

2023 VA Permanent Housing Conference

Employing Housing First and Harm Reduction Strategies to
Support Successful Tenancies



NEW ENGLAND CENTER
AND HOME FOR VETERANS

EDUCATION | SUPPORT | EMPLOYMENT | HOUSING

Housing First and Harm Reduction

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**One Team Approach: Collaborating to End Homelessness Among Veterans
Conference**



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Key Learning Objectives

1. Participants will gain an understanding of the evidence-based interventions of Housing First and Harm Reduction.
2. Participants will learn how implement Housing First and Harm Reduction interventions in their work with Veterans.
3. Participants will be able demonstrate how Housing First and Harm Reduction strategies aim to provide equitable services.



The New England Center and Home for Veterans (NECHV) is a multi-dimension service and care provider dedicated to assisting Veterans who are facing or are at-risk of homelessness

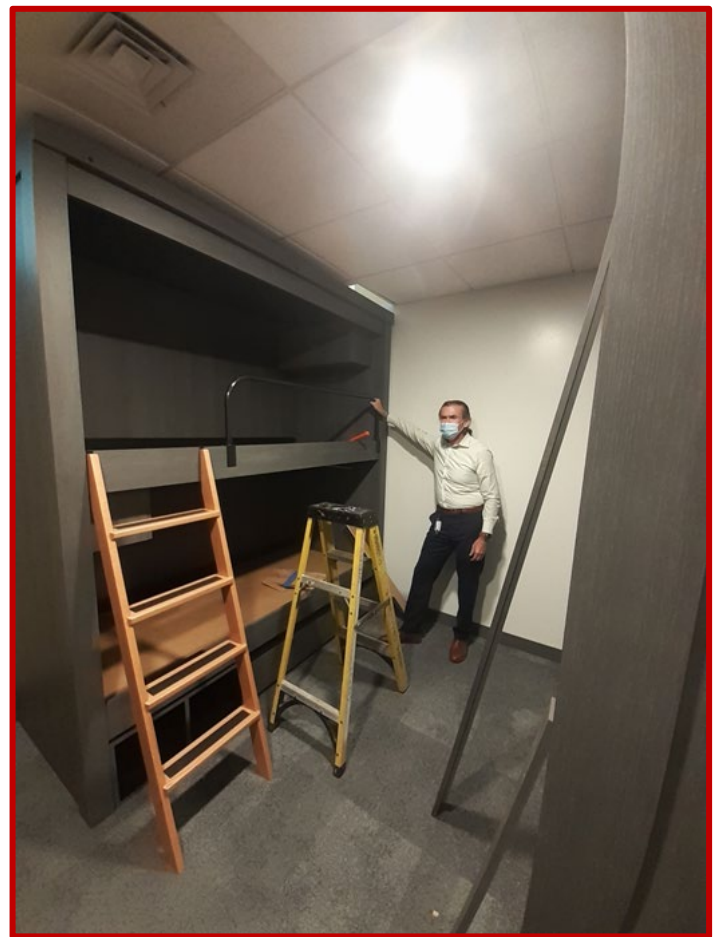
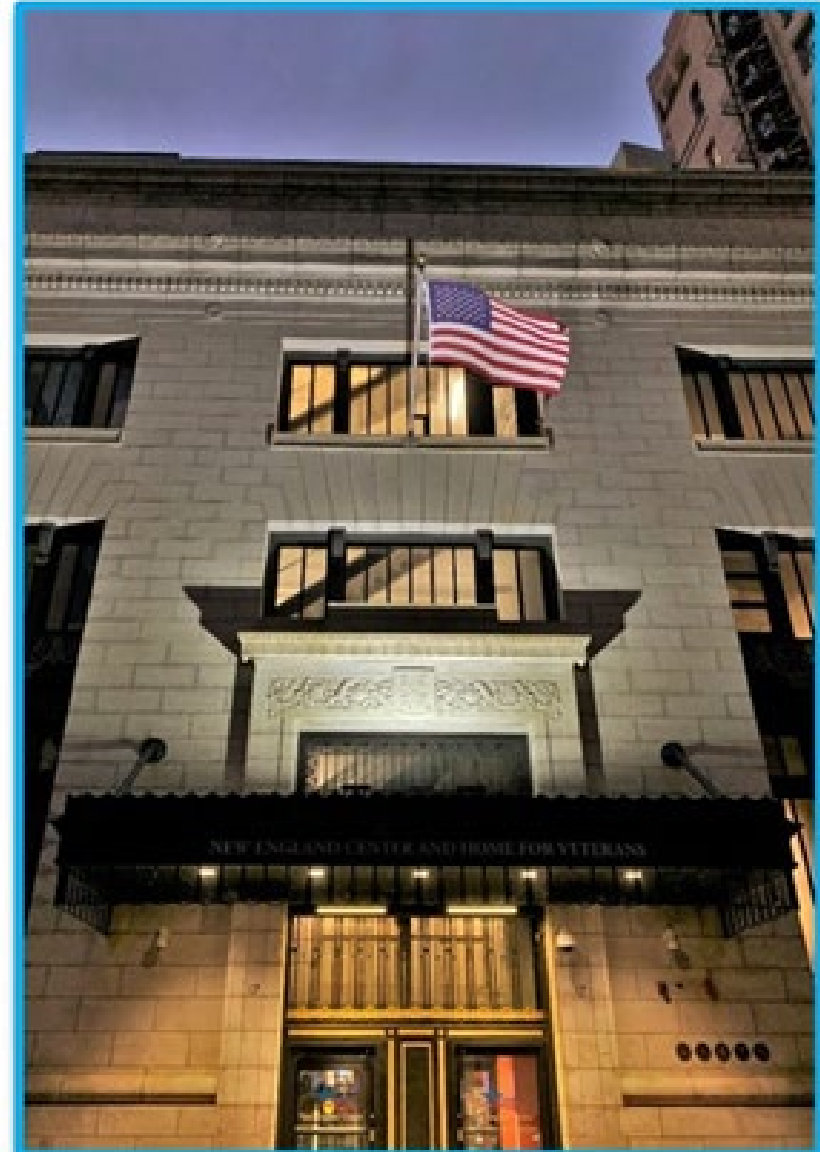
- Founded in 1989 by Vietnam Veterans
- NECHV offers a broad array of programs and services that enable success, reintegration, meaningful employment and independent living.
 - GPD, SSVF, HVRP, Project Based VASH, HUD, etc.
- Over 1,000 Veterans served annually across Eastern Massachusetts and Rhode Island
- Over 300 residents reside at NECHV each night
 - 97 in permanent apartments and ~200 in transitional housing
- Over 100 employees



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Main Hall



GPD Low Demand



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Housing First and Harm Reduction More Important than Ever!

