

Housing First:

Effectiveness of Harm Reduction at the Intersection of the Substance Use and Homelessness Systems of Care

From the Hawai'i State Department of Health Alcohol and Drug Abuse Division State Plan

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Department of Psychiatry
JABSOM University of
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Statewide Youth Network of
Care (HI-SYNC)



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Learning Objectives

After this session, participants will be able to:

- **Describe the current intersection of the homeless and substance use continuum of care in Hawaii**
- **List the evidence-based components of Housing First**
- **Identify recommendations for people experiencing homelessness who struggle with substance use disorder**



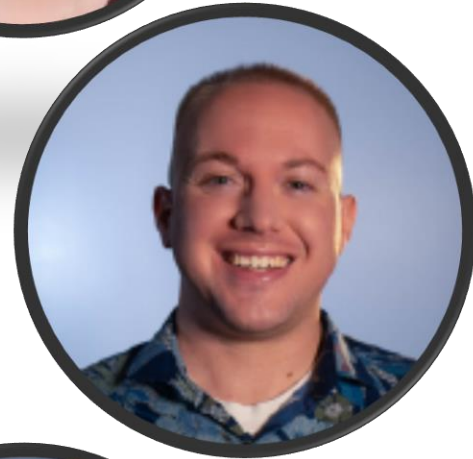
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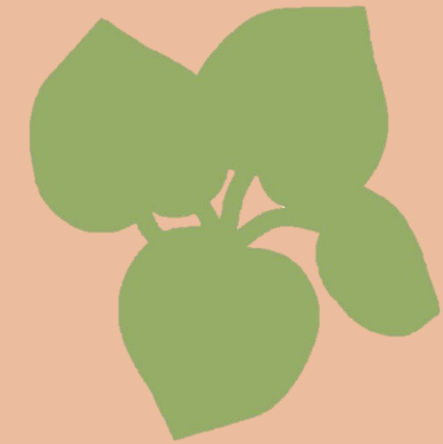
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ADAD State Plan for a System of Care

The goal of this project is to assist ADAD in updating its state plan, which states the division’s “efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance use services to meet the treatment and recovery needs of individuals and families and to address the prevention needs of communities.”

Data Analytics Core

UH Pacific Health Analytics Collaborative

Culture Case Study Core

Native Hawaiian Culture Case Study, Puni Ke Ola project

System of Care Implications Core

UH Department of Psychiatry & Chapter Leads

Emerging Adult Treatment Needs Assessment

UH Department of Psychiatry



SoC Chapters

The SoC Implications Core includes a set of reports which discuss the Systems of Care for the intersection of substance use and public sector or specific populations

Substance Use & Public Sector

Mental Health

Homelessness

Criminal Justice

Juvenile Justice

Violence (IPV, DV, CAN)

Substance Use & Populations

Rural

Native Hawaiian

Sexual & Gender
Minorities

Pregnant & Parenting
Women

Primary Care Integration

Background

For chronically homeless people in Hawaii who are also struggling with substance use, the *system of care itself* can present a barrier. While there is significant overlap between these two populations, there is a clear need for **integration**.

An important site of intervention

- Consistently ranking among the highest per capita rates of homelessness in the U.S.
- In 2022, 3,951 individuals on O‘ahu and 1,456 individuals on the Neighbor Islands are homeless according to the 2022 Point in Time count.
- The percentage of sheltered and unsheltered identifying as having substance use disorder (SUD) challenges is increasing.

Harmful systemic gaps impact our people

- Residential treatment programs may disqualify a homeless participant from accessing permanent supportive housing (PSH).
- Relapse may result in a housed client being exited from a housing program.

