around use can revolve around getting "well"
- We have needed to adapt to work on their schedule

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Expanded Partnership

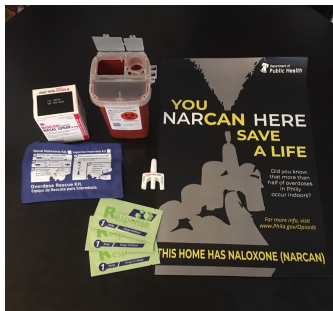
- Centers of Excellence in Opioid Treatment partnership grant with Pathways, Prevention Point and Project HOME Health Services (FQHC) allows us to expand MAT access, health services, MAT Case Management
- Partnerships with HIV & Infectious Disease Clinic Providers are Crucial
- Overdose Prevention – 100% of participants have highly individualized overdose prevention plans
- Partnership allows for creativity based on the person's needs, interest
- Addition of Harm Reduction Peer Specialist to do HR based peer work in the community and connect to resources
- Informs rest of staff, targeted care

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Examples of harm reduction at Pathways & OUD Teams

Naloxone Training and equipping for EVERYONE	Repeated overdose education and safety planning
Education of safer usage practices	"Don't Use Alone" & managing guests when things get chaotic
Safer practices for sex work	Money management for substance use
Developing ideal use plans	Educating on Good Samaritan Laws
Low profile coaching for housing retention	
Drug, Set, Setting	

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Examples of harm reduction supplies:

- Sterile Syringes/Works Kits
- Wounds Care
- Safer Smoking Kits
- Fentanyl Test Strips
- Naloxone
- Safer Sex Supplies
- Sharps Boxes

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Harm Reduction Based Support

- Diverse Staff Backgrounds including treatment, lived experience, outreach, counseling, PEERS!
- Encourage when abstinent but have back up safety plan for reoccurrence of use
- Celebrate Any Positive Change!

SAFETY TIPS:

- USE WITH SOMEONE ELSE:** If you overdose, it's important to have someone around to help.
- TAKE TURNS USING:** Be prepared with naloxone and have a phone on hand in case you need to call 911.
- TEST YOUR DRUGS:** Use a small amount first to see how strong your drugs are.
- CARRY NALOXONE:** Show others where it is and how to use it. More than one dose may be needed.
- AVOID MIXING DRUGS:** Mixing drugs — including alcohol — increases your risk of overdose.

Drug Policy Alliance, 2017

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Housing Retention Strategies

- Low Profile Coaching Housing
 - Org Code's [Guest Policy](#), Outside Partners, Selective Use of Housing Stock
- Enforcement with housing moves
 - Careful use of leadership staffing/peers/housing related staff
- Collaborative Case Conference and Behavioral Contracting
- Motivational Interviewing Techniques to Elicit Treatment Goals
 - Majority of participants desire abstinence
 - Work with the practical
 - Initially forcing the issue will prevent engagement

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Impacting Mortality on High Risk OUD Teams

- 10% Mortality VS Close to 20-25% Mortality of Unserved Individuals with OUD
- High Risk Points -System Specific Responses- Leaving Jail, TRMT, Hospital
- 5-Wishes Tool
- Constant Morality-Free Education on Harm/Risk/Consequence
- Case-by-Base-Case Overdose Prevention Goal Planning
- Swift Response with Medical Staff with Significant Status Change/Triggers/Use Patterns
- UNIVERSAL SAFETY PLANNING

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Safety Planning

The Safety Plan is for the participant. Having their own original is 1st priority:

- Best if done prior to crisis
- Intake is a great time and can be reviewed at crisis or change points
- Should be completed for all participants
- Include Overdose Prevention/Naloxone and Lead-In for OD Goal Planning

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PTHPA Safety Plan

1. What are the signs that I might be in a “bad” or dangerous place for myself or others?
2. Things I can do myself to take my mind off my problems
3. People who can help distract me if I’m feeling unsafe
4. Places I can go to take my mind off things
5. Things I can do to make the area around me safe
6. Professionals or agencies I can contact during a crisis (list local resources, hotlines, etc.)
7. Substance Use (if applicable)
8. Other (Could be a place for sequencing what to do with this info in a crisis)

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Philadelphia to Housing PA
Personal Safety Plan

Participant Name: _____ Date: _____

What are the signs that I might be in a “bad” or dangerous place for myself or others?

