NewYork-Presbyterian

THE BRONX HEALTH & HOUSING CONSORTIUM

Housing and Substance Use

July 19, 2019

Housing Instability Webinar Series

Part 1: The Intersection between Health and Housing	Wednesday, November 14, 2018	Click here to view webinar
Part 2: Navigating the Shelter System	Wednesday, December 12, 2018	Click here to view webinar
Part 3: Permanent and Supportive Housing	Wednesday, January 16, 2019	Click here to view webinar
Part 4: Affordable Housing	Wednesday, January 30, 2019	Click here to view webinar
Part 5: Eviction Prevention	Wednesday, February 20, 2019	Click here to view webinar

NewYork-Presbyterian

Developed in partnership with 1199SEIU Training and Employment Funds

THE BRONX HEALTH & HOUSING CONSORTIUM

Workshop Agenda	Facilitator(s)	Time
Check-In & Introductions	Patricia	2:00pm – 2:10pm
Overview of Substance Use and Homeless Services	Bonnie	2:10pm – 2:30pm
CUCS: Shelter Perceptive: case discussions, interventions, and strategies	Greggory	2:30pm – 2:55pm
Break	All	2:55pm – 3:05pm
CUCS: Supportive Housing Perspective: engagement strategies, maintaining housing, hospital collaboration	Luna	3:05pm – 3:30pm
Q&A / Open Discussion	All	3:30pm – 3:50pm
Evaluations	All	3:50pm – 4:00pm

Learning Objectives

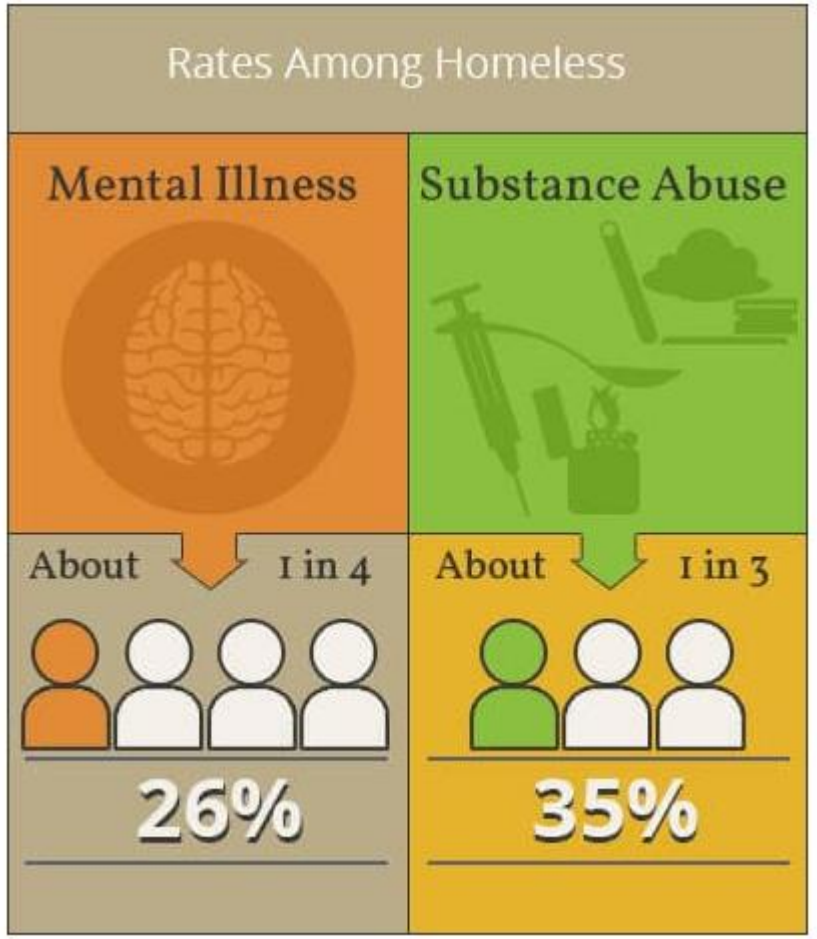
Attendees will be able to:

- understand and discuss the state of homelessness for people with substance use disorders
- discuss how supportive housing helps address homelessness for this population and how to access these programs
- learn about interventions for people with substance use and housing needs
- identify strategies on engaging people with substance use disorders/dual diagnosis
- describe the challenges of securing and maintaining housing for those with an active substance use disorder and how hospitals can work with housing providers

Substance Use and Homelessness

- The National Coalition for the Homeless (NCH) lists addiction and mental illness as two of the primary factors that lead to financial instability and the loss of permanent housing.

- The Substance Use and Mental Health Services Administration (SAMSHA) reports that approximately **26%** of homeless Americans have some form of mental illness and nearly **35%** are affected by substance use.



National Coalition for the Homeless, “Why are People Homeless?”, July 2009

Characteristics of Homeless People with SUD

- An estimated **50% of homeless adults with serious mental illnesses have a co-occurring substance use disorder (SUD)**.
- Homeless people with mental illness and SUD often have **acute chronic conditions**, including diabetes, liver disease, upper respiratory infections, TB, and HIV/AIDS.
- People with SUD who are homeless are likely to have arrest histories. **50% of all arrest of homeless people are related to drinking in public spaces.**
- Fewer than **one-quarter of individuals** who need treatment for alcoholism or the use of illicit drugs receives it.
- There is often a discrepancy between what homeless individuals want and what providers think they need. Homeless individuals may urgently want a job, housing, and help with housing resources. **Only 9% of homeless respondents to a national survey mentioned drug treatment as something they needed "right now".**

Healing Hands, A Comprehensive Approach to Substance Use and Homelessness, 2003
https://www.nhchc.org/wp-content/uploads/2012/02/hh-1003.pdf

Transitional Programs

Safe Haven *(congregate)*	• Housing and rehab services for hard to reach homeless population with SMI who aren't engaged in conventional housing/outpatient treatment • Outreach teams are usually the portals of entry for Safe Havens • NYC DHS

Crisis Respite Centers *(congregate)*	• Alternative to hospitalization for people experiencing emotional crises.
	• Stays for up to one week with access to group, recreational, peer support activities
	  • **Manhattan**: Community Access, Inc. - Crisis Respite Center
	  315 2nd Avenue New York, NY 10003, **Phone** : 646-257-5665, x 8401
	  • **Bronx:** Riverdale Mental Health Association/Mosaic Mental Health - Crisis Respite Center
	  640-642 West 232nd Street Bronx, NY 10463, **Phone** : 718-884-2992
	  • **Brooklyn:** Services for the Underserved - Crisis Respite Center
	  2118 Union Street Brooklyn, NY 11212, **Phone** : 347-505-0870 or 877-583-5336
	  OHEL – The Lodge Transitional Respite Bed Program; **Phone:** 1-800-603-OHEL (6435)
	  • **Queens:** Transitional Services For New York - Crisis Respite Center
	  80-45 Winchster Blvd. Queens Village, NY 11427, **Phone** : 718-464-0375
	  • **Staten Island:** St. Vincent's Transitional Respite
	  1216 Bay St., Staten Island 10305, **Phone:** (718) 982-4740
	• NYC DOHMH

Transitional Programs

Apartment Treatment *(Scattered-site and congregate)*	• Shared apartments in community for individuals with SMI or SUD who have moderate to high ADL skills. Staff visits as necessary to provide rehabilitative services designed to improve functioning and develop greater independence within 18-24 months • Typically 18+, Level II, must have Medicaid and/or SSI, SSD or be on public assistance. • NYC – HRA 2010e; NYS - OMH; Operated by non-profit agencies
Congregate Treatment *(congregate)*	• A single site residence that provides group living for adults, three meals a day, 24 hours per day supervision/ staff, and rehabilitative activities. • Typically 18+, Level II, Some providers require NY/NY eligibility • OMH, OASAS
Community Residences/Single Room Occupancy (CR SRO) *(congregate)*	• Chronically homeless, SPMI or SUD single adults with moderate ADL skills. Preference for those discharged from long-term psychiatric hospitalization. Some require NY/NY eligibility • Usually 2-5 years before they transition to more independent living. Level II • Some providers require a period of sobriety prior to admission and some insight into MH • OMH
¾ Houses aka Sober Homes *(congregate)*	• The congregate sites are not licensed by a NYS authority • There are at least 500 such “Sober Home” beds on Long Island and another 500 in NYC • Some are affiliated with OASAS-licensed outpatient clinics and require tenants to attend