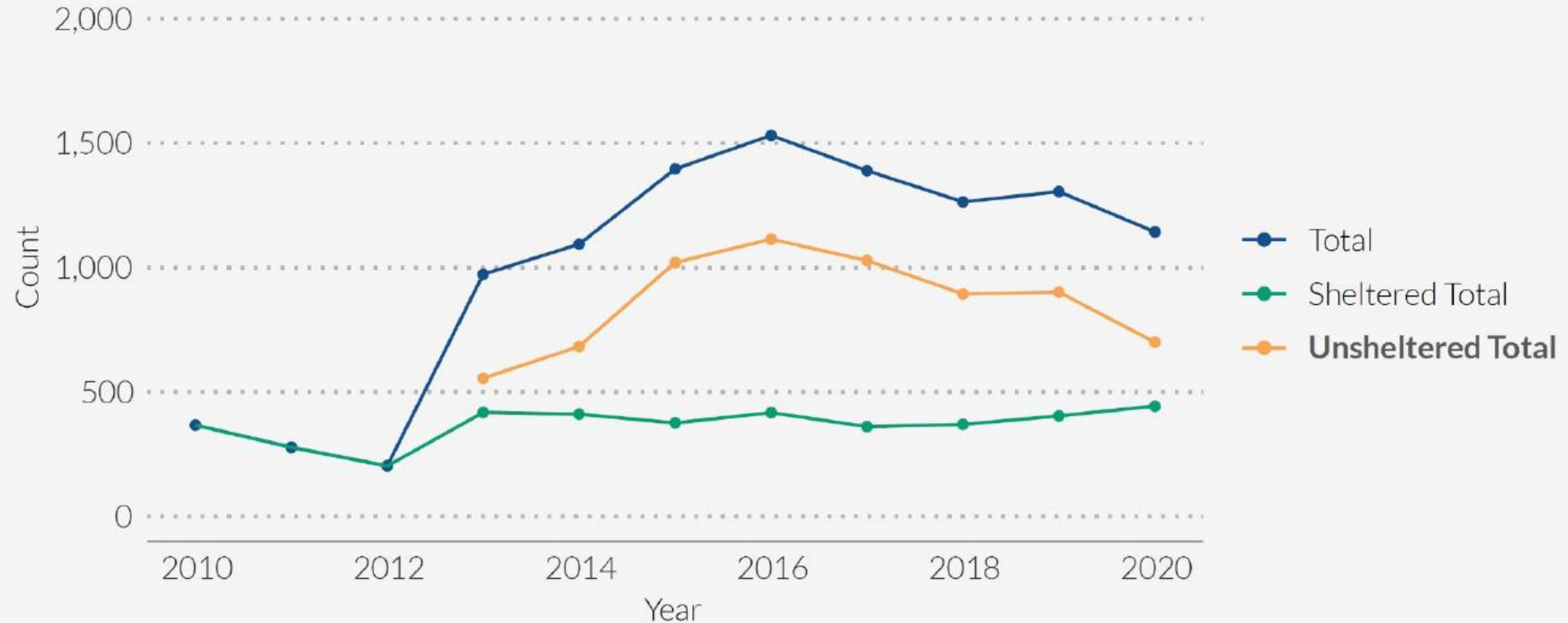
Housing First: Harm Reduction and Beyond

- Address both individual and social levels of trauma.
- Integrate substance use and homelessness Continuum of Care (CoC).
- Help clients to maintain eligibility for supportive services throughout their journey of care.



Substance Use, Abuse, and Dependence

Chronic Substance Abuse Among Individuals Experiencing Homelessness in the State of Hawai'i by Living Situation, 2010 - 2020



SOURCE: U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Homeless Assistance Programs Homeless Populations and Subpopulations Reports.



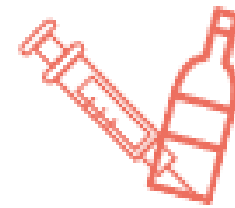
2022 Point in Time Count O`ahu

There is little data on the number of people who are houseless and struggle with substance use.

One recommendation in this chapter is for more SUD providers to collect housing status for system level coordination.



Unsheltered

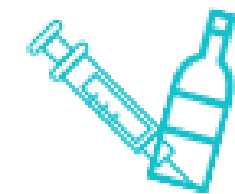


33%

(281)

