

Housing First for Individuals with Active Substance Use

ASAP 18th Annual Conference
Tuesday, September 19, 2017



Who's In the Room?



Overview of the Day

Today's Learning Objectives Focus:

- Participants will have a foundational understanding of Housing First as well as the evidence-based techniques used to engage those with active substance use disorders around services;
- Participants will learn about the housing and health outcomes of individuals living in supportive housing that uses a Housing First approach, as well as what metrics should be tracked to gauge success; &
- Participants will obtain a better understanding of the systemic challenges in implementing Housing First in supportive housing in New York for individuals with SUD



Today's Panel

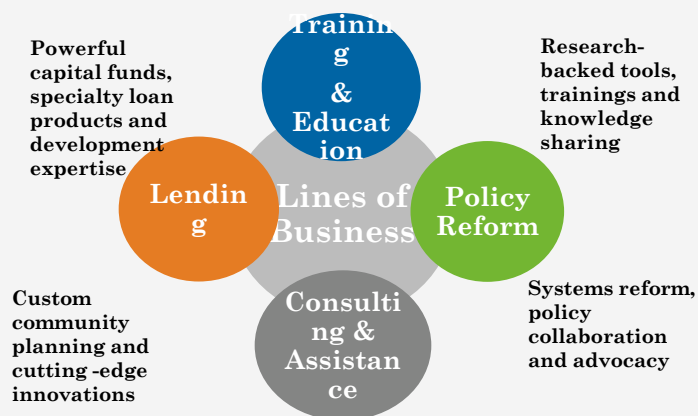
- Suzanne L. Bissonette, Executive Director, Cazenovia Recovery Systems, Inc.
- Gregory Fulgham, Housing Program Director, Cazenovia Recovery Systems, Inc.
- Kelly D. Whitman, Vice President of Substance Use Disorder Services, BestSelf Behavioral Health
- Tylica S. Pope (Tye) Program Director of Medicaid Redesign Team Permanent Housing and Recovery Connections Opioid Mobile Outreach programs, BestSelf Behavioral Health
- Pascale Leone, Associate Director, CSH (Moderator)



Improving Lives



What We Do



CSH Financing Tools

CSH is a source of early-stage financing, taken out at construction

Project Initiation Loans	Acquisition	Predevelopment
0%	6%	6%
2 years	2-3 years	2-3 years
Max \$50K	Max ~ \$4M	Max \$500k
No Collateral	130% LTV	130% LTV



What is Supportive Housing?

Supportive Housing



**Property and
Housing
Management**

Housing

**Supportive
Services**

**Project's
relationship to the
community**



Key Components of Supportive Housing

Targets households with multiple barriers

Provides unit with lease

Housing is affordable

Engages tenants in flexible, voluntary services

Coordinates among key partners

Supports connecting with community

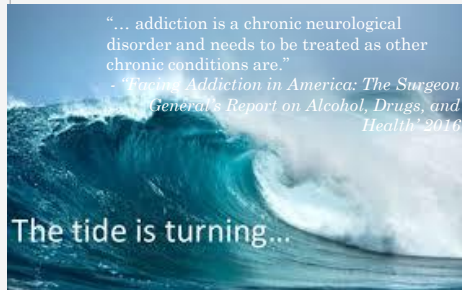


Who's in Supportive Housing?

- ADDICTION
- DEPRESSION
- BRAIN INJURY
- SCHIZOPHRENIA
- HEART CONDITION
- DIABETES
- SEIZURES
- HIV
- BIPOLAR
- COGNITIVE IMPAIRMENT
- ANXIETY
- TRAUMA



A Turning Tide on Addiction...



- **Addiction now being addressed as a public health issue using population based disease management techniques.**
- **Professionalization of addiction medicine. Growth in addiction treatment institutions and physicians working in addiction medicine.**



Substance Use & Homelessness

Substance use can be both a **cause** and **consequence** of homelessness, and a significant barrier to exiting homelessness.

