

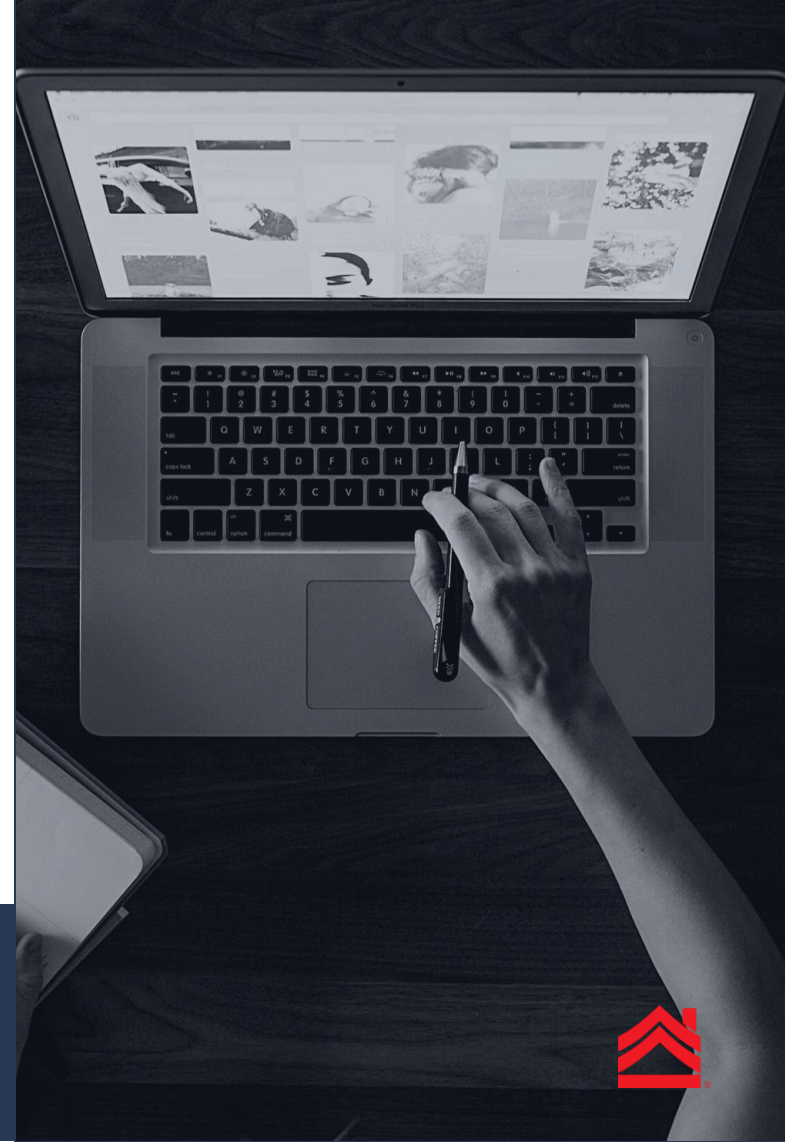
NATIONAL COALITION FOR HOMELESS VETERANS

2020 NCHV ANNUAL CONFERENCE

Virtual Edition



LI 1: IMPLEMENTING HARM REDUCTION STRATEGIES



Implementing Harm Reduction Strategies



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Harm Reduction

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National Center on Homelessness Among Veterans



Harm Reduction: Conceptual Model

- The aim of harm reduction is to decrease adverse physical, psychological, financial, social, and legal effects of substance abuse while the person may still be using drugs and/or alcohol.
- This provides an alternative to requiring total abstinence in the context of a substance abuse treatment program.
 - Recognizes significant challenges shifting to no use from heavy use and that graduated reductions in substance abuse behaviors can lead to recovery.
 - Recognizes need to address not just substance abuse but other harms associated with substance abuse.





Harm Reduction: Effectiveness

- Harm reduction is therefore both a philosophy and a set of strategies that focuses not on reducing consumption of substances per se but on reducing the harms of substance use (International Harm Reduction Association, 2010).
- This model shows considerable effectiveness (Pauley et al., 2013) for multiple types of interventions:
- Needle exchange services in reducing risky behaviors that increase transmission of blood borne diseases.
- Supervised injection sites in preventing drug overdoses, risky behaviors, and increasing referrals to services.
- Opioid substitution methods in reducing crime and other harms.