1. _____
2. _____
3. _____

Things I can do myself to take my mind off my problems

1. _____
2. _____
3. _____

People who can help distract me if I’m feeling unsafe

1. Name _____ Phone # _____
2. Name _____ Phone # _____
3. Name _____ Phone # _____

Places I can go to take my mind off things

1. Place _____
2. Place _____

Things I can do to make the area around me safe

1. _____
2. _____

Professionals or agencies I can contact during a crisis

In an emergency, call 911

1. Name _____ Phone # _____
2. Name _____ Phone # _____
3. Pathways to Housing On-Call # (215) 590-1200 (Not for emergencies)
4. Local Crisis Response Center _____
5. Professional Crisis Response Center _____
6. **WARNING: 911-ONLY NUMBER (800) 762-7669: Please hang up to talk to people who can listen to you.**
7. Crisis Intervention Hotline (24 hrs, 800-688-0101) (Suicidal, violent, or substance use crisis help)
8. Suicide Prevention Lifeline 1-800-273-8255 (24/7) (Suicidal thoughts or actions)
9. Philadelphia Domestic Violence Hotline 1-800-725-3838 (Suicidal thoughts or actions)

Substance Use

1. Have you ever used heroin, crack, poppers, marijuana, pills, etc? _____
2. Have you ever used alcohol or any substance that worried you? Y/N _____
3. What are the signs of an overdose & what do you do if one happens? _____
4. Have you heard of Naloxone? Y/N _____
5. Have you ever been treated for Naloxone? Y/N _____
6. Naloxone is a very simple overdose rescue medication. Would you like to be trained on how to use it? Y/N _____
7. Have you been trained, do you have Naloxone on you now? Y/N _____
If you would like to be trained, ask one of your team members to set up an appointment.

Others:

Please keep this in a place where you can easily see it. Your team will also keep a copy for their files.

Adapted from: Murphy, A. & Brown, K. (2012). Safety planning intervention: A brief intervention to mitigate suicidal risk. Cognitive and Behavioral Practice, 19, 44-59.

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Additional Outcomes

- 100% of participants equipped with naloxone & OD Prevention Plans
- Utilizing harm reduction-based strategies
- Vocational/Meaningful Activity
- Benefit & Income Enrollment
- Significant Reduction in Accessing Acute Care, Forensic System Involvement, Crisis Response

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Success

- Since Fall 2016 about 150 people, who were viewed by city entities as "most likely to die on the streets", have been housed and are working on their own wellness
- 96% have retained that housing.
- 53% are voluntarily in some form of MAT
- Participants trended toward MAT over time with 45% receiving MAT during the first 6 months of housing and with 62% using MAT or being abstinent after 6 months of housing
- Vast majority are engaged with primary care at PTHPA (50%) or outside providers
- Result is addressing chronic health conditions such as Hep C clearance, HIV care, and 61% engaged in on-site psychiatric care

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Contact info

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Citations

- Christie, T., Crooks, L., & Sweet, W. (2008). Virtue ethics as an alternative to deontological and consequential reasoning in the harm reduction debate. *International Journal of Drug Policy*, 19(1), 52-58.
- Hawk, M., Coulter, R. W., Egan, J. E., Fisk, S., Friedman, M. R., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. *Harm reduction journal*, 14(1), 70.
- Harm Reduction Coalition - Retrieved from <http://harmreduction.org/>
- Metraux, S., Cusack, M., Graham, F., Metzger, D. S., & Culhane, D. P. (2019). An Evaluation of the City of Philadelphia's Kensington Encampment Resolution Pilot.
- Pauly, B. B., Reist, D., Belle-Isle, L., & Schackman, C. (2013). Housing and harm reduction: What is the role of harm reduction in addressing homelessness?. *International Journal of Drug Policy*, 24(4), 284-290.
- Stanley, B., & Brown, G.K. (2011). *Safety planning intervention: A brief intervention to mitigate suicide risk*. *Cognitive and Behavioral Practice*, 19, 256-264.
- Szalawitz, M. (2016) Why it's not enabling to make drug use safer. *Washington Post*, March 13, 2016
- Tsemberis, S., Goulet, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651-656.
- White, W. L., & Popovits, R. M. (2001). Critical incidents: Ethical issues in the prevention and treatment of addiction.
- Watson, D. P., Orwat, J., Wagner, D. E., Shuman, V., & Tolliver, R. (2013). The housing first model (HFM) fidelity index: designing and testing a tool for measuring integrity of housing programs that serve active substance users. *Substance Abuse Treatment, Prevention, and Policy*, 8(1), 16.
- Watson, D. P., Shuman, V., Kowalsky, J., Golembiewski, E., & Brown, M. (2017). Housing First and harm reduction: a rapid review and document analysis of the US and Canadian open-access literature. *Harm reduction journal*, 14(1), 30.