Supportive Housing

NY/NY III *(scattered-site or congregate)*	• Affordable housing tied with supportive services • **Population A**: Chronically homeless single adults who suffer from a serious mental illness or who are diagnosed as mentally ill and chemically addicted (MICA). • **Population D**: Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a serious mental illness or a MICA disorder. • **Population E**: for chronically homeless single adults who have substance abuse disorder (SUD) that is primary barrier to independent living and who also have a disabling clinical condition (non-SPMI) that further impairs their ability to live independently. • **Population F**: for homeless single adults who've completed a course of treatment for substance abuse disorder and at-risk for street/ shelter homelessness • **Population G**: for chronically homeless families or families at risk of chronic homelessness in NYC in which the head of household has a substance use disorder, a disabling medical condition, or HIV/AIDS. • NYC – HRA 2010e
Empire State Supportive Housing Initiative (ESSHI)	• Services funding for people who are homeless or at-risk of homelessness and who have a substance use disorder (SUD) • Apply directly to the program but soon may go through CAPS • NYS OASAS

Supportive Housing

NYC 15/15 *(Scattered-site & Congregate)*	• **Population 1**: Chronically homeless single adults with a serious mental illness (SMI), a substance use disorder (SUD) (including those who are actively using or have started their recovery process within the last 12 months), or those who may have a co-occurring SMI and SUD. • **Population 2**: Chronically homeless families or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a SMI, SUD (including those who are actively using or have started their recovery process within the last 12 months), or those who may have a co-occurring SMI and SUD. • NYC HRA
Re-Entry PSH Initiative (*scattered-site)*	• Provides rental subsidies up to Fair Market Rental rates, case management, job development and job counseling services to parolees returning to their communities. • Eligible person must have substance abuse problems and being released on parole to NYC and would be functionally homeless if not placed in this PSH program. • NYC only – OASAS
Supported /Single Room Occupancy *(Congregate)*	• Permanent housing in SRO buildings. Chronically homeless single adults diagnosed with SPMI or diagnosed as mentally ill and may also have a substance use disorder. • NYC – DOHMH, DHS, HRA/HASA; • NYS – OMH • HRA 2010e applications required for special needs tenants only

Supportive Housing

Medicaid Redesign Team (MRT) *(Scattered site & Congregate)*	OASAS Rental Subsidies and Supports	• Statewide rental subsides and service supports for single adults who are high–cost Medicaid participants, chronically addicted, and homeless or at risk of becoming homeless. Services include intensive case management, job development and counseling services and clinical supervision of direct service staff. • https://www.oasas.ny.gov/housing/initiatives/MRT.cfm
	OTDA New York State Supportive Housing Program (NYSSHP)	• Provides operating funding for supportive housing programs that serve homeless persons with disabilities such as mental illness, chemical dependency, and/or HIV/AIDS. • http://otda.ny.gov/programs/housing/
	DOH Health Home Supportive Housing Program	• Enrolled in or eligible for Health Home (2+ chronic illness or SMI or HIV/AIDS and in need of support services) • High Medicaid utilization (defined differently program to program) • Apply directly to the program • 2018 Award Winners

NYS OASAS Housing Provider Directory

NYC Coordinated Assessment and Placement System (CAPS)