Harm Reduction: Conceptual Model



- Harm reduction also indicates programs should value the preferences and goals of participants (International Harm Reduction Association, 2010).
- Improving psychosocial function of participants in financial, work, social, and health domains in order to improve mental health and reduce substance abuse, both of which would lower risk of future homelessness.





Harm Reduction: Homelessness

- Based on the harm reduction model, Housing First was developed by Pathways to Housing to meet the housing and treatment needs of homeless population with substance abuse and mental health problems.
- The program posits that housing is a basic human right and is guided by the theoretical framework of psychosocial rehabilitation which posits that psychosocial rehabilitation and self-determination are cornerstones of recovery from substance abuse and mental health problems.
- In Housing First, participants define their own needs and psychosocial goals and are provided with case management and an apartment without any prerequisites for psychiatric treatment or sobriety/being drug-free.





Harm Reduction: Housing First

- “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis,” by Tsemberis et al. (2004).
 - Two hundred twenty-five participants were randomly assigned to receive housing contingent on treatment and sobriety (control) or to “Housing First” in which they received housing without treatment prerequisites (experimental).
 - Participants in the “Housing First” experimental group obtained housing earlier, remained stably housed, and reported higher perceived choice.
 - Utilization of substance abuse treatment was significantly higher for the control group, but no differences were found in substance use or psychiatric symptoms.
 - Participants in Housing First were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms.





Harm Reduction: Housing First in Veterans

- “Housing Chronically Homeless Veterans: Evaluating The Efficacy Of A Housing First Approach To HUD-VASH,” by Montgomery et al. (2013):
 - One hundred seventy seven Veterans were placed into Housing First or treatment as usual.
 - The Housing First initiative successfully reduced time to housing placement, from 223 to 35 days.
 - Additionally, housing retention rates were significantly higher among Housing First tenants.
 - Finally, emergency room use declined significantly among the Housing First cohort.
 - Housing First emerged as a highly effective model of permanent supported housing that can support the HUD-VASH program’s goal of eliminating Veteran homelessness.





Harm Reduction: Homelessness and Veterans

- With many risk factors identified linked to homelessness, an occasionally overlooked potential contributor to Veterans' homelessness regards achieving financial well-being after military service.
- Many military service members become financially independent much later than civilian counterparts.
- Predatory lenders target military populations, the largest concentrations of payday lending businesses in US in zip codes near military bases.
- Service members three times more likely than civilians to take out payday loans (Institute of Medicine, 2010).





Harm Reduction: Homelessness and Veterans





- Many Veterans require retraining to transfer skills from the military to civilian work.
- National Financial Capability Study showed that military service members were more likely to incur credit card debt than civilians (FINRA, 2012).
- Money mismanagement—defined as bouncing/forging a check, going over one’s credit limit, being turned over to a collection agency, or falling victim to a money scam in the past year— was endorsed by 30% in a national sample of Veterans (Elbogen et al., 2012).