End of COVID-19 Protections

- Decrease in community based homelessness prevention dollars such as ESG And CARES
- End of eviction moratoriums
- Inflation/high cost of living

- **COVID-19 Isolation**
- Increased mental health and substance use disorders





◆ WSJ NEWS EXCLUSIVE | U.S.

More Americans Are Ending Up Homeless—at a Record Rate

High housing costs and evictions push more people from homes, advocates say

The U.S. has seen a record increase in homeless people this year as the Covid-19 pandemic fades, according to a Wall Street Journal review of data from around the country.

The data so far this year are up roughly 11% from 2022, a sharp jump that would represent by far the biggest recorded increase since the government started tracking comparable numbers in 2007. The next highest increase was a 2.7% jump in 2019, excluding an artificially high increase last year caused by pandemic counting interruptions.

This year's surge reflects a host of pressures around the U.S. such as rising housing costs, lack of affordable rental units and the nation's continuing opioid crisis, according to reports from nonprofits and government agencies counting the homeless.

<https://www.wsj.com/articles/homelessness-increasing-united-states-housing-costs-e1990ac7>



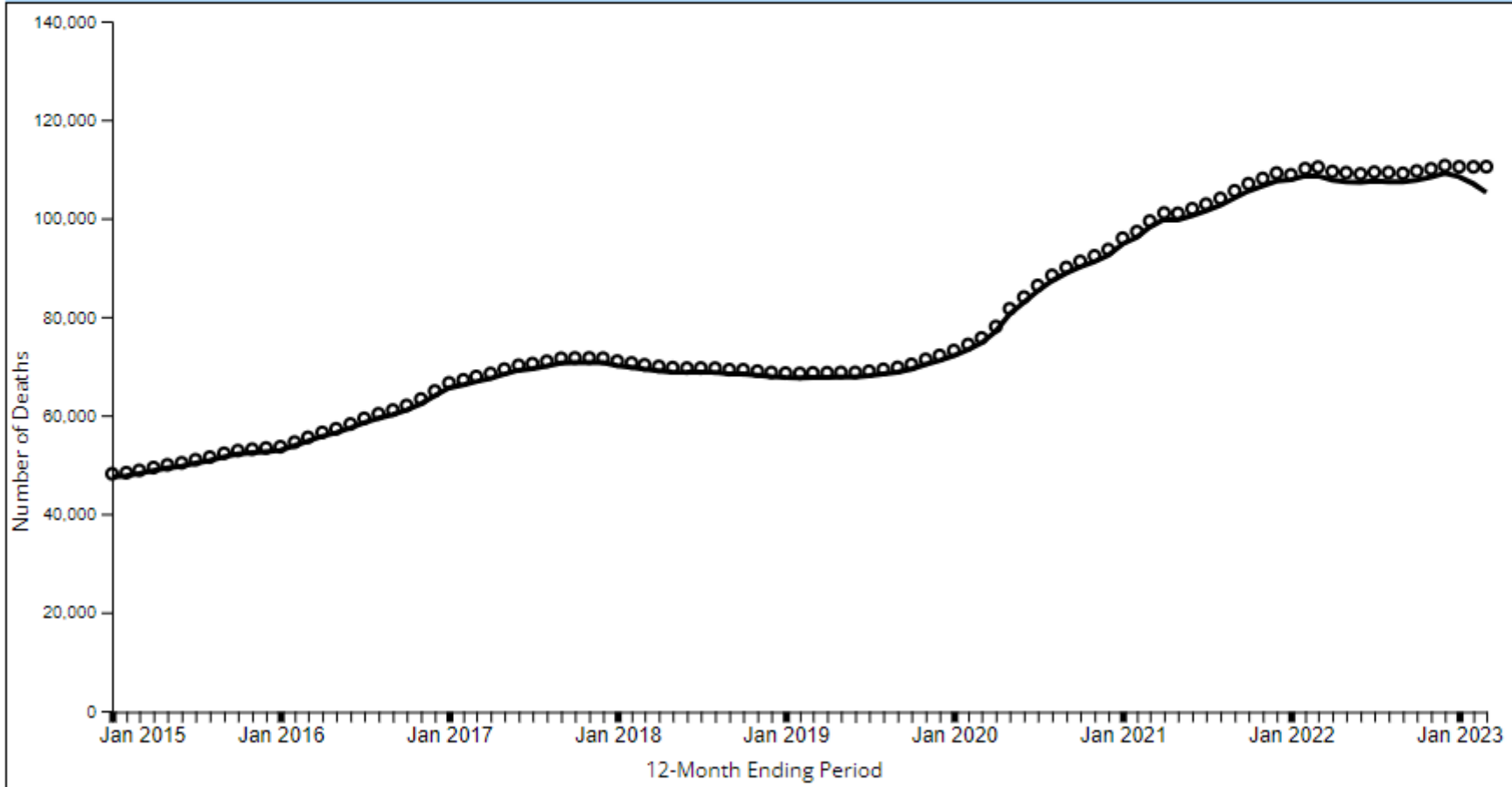
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12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: August 6, 2023