- CAPS is NYC's initiative to meet the HUD requirement of Coordinated Entry to ensure we are serving the most vulnerable clients and placing them into permanent housing
- Beginning with PSH but intent is to expand to other types of housing
- HRA leading CAPS development in PACTWeb
- Coordinated Assessment Survey is the entry point to CAPS
  - Universal assessment tool to determine potential eligibility for housing and/or rental subsidies
  - Required before beginning 2010e
- Standardized Vulnerability Assessment (SVA) prioritizes people as High, Medium or Low based on Medicaid utilization, systems contacts, and functional impairments

Coordinated Assessment Survey

- Universal assessment tool to determine potential eligibility for housing and/or rental subsidies
- Available to all users of the PACT system
- Required before beginning a 2010e at CHS sites, HASA centers, Street Homeless Solutions outreach teams and DHS single adult assessment and program shelters
- Developing an implementation plan for family shelters, a pilot in DV shelters and including new Rapid Rehousing (RRH) programs

Standardized Vulnerability Assessment (SVA)

Category/ Vulnerability	Medicaid Service Utilization within the past year	OR	# of System Contact and # of Functional Impairments within 2 years
High	Top 5% of Medicaid Utilization		At least 3 System Contacts and 3 Functional Impairments
Medium	Between 55% and 95% of Medicaid Utilization		At least 2 System Contacts and 2 Functional Impairments
Low	Below 55% of Medicaid Utilization		At least 1 System Contact and 1 Functional Impairment or NONE