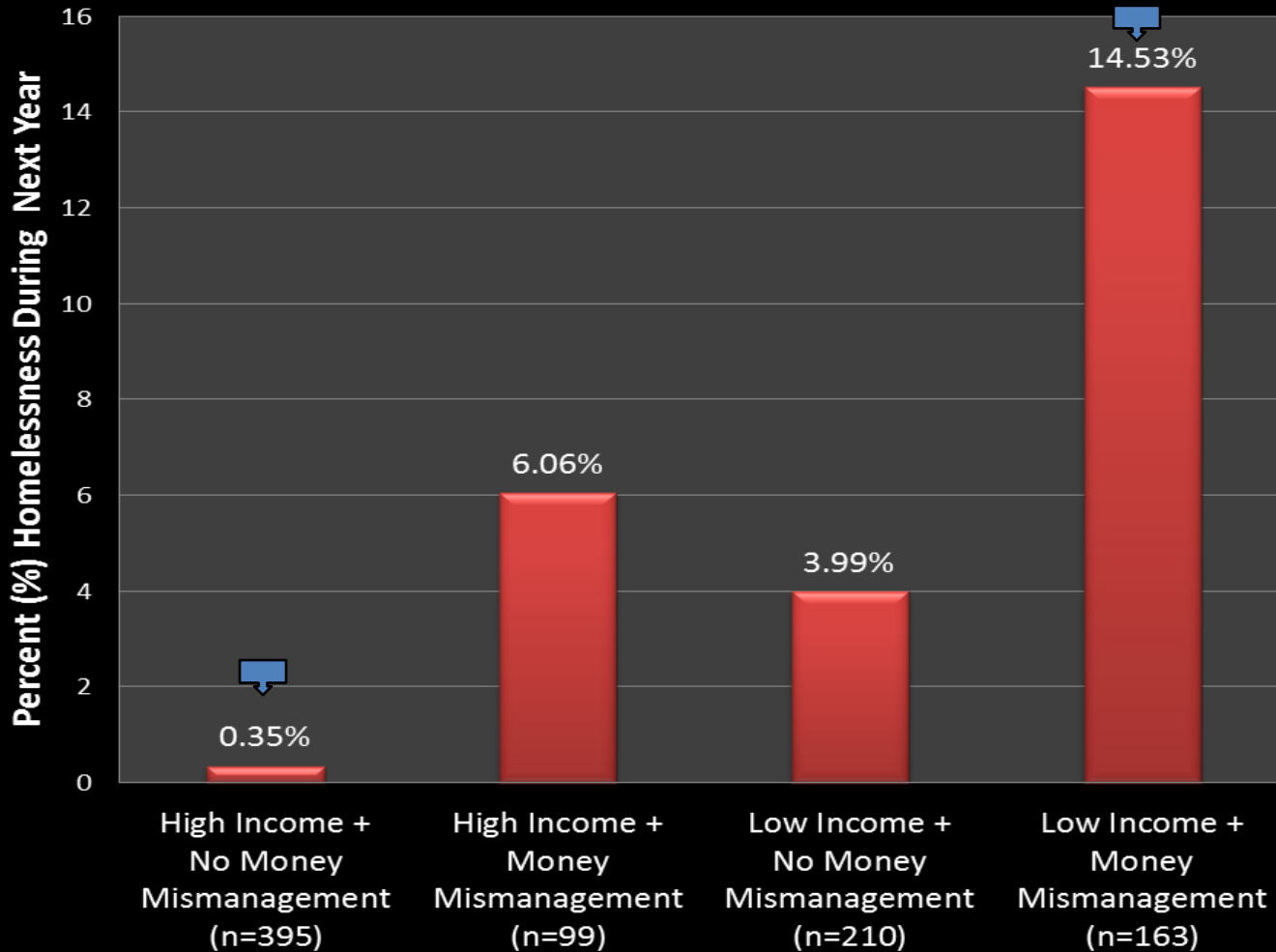
Does money mismanagement raise risk of homelessness in Veterans?



Predictors of Veteran Homelessness in Next Year

(Elbogen et al., 2013)

| | <i>Odds</i> | | <i>p-value</i> |
|--|--------------|---------------|----------------|
| | <i>Ratio</i> | <i>95% CI</i> | |
| History of Arrests  | 2.65 | 1.33 – 5.29 | .0055 |
| Mental Health Diagnosis  | 2.59 | 1.26 – 5.33 | .01 |
| Annual Income \geq 50K  | 0.30 | 0.13 – 0.71 | .0056 |
| Money Mismanagement  | 4.09 | 1.87 – 8.94 | .0004 |
| $r^2 = 0.23, \chi^2 = 64.63, df = 4, p < .0001$ | | | |



- *Does money mismanagement increase risk of homelessness among Veterans?*
- Yes, this is what we found in this study.
- As a result, another benefit of Housing First could stem from case management to assist Veterans learn how to better manage their finances.



Harm Reduction: Homelessness & Alcohol Misuse

- Many studies show effectiveness of harm reduction strategies for reducing drug use disorders in homeless populations, but there has been relatively less research examining effectiveness for alcohol use disorder (AUD).
- Collins et al. (2019) report on randomized clinical trial of harm reduction treatment for alcohol (HaRT-A), which was developed together with people with lived experience of homelessness and AUD and community-based agencies that serve them.
- People experiencing homelessness and AUD (N=168; 24% women) were recruited in community based clinical and social services settings.





Harm Reduction: Homelessness & Alcohol Misuse

Results:

- Compared to control participants, HaRT-A participants reported significantly greater increases in confidence to engage in harm reduction and decreases in peak alcohol use, alcohol-related harm, AUD symptoms, and positive urinary ethyl glucuronide tests (p s < .05).

Conclusion:

- A low-barrier, low-intensity, patient-driven, harm-reduction approach has at least short-term efficacy in improving AUD outcomes in this population.





Harm Reduction: Systematic Review

- Carver et al. (2020) conducted a systematic review and meta-ethnography addressing the question: “What constitutes effective problematic substance use treatment from the perspective of people who are homeless?”
 - Important study because of need to better understand harm reduction programs from the perspective of participants.
 - Twenty-three papers published since 2002 in three countries, involving 462 participants, were synthesized.





