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?

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?
‘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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Mission
Empowering people with disabilities to improve their housing stability, achieve better health, and reclaim their lives.
Housing First Principles & Core Values

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

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


Pathways to Housing

Housing First: Doing More with Less
Cost per person per night

- $76
- $113
- $177
- $355
- $1,233
- $1,574

Pathways to Housing
Inpatient D&A Services
Prison
Congregate Housing
Emergency Housing
Psychiatric Hospital
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

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?
Outcomes of Harm Reduction

- Increase trust with clients & foster engagement
- Improve public health with individuals and community
- Challenge Stigma

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)
- 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

Holistic Unique Approach

OUD Teams

- Launch 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.
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
- Continued Safety Reassessment

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

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
Examples of harm reduction at Pathways & OUD Teams

- Naloxone Training and equipping for EVERYONE
- Education of safer usage practices
- Safer practices for sex work
- Developing ideal use plans
- Low profile coaching for housing retention
- Drug, Set, Setting

Repeated overdose education and safety planning
“Don’t Use Alone” & managing guests when things get chaotic
Money management for substance use
Educating on Good Samaritan Laws

Examples of harm reduction supplies:
- Sterile Syringes/Works Kits
- Wounds Care
- Safer Smoking Kits
- Fentanyl Test Strips
- Naloxone
- Safer Sex Supplies
- Sharps Boxes

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:

1. USE WITH SOMEONE ELSE: If you overdose, it’s important to have someone around to help.
2. TAKE THINGS SLOW: Be prepared with naloxone and have a phone on hand in case you need to call 911.
3. SET YOUR DRUGS: Have a small amount that you can take if needed.
4. SUPPORT OTHERS: Know others who use and how to use it. More than one dose may be needed.
5. SELF-RIGHTING DRUGS: Wrong drugs—including alcohol—increase your risk of overdose.
Housing Retention Strategies

- Low Profile Coaching Housing
  - Organ 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

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-Case Overdose Prevention Goal Planning
- Swift Response with Medical Staff with Significant Status Change/Triggers/Use Patterns
- UNIVERSEAL SAFETY PLANNING

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
**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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**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
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

● 98% 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
Citations