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



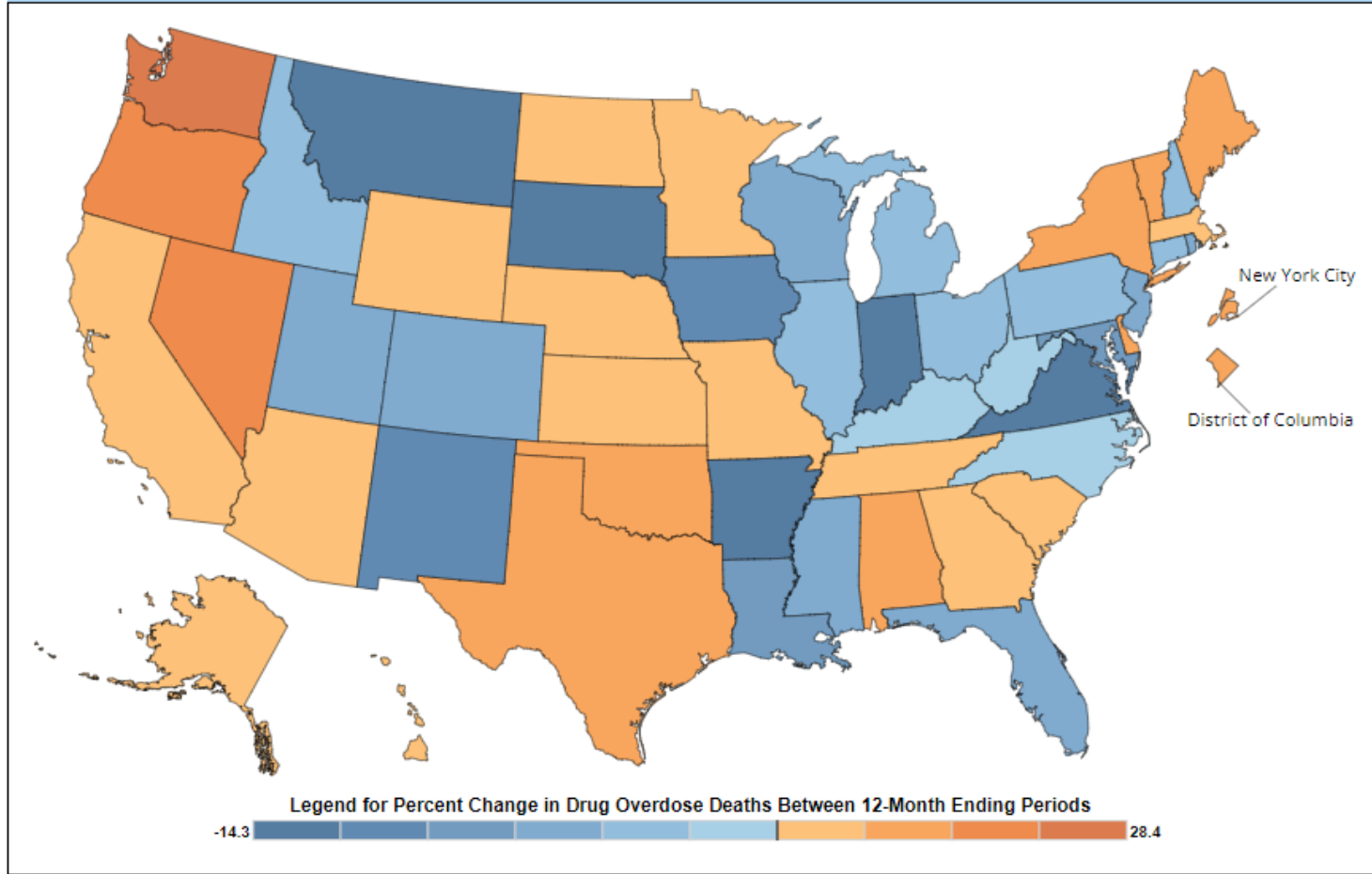
Select Jurisdiction

United States

- Predicted Value
- Reported Value



Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: March 2022 to March 2023



Select predicted or reported number of deaths

Predicted

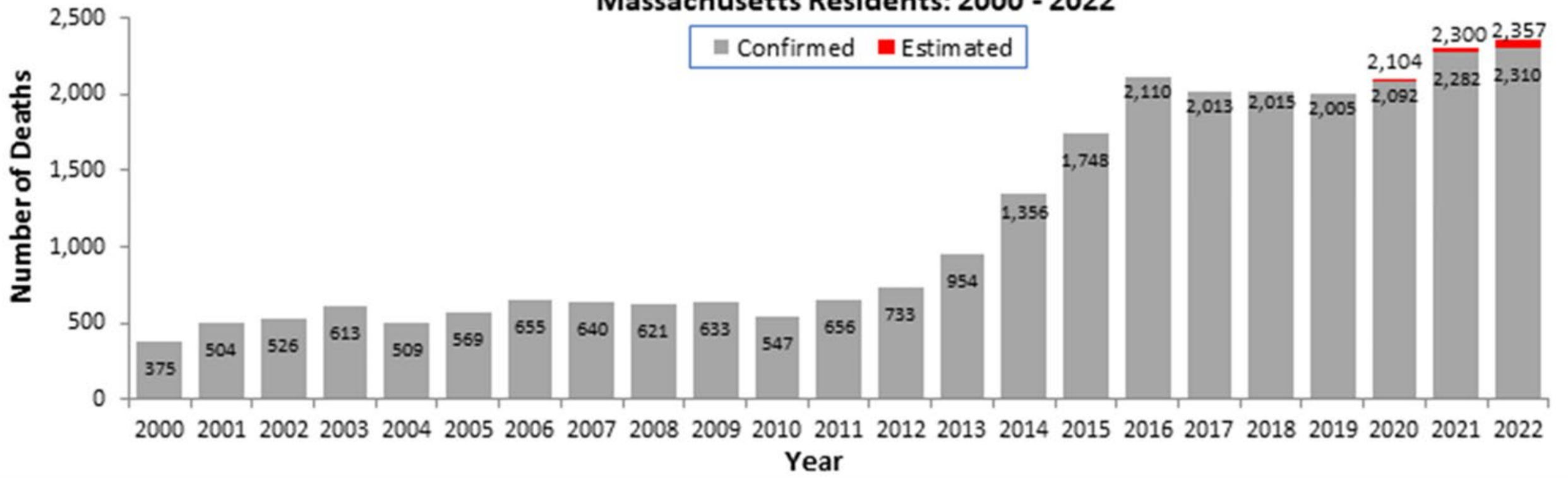
Reported

Percent Change for United States

0.1 ▲



Figure 2. Opioid-Related Overdose Deaths, All Intent
Massachusetts Residents: 2000 - 2022





Harm Reduction and Housing First are rooted in the same client-centered and Trauma-Informed principles

- Accept that drug use and other risky behaviors exist
- Ensure low threshold access to services and housing
- Rooted in social justice and promotes equity
- Evidence-based, pragmatic, and public health approaches





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Maslow's Hierarchy of Needs





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Making homelessness rare, brief, and non-recurring, focuses on providing housing as the initial platform for improving quality of life, and improving access to housing services.





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“Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life”.

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



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Core Components of Housing First

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models



1980s: Start of Modern Homelessness

- Deinstitutionalization: housing and community-based services inadequate to support this population
- HIV/AIDS Crisis: co-occurring homelessness and behavioral health disorders
- High Unemployment Rates
- Gentrification of Cities
- Lack of Affordable Housing
- Cuts to HUD





TRADITIONAL STAIRCASE MODEL HOUSING READINESS OR TREATMENT FIRST



Level of independence

CLINICIAN/PROVIDER
DRIVEN SYSTEM

Homeless

Shelter
placement

Transitional
housing

Permanent
housing



Why is it so
difficult to get
into housing?

Why is it so
difficult to stay in
housing?