CUCS center for urban community services

Rebuilding lives together

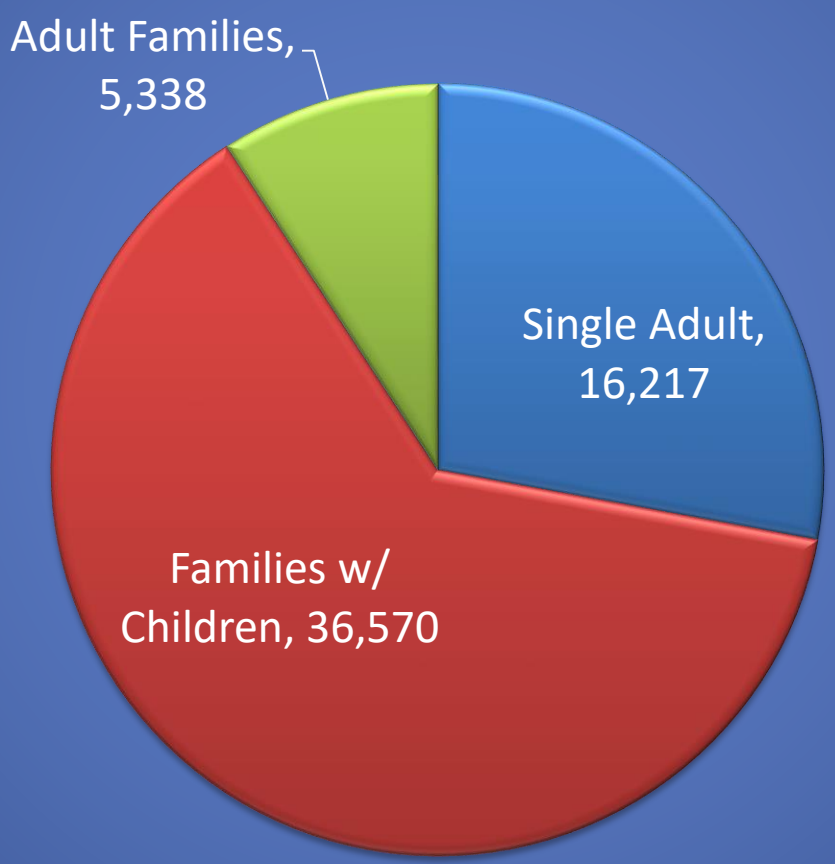
Housing & Active Substance Abuse

A Shelter Perspective

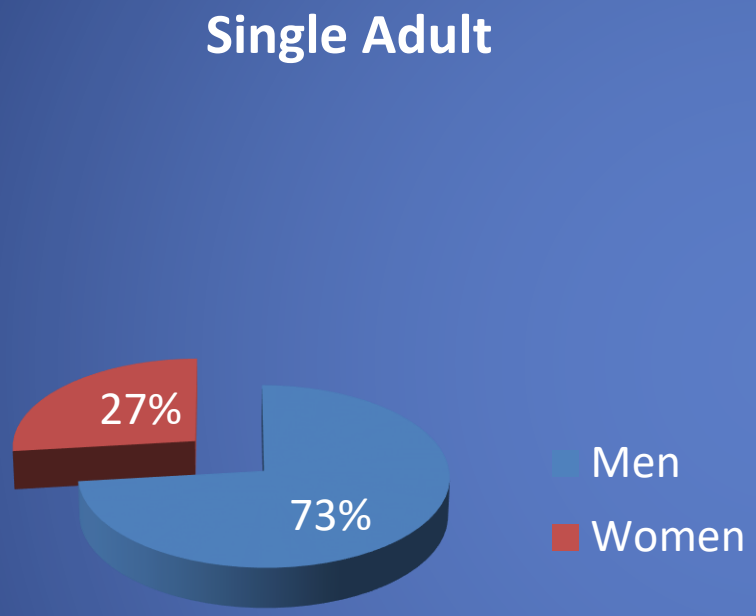
Brief Overview of Shelter Services in NYC

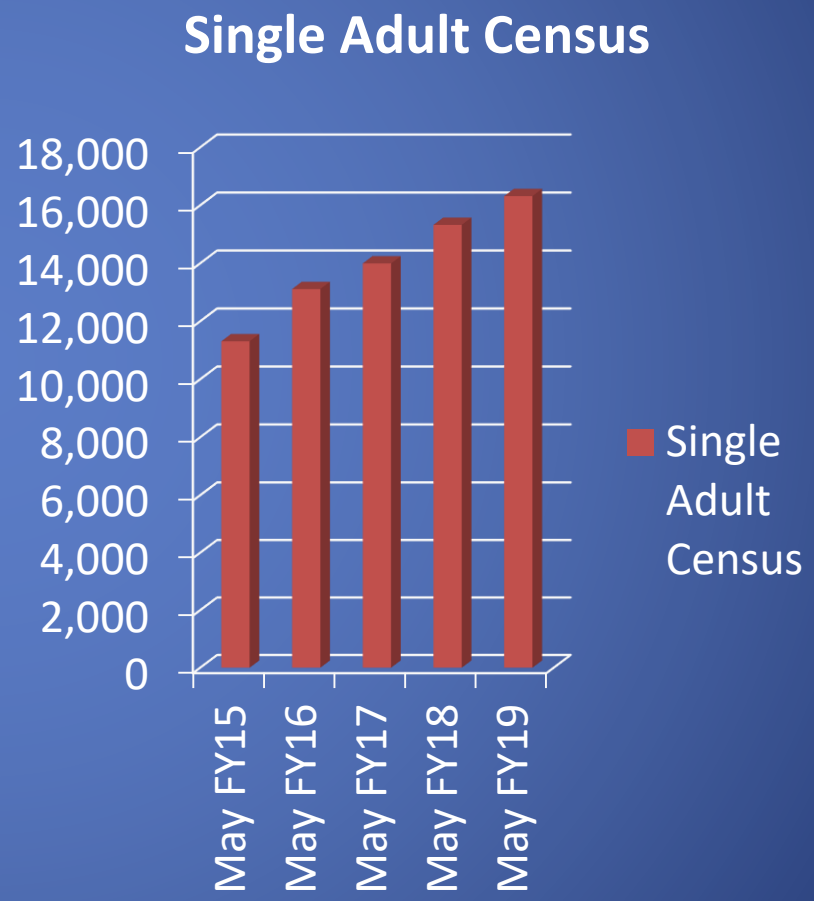
- NYC Department of Homeless Services provides the majority of temporary shelter in the city through directly run sites and sub contractors.
  - Small privately run shelter, HUD funded shelters.
  - Callahan v. Carey (1979) Callahan Consent Decree (1981)
- Census for the night of June 12th, 2019
  - DHS provided shelter to 58,125 individuals