of adults & UMs reported a **Substance Use Problem**

Sheltered



29%

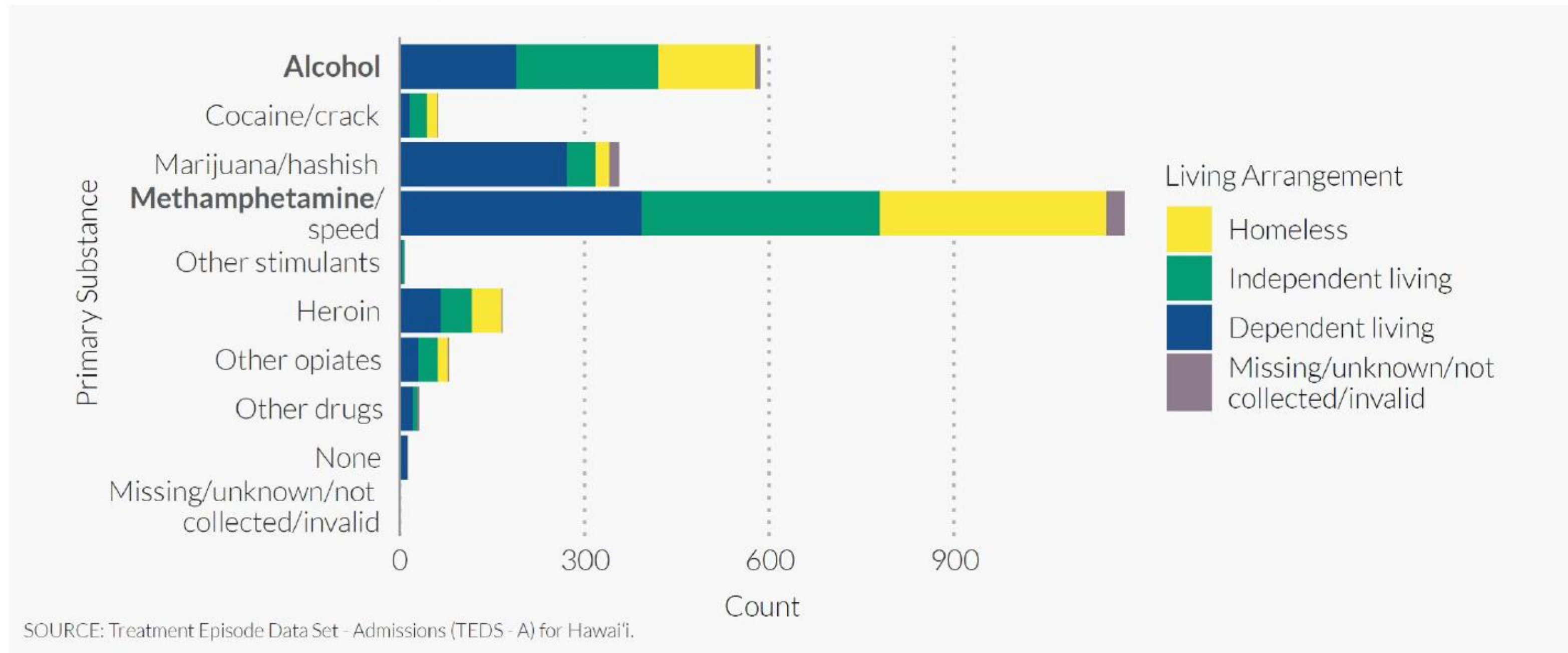
(333)

of adults & UMs reported a **Substance Use Problem**

Partners in Care. 2022 O`ahu point-in-time count
Care<https://static1.squarespace.com/static/5db76f1aadb3ba4fb77280f1/t/62c62130ccd2dc4cf406363f/1657151805818/2022+PIT+Count+Report+7.6.22.pdf>

Treatment

Treatment Admissions in the State of Hawai'i by Primary Substance Use and Living Arrangement, 2019



Individuals

- Co-occurring serious mental illness with substance use and homelessness
- Childhood trauma increases the risk for adverse health outcomes
- At Hawai'i syringe exchange program, 63.5% had an ACE score of 4 or higher

Communities

- Homelessness is a significant risk factor for large injection networks.
- Managed alcohol programs (MAPs) had opportunities for reconnection with family and friends
- Opportunity to reconnect with indigenous culture and traditions

Social Structure and SOC

- Historical trauma of annexation, minority stress, intergenerational ACEs
- Economic and structural factors contributing to crisis
- Criminalization of visible homeless