- Underlying theory:
- ✓ Stabilization/learning
 - ✓ Individual change
 - ✓ Clean and sober

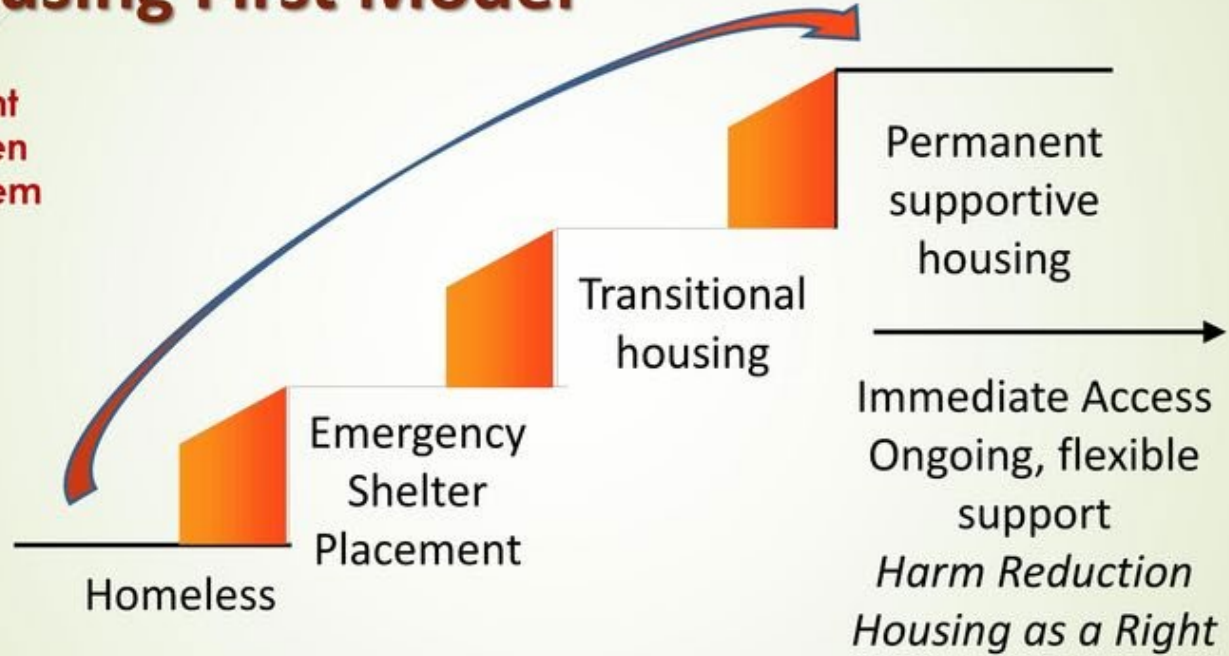
Treatment compliance + psychiatric stability + abstinence



Pathways' Housing First Model

PARDIGM SHIFT

Client
Driven
System



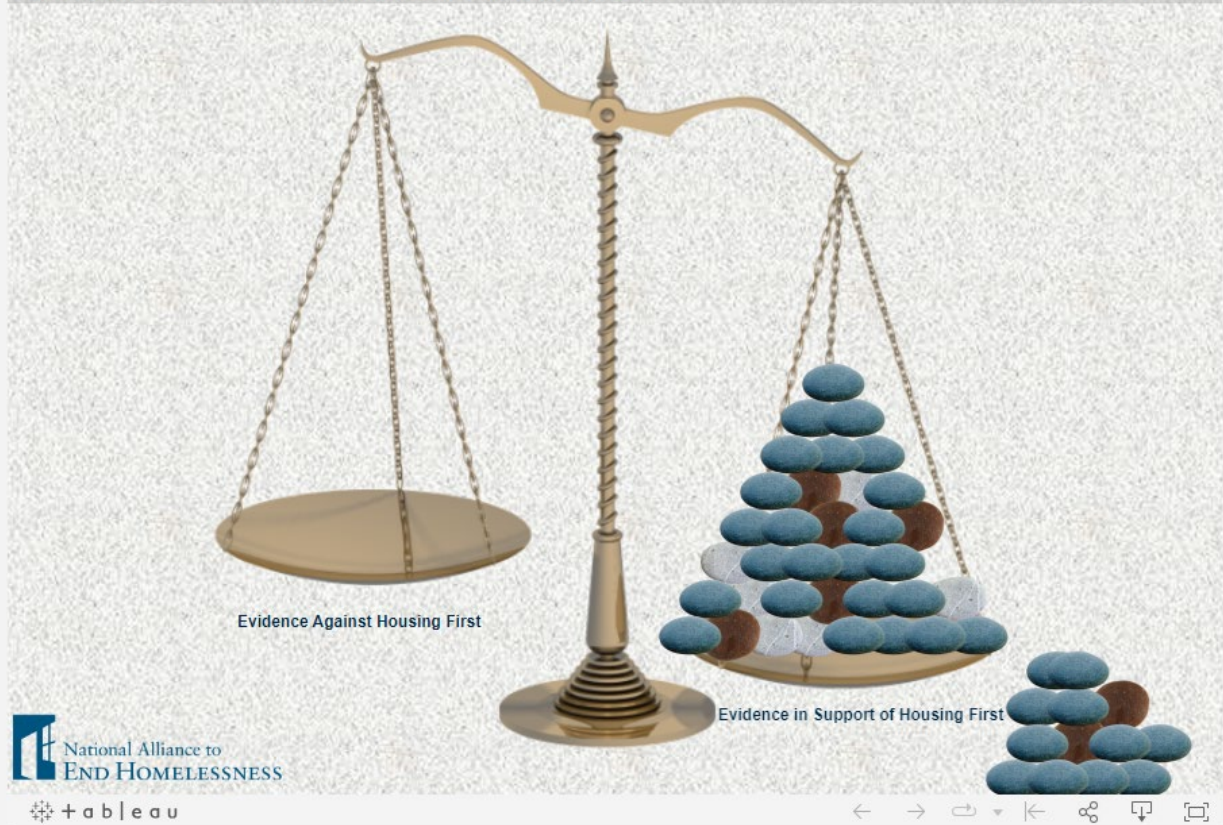
*Immediate Access to A Place to Housing
Support and Treatment to Follow



The Evidence is Clear: Housing First Effectively Ends Homelessness

Hover over pebbles to see study links. Click a pebble to view the study in a separate window. Click on a category in the legend to highlight all pebbles in the category. Please note this is not a comprehensive list of all Housing First Studies.

