Creating Housing Programs That Work for People Who Use Substances

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To end homelessness, programs need to be accessible to everyone. Too often, people who face challenges with substance use cannot find the care they need. Join system leaders, frontline staff and lived experts to explore how to create low-barrier programs that can also be safe and accessible for people who are on a recovery journey. Learn about innovative programs and partnerships that expand access to care, especially for people with intersecting, marginalized identities.

CSPNJ
COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY

Supporting Individuals Living Unhoused and Using Substances

Pam Baker
Chief Impact Officer
at *Collaborative Support Programs of NJ*

Collaborative Support Programs of New Jersey

Collaborative Support Programs of New Jersey, Inc. (CSPNJ), a peer-led not-for-profit organization, provides flexible, community-based services that promote responsibility, recovery, and wellness through the provision of community wellness centers, supportive and respite housing, human rights advocacy, educational and innovative programs for people with the lived experience of behavioral health conditions.

How Our Teams Deliver Services

Outreach should be intentional and it should be focused on what that person sees as being their need - not what you think the need is.

All our services are delivered and made possible by successful relationship building with the person we serve.

We use a low barrier approach and promote a Housing First culture throughout the agency and outreach teams.

How Our Teams Deliver Services

We assist all individuals regardless of active substance use or mental health challenges and incorporate harm reduction services whenever possible.

Have consistency and NO over promising - this is a very common issue that we see often.

Never give up on the person served and continue to try and engage until successful.

No photos - this can be extremely harmful to your relationship.

CSPNJ
COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY

Our Services

- Drop In Centers
- Warming and Cooling Centers
- Diversion and Prevention Services
- Street and Community Outreach Teams
- Peer Wellness Respite Houses
- Supportive and Permanent Housing

All our programs are peer-led and free of charge to all individuals seeking support.

All we can do is try to make things safer;
our role is not to force or coerce individuals.

So what does this mean?

- We let the person tell us what their recovery looks like.
- We provide harm reduction supplies.
- We celebrate small wins like using less of a substance.
- We continue to support when someone has a slip...
  recovery is not always the same for everyone.

Questions? Comments?

Pam Baker
Chief Impact Officer
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Shelter Transformation for Substance User Access

Gregory Grays-Thomas, Bureau Director
Homeless Services Bureau
Boston Public Health Commission

Homeless Services as Public Health

- "First Public Health Department"; Founded 1799
- First homeless shelters 1980's
- Shelter safety net
- BPHC Shelters = ~50% of all individual adult shelter capacity in Boston
- Largest congregate shelter provider in New England

Boston Homelessness by the Numbers

BPHC Shelters

- Average ~ 640 individuals per night
- Over 4,000 unique individuals per year
- 72% with disability
  - Approx. 45% substance use
  - Approx. 46% mental illness
- No exclusionary criteria
  - Length of stay, community of origin, sobriety, medication compliance, etc. Not considered
- Southampton Street Shelter (men)
  - ~ 470 guests per night
  - ~1, 000 new to shelter
- Woods Mullen Shelter (women)
  - ~ 170 guests per night
  - ~500 new to shelter

Ending Homelessness is Possible.

Encampment Response

Encampment Response – Lessons Learned

2021 survey of encampment residents top reasons for not accessing shelter:

- Lack of Storage/Theft
- Staff conflicts
- Cannot leave overnight if in active substance use
- General safety

<u>Identified Access Barriers</u>

1. Storage
2. Staff training
3. No “in and out”/bed consistency
4. Strict drug policies
5. Substance user supports

Shelter Transformation for Improved Drug User Access

Strategies to Improve Access

Physical Modifications

- Active user dorm
- Dedicated lockers
- Improved monitoring areas
- Bathroom motion sensors

Service Mix

- Harm reduction staffing
- Increased medical supports

Policy Amendments

- Come-and-go as needed
- No restriction solely for drug use or related behavior
- Assigned beds

Results and Best Practices

- Piloted active user dorm in 2022
  - Launched with 25 beds, expanded to 75 beds in 2023
- Encampment cleared fully by Fall 2024
- Community partnerships essential component
  - Street Outreach
  - City partners
  - Police department
  - Provider colleagues
- Harm reduction and culture change
  - Training, training, training!
  - Trauma informed care for guests and staff
    - Employee wellness supports critical
  - Emphasize harm reduction continuum
- Dedicated space created safety for everyone
- Creativity!
- Re-focus shelter triage and diversion – community supports

Cross Sector Case Conferencing

Building Partnerships through Interagency and Cross-System Collaboration

Jenny Greenberg

Cross Sector Case Conferencing Multnomah County, Oregon
(& the Tri-County area)

2025 NATIONAL CONFERENCE ON ENDING HOMELESSNESS

June 30–July 2, 2025 Washington, D.C. #NAEH2025

Dedicated Space for Cross-System Collaboration

Unique Opportunity to de-silo access across systems to address unmet *Healthcare and other Care Needs* for people experiencing homelessness

Resource Connection and Bridges to:

- Care Coordination Services
- Physical/Dental Health
- Durable Medical Equipment
- Mental Health and Behavioral Health Supports
- Substance Use, Harm Reduction, and Recovery Options

Homeless Service Providers case conference with:

- Coordinated Care Medicaid Organizations
- County Social Service Departments (Behavioral Health, Aging & Disability Services, etc.)