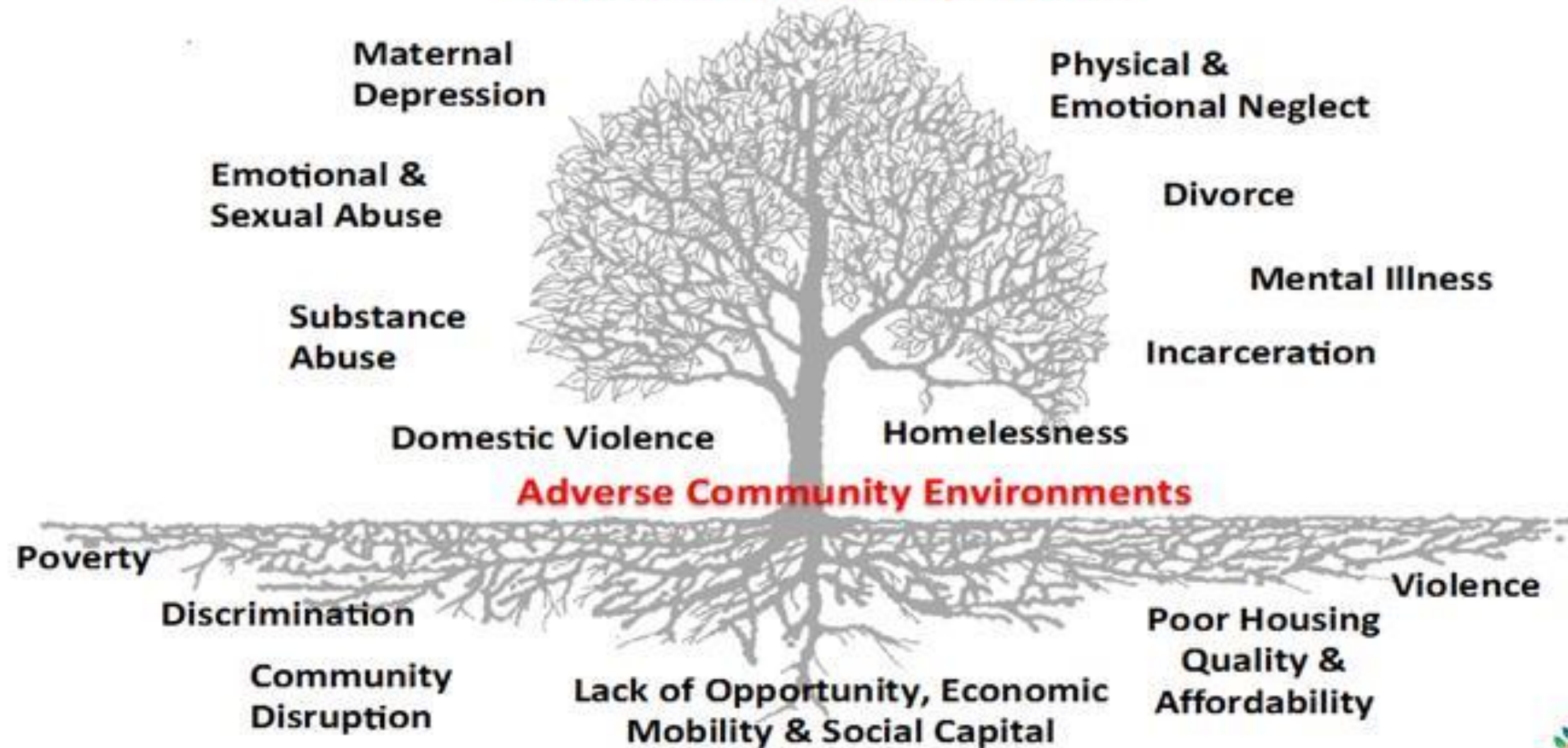
Social Ecological Model

The SEM is a useful conceptual framework to understand participants' needs within a larger context.