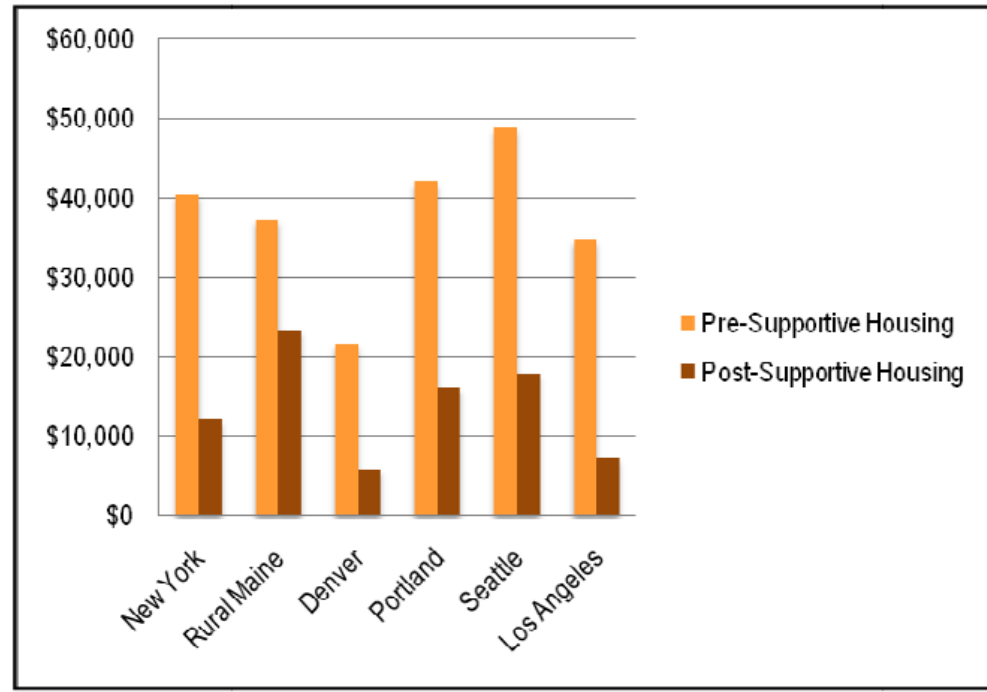
- Domestic Studies
- International Studies
- Literature Reviews





Supportive Housing Generates Significant Cost Savings to Public Systems

Cost studies in six different states and cities found that supportive housing results in tenants' decreased use of homeless shelters, hospitals, emergency rooms, jails and prisons.¹



Per-Person Annualized Cost of Public Services Before and After Entering Supportive Housing

Health Care, Shelter and Corrections Systems See the Biggest Cost Offsets

The same studies indicate that health care systems see the most savings, followed by shelter and corrections.

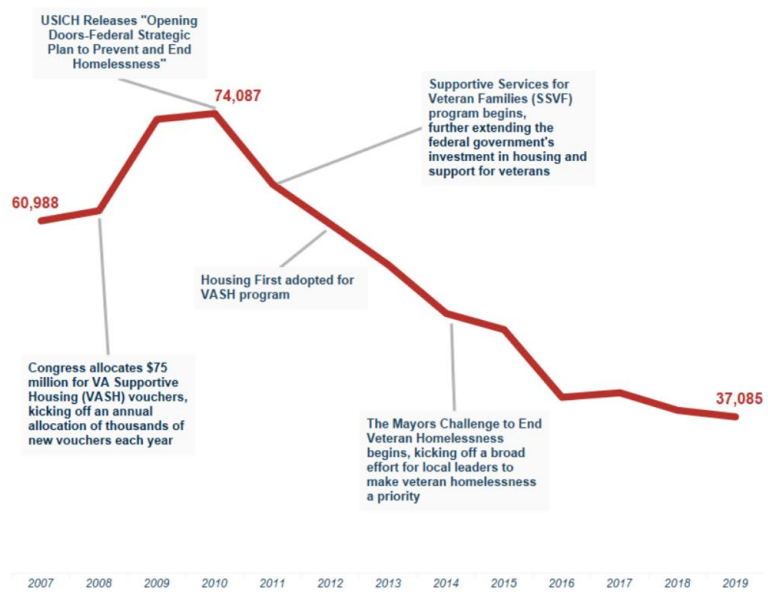


KEY MILESTONES IN THE EFFORT TO END VETERAN HOMELESSNESS

HOUSING FIRST, ROBUST INVESTMENTS DRIVE DECLINES IN VETERAN HOMELESSNESS

Within a decade (2010-2019), America's number of homeless veterans was roughly cut in half. The reduction from 74,087 to 37,085 veterans experiencing homelessness far exceeded the progress realized by chronically homeless individuals and all other subpopulations.

Veterans' Counts of Homeless Population Plummet



Source: US Department of Housing and Urban Development 2019 Annual Homeless Assessment Report, 2020

<https://endhomelessness.org/wp-content/uploads/2020/11/veterans-trends-6.png>



Evidence Matters

Transforming Knowledge Into Housing and Community Development Policy

Building on Successes

- IN THIS ISSUE:**
- Housing First Works
 - Housing First: A Review of the Evidence
 - Housing First in Action

Housing First in Action

- Highlights**
- Boston's Housing First approach includes a front-door triage assessment process conducted at shelters and through street outreach and permanent housing.
 - Rapid rehousing is a vital component of Chattanooga's Housing First strategy, which relies on housing navigators who match people specific needs.
 - Financial incentive programs for local landlords who are willing to lease units to people exiting homelessness who may have criminal component of Housing First approaches in Boston and Chattanooga.

In 2016, Boston ended chronic veteran homelessness under USICH criteria, but it has not yet ended all veteran homelessness.²⁴ Since the 2014 launch of "Boston Homes for the Brave," an initiative to end veteran homelessness by 2015, the city has reduced veteran homelessness by 60 percent.²⁵ The 2022 Point-in-Time (PIT) count identified 180 veterans who were experiencing homelessness, a considerable reduction from the 450 veterans experiencing homelessness identified in the 2014 PIT count.²⁶ The city's Supportive Housing Division has a veterans working group that maintains a list of veterans in need of housing and coordinates supportive services. The working group also collaborates with federal, local, and nonprofit agencies to address housing barriers facing Boston's veterans.²⁷ The New England Center and Home for Veterans (NECHV) is a local nonprofit service provider that offers several permanent and supportive housing services for veterans who are experiencing homelessness and their families. NECHV manages a 97-unit building at 17 Court Street for veterans who previously experienced homelessness and also provides case management, housing and financial counseling, and



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“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

<http://harmreduction.org/about-us/principles-of-harm-reduction>



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Harm Reduction Basic Principles

- Some people engage in behaviors that could be harmful to themselves or others.
- People may engage in these behaviors even if they know they're harmful, illegal, or unhealthy.
- People may be willing to make changes to decrease the risk of harm to themselves and their community.
- People may have different goals including reducing or eliminating the behavior.
- Providers need to be culturally sensitive and provide easily accessible services.