Harm Reduction: Systematic Review

- Finding #1: Participants of all types of interventions had a preference for harm reduction-oriented services.
- Finding #2: Participants considered treatment effective when it provided a facilitative service environment; compassionate and non-judgmental support; time; choices; and opportunities to (re)learn how to live.
- Finding #3: Interventions that were of longer duration and offered stability to service users were valued, especially by women.





Harm Reduction: Systematic Review

- Conclusion#1: The *way* in which services and treatment are delivered is more important than the *type* of treatment provided.
- Conclusion #2: Substance use interventions should prioritize good relationships between staff and those using services, person-centered approaches, and a genuine understanding of individuals' complex lives.





Harm Reduction: COVID-19 Pandemic

- Marcus et al. (2020) report on a harm reduction program implemented after the pandemic to provide opioid substitution therapy (methadone) and to prioritize COVID-19 screening to manage withdrawal and contain anxiety and tension.
- The program reported success implement safe re-sheltering on program participants who were homelessness and had opioid use disorders.

“The provision of methadone also served as a way into harm reduction, even though the emergency nature of the situation made it impossible to provide several essential harm reduction components, follow standard OST protocols or provide integrated HIV, TB, viral hepatitis or other chronic disease detection, treatment adherence and support.”

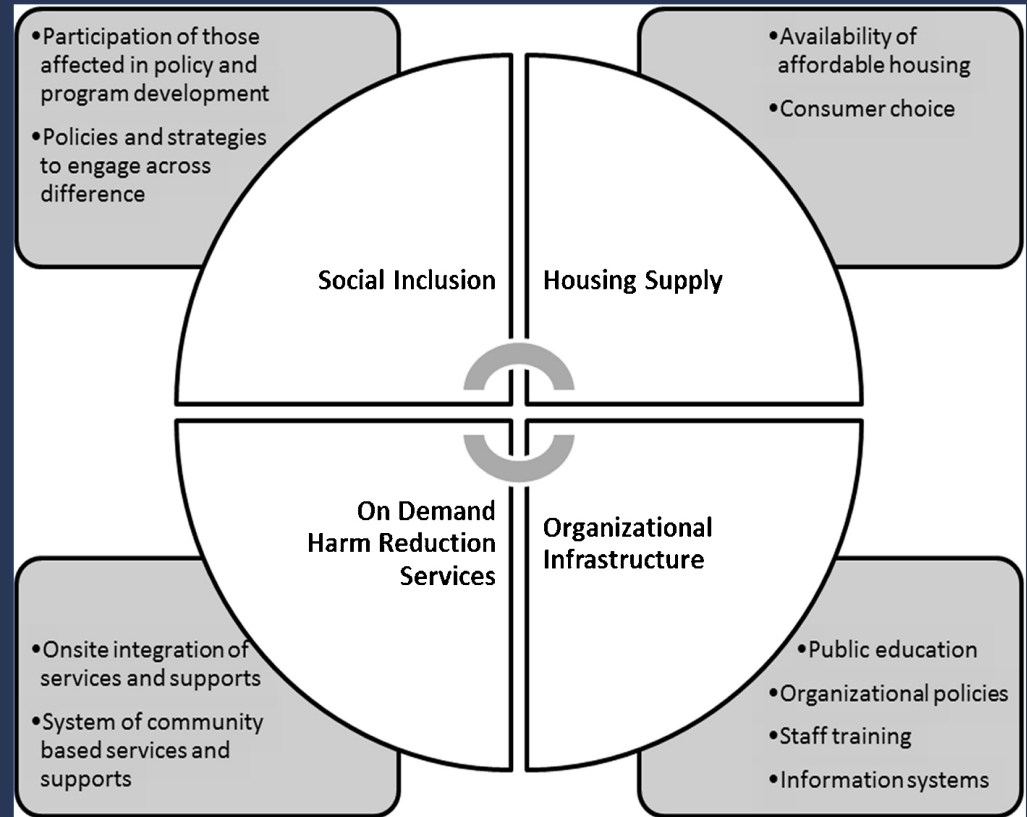




Harm Reduction: Homelessness

Four key dimensions and policy areas for action in harm reduction of homelessness (Pauley et al., 2013):

1. Policies of Social Inclusion
2. Supply of Adequate Housing
3. Harm Reduction Services
4. Organizational Infrastructure



IMPLEMENTING HARM REDUCTION STRATEGIES

Maurice Carter, Psy. D
Grant and Per Diem Program Manger
New Directions for Vternas





NEW DIRECTIONS FOR VETERANS

We are a transitional housing program for homeless veterans that provides an opportunity for veterans to rebuild their lives through:

1 on 1 case management

Job Resources

Money Management

Clinical Therapy

Aftercare Case Management



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NEW DIRECTIONS FOR VETERANS INTAKE AND ORIENTATION

- The process of coming into one of our programs begins once we receive the initial referral packet with the necessary documents are received
- Next the veteran is contacted to complete an intake screening, which is reviewed by the Program Manager, and then scheduled for an orientation the next day.