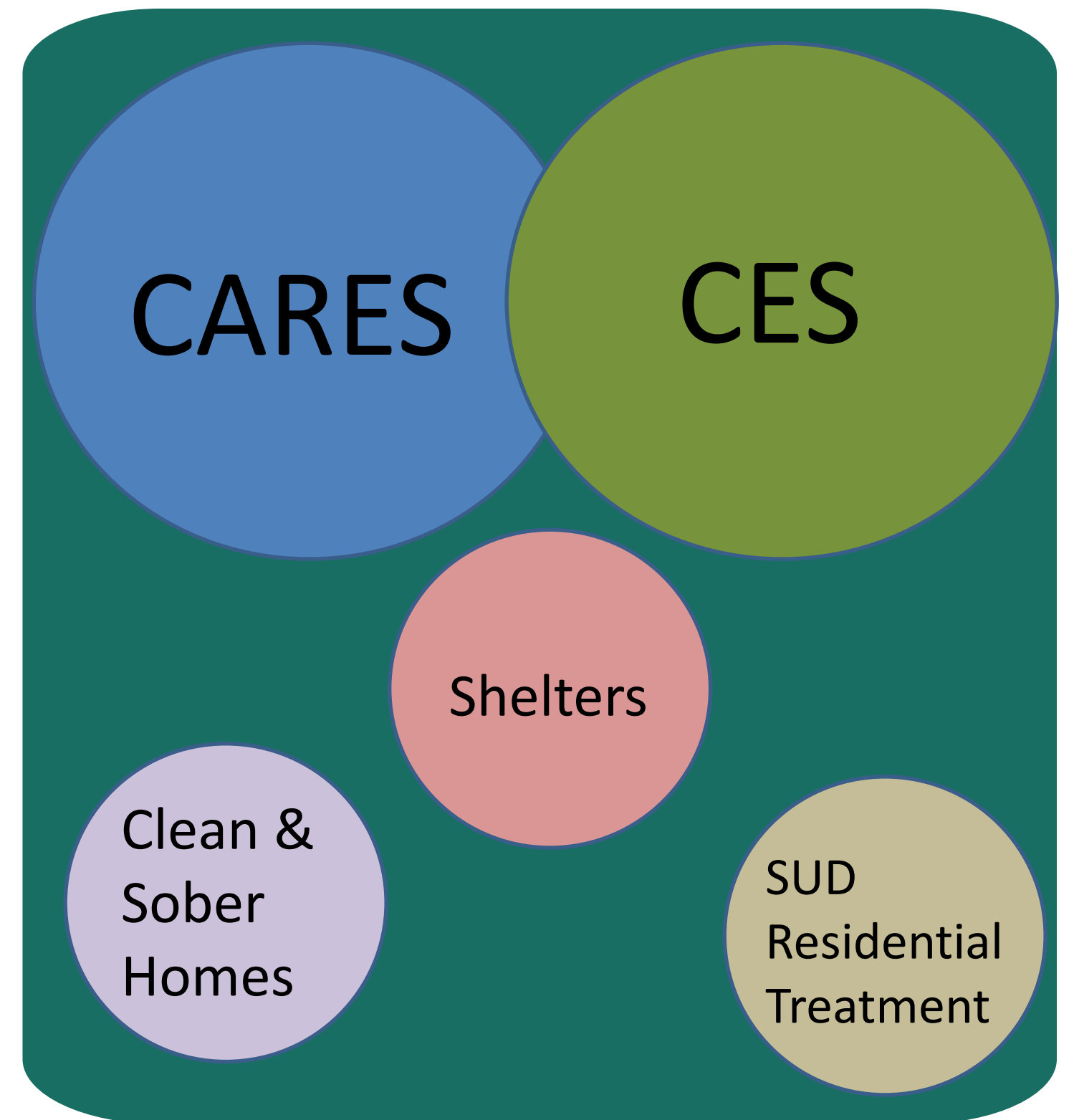
The Pair of ACEs

Adverse Childhood Experiences



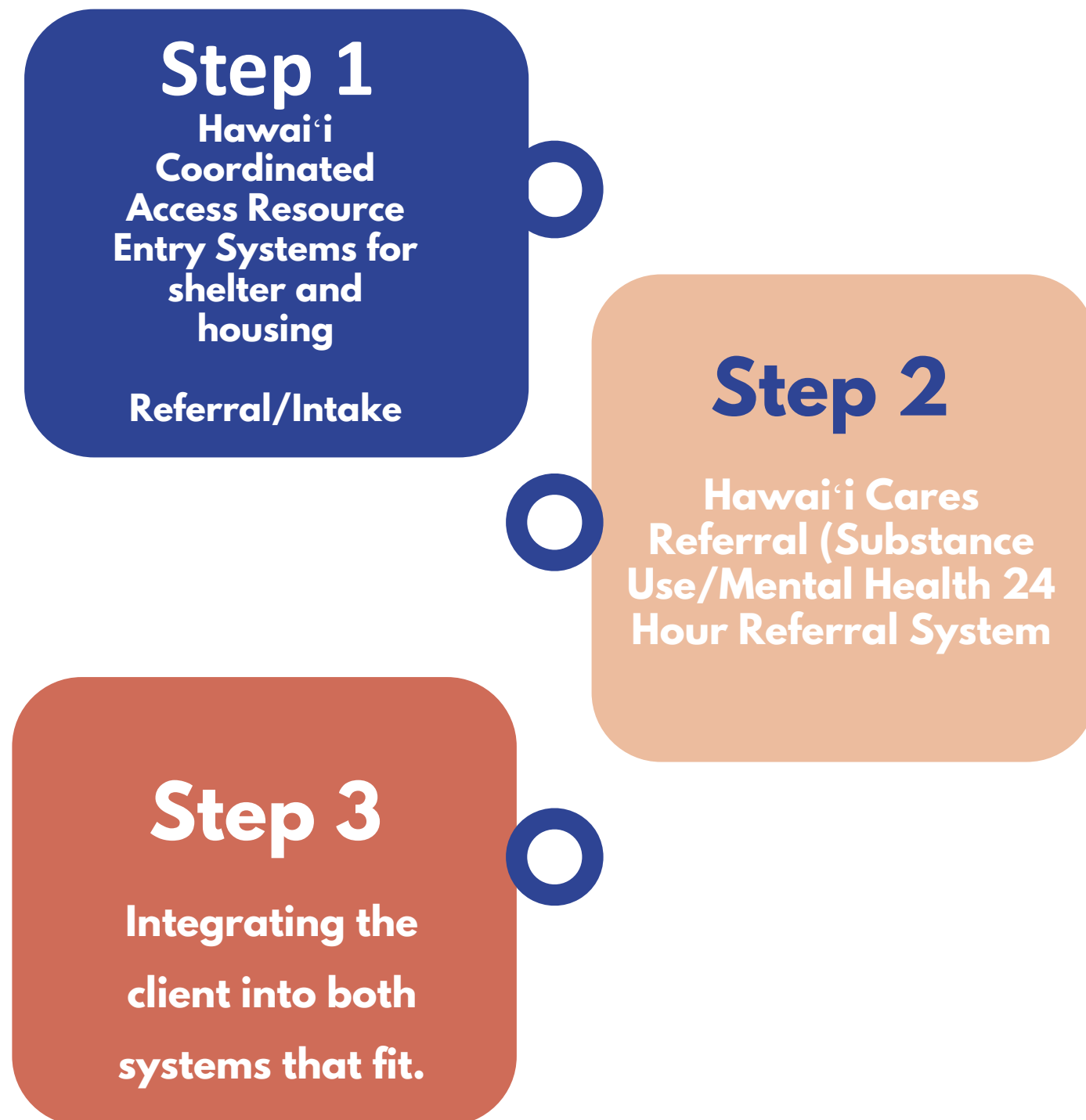
The Current Systems of Care

The Coordinated Entry System (CES) for access to housing resources and the Hawai'i Coordinated Access Resource Entry System for access to SUD services which do not intersect





Current System of Care



Case Review: PEH access outreach services from a Chinatown walk-in center. They are intake into CES and scored high on the VI-SPDAT. PEH reported to be actively using methamphetamine daily and wants substance use treatment.

Outreach worker calls Hawaii Cares with PEH client to be referred into substance use program. Hawaii CARES staff collect contact information from the outreach and will contact worker once the client is referred to a substance use provider. What are the barriers?



Housing First principles:

- 1 Immediate access to housing with no housing readiness conditions
- 2 Consumer choice and self-determination
- 3 Recovery orientation
- 4 Individualized and person-driven supports
- 5 Social and community integration

After five years, 88 percent of the HF tenants remained housed, whereas only 47 percent of the residents in the city's residential treatment system remained housed.

- Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities, Sam Tsemberis, Ph.D., Ronda F. Eisenberg, M.A - Psychiatric Services , 2000



In order to be effective, Housing First must be implemented with:

- Low case loads (under 20)
- Frequent visits to home (2x a week)
- Multi-disciplinary teams (including healthcare, addiction specialists)

More housing options before, during and after SUD treatment:

- Therapeutic living communities
- Damp/wet housing
- Transitional housing after treatment (where relapse is addressed, not person kicked out)

CES/CARES can be further integrated

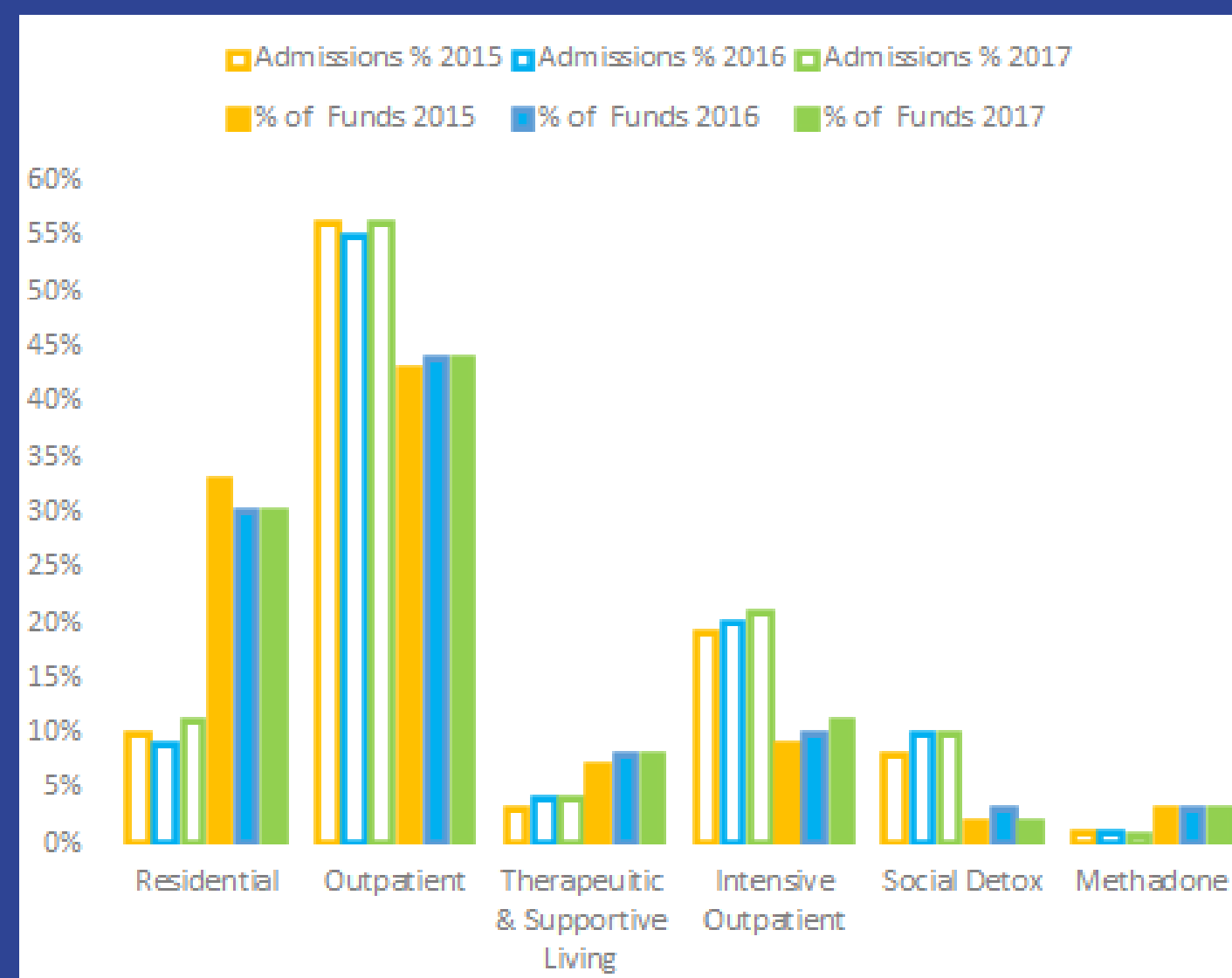
- Triage at existing emergency shelters into SUD Tx
- Increase capacity at SUD Tx to support unsheltered