Harm Reduction

- Pragmatic, non-judgmental, client centered, public health approach
- Takes into consideration social justice issues related to socioeconomic status, race, class, sexual and gender identities and health disparities
- Incremental behavior change
- Strengths-based
- Non-coercive

Apparent opioid deaths roil veterans center

By Brian MacQuarrie Globe Staff, October 30, 2015, 9:07 p.m.



"It's tragic, and it's heartbreaking," said Brian Eilert, a 49-year-old Navy veteran and recovering heroin addict. JOHN TLUMACKI/GLOBE STAFF/GLOBE STAFF



Harm Reduction History

- 1980s response to AIDS Crisis and Persons who Inject Drugs (PWID) – Syringe Services Programs (SSPs)
 - Europe, Australia, Canada, U.S.
- SSPs are associated with an estimated 50% reduction in HIV and hepatitis C virus (HCV) incidence
- When combined with medications that treat opioid dependence, HIV and HCV transmission is reduced by over two-thirds, according to research

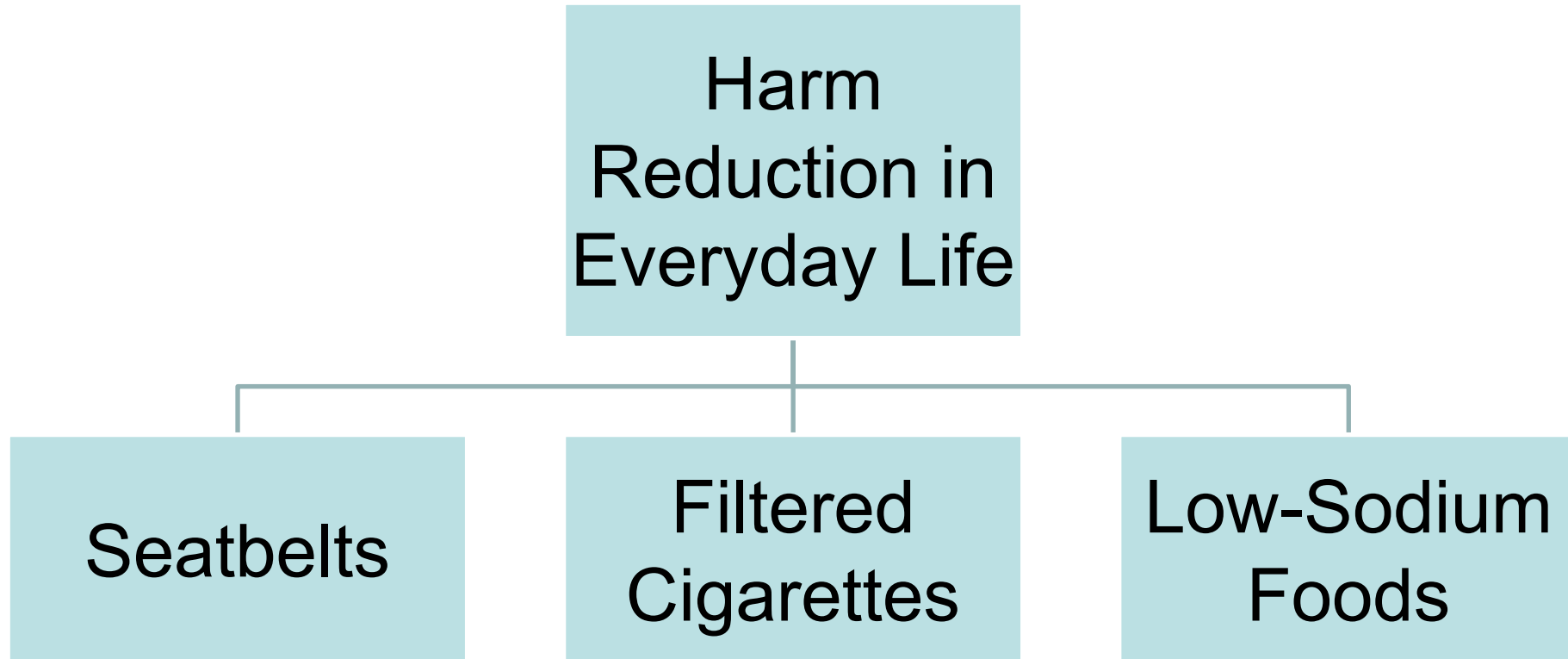
[https://www.cdc.gov/hiv/effective-interventions/prevent/syringe-services-programs/index.html#:~:text=About%20Syringe%20Services%20Programs,C%20virus%20\(HCV\)%20incidence](https://www.cdc.gov/hiv/effective-interventions/prevent/syringe-services-programs/index.html#:~:text=About%20Syringe%20Services%20Programs,C%20virus%20(HCV)%20incidence)



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Harm Reduction in Everyday Life





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Requiring Sobriety at Program Entry: Impact on Outcomes in Supported Transitional Housing for Homeless Veterans

John A. Schinka, Ph.D.
Roger J. Casey, Ph.D., M.S.W.
Wesley Kasprow, Ph.D., M.P.H.
Robert A. Rosenheck, M.D.

The results of this study failed to support the hypothesis that requiring sobriety on program entry enhances outcomes for homeless individuals in transitional housing programs.

<https://pubmed.ncbi.nlm.nih.gov/22211212/>



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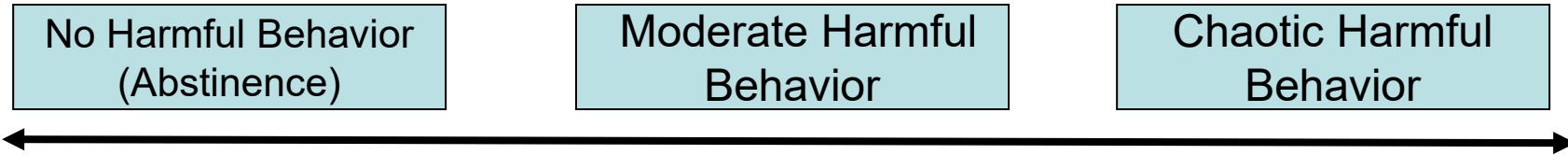
- Addresses behaviors vs. substance use
 - Still have rules, standards of behavior and boundaries
- Supportive and nonjudgmental conversations about substance use
 - Stigma experienced by individuals who use substances is common - if people feel like they're being judged or will lose services, they may not be truthful
 - Safety is prioritized