- *Of the 549,900 people experiencing homelessness in 2016, nearly 1 in 5 have a chronic substance use disorder (AHAR 2016)*
- *35%-40% of all homeless individuals in the US are living with a SUD, and approximately 50-70% of homeless individuals with MI misuse substances*

Chronic homelessness is strongly correlated with substance use disorders, and **persons with addictions are over-represented among the chronically homeless population**





What is a Housing First?



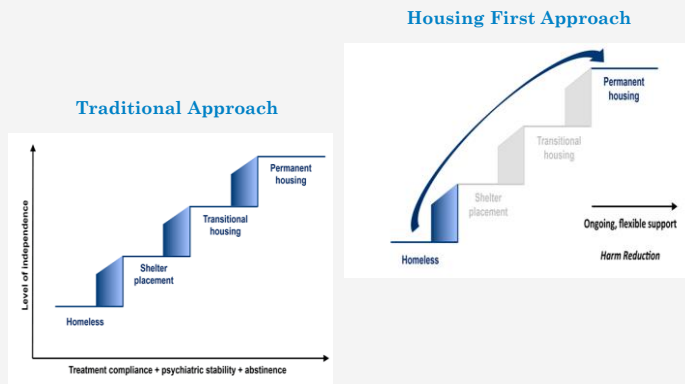
Housing First Perceptions

Based on your perception of Housing First...

- What are the benefits of Housing First?
- What are the challenges with Housing First?



Access to Homeless Assistance Resources



Key Principles: Housing First

- 1 Centered on Consumer choice
- 2 Quick access to housing
- 3 Robust support services with assertive engagement
- 4 Tenancy is not dependent on participation in services
- 5 Units targeted to most disabled and vulnerable
- 6 Embrace a harm-reduction approach
- 7 Provide leases and tenant protections



Best Practice Theories

Trauma Informed Care

Harm
Reduction

Motivational
Interviewing



CASA Columbia Evaluation of NYNY III Active Users

Housing Stability

- After one year, **88% of tenants remained in the program.**

Service Utilization

- Shelter Compared to unplaced study participants, participants placed in NY/NY III housing were less likely to use shelter fewer days in shelter. Cost-savings of \$8,030 per placed person/ year
- Jail Placed clients were less likely to go to jail and spent half the number of days in jail. Cost-savings \$1,488 per placed person/ year.
- Medicaid
 - Placed participants less likely to have any hospitalizations; fewer inpatient days
 - ED visits significantly reduced for participants placed in housing.
 - Fewer days in inpatient treatment
 - No significant difference outpatient substance abuse treatment or the number of related Medicaid claims filed between placed versus unplaced participants.



MRT-SH Year 1 Evaluation Findings: SUD

- **Individuals served by MRT SH programs:**
 - 66% SMI; 46% SUD, 49% HIV, 53% 1 or more chronic health condition; 8% have all four
- **Year One Pre- Post- Findings for those with SUD**
 - Inpt Days: 15.8 (pre) vs. 8.8 (post); avg decrease 6.5 days
 - ED Visits: 4.4 (pre) vs. 2.9 (post); avg decrease in ED visits 1.5
- **Enrollees with a SUD are most likely to be enrolled in AIDS Institute programs and the OASAS Rental Subsidies program, with a large number also enrolled in OMH Rental Subsidies programs**
- **OASAS Rental Subsidies: Statistically significant decrease in overall cost**



CSH HOUSING FINANCE SOLUTIONS

Competitive Loans | New Markets Tax Credits | Technical Assistance

**NOW AVAILABLE AT
CSH.ORG TO DOWNLOAD!**

**NEW ERA OF SUPPORTIVE
HOUSING IN NEW YORK**

A RESOURCE GUIDE FOR NONPROFIT HOUSING SPONSORS



Quality Certification

*Seal of approval for projects that
meet CSH's standards for **Quality**
Supportive Housing*



Quality Certification
certification@csh.org



Contact Info & Resources

Thank you!