**Implications
for the System
of Care**



Interventions

- **Residential and Outpatient Treatment are well-established SUD Treatment models**
- **Therapeutic & Supportive Living environments are less-established, utilizing only between 7-8% of state funds.**
- **Intensive Outpatient and Social Detox are lower cost per admission.**
- **For individuals experiencing homelessness before and after residential treatment, TSL & IOP can provide vital support and coordination.**

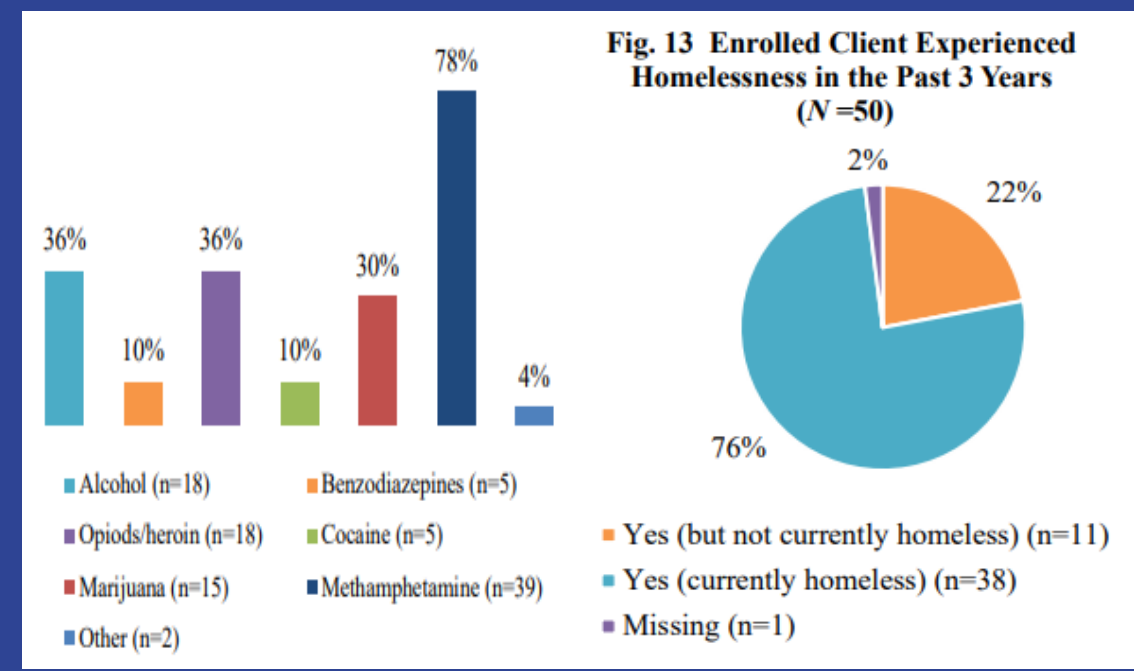




Innovative Interventions Using Housing First Approach

Law Enforcement Assisted Diversion

- Intensive case management program
- 98% participants reported homelessness within 3 years of referral
- Screens for SUD and provides long-term, wrap around services
- Currently operating in Hawaii



Managed Alcohol Programs

- “Wet Housing”
- Provide wrap-around services
- Alcohol storage and administration
- On-site clinic & therapeutic services



Recommendations

Scale up evidence-based programs and housing

Systems Integration

Recommendations



- Scale up Housing First with sustainable funding and monitor and build capacity to implement with fidelity to evidence-based model
- Expand shelter and housing resources for all parts of the SUD continuum while increasing capacity of SUD providers to appropriately support people who are houseless
- Increase integration and capacity of housing and SUD systems of care through training and capacity building and data synthesis

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Questions?

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*A draft volume of the ADAD State Plan System of
Care Implications Chapters is available for public
review and comment at*

<https://health.hawaii.gov/substance-abuse/state-plan/>