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The Treatment Continuum



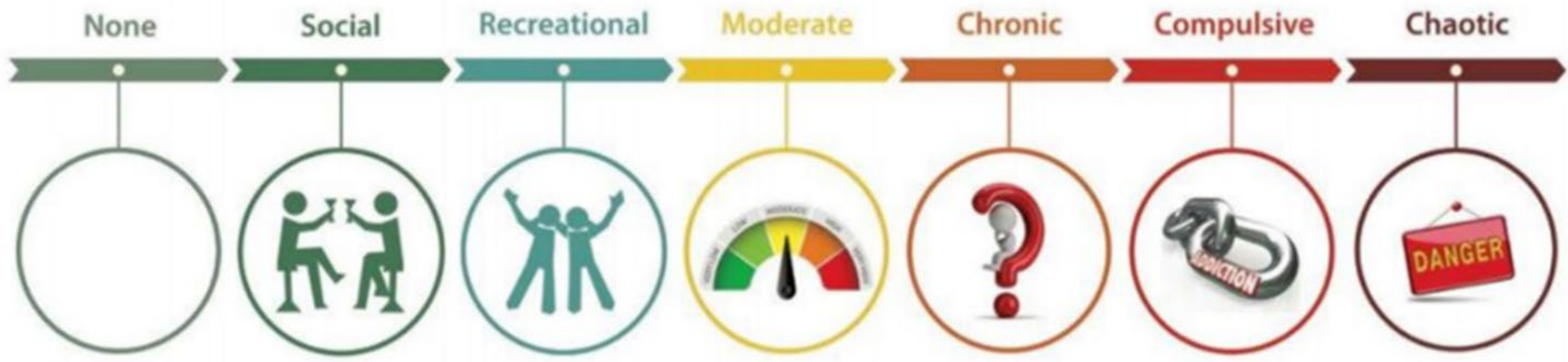
For many people, engagement in harmful behaviors is not an either/or proposition.

Substance Use Disorder – Mild, Moderate, Severe



Harm Reduction Continuum

— Substance use and behaviors occur along a continuum from no use to chaotic use





Context and Language

Providers use concepts and language that are **neutral**.

creative, resilient, smart, strong,
motivated, self aware

**Important to be non-judgmental and
to create an environment where
people feel comfortable and heard**



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Stigma





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SAFE SPACE

We welcome all people
We will listen, be non-judgmental and respectful
We recognise alcohol and drug use as health issues



Anyone can become dependent on alcohol or other drugs



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Stages of Change

Permanent Exit



Precontemplation



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Stages of Change Model

- Emphasizes that change happens in a series of small steps
- Recognizes that change does not happen immediately, but is a **process** that people engage in
- Can be applied to any behavior change people want to make, whether it be **stopping** something or **starting** to do something

Match Intervention with the Stage of Change



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Normalizing Relapse

- Relapse (reverting to old behaviors) is a normal part of making any behavior change
- Discuss (Re)lapse plans
- Just because the possibility of relapse is discussed does not mean a person is going to relapse.
- Conversations about relapses show support/non-judgment.
- Relapse is a learning opportunity!



Harm Reduction Strategies

- Overdose Prevention and Naloxone
- Fentanyl Strips/Drug Testing
- Syringe Services Programs
 - New syringe each use
 - Safer drug use supplies
 - Risk reduction education
- Safety Planning Around Use
 - Use with others
 - Know source
- Reducing Use



FENTANYL TEST STRIPS

One red line:
positive for fentanyl

Two red lines:
negative for fentanyl
use caution

HOLD ON THIS END

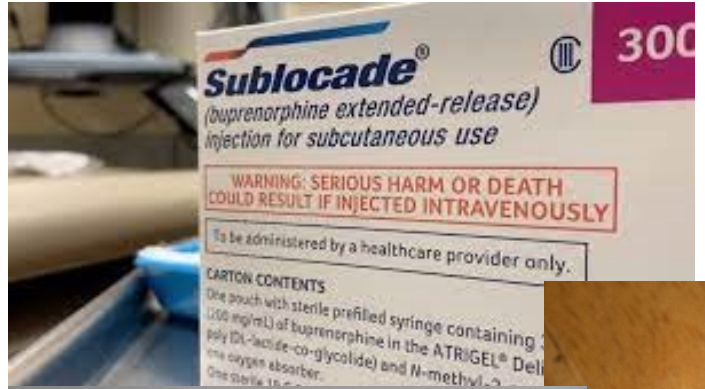
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Overdose Prevention & Naloxone



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Harm Reduction Strategies

- Medication Assisted Treatment
 - Buprenorphine (e.g., Suboxone, Sublocade)
 - Methadone
 - Vivitrol

Detox/Treatment

- Inpatient/outpatient/residential

Increased risk for Opioid Overdoses

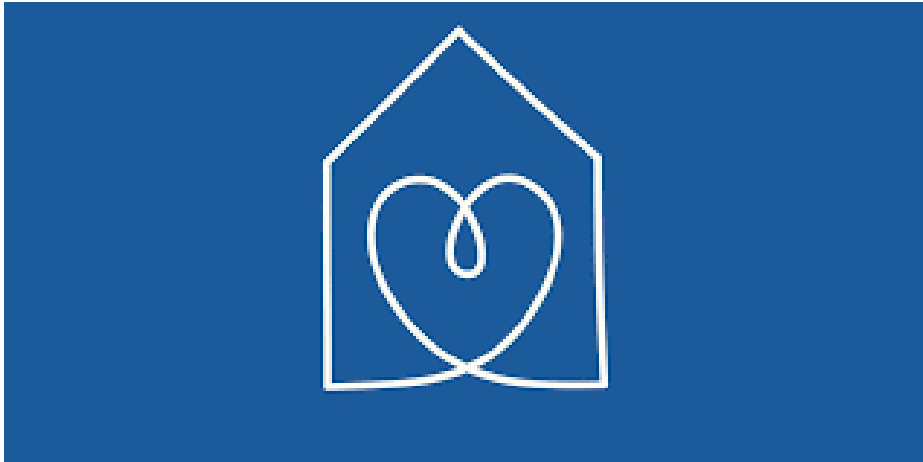
Housing First



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Bringing it all Together: Housing First and Harm Reduction





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Housing First and Harm Reduction Approaches

- Low barrier, nonjudgmental and Trauma-Informed
- Equitable services for all
- Therapeutic alliance
- Meeting Veterans “where they are at”
- Many Veterans, particularly those with complex medical and behavioral health needs, distrust providers
 - Have had poor experiences with providers
 - Challenges navigating complex systems



Homelessness and Racial Disparities



Most minority groups, especially African Americans and Indigenous people, experience homelessness at higher rates than Whites, largely due to long-standing historical and structural racism.