Census Breakdown

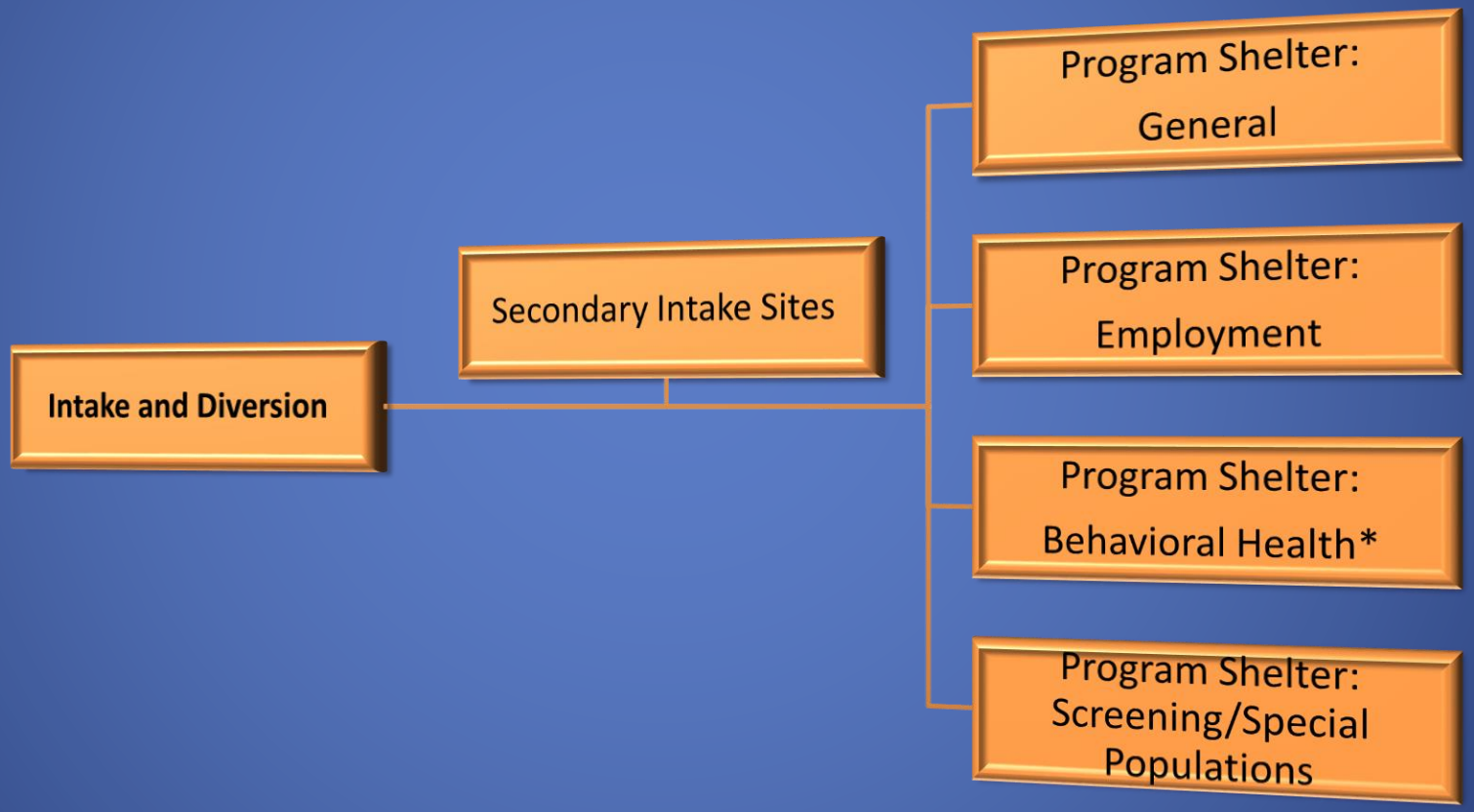


Single Adult Breakdown





Single Adult Structure



Delta Manor

- 101 Male Single Adult
- Screening/Special Populations
  - SPMI
- CUCS took over operation of the shelter in 2015.
- -Housing focused Case Management
  - On Site Psychiatric, Medical, LPNs
  - 24 Hour Clinical Staff

