Housing as a Health Intervention

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Agenda

- Opioids, Re-entry & Homeless Populations
- Housing First
- What is Supportive Housing
- Best practices
- Opportunities
- Resources

Opioids and Homelessness

- A survey by the United States Conference of Mayors found that 68 percent
 of cities reported that substance abuse was the largest cause of
 homelessness for single adults. Substance abuse was also reported as one of
 the top three causes of family homelessness by 12 percent of cities.
- A recent study in Boston showed that overdose has surpassed HIV as the leading cause of death among homeless adults, and found that opioids are responsible for more than 80 percent of these deaths. Homeless adults, 25-44, were nine times more likely to die from an overdose than their counterparts who were stably housed.

--National Alliance to End Homelessness

Re-entry and Homelessness

- Nationally, almost 50% of individuals released from correctional facilities go directly into homeless shelters.
- On average, the annual cost of imprisonment is just over \$31,000 per person. Compare that with supportive housing, which costs roughly \$13,000-\$17,000 per person, depending on the intervention.
- Numerous studies demonstrate that supportive housing is an evidence-based intervention that improves health outcomes and significantly reduces recidivism. They also show that the savings from supportive housing more than offset its costs.

--United States Interagency Council on Homelessness, Vera Institute for Justice, National Alliance to end Homelessness

Population Overlap

	Opioid Use Disorder	Re-entry
Commonalities	 Co-occurring conditions, including substance use, serious mental illness, and chronical physical health issues Previously incarcerated Often high utilizers of emergency departments and other costly sites of care 	 Co-occurring conditions, including substance use, serious mental illness, and chronical physical health issues Previously incarcerated Often high utilizers of emergency departments and other costly sites of care
Barriers	 Best practices in Medication Assisted Treatment can conflict with requirements in some supportive housing settings May face barriers to housing in "dry" settings that require sobriety 	 Many barriers to housing due to criminal records Housing First principles may conflict with rules of parole or probations
Best Practices	 Permanent Supportive Housing Care Coordination Access to Evidence-Base interventions for Behavioral Health 	 Permanent Supportive Housing Care Coordination Access to Evidence-Base interventions for Behavioral Health

Housing First

What is it?

Housing First is an evidence-based model for ending chronic homelessness by providing individuals with access to stable, permanent housing first, with no stipulations, and then offering services that are optional and voluntary.

Why Housing First?

Homeless individuals spend much of their time securing the basic needs of food, shelter, and safety. It is much more challenging to engage an individual in addressing often multiple co-occurring disorders such as serious mental illness and substance use disorder when their basic human needs have not been met.

Why does it matter?

Numerous studies demonstrate that Housing First is associated with superior housing retention, decreased substance use, longer engagement in treatment, improved quality of life, lower health system costs, and decreased involvement in the justice system compared with treatment as usual.

What next?

Individuals in safe, decent, secure housing can more effectively self-manage the conditions that may have contributed to their homelessness. Studies show that individuals are more likely to take up services and remain in treatment when they are housed.

What is Supportive Housing

Housing + Services

Housing Principles

- Considered "permanent"
- Integrated into the community
- Tenant is offered choices
- Heavily subsidized
- Targets chronically homeless adults
- Tenants are likely to have behavioral health (BH) needs and co-occurring chronic health conditions

Services Principles

- Voluntary participation (Housing First approach)
- Comprehensive: includes medical and BH, tenancy supports, and social services
- Community-based or provided on site
- Tailored to each tenants needs so that he or she can live independently in the community
- Multi-disciplinary care teams including case workers, housing specialist, and clinicians

Best Practices in Behavioral Health For Housing Interventions

- Medication Assisted Treatment (Opioids)
- Intensive Case Management or Assertive Community Treatment (depending upon severity of illness/complexity of need)
- Mobile Crisis Services
- Supported Employment
- Individual and Group Therapies
 - Cognitive Behavioral interventions
 - Family Psychoeducation
- Peer Support Services
- Medication management and reconciliation

Areas of Opportunity

- For states with Law Enforcement Assisted Diversion programs:
 - Do law enforcement officers assess housing status?
 - Do law enforcement officers know who to contact if they are working with a homeless individual?
- For states deploying peer specialists in the Emergency Room setting:
 - Are nurses assessing housing status? Do they relay housing status to the peer recovery specialist?
 - If patients decline recovery services, are peers offering housing to homeless individuals? Do peers know who to contact if someone needs housing?
- For states with "Moving to Work" (MTW) public housing authorities (PHA):
 - Do any of your PHAs have MTW status? If so, would they be willing to set aside some housing vouchers for this
 population?
- For states looking to leverage Medicaid
 - Does Medicaid cover tenancy supports? So far, only LA, MA, CA, and WA have this benefit. IL, MD, RI, and a few others have pending waivers
 - Tenancy supports are critical services that help people find, secure, and maintain their housing. Reimbursement under Medicaid for these services makes supportive housing financially sustainable.

Areas of Opportunity

- For states with barriers in getting returning citizens into public housing:
 - HUD has issued guidance on screening activities, <u>encouraging</u> PHAs to provide housing opportunities to returning citizens
 - HUD has also issued guidance on <u>Fair Housing</u>, indicating that turning a potential tenant away due to their criminal record may violate Fair Housing laws
- For states with re-entry populations that return to living with family or friends:
 - A significant portion of returning citizens live with friends or family members, at least to start. Mediation
 programs have been successful in mediating prior disputes or other issues that allow a smooth transition for
 family reunification and therefore reduces the likelihood of couch-surfing or homelessness. Are there any
 mediation programs in the state that could assist with re-entry efforts?
- For states facing severe budget shortfalls:
 - States using data to track outcomes for target populations whether they be returning citizens, individuals
 with substance use disorder, or high utilizers of costly health care services can find rapid return-oninvestment by measuring pre- and post-intervention incarceration rates. Supportive housing is an evidencebased intervention that improves health, reduces recidivism and reduces Medicaid costs, resulting in
 significant savings to the state.

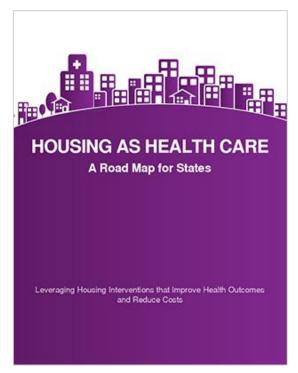
Resources

- www.nga.org/housingashealth
- https://www.samhsa.gov/medication-assisted-treatment
- https://www.usich.gov/solutions/criminal-justice
- https://www.usich.gov/resources/uploads/asset_library/Strategies_to_Address_Opioid_Crisis.pdf
- https://csgjusticecenter.org/
- http://www.csh.org/populations/re-entry/
- http://www.endhomelessness.org/pages/re_entry
- http://www.endhomelessness.org/page/- /files/Opioids%20and%20Homelessness%20-%20Fact%20Sheet.pdf

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Access the Housing Roadmap online at http://www.nga.org/housingashealth