Cultivating and Coordinating Partnerships Across Systems

The intention of Cross Sector Case Conferencing is to:

- Provide a venue for homeless services providers to case conference with healthcare and social service systems at one table
- Simplify navigation of multiple systems and enable real time health navigation, care coordination and wraparound support, including culturally responsive behavioral health and recovery services
- Apply a person centered and trauma informed approach to overcoming barriers to housing such as substance use
- Work collaboratively to meet people's needs (e.g. explore pathways and break down barriers to medication assisted treatment, pain support and recovery options)

Stigma and Culturally Responsive Care Coordination

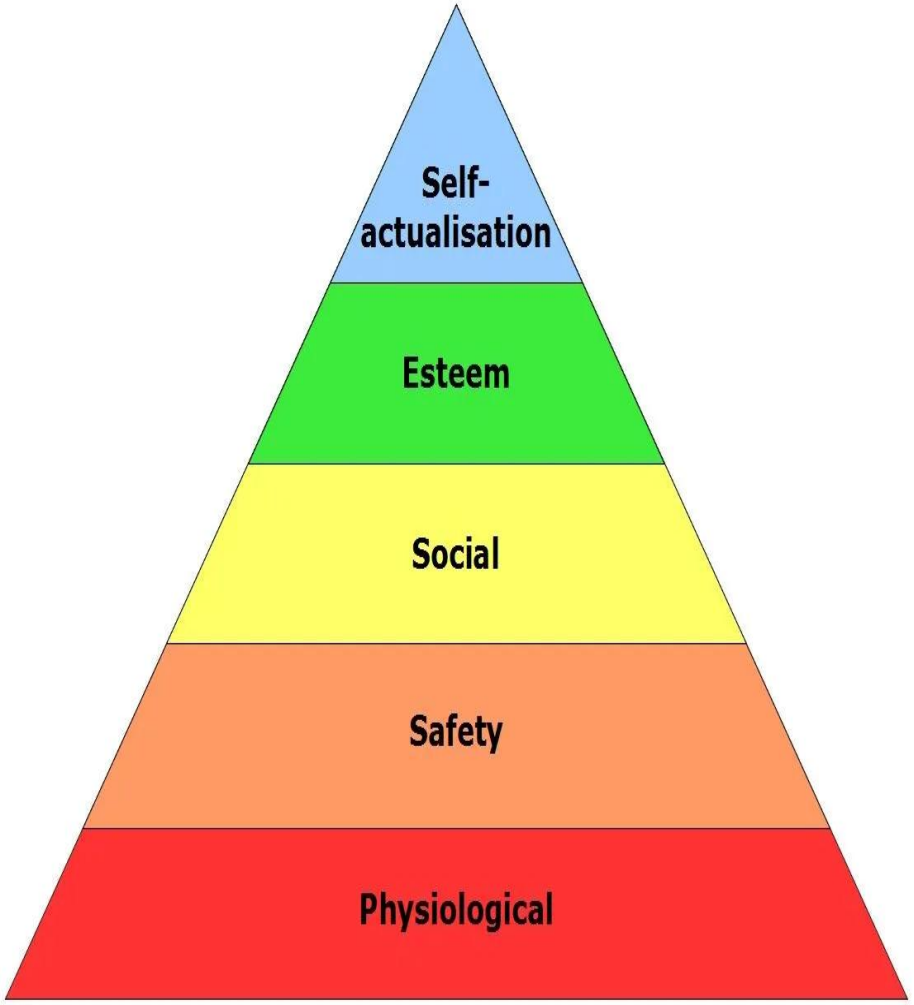
Challenges:

- *Racialized stigma against people who use drugs persists*
- Disproportionate impacts of interpersonal and institutional bias and trauma in medical services, housing services, incarceration, etc.
- Barriers to self determination (e.g. paternalism, distrust of systems based on history of harm, etc.)

Goals:

- Recognize that ***one size does not fit all***
- Embed an intersectional approach and interrupt institutional and structural bias
- Co-create culturally responsive and specific care coordination for African-American, Indigenous, Latinx and LGBTQIA2S+ clients centered on client autonomy and choice
- Tailor treatment approaches, advocate for equitable policies and harm reduction methods
- Engage and include peer and community supports

Housing First and Participant Choice



Maslow's Hierarchy of Needs

- Housing first is *not housing only*
- Safe and stable housing is the foundation of psychological safety and plays an important role in recovery
- Supportive housing meets people where they are and does not dictate abstinence as a precondition to services
- Integrating supportive services with housing can increase engagement in services and lead to improved outcomes
- Recovery is fundamentally about an individual's choices
- Through cross-system collaboration, we can offer a continuum of services to meet the needs of those on their recovery journey
- **Housing *is* healthcare**

The ADA and Substance Use Disorder

The Americans with Disabilities Act (ADA) ensures that people with disabilities have the same rights and opportunities as everyone else. *This includes people with addiction to alcohol and people in recovery from opioids and other drugs.*

However, addiction to alcohol and the illegal use of drugs are treated differently under the ADA:

- Addiction to alcohol is generally considered a disability whether the use of alcohol is **past or present**
- For people with an addiction to opioids and other drugs, **the ADA only protects a person in recovery who is no longer engaging in the current illegal use of drugs.**
- A person who has a legally prescribed medication to treat their substance use disorder (e.g. Suboxone, Methadone, Vivitrol, etc.), and is no longer engaging in the illegal use of drugs, is a person with a disability and is protected by the ADA.

People with substance use disorders may be eligible for reasonable accommodations in the housing screening process and/or accommodations to support housing retention

QUESTIONS?