Case Presentation

- KR
  - 38 year old African American Male
  - Grew up in Foster Care, dropped out of school in the 11th Grade, few social supports
  - Has not been able to maintain employment or housing
  - Shelter history beginning as a child in 1991, single adult in 2004
  - Schizoaffective disorder - F25.9 (Primary), Cannabis abuse - F12.10 (K2), Intellectual disability - F79

KR Treatment History

- First arrived at Delta Manor August 2016
  - Psychotic and not medication compliant was sent to Bronx Lebanon
  - Placement from Bronx Lebanon to 30 day substance abuse rehab program
  - Disappeared until returning June 2017 and remaining at DM until present
  - psychiatrically stabilized in the shelter
    - Medication compliant, engaged in treatment, first 2010e completed for him in July 2017

Substance Abuse History

- Reports beginning consuming ETOH and THC at age 19
- Unclear at what age he began using synthetic THC (K2), was heavy user when he arrived at Delta Manor
- Since 7/2018 41 ER visits for acute intoxication or related sequelae
  - Lacerations, other physical injuries

Housing History

- 2010e Supportive Housing
  - Approved packet since July 2017
  - Level II Only
  - 9 housing interviews, all rejections
    - Several substance abuse related supportive housing sites e.g. Patchen House
    - Some reasons for rejection
      - “lacks insight into mental illness”, “needs a higher level of care”, “failed to demonstrate adequate skills to live in the community”

Interventions & Strategies

- Harm Reduction
  - Demonstrating stability
  - Realistic goals around limiting use versus abstinence
    - Particularly difficult for case workers
  - Non-judgmental approach
    - His life and his consequences
  - Assessing triggers and environmental factors
    - Realistic understanding of shelter environment
    - Occupying the day with activities
      - PROS; other programs
      - Ensuring that he has “safe” method to get to these activities
  - Money Management

Other Considerations

- Stage of Change for client
- Desire for housing
- Medical/psychiatric considerations
- Treatment options
  - Long term residential
  - Inpatient/outpatient

Conclusions & Final Thoughts

- No easy answers or solutions
  - Not a straight line
  - Emphasizing progress
  - Mitigating harm/encouraging stability
  - Realistic timelines
- Support starts and ends where people live

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A Supportive Housing Perspective

Housing First Model

A homeless assistance and harm reduction approach that provides permanent housing to those experiencing homelessness by providing a foundation from which they can pursue goals, sobriety and improve their overall quality of life.

Strategies on Engaging People with Active Substance Use Disorders/Dual diagnosis

Harm Reduction - Self-determination

- Non-judgemental/non-discriminatory counseling/case management
- Access to onsite medical and psychiatric providers
  - Integrative Intervention/Medication
- Assessment Evaluation/Crisis Management
- Referrals to Detoxification/In-patient/Outpatient Rehabilitation

Challenges in Securing and Maintaining Housing with an Active Substance Use Disorder/Dual Diagnosis

-Behaviors/Symptoms associated with substance use / dual-diagnosis

- Brief case example

-Mismanagement of funds

- Representative Payee, Budgeting Assistance

- Brief case example

How Can Hospitals Help

-Coordination of care with housing provider while hospitalized- both in the ER and while admitted.

-Referrals

-Discharge planning

-Brief case example

Conclusions

-Safe and stable housing foundation

-Harm Reduction

-Self-determination

-Communication/coordination of care with outside providers/hospitals

References

-National Alliance on Mental Illness, NAMI - https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis

-https://www.samhsa.gov

-https://endhomelessness.org/resource/housing-first/

Thank you and Evaluations!!