Pascale Leone, CSH
Pascale.leone@csh.org



<http://www.csh.org/qualitytoolkit>





Housing First for Individuals in Active Substance Use

Sue Bissonette &
Greg Fulgham

building futures
CAZENOVIA
RECOVERY
SYSTEMS



2016 At A Glance



HIGH-NEED *populations*

65% of residents were
HOMELESS

47% of residents had a
**MENTAL
HEALTH
diagnosis**

&

POSITIVE *outcomes*

81% of residents
remained free of
drugs and alcohol

94% of residents
had no emergency
room visits

99% of residents
had no hospital
admissions

building futures
CAZENOVIA
RECOVERY
SYSTEMS

building futures
CAZENOVIA
RECOVERY
SYSTEMS



Residential Treatment Beds



- OASAS-licensed residential treatment & services programs (156 beds):
 - Erie County: 4 programs (1 women and 3 men)
 - Niagara County: 3 programs (1 women, 1 women with children, 1 men)
 - Genesee County: 1 program (homeless Veterans)



building futures
CAZENOVIA
RECOVERY
SYSTEMS

Supportive Living Beds



- OASAS-licensed and peer-supported Supportive Living beds:
 - For men, women, and single parents with children
 - Erie County: 76 beds
 - Niagara County: 14 beds



building futures
CAZENOVIA
RECOVERY
SYSTEMS

Housing Units / Beds



- Permanent Housing: 90 units
 - HUD Housing (since 2007) – 76 units today
 - OASAS Permanent Housing (since 2009) – 14 units today
- 2018 New Housing Units / Beds: 33-38
 - NYS Homeless Housing Assistance Corporation - 23 units
 - HUD Rural Housing – approximately 10-15 units



building futures
CAZENOVIA
RECOVERY
SYSTEMS

2016 Housing Outcomes



97%

of residents had
no emergency
room visits

81%

of residents
remained free of
drugs and alcohol

100%

of residents had
no behavioral health
inpatient admissions

133

residents
supported
throughout 2016



building futures
CAZENOVIA
RECOVERY
SYSTEMS

Scattered Site Housing

- All participants have a substance use disorder
- Majority also have a co-occurring mental and/or physical health disorder
- We do not turn away anyone who is actively using as long as there is an open bed



building futures
CAZENOVIA
RECOVERY
SYSTEMS



Housing Services

- Housing search and placement
- Linkage for mainstream entitlements
- Home visits as needed (at least once a week)
- Vocational assessments and linkage to vocational or educational programs



building futures
CAZENOVIA
RECOVERY
SYSTEMS



Staffing Features

- Housing specialists / case managers
- Mental health specialist
- Relapse prevention specialists
- Vocational specialists



building futures
CAZENOVIA
RECOVERY
SYSTEMS



Unique Features

- Persons with addictions are over-represented among:
 - Homeless population (including chronically homeless)
 - Frequent users of health services like Medicaid
 - Veterans
- Improving treatment outcomes is challenging without housing
- WNY has housing that is either safe and not affordable or affordable and not safe
- Quick housing without treatment requirements
- Costs are high if supportive housing is not expanded



building futures
CAZENOVIA
RECOVERY
SYSTEMS



Challenges



- Opioid epidemic and fentanyl
- Engagement
- Seriousness of mental and physical health disorders
- Maintaining linked services
- Non-parity of SUD system of housing vs mental health system
- Permanent vs transient housing with a Housing First model



building futures
CAZENOVIA
RECOVERY
SYSTEMS

Successes



- Housing First gets someone using into a safe and affordable place
 - Also provides services to those who won't go into treatment programs
- Successful engagement
- Connection with medical services to improve health
- Works for individuals who relapse
 - No discharge for seeking services or bringing services to them. Remain in program with apartments intact
- Reunites program participants with families, which is a challenge in residential programs



building futures
CAZENOVIA
RECOVERY
SYSTEMS

Relapse Prevention



- Relapse prevention specialists work with:
 - Individuals who are actively using
 - Individuals who are sober
- For individuals who are in active use or who relapse:
 - Recommended 1:1 sessions
 - Referral to self-help groups, outpatient clinics, or residential programs (depending on need)
 - Increased relapse prevention group attendance
 - A list of sober activities
 - Relapse prevention plans



building futures
CAZENOVIA
RECOVERY
SYSTEMS

Trauma-Informed Care



- CRSI recently completed a two-year immersion project with the UB Institute on Trauma and Trauma-Informed Care
- Staff are mindful of the five principles
- Trauma-Informed Care has led to:
 - Increased choice and collaboration
 - Safer physical environments
 - Improved cultural competence
 - Open and respectful communication
 - Safety and crisis prevention plans



building futures
CAZENOVIA
RECOVERY
SYSTEMS

Success Stories

- Ricky, a current housing resident
- First moved through our treatment and SL programs
- Graduated from ECC
- Now attending Buff State for a degree in Computer Information Systems



"Everyone is encouraging."
- Ricky, a Housing resident

building futures
CAZENOVIA
RECOVERY
SYSTEMS



Value

- Very cost-effective compared to:
 - Emergency shelters
 - Incarceration
 - Psychiatric hospitals
 - Emergency services
- Lower Medicaid costs due to:
 - Reduced healthcare expenses
 - Attention paid to deferred conditions



Supported Housing Apartment

building futures
CAZENOVIA
RECOVERY
SYSTEMS



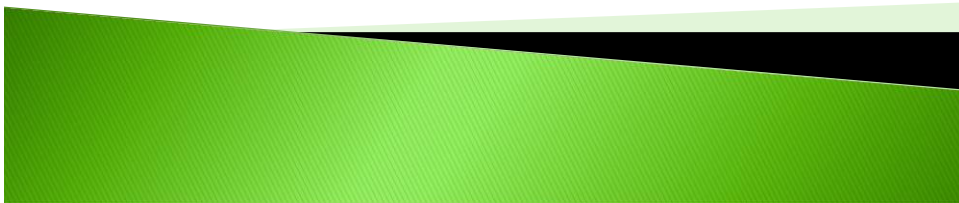
BestSelf Behavioral Health, Inc Buffalo, NY

OASAS MRT Housing Program

September 19, 2017

Tye Pope, CASAC

Kelly Whitman, LCSW



BestSelf Behavioral Health

SERVICES PROVIDED:

- ▶ Addiction Services
- ▶ Child and Adolescent Counseling
- ▶ Health Home Services
- ▶ Homeless Services
- ▶ Mental Health Services
- ▶ OnTrack Program
- ▶ Recovery Community
- ▶ Lighthouse Women's Residential Services
- ▶ Vocational Services



BestSelf Behavioral Health MRT

- ▶ Serves 20 individuals
- ▶ Staffed with a part time Program Director, 2 Housing Specialists, and a less than part time Housing Coordinator.
- ▶ Having staff well connected and familiar with community resources has been very beneficial
- ▶ Initially decided to use an available building with 18 one-bedroom apartments – landlord known to us. Added two studios in another building nearby.

BestSelf Behavioral Health



BestSelf Behavioral Health



BestSelf Behavioral Health



BestSelf Behavioral Health



BestSelf Behavioral Health

Challenges with community living model

- ▶ Pros:
 - Easy access to clients
 - Common area in basement for meetings/self help
 - Cost issues with one landlord
- ▶ Cons:
 - If clients are not selected carefully, can cause problems
 - Agency as landlord problematic
 - Lack of funding for unanticipated expenses

BestSelf Behavioral Health

- ▶ Transitioned to a scattered site model
- ▶ Having great relationships with various landlords is necessary for this to be successful



BestSelf Behavioral Health



BestSelf Behavioral Health



BestSelf Behavioral Health



BestSelf Behavioral Health



BestSelf Behavioral Health

- ▶ Demographics
 - 20 total admissions
 - 50% men, 50% women
 - 42% Caucasian, 42% African American; 16% Latino;
- ▶ Length of Stay
 - 72 months for open clients
 - 3 months for closed clients
- ▶ High risk population

MRT Outcomes

- ▶ 61% decrease in inpatient utilization, with average decrease from 20 to 5 days
- ▶ 17% decrease in ER utilization, with a decrease from an average of 12 to 4 visits
- ▶ 50% decrease in inpatient detox and mental health services



BestSelf Behavioral Health

- ▶ Successes
 - Several successful completions over the years as a result of:
 - Gainful employment (hired participant w/in agency)
 - Maintained abstinence
 - Parental rights reinstated
 - Employed full time
 - Attending college