The most striking disparity can be found among African Americans, who represent 13 percent of the general population but account for 37 percent of people experiencing homelessness and more than 49 percent of homeless families with children. This imbalance has not improved over time.

- ## Housing First and Harm Reduction
- Promote anti-racist and equitable practices**
- War on Drugs = High rates of incarceration
 - Higher rates of poverty/homelessness
 - Higher rates of fatal overdoses
 - Access to quality health care

<https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>



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Transitions from Homelessness to Housing

- Can be scary for Veterans
 - Especially those for long histories of homelessness and are accustomed to institutionalized and structured settings (e.g., military, prison, treatment, etc.)
 - May be first independent housing situation
 - Have realistic conversations to plan transition into housing



Common Challenges with the Transition into Housing

- Paying/budgeting for rent/utilities, food, etc.
- Inviting friends over
 - Loneliness
- Food/cooking
- Substance use
- Mental health
- Medical needs
- Hoarding
- Navigating transportation
- Challenges with Activities of Daily Living (ADLs)





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Veteran-Centric – not a one size fits all approach

- Understanding the lease
- Creating realistic budgets
 - Rent, utilities, food, drugs/alcohol/cigarettes, gambling
- Opening a bank account/check writing/addressing an envelop
- Visitors/guests
- ADLs/hoarding: VNA, homemaker, OT/PT
- Using appliances, cooking, etc.
- Navigating transportation
- Access/connection to needed services
(substance use/MAT, mental health, medical care, case management, etc.)
- Harm Reduction strategies/resources: naloxone, drug testing, SSPs, using alone, etc.



Needs may change over time



Housing First and Harm Reduction Case Study

Jason is a 65-year-old Army Veteran who is not eligible for VA Healthcare

Presenting issues:

- Behavioral Health: childhood trauma/PTSD, Alcohol, Opioid, Depression, Anxiety and Sleep Disorders
- Medical Issues: COPD, chronic pain, TBI, falls, history of concussion due to assaults
- Barriers to Housing: Chronically homelessness, low Income (SSDI: \$780.00/month), history of incarceration (armed robbery: 3.5 years in prison & existing warrants)
- Social/Family Barriers: strained and limited support from family-siblings, has 2 children (no to very infrequent contact).

The NECHV team met Jason in 2017 through a public health initiative for high-cost Medicaid utilizers in collaboration with Boston Health Care for the Homeless Program (BHCHP). He was in a medical respite unit for several months and was then placed in a rest home. Within one week of placement, the Veteran eloped and was found under a bridge, sick and hurt. Jason was brought to the emergency room and then to the respite for ongoing care. When he was medically cleared for discharge, he was referred to NECHV for transitional housing. He was enrolled into SSVF and was housed in a public housing unit in a Boston area suburb.



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Jason was newly living independently, was socially isolated and in an unfamiliar community

- Enrolled into NECHV's GPD Case Management Program
- GPD Case Manager worked with his team at BHCHP to coordinate medical admissions, detox, and connection to MAT (suboxone)

There was a mixed level of engagement with NECHV and BHCHP providers.

He struggled with neighbor relations, and no day structure. Ultimately, he relapsed. He was frequently found intoxicated in the public, leading to many ED visits, inpatient admissions, and eventually a court ordered 90-day commitment to treatment.



Upon completion of treatment the Veteran needed to vacate his unit

Jason worked with NECHV and the Housing Authority to have a non-penalty exit from his lease. He re-entered NECHV's Transitional Program in July of 2021. Through his prior housing experience, Jason identified that he benefited from more support, including a setting with proximity to Veteran peers, access to case management, medical/MAT services, and AA meeting in house.

The NECHV team worked on a new Veteran centered housing plan with Jason



Jason applied for a permanent supportive housing unit located onsite at NECHV and was accepted!

- Collaboration/team approach
- Connected with VNA services and meals on wheels
- Re-enrolled in GPD Case Management
- Under close supervision of BHCHP team
 - Weekly medical rounds
 - MAT
 - Oxygen
- AA, and participation in other groups and activities



Veteran has had a significant decrease in medical emergencies admissions and has decreased his substance use



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Final Thoughts

- Harm Reduction and Housing First can be challenging
- Veterans may still lose their housing, overdose, relapse etc.
 - Reframe as learning opportunities, keep trying, rapid re-housing
- Mental Health and Substance Use Disorders often co-occurring with the experience of homelessness
- It's about the behavior – not necessarily the use
- Ask questions! Learning is ongoing

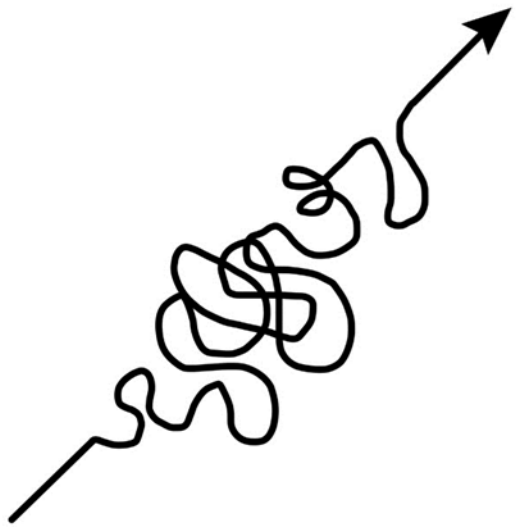
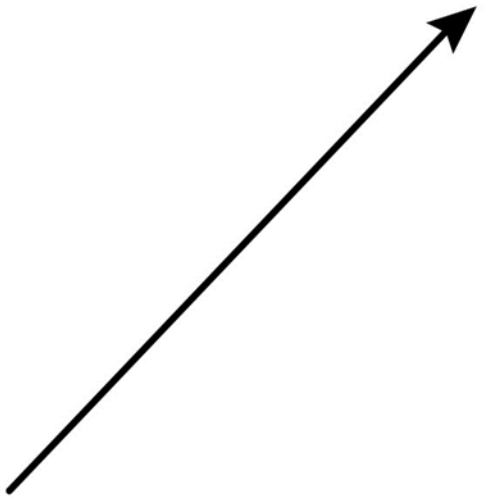


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SUCCESS

SUCCESS



what people think
it looks like

what it really
looks like



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Thank you!!

Questions?

Contact: Lena.Asmar@nechv.org