NEW DIRECTIONS FOR VETERANS Intake and Orientation

- When a veteran is coming from a VA facility on campus into one of our programs the case manager that is assigned to the veteran will meet and walk the resident over to New Directions building which starts the rapport building
- After orientation, veteran will have their belongings heat treated; assigned a bed and room #; provided clothes and shower and meets with their assigned case manager to schedule a meeting time and day.





NEW DIRECTIONS FOR VETERANS Services Provided

- We provide the following services:
- 1 to 1 case management
- 1 to 1 clinical therapy
- Group Therapy
- Clinical Treatment
- Neurofeedback Clinic
- Resources for Employment and Benefit services
- Housing Navigators to assist with Housing Search





NEW DIRECTIONS FOR VETERANS

Trauma Informed care

- Trauma Informed Care is defined as practices that promote a culture of safety, empowerment, and healing.
- We provide structure to keep the building safe by having curfews, allotted time out for each program; scheduled smoke breaks; hand sanitizer, gloves and mask readily available for the veterans to use; constant wiping and cleaning by ALL staff; provided Ipads for clinical groups and Tele-Health connections with doctors
- WE have House Meetings to speak with the residents about changes with Shelter-In-Place rules for the building; County Testing dates; Validate their feelings and concerns with regard to being on quarantine/shelter-in place
- Created a schedule so residents could continue to receive their medications from the pharmacy; meet with their housing teams to search for apartments; Changed the meal time to accommodate all programs and still meet social distancing requirements





NEW DIRECTIONS FOR VETERANS SAFETY

- Using Harm Reduction to create safety and structure:
- Setting limits to what can and cannot be done while in program and during Shelter-In-Place
- Providing space for the resident to express themselves
- Staying calm and managing time to not be stressed out
- Limiting visitations to deliveries only

- Having signs that explain all the policies and procedures posted on bulletin boards
- Having House Meetings to explain the rules and policies
- Training ALL New Directions staff to be organized, calm and resourceful when answering difficult questions





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NEW DIRECTIONS FOR VETERANS BEST PRACTICES

Based on guidance from the Center for Disease and Control, Governmental Officials; Los Angeles County Department of Public Health and Department of Health Services, we have implemented a number of safety precautions:

- Social distancing during lunch, on the elevator, plastic glass barriers at reception desks
- Hand Sanitizer at the entrance to the building on the resident floors, entrance to the kitchen and in the administrative offices
- Mask and Gloves being readily available for staff and residents in the building
- Providing scheduled limited time for residents to be out in the community
- Bi-Weekly COVID-19 testing with the Los Angeles County Department of Public Health





NEW DIRECTIONS for VETERANS- Building 116



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NEW DIRECTIONS FOR VETERANS SUCCESS

- Since COVID has started we have had only 2 positive cases of COVID-19
- We have been able to keep our AWOLS to a minimum with program participation buy in
- We have been able to communicate with the veterans in an open forum so they do not feel left out
- Still able to house veterans successfully in the community





NEW DIRECTIONS FOR VETERANS

BRING IT ALL TOGETHER

- In order to do all of these things it is important to keep your staff a priority
- Stay abreast of the information in the community with regards to what is open and what is closed
- Provide staff the opportunity to express themselves in a safe place with no judgment
- Write up all policies created, post them for everyone to see and meet with all parties involved to explain any changes or addendums
- Set firm boundaries for staff to follow with strict guidelines so that the team is on one accord and to Avoid any type of staff splitting; miscommunication and different ways of implementing the policies
- Create reasonable curfews that work best with the staff on duty
- Look at what your programs are capable of managing then proceed to make adjustments that keep everyone in the building weather coming or going safe.





NEW DIRECTIONS FOR VETERANS-BUILDING 116

Maurice Carter, Psy.D
New Directions for Veterans
Grant Per Diem Program Manager



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Thank You!

